The North Carolina Plan to Address Obesity discusses how obesity is a serious problem within the United States, particularly North Carolina, along with the six core behaviors to adopt in order to help the problem. It also discusses strategies within different settings to implement in order for people to live healthier lives. A public health educator can also use the socio-ecological model as a framework while reading the plan in order to get ideas in place for implementation. The socio-ecological model is made up of seven different levels: Intrapersonal, interpersonal, organizational, community, public policy, physical environment, and culture (Cottrell, 2014). All of these levels play a role in addressing obesity within North Carolina.

The North Carolina Obesity Plan indicates the six key behaviors that need to be addressed in order to fight obesity. These include: increase physical activity, increase consumption of fruits and vegetables, decrease consumption of sugar-sweetened beverages, reduce consumption of energy-dense foods, decrease television viewing and screen time, and increase breastfeeding initiation, duration, and exclusivity. The plan also recommends settings where strategies can be applied to create the most impact within a community. These settings are health care, child care, schools, colleges/universities, work sites, faith based organizations or other community organizations, local government, food and beverage industry. The obesity plan plans to address these issues within the different settings by implementing policy, promotion, practices, requirements, initiatives, advice, education, as well as other services in order to fight obesity (North Carolina’s Plan). Based off these key behaviors and settings, the socio-ecological model can be used to strategize and address obesity.
The first level of the model is intrapersonal. A factor to consider at this level is personal history because it can increase the likelihood of becoming overweight or obese based on a person’s age, education, income, or biological factors. Income is an important factor to consider because if a person cannot afford to buy healthier foods then they are more likely to buy sugary, unhealthy foods which affects their level of BMI. The next level of the model is interpersonal (Cottrell, 2014). A factor to consider for this section is the person’s peers who may influence their behaviors. If a person hangs around people who have unhealthy diets and do not exercise, the likelihood that that person does the same thing increases. Therefore, if a person associates with people who follow healthy eating habits and exercise regularly, they are likely to follow those habits as well.

The next level of the socio-ecological model is organizational (Cottrell, 2014). Regulations and policies that organizations hold can affect a person’s lifestyle, including health and weight. This area fits directly with the NC Obesity Plan because it can focus on the settings listed and enforce various policies and initiatives to help fight obesity (North Carolina’s Plan). The next level of the model is community which includes settings (Cottrell, 2014). It is important to think about the community level because social relationships occur here and each setting has a different characteristic. The eight settings from the obesity plan are all different and affect people in different ways. They also reach out to a wide range of people so everyone can be impacted.

The ecological level that follows is public policy which includes state laws and the lack there of. If North Carolina implemented laws for different organizations and settings, such as no soda vending machines in schools or work places, then everyone would be effected. Physical environment is the next level which plays a role in services and accessibility to certain things as
well as what is encouraged by the society. If the society encourages people to breast feed, eat 
healthy, watch less television, and to exercise more, it will become the social norm. Access to 
these things such as recreation centers, sidewalks, and healthy foods makes the norm more 
accessible and easy to attain. The last ecological level is culture (Cottrell, 2014). Culture plays a 
big role because it considers the whole population of people and their beliefs. There are many 
different cultures to consider that affect the way people eat so to take that into consideration and 
decide what is healthy for each culture is important because it tailors to specific populations.

The CDC CHANGE plan both has similarities and differences to the NC Plan in regards 
to addressing obesity. The CDC CHANGE focuses on specific communities instead of the 
population as a whole like the NC Plan does. The CHANGE tool identifies strengths and needs 
of the community as well as defines areas of improvement to create a healthier environment in 
local areas. It also allows feedback from the community. Similar to the eight settings of the NC 
Plan, the CDC plan offers five sectors to implement change. They are community-at-large 
sector, community institution/organization sector, health care sector, school sector, and work site 
sector (Community Health Assessment). All these settings and sectors can use different 
implementation strategies to address obesity. One strength of the NC Obesity Plan compared to 
the CDC CHANGE is the NC Plan specifically address certain behaviors that affect obesity as 
well as offers ideas of where and how to implement change while the CHANGE does not 
specifically target obesity nor offer behaviors or many ideas. Another strength of the NC Plan is 
that if offers more settings so it covers a broader variety of people and it is easy to read and 
follow along (North Carolina’s Plan). A weakness of the NC Plan compared to CHANGE is that 
is does not focus on specific strengths and needs of each community because it focuses more on
the population as a whole. However, each setting allows different groups of people to be targeted, just not by a community health assessment (Community Health Assessment).

The North Carolina Obesity Plan has potential utility and effectiveness as to addressing obesity in North Carolina as it covers different aspects of the occurrence of obesity. It would be most effective, compared to other plans, because it recognizes key behaviors that cause obesity as well as settings on where to focus to implement change. These behaviors and settings cover many areas that would include most of the population, thus creating the most change in people’s health. If all the ideas and policies of the NC Plan were implemented, obesity would decrease because it would cause people to change their behaviors and the overall social of the environment. It would also be beneficial to include the CDC CHANGE tool tactics on top of the NC Obesity Plan. It is important to focus on the strengths and needs of different communities because everyone is different and there are other cultures to consider. The combination of both tools would create the most effective change in North Carolina because individuals and populations would be included and people would see the most benefits. Implementing both plans, as well as the policies and ideas included, would change the social norm of society in North Carolina and people would adapt to the changes made. The obesity rates in North Carolina would decrease steadily over time leaving the state a healthier, less obese place.
