

Proposal To Address American Obesity *(Social Environmental)*

ASSESSMENT

Definition of the Public Health Problem/Issue

Statistics show that 70% of obese children had at least one risk factor of cardiovascular disease (CDC 2011). It's also been suggested that children who are obese are likely to be obese adults and with that come risks that far exceed those of an obese child. To stress the significance of a consistent and healthy lifestyle, beginning in one's youth, is not only a preemptive measure to cut back on fiscal costs invested in later cures for illness caused by obesity, but also minimize efforts exhausted in the social environment to implement new programs that should have already been established and proven effective within schools and the workplace.

Without intervention, the average rate of obesity is sure to grow, resulting in higher health care costs, shorter life expectancies, increased rate of various cancers (including but not limited to: breast, colon, thyroid, gull bladder, ovary, pancreas and kidney), and inadvertently children left on their own prematurely due to parental death or illness.

The Center for Disease Control (CDC) states that more than 30% of the United States population is obese. Consequently, employers and employees alike are burdened by such events as absenteeism, sick leave, disability, healthcare claims and injuries that could have been avoided had the factor of obesity been withdrawn from the equation. Subsequently both parties lose money and time because of this social environmental issue.

Description of Successful Programs/ Interventions

This issue is hardly a fresh one; it's been known for the greater part of the 21st century that the rate of obesity has been relentlessly increasing. The reason being that a percentage of programs reviewed by The Community Guide had little evidence, if any, of successfulness. Not because the programs themselves were unsuccessful, but because the institutions orchestrating them failed to properly document and record the results. However, those that were successful credited that success to follow-up plans, exercise regimes, or dietary replacements were on going and routine

documentation of the results was consistent. Because the larger percentage of calories consumed are done so on work sites or school grounds, it is the responsibility of those institutions to provide proper choices for health conscious people. The nutritional health of an individual is not solely up to their distributors. Will power is a significant component, but what's presented to them influences the decisions they make as opposed to when high sodium, fatty foods are the only option. For example, Southern Connecticut State University provides its students with on the go choices provided by a vendor legally identified as "Charter's". However, the healthy options can be counted on one hand while highly caloric snacks such as chips, high sodium crackers, pastries, and candies outweigh them.

It's apparent that intervention at a young age is key. Often children don't encounter their first health class until well into primary school. It should be stressed during their first years in their educational career, or even better, prior to enrollment by their respective parents. This alone will cut out a lot of uneducated choices children make early on. It's crucial that society knows that they must not "go on a diet" but rather change their diet. This means it is perpetual and not the temporary change that most American's frequently make. This almost guaranteed failure because as soon as the old eating habits fall back into place, weight is gained so comes back those health risks previously described.

Identified barriers to program success

Some barriers that hinder the success of healthy weight maintenance are financial issues, stress, location, time, willingness to change, social influence, and poor will power. Maintaining a healthy diet is no easy task. It's found daily that people are tempted with the convenience of fast food or having little to no time to invest in finding a healthier option. The science behind a healthy body is extremely simple and easy to understand. It's a clean-cut formula that requires exercise, nutritionally rich foods, and regular sleep. However, the percentage of Americans who actually have time to support a lifestyle so demanding is far less than those who do. It's a commitment and one must be ready to dedicate time to prepare for the days intake as opposed to spontaneously purchasing lunch. It's a struggle at first, but like all things, becomes easy over time.

A healthy diet isn't the most inexpensive option either. Fillers and sugars are cheaper and easier to produce than their organic counterpart. Because of this, it's often the choice that frugal shoppers reach for. In the

long run the investment is worth the extra dollar. How many groceries can the cost of a chemo treatment buy?

PROGRAM PROPOSAL

Specific Problem to be Addressed

In this case, the specific problem to be addressed is in the root of the causation: Education. It's absolutely imperative an effective health program is implemented into schools as early as Kindergarten. Children absorb information on an elementary level of education than do in say middle school or high school.

Exposing them to the consequences of unhealthy eating early on will scare them into forming healthy habits early on. The approach will be similar as kid-friendly programs such as D.A.R.E or Smokey the Bear. It's not often that you see children out in the woods setting forest fires and it's because there is a consistent and effective program telling them not to do so. Poor eating habits don't make sense, just like setting forest fires doesn't make sense because it has a detrimentally elephantine outcome.

Target Population

The 30% of obese Americans are not just obese Americans; they are mothers, fathers, caretakers and guardians. If children are raised with healthy habits, they in turn instill those habits into their children and so on and so forth. The domino effect caused by educating children (and parents alike) is widespread and affects everyone regardless of their demographics or age.

Proposed Interventions

Intervention #1

The first educational invention will target children and their guardians with a thorough, mandatory program that informs the participants of the many health risks of poor nutrition and the long-term benefits of establishing a good diet early on. It'll also cover the risks of the latter such as heart disease, type 2 diabetes, stroke, high blood pressure, high cholesterol and physical disability. Field trips will be approved to take children to Fat Farms to really drive home the difficulties faced when obese. Because children are visual learners more so than auditory, there will be live speakers, a large

portion of the material will be delivered through pictures, and they will see the results hands on through their field trips.

On a monthly basis, the children's caregivers will receive a newsletter that updates them on the latest in health news as well as provides them with helpful facts and dietary advice for both themselves and, more importantly, their children.

Intervention #2

The second intervention will be environmental. For the population to succeed in controlling the weight issue, there shouldn't be vending machines, fatty breads, and various pizzas served in schools. This will only confuse the children and tempt them to make poor decisions. Instead these foods will be replaced with healthier, but foods that are familiar to them. For example instead of feeding your child a peanut butter and jelly on white bread, they'd receive organic peanut butter on wheat bread with preservative free jam. Simple changes like this are all steps towards the ultimate goal; a healthier America.

Healthy People Objective(s)

Healthy People 2010 state the following as, "Objectives for Prevention and Control of Childhood Obesity."

1. Increase daily physical activity among children and adolescents.
2. Reduce the amount of time kids spend watching television, video games, and on the Internet.
3. Decrease the consumption of energy-dense, high-sugar, high-fat foods like soda, ice cream, junk food, and fast food.
4. Increase the consumption of nutritious foods like fruits, vegetables, whole grains, and skim milk.
5. Create social, monetary, and policy-driven incentives that reinforce long-term environmental and behavioral change.

Data Collection Plan

You'll find that the following link provided by The Department of Health and Human Services demonstrates with statistics the outcomes and averages of previous proposals and obesity issues.

<http://wonder.cdc.gov/scripts/broker.exe>

The interventions previously described will be measured by comparing the physicals of students over a year's time. The weights of a child prior to the program will be recorded then once again after two periods of six months. If there is a steady decrease of weight in the general population of the class, then the program was successful.

SUMMARY

Major Assessment Findings

After speaking to several overweight adults they blame the majority of their issue on lack of knowledge or simply food that is considered healthy being describing as undesirable. Others even admitted to being exposed to the unhealthy food they are used to as children and just blamed their nutritional irresponsibility on 'growing up with it.' This led to the assumption that if children are introduced to these types of foods early on they will adapt to liking them just as they did with foods containing high amounts of trans fat or grease.

Obvious conclusions led to the environmental change that needs to take place. Regardless of how much you educate someone, if there is nothing else to eat, they are going to consume what's in front of them. After all, everyone needs to eat to survive regardless of the nutritional facts.

Two Proposed Interventions

These two interventions are about changing America's lifestyle, not just going on a diet. If successful, obesity rates should steadily decline as society recognizes the damage they are doing to themselves and their children. Negative effects can only be that the failure of these programs will result in a loss of funding. The funding itself is subjective depending on the location of the school; ideally it will be supplied by the town budget or Parks and Recreation.

Notable Sources

<http://www.cdc.gov/healthyyouth/obesity/facts.htm>

Centers for Disease Control and Prevention. Sept. 2011.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5410a1.htm>

MMWR. *Recommendations and Reports*. Oct. 2005.

<http://www.apha.org/programs/resources/obesity/obesityactplan.htm>

American Public Health Association. *Healthy People 2010*.

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