

# Addressing Adult Obesity in Douglas County, Georgia, USA: A Community-Based Intervention Grounded in the Theory of Planned Behavior

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## Abstract

Adult obesity remains a pressing public health issue in the United States, with rural and suburban communities experiencing a disproportionate burden. In Douglas County, Georgia, approximately 36% of adults are classified as obese, exceeding the state average of 34%. This paper describes the design and evaluation of the Douglas County Lifestyles Initiative (DCHLI), a community-based intervention grounded in the Theory of Planned Behavior (TPB). The initiative aims to reduce obesity and related chronic disease risk by promoting healthier dietary habits and increasing physical activity, focusing on middle-aged adults (30–60 years), predominantly low-income and minority populations.

The intervention was developed following a comprehensive needs assessment, including stakeholder interviews and focus groups, to understand local barriers such as food access, socioeconomic constraints, and cultural influences on behavior. The program includes nutrition education workshops, group exercise sessions, and mobile health coaching via SMS and social media platforms. Evaluation is conducted across three phases: formative, process, and outcome, which assess changes in knowledge, behavioral intentions, and actual lifestyle practices. The intervention emphasizes cultural competence by integrating traditional food practices, addressing language barriers, and aligning with the values of the diverse populations in the county.

This initiative provides a structured, evidence-based model for addressing adult obesity within a multiethnic, socioeconomically diverse community. Its findings have significant implications for public health practice and policy, offering a replicable framework for other countries seeking to reduce obesity and its associated health burdens.

**Keywords:** obesity; cancer; food

## Introduction

### Description of Douglas County

Douglas County, located in the northwestern region of Georgia, is part of the Atlanta metropolitan area. With approximately 200 square miles, the county has a population of around 150,000. According to the United States Census Bureau, the community is diverse, with a racial composition of roughly 40% White, 54.6% Black, 12.7% Hispanic, and 5% other races. In 2022, the median age is 36.7, with a slightly higher proportion of females. Economically, the county's median household income is \$76,930, and around 11.6% of the population lives below the poverty line. Douglas County is a bustling metropolitan area with 12 cities mixed with urban and rural environments, suburban neighborhoods, and agricultural and undeveloped lands. Douglas County, Georgia, has landmarks like Clinton Nature Preserve and Sweetwater Creek State Park. Large employers include APL Logistics, Silver Line Building

Products, and WellStar Douglas Hospital. Douglas has grown steadily in the past decade, and its population has become much more diverse.

### Community Needs Assessment

Adult obesity is a significant health concern in Douglas County, mirroring national and state trends. According to data from the County Health Rankings, approximately 36% of adults in Douglas County are classified as obese, compared to the Georgia state average of 34%. Overweight people have a body mass index (BMI) of 25 or higher, whereas obese people have a BMI of 30 or higher (World Health Organization [W.H.O.], 2022). The World Health Organization describes obesity and overweight as excessive or abnormal fat buildup that presents a health risk. Obesity is a risk factor for a range of chronic health conditions, including cardiovascular disease, type 2 diabetes, hypertension, Alzheimer's disease, dementia, liver disease, kidney disease, and certain types of cancer.

## Health Behaviors Contributing to Obesity

Physical inactivity and poor dietary habits are the two primary behavioral factors contributing to adult obesity in Douglas County. Environmental, socioeconomic, and cultural factors shape these behaviors. Other factors, such as genetic factors and personal choices, can also determine the risk of obesity.

1. **Physical inactivity:** Many adults' lifestyle of lack of exercise and reduced physical activity contributes to an increased risk of obesity and obesity-related diseases such as coronary heart disease, diabetes, and some cancers. When performed routinely, exercise has been proven to reduce the risk of obesity. According to County Health Rankings data, around 27% of Douglas County adults report participating in no physical activity outside of work. There is a high percentage of adequate access to physical activity locations; 76% of people in Douglas County live close to a park and recreation facility, yet a notable observation of a large population of residents not using these facilities. For residents in rural parts of the county, geographic isolation further reduces opportunities for regular exercise. Sedentary jobs and long commutes, shared in this suburban region, also contribute to inactivity.

2. **Poor Dietary Habits:** Many residents face challenges accessing healthy, affordable food. In Douglas County, 15% of people had low incomes and did not live close to grocery stores, limiting their ability to access healthy foods. Diets with greater nutrient density are more expensive than less healthy calorically-dense diets. Consumption of sugar-sweetened beverages is strongly linked to weight gain, cardiovascular disease, and type 2 diabetes and is highest among blacks and low-income individuals (Levy et al., 2012). Douglas County has areas classified as food deserts (where access to healthy and quality food is a problem due to cost, food options, or especially distance), where grocery stores are scarce, and convenience stores with limited healthy options dominate.

### Target Population

The target population for addressing adult obesity in Douglas County would be middle-aged adults (ages 30-60), particularly those from low-income and minority groups. This age group is more susceptible to obesity-related chronic diseases, making lifestyle change intervention programs very essential to this age group.

### Current Community Resources

- 1) Douglas County created Partners for a Healthy City (PHC), a program that supports local organizations' efforts to develop policies that foster healthy environments. Trainers have helped more than 335 organizations implement changes, including making fresh, local produce available to employees, installing bike racks, increasing access to drinking water, and ensuring healthy options are available at meetings.
- 2) Douglas County initiated the Movin' After School initiative to increase physical activity and eliminate unhealthy beverages in before- and after-school programs. This initiative will affect approximately 1,500 students and was adopted in all 36 programs in Millard Public Schools, the second-largest district in Douglas County.
- 3) Local organizations, such as the Douglas County Public Health Department, run initiatives like diabetes prevention workshops and nutrition education programs.
- 4) The Cobb and Douglas Public Health (CDPH) program promotes and protects the health and safety of the residents of Cobb and Douglas counties and eliminates barriers to ensure equality for all.
- 5) Healthier meals for Douglas County students through a partnership with the Gretchen Swanson Center for Nutrition, Omaha Public Schools recently committed to serving healthier meals to the more than 49,000 students it serves each day.
- 6) Douglas County also has several parks and recreational areas that encourage physical activity.

## Background

### Social determinant of health

According to the World Health Organization, the non-medical factors affecting health outcomes are the social determinants of health (SDH). They are the conditions in which people are born, grow, work, live, and age, as well as the more extensive collection of systems and forces influencing day-to-day living situations. In Douglas County, Georgia, several social factors contribute to the high rates of obesity.

### Economic stability/income

Economic stability is one of the most significant social determinants of health, influencing obesity in Douglas County. According to county health ranking, 11.6% of the county's population lives below the poverty line, and this population may experience financial constraints that limit their ability to purchase healthy foods. Lower-income households are more likely to rely on inexpensive, calorie-dense, and

nutrient-poor foods because they are often cheaper and more accessible than fresh, healthy alternatives. Some populations of Douglas County suffer unstable employment, such as multiple jobs, long working hours, and low wages, and these people may have no time for food preparation or exercise, leaving them with fast foods and sedentary lifestyles. Unemployment or underemployment can limit a person's ability to make healthy lifestyle choices (Employment | County Health Rankings & Roadmaps, n.d.).

### Access to healthy foods

The type and frequency of food in a community determine the food residents would purchase. Limited access to healthy foods is one of the primary social determinants of health that influence the prevalence of adult obesity (Lee et al., 2019). According to county health ranking, in Douglas County, Georgia, 15% of the population has limited access to healthy food. The lack of access to nutritious food directly influences dietary patterns and behaviors. Douglas County has areas classified as food deserts (where access to healthy and quality food is a problem due to cost, food options, or especially distance), where grocery stores are scarce, and convenience stores with limited healthy options dominate. In the United States, food desert areas have been strongly linked with obesity (Lee et al., 2019). As of 2019, 6 census tracts in Douglas County, located in the northern portion, are considered food deserts. Across all portions of Douglas County, 59% of low-income residents are at least a mile from access to healthy foods (Georgia Health Data Hub, n.d.).

### Education

Education levels are strongly linked to health outcomes, including obesity. It has been proposed that better lifestyles and lower obesity rates result from higher levels of educational achievement among those with increased health knowledge and material and financial means (Witkam et al., 2021). In a nationwide assessment, Douglas County is within the lowest category for health literacy, meaning between 36% and 59% of the population is expected to have limited health literacy (UnitedHealth Group, 2024). Lower educational attainment is associated with reduced health literacy, making it more challenging for individuals to understand the long-term health risks of obesity or make informed decisions about nutrition and physical activity. School is vital in shaping health behaviors and promoting

good dietary choices. Although many schools actively participate in programs to combat obesity, such as the Movin' After School initiative and Healthier Meals for Douglas County students, more can still be done, especially in promoting physical activity and education programs.

### Social and community context

Social and community networks play a crucial role in shaping health behaviors. Food culture refers to what we do, think, and feel about food as individuals or groups within the social and environmental constructs at that time. Food culture goes above individual factors influencing food choices, including cultural practices and socialization. For instance, Southern cuisine, which is popular in the region, often includes high-calorie, fried, and processed foods.

### Cultural competence skill in addressing adult obesity in Douglas County

Douglas County, Georgia, is a diverse community with different cultural values, ideals, traditions, assumptions, and backgrounds. Cultural competence skills are essential in developing intervention programs to address adult obesity in Douglas County, Georgia, which is primarily a behavior-driven condition. Cultural competence is the capacity of an individual and organization to understand, behave, and respect the values, beliefs, and attitudes of different cultural groups and to incorporate these differences in the development, implementation, and evaluation of policies and health education and promotion programs. (Luquis and Pérez, 2003). Reflecting on applying awareness of cultural values and practices to address adult obesity in Douglas County, Georgia.

### Community-Based Nutrition Education

In 2022, in Douglas County, Georgia, black or African Americans are the largest ethnic group, with about 48.1% (Douglas County, GA | Data USA). Southern cuisine is prevalent among African American residents, often including high-fat, fried, and carbohydrate-heavy foods such as fried chicken, macaroni and cheese, and cornbread (Bovell-Benjamin et al., 2010). Many traditional meals are deeply rooted in cultural and familiar traditions, challenging dietary change. Public health initiatives should integrate culturally familiar foods into healthy eating education (Woodside et al., 2022). Instead of discouraging traditional meals, programs can focus on modifying cooking methods (e.g., baking instead of

frying) and incorporating more fruits and vegetables. Also, providing cooking demonstrations featuring healthier versions of popular cultural dishes can make dietary changes more acceptable and sustainable. Hispanic families may have strong traditions of cooking homemade meals, but many traditional dishes are high in refined carbohydrates, rice, and fatty meats; educational programs on portion control and eating time should be encouraged.

### Physical Activity Programs

Social norms around exercise vary across cultures. In some African American and Hispanic communities, structured exercise may not be a common practice, and daily movement may be associated more with work or responsibilities rather than leisure or health (Griffith et al., 2018). Exercise programs should be adapted to cultural preferences and community norms. For example, dance-based fitness classes or community jogging can appeal more to diverse populations than traditional gym workouts. Also, creating women-only fitness classes or family-oriented physical activities can address cultural barriers that discourage women from participating in public exercise programs. Women-only fitness programs can also address cultural barriers to exercising publicly due to modesty, safety concerns, or family obligations prioritizing caretaking over personal health.

### Addressing language and socioeconomic barriers

Language barriers can prevent non-English-speaking residents from accessing nutrition and exercise programs. Providing bilingual resources and interpreters at healthcare facilities and wellness events can improve engagement among Hispanic and other immigrant populations. Health messages should be culturally relevant and designed to align with the values and beliefs of different communities. According to county health ranking, 11.6% of the population lives below the poverty line, and 15% of Douglas County, Georgia's population has limited access to healthy food. Expanding access to farmers' markets that accept Supplemental Nutrition Assistance Program (SNAP) benefits and encouraging grocery stores to stock culturally relevant healthy foods can make nutritious eating more practical for low-income families.

### Policy Development and governmental support

Policymakers and governmental agencies should create programs that address the root causes of

obesity. This program involves funding more community fitness programs and integrating these programs in different social groups like schools, subsidizing the cost of healthy foods, mostly in low-income areas, and implementing culturally tailored health promotion campaigns.

### Literature review

The Douglas County Lifestyles Initiative (DCHLI) is a community-based health intervention program designed to improve awareness and empower adults to adopt and sustain healthy behaviors. The intervention program will use a hybrid model combining virtual education (mass media), in-person community engagement (awareness campaign), and social support networks. The program aims to increase health literacy on dietary habits and physical activity to improve the targeted population's intention toward behavioral change of their own will. The program is based on the Theory of Planned Behavior (TPB), which emphasizes behavioral attitude, perceived behavioral control, and social norms, leading to intention as key determinants of behavior change (Ajzen, 1991). The program will be broad-reaching for middle-aged adults (ages 30-60) rising in Douglas County, Georgia.

### Literature review of similar intervention programs on obesity

A Randomized Trial Testing the Efficacy of a Novel Approach to Weight Loss Among Men Overweight and Obesity by Crane et al. (2016)

### Introduction and Relevance of the Study

Crane et al.'s (2016) study evaluates the efficacy of the REFIT (Rethinking Eating and Fitness) weight loss program, which was designed to appeal to men by incorporating novel and established behavioral weight loss strategies. Given that most weight loss interventions are targeted at women, this study addresses a significant gap in obesity research by tailoring an intervention to men's preferences. The REFIT program was a six-month intervention with face-to-face sessions and internet contacts. It encouraged its participants to create calorie deficits by making six 100-calorie changes in their daily diet and increasing physical activity. The intervention used key constructs from Social Cognitive Theory (SCT) and Self-Determination Theory (SDT) to promote autonomy and self-regulation in dietary and physical activity behaviors. The constructs of these theories

used for the intervention program include self-efficacy, autonomous motivation, and self-regulation.

### Key Findings

The study conducted a randomized controlled trial (RCT) over six months, comparing the REFIT intervention to a waitlist control group. The primary outcome was weight loss, while secondary outcomes included changes in waist circumference, body fat percentage, caloric intake, and physical activity levels. Participants in the REFIT group showed more significant reductions in waist circumference, body fat percentage, and an average weight loss of 5.0 kg at three months and 5.3 kilograms at six months, which was statistically and clinically significant. In contrast, the control group lost only 0.6 kilograms over the same period. Participants also appreciated the ability to choose their dietary strategies, reinforcing that self-directed, flexible weight loss programs improve adherence. Participants enjoyed the ability to select their nutritional strategy, reinforcing the idea that self-directed, flexible weight loss programs improve adherence.

### Strength of the study

The theoretical framework used in the programs was relevant to the program's goal of reducing obesity. The intervention was grounded in Social Cognitive Theory (SCT) and Self-Determination Theory (SDT), which are well-established in behavioral health research. SCT emphasizes self-efficacy and outcome expectancies, while SDT highlights autonomy, intrinsic motivation, and goal-setting elements that were effectively incorporated into the program design. There was a high participation and completion rate of online contacts (11.2 out of 13), and self-monitoring activities suggest that the program was well-received and engaging. The program had a unique target population of only men since most programs target women (Crane et al., 2016).

### Limitations

The sample was predominantly White (76.6%) and located around the university area, limiting the findings' applicability to racially and socioeconomically diverse populations. Also, while the six-month results can be promising, longer-term follow-up is needed to assess whether the weight loss was maintained beyond the intervention period. Effectiveness of a Web- and Mobile Phone-Based Intervention to Promote Physical Activity and Healthy Eating in Middle-Aged Males: Randomized

Controlled Trial of the ManUp Study by Duncan et al. (2014).

### Introduction and Relevance of the Study

The ManUp study, conducted by Duncan et al. (2014), evaluates the effectiveness of a web and mobile phone-based intervention to improve physical activity, dietary behaviors, and health literacy among middle-aged males. Given men's low engagement in weight loss and health behavior interventions, the study sought to address this gap by designing a broad-reaching, technology-driven program specifically for men. The intervention was grounded in Social Cognitive Theory (SCT) and Self-Regulation Theory (SRT), emphasizing behavior change techniques such as goal setting, self-monitoring, and confidence building. The significance of this study lies in its innovative use of Information Technology (IT)-based intervention; this mass media technique can reach a wide range of people at low cost. The Information Technology (IT)-based intervention was also compared to a traditional print-based approach to determine which was more effective in promoting behavior change.

### Key Findings

The study involved 301 middle-aged male participants randomized into two groups: an IT-based intervention arm (web and mobile phone-based) and a print-based intervention. Participants received the same educational materials, self-monitoring tools, and structured behavior change challenges to improve their dietary and physical activity habits. Participants reported improvements in overall dietary behaviors, particularly in high-fiber bread and low-fat milk consumption at the three-month mark. Also, they increased their weekly physical activity minutes and sessions over the study period. These dietary improvements were no longer significant at the nine-month assessment, suggesting long-term nutritional changes were challenging.

### Strengths of the study

Using Social Cognitive Theory (SCT) and Self-Regulation Theory (SRT), incorporating goal setting, self-monitoring, and feedback mechanisms can drive behavior change. The study assessed whether digital interventions offer added benefits over traditional methods by comparing IT-based and print-based interventions and found that both methods can be equally effective, thereby suggesting the use of multiple methods in public health intervention programs.

## Limitations

The study used self-report measures, leading to few participants providing valid data for meaningful analysis.

Retention in the study was relatively low (49.2%), particularly in the IT-based intervention group, and was caused by difficulties using the internet and mobile devices. Effects of Virtual Interventions Based on the Theory of Planned Behavior to Improve Obesity-Preventive Lifestyle Among Girls During COVID-19 Pandemic by Moghimi et al.,2023

## Introduction and Study Relevance

(Moghimi et al.,2023) Conducted a quasi-experimental study to evaluate the effectiveness of a virtual educational intervention based on the Theory of Planned Behavior (TPB) in promoting obesity-preventive behaviors among overweight female adolescents in Gachsaran, Iran. Given the increasing prevalence of childhood and adolescent obesity, particularly exacerbated by the COVID-19 pandemic, this study aimed to assess whether an online intervention could effectively improve dietary behaviors and physical activity levels. The use of the Theory of Planned Behavior (TPB) as a framework for the intervention is particularly noteworthy because it focuses on behavioral attitude, perceived behavioral control, subjective norms, and intention, all essential for long-term behavior change.

## Key Findings

The study examined 90 overweight female students, randomly assigned into intervention (n=45) and control (n=45) groups. The intervention was delivered virtually over five sessions, focusing on knowledge, attitude, subjective norms, perceived behavioral control, and behavioral intention. Participants in the intervention group showed significant improvements in dietary behaviors, including increased awareness, better food choices, and reduced high-calorie snack consumption. Unlike nutritional behaviors, physical activity levels did not significantly improve in the intervention group compared to the control group. However, the intervention group experienced a significant decrease in BMI, suggesting that dietary improvements alone may contribute to weight management, even without increased physical activity.

## Strengths of the study

The study was structured around the Theory of Planned Behavior (TPB), a well-established framework in health behavior research. The intervention addressed the psychological and social

factors influencing obesity-related behaviors with the TPB constructs. The study used a quasi-experimental design, with randomized intervention and control groups, enhancing the internal validity of the findings.

## Limitations

The study assessed only three months, which is insufficient to determine the intervention's sustainability. The Theory of Planned Behavior (TPB) was appropriate for the study, but while other TPB constructs improved, attitude scores did not change significantly. This highlights the challenge of shifting deeply ingrained beliefs about diet and exercise, which may require face-to-face interaction, motivational interviewing, or family-based interventions.

**Conclusion:** Theory selection and justification for Douglas County Lifestyles Initiative (DCHLI)

The Douglas County Lifestyles Initiative would use the Theory of Planned Behavior (TPB). This theory asserts that intention is the strongest predictor of an individual's actions (Ajzen, 1991).

The model consists of three key constructs:

1. Attitude Toward the Behavior - The individual's belief about the benefits and consequences of engaging in healthy behaviors (e.g., "Eating more vegetables will help me lose weight and feel better").
2. Subjective Norms - Social and cultural factors influence behavior (e.g., "My family and friends support my decision to exercise more," social clubs like collective gym sessions).
3. Perceived Behavioral Control - The individual's confidence in their ability to perform a behavior despite challenges (e.g., "Even with my busy schedule, I can find time for physical activity")

TPB provides a structured approach to understanding why people engage (or fail to engage) in obesity-preventive behaviors and helps design interventions that directly target behavioral intentions.

## Evaluation

### Formative Evaluation

According to the research (Formative Evaluation—an Overview | ScienceDirect Topics, n.d.), Formative evaluation refers to the initial field testing of an intervention's feasibility in a specific setting. It is a stage undertaken before the intervention begins to inform its design, using both quantitative and qualitative data to identify priority issues, outcomes, and constraints to be addressed for the intervention's success. Some essential formative evaluation tools

include needs assessments, pilot testing, and community engagement through stakeholder interviews and focus groups.

### Conducting Formative Evaluation of Douglas County Lifestyles Initiative

The formative evaluation of Healthy Douglas will be conducted using three primary phases:

#### **Phase 1: Needs Assessment**

The program planners will conduct a needs assessment to ascertain the causative and contributing factors to adult obesity in Douglas County, Georgia. This survey will be conducted by distributing questionnaires across local clinics, workplaces, churches, and community centers. The questionnaire will cover relevant obesity-related topics, such as dietary habits and physical activity levels, barriers to healthy eating, and exercise interest in weight-loss programs. Focus Group Discussions will be conducted with 15-20 residents from different socioeconomic backgrounds to gain in-depth insight into obesity. These discussions will cover obesity-related topics such as perceptions of obesity and weight loss, challenges in accessing healthy foods, and preferences for intervention delivery (e.g., virtual vs. in-person sessions).

#### **Interview with stakeholders and community leaders**

Public health officials, healthcare providers, local government representatives, and faith-based leaders will be interviewed by program planners to ascertain existing obesity prevention initiatives, potential policy changes to support healthier communities, strategic partnerships, and policy advocacy opportunities. The interview will also provide information on the availability of grocery stores, fitness centers, parks, farmers' markets, and local policies supporting obesity prevention (e.g., workplace wellness incentives and food assistance programs).

Data from the needs assessment will be analyzed to identify common themes, recurring concerns, and suggestions.

#### **Phase 2: Program plan**

The program will be conducted for five months, and the target population is adults residing in Douglas County.

The program activities are listed below

##### 1. Nutrition Education Workshops

Education and awareness programs at four different community centers.

Topics: Meal planning, portion control, and healthy grocery shopping on a budget.

##### 2. Physical Activity Programs

Provision of free group exercise sessions (walking clubs, strength training) in partnership with local gyms and parks.

##### 3. Health Coaching via SMS and social media

Weekly health tips and motivational messages will be sent via text messages.

#### **Inclusion Criteria**

The Inclusion Criteria for this program will be:

1. Adults living in Douglas County, Georgia.
2. Adults who have given consent to participate in this study,
3. Adults within the age of 30 to 60 years.

#### **Exclusion Criteria**

Individuals under 30, adults above 60, adults not residents of Douglas County, adults with cognitive impairments, and adults living in Douglas County, Georgia, who refuse to provide informed consent or withdraw from the program will be excluded.

#### **Phase 3: Pilot test**

A small-scale trial of the intervention plan will be conducted to test the plan, project, or strategy before implementation. This will be done in a different location but will have similar qualities. For example, adults (ages 30-60) residing in Waycross Springs, Georgia.

The pilot test will include:

Pre- and post-session surveys to measure knowledge and practice retention.

Attendees of the pilot test will be tracked to assess engagement.

Survey feedback on incentive attractiveness.

Assess input from participants to measure the effectiveness of the program.

#### **Process Evaluation**

Process evaluation adds value to the analysis of multi-component, community-based interventions by documenting the intervention's characteristics and eliciting information about barriers to and/or facilitators of the intervention components (Schneider et al., 2009). A process evaluation looks at how well a program performs, as intended, by assessing ongoing program operations and determining whether the target population is being served.

#### **Implementation Monitoring**

Trained evaluators will observe program sessions to ensure facilitators adhere to intervention protocols.

Instructors will record session attendance and monitor how participants attend each session.

Monitoring discussion topics and any deviations from the planned curriculum.

Retention rate will be measured to monitor how participants continue engaging over time.

Gather feedback on what is working and what needs improvement.

### Outcome Evaluation

Outcome evaluations measure the likely or achieved short—and medium-term effects of an intervention's outputs (Diaz et al., 2014).

Assess participants' intake of fruits, vegetables, processed foods, and sugar-sweetened beverages after the program.

After the program implementation, participants will self-report their daily activity levels to detect increased physical activity.

A survey questionnaire would assess understanding of obesity-related risks, healthy behaviors, and motivation to engage in healthy behaviors.

### Conclusion

The community health issue of adult obesity in Douglas County reveals how behavioral and environmental factors can contribute to health issues. Over one in three adults in Douglas County are considered obese, which shows how significant this community issue is (Centers for Disease Control and Prevention [C.D.C], 2020). Adults are at greater risk for obesity-related chronic diseases, making interventions in this group both critical and impactful. Increasing awareness programs, access to healthy foods, and opportunities for exercise in neighborhoods, schools, and workplaces can help children and adults eat nutritious meals and reach recommended daily physical activity levels. TPB provides a structured approach to understanding why people engage (or fail to engage) in obesity-preventive behaviors and helps design interventions that directly target behavioral intentions. The TPM would also help participants learn about healthy eating habits and physical activity while ensuring they develop self-efficacy, behavioral intentions, and motivation to sustain long-term change. Conducting an evaluation is critical in ensuring that Healthy Douglas is practical, efficient, culturally relevant, feasible, and meets the needs of its intended audience in addressing adult obesity in Douglas County. Looking ahead, the success of this program depends on

community engagement, program delivery, and a good evaluation plan.

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