

Health and illness in the community



**ASSIGN
BUSTER**

Obesity

Introduction:

Obesity is a worldwide public health issue and its prevalence is dramatically increasing in Australia everyday. According to Jackson et al. (2007) two-thirds of adult men and over half of adult women are overweight or obese. Obesity is a significant health concern to the Australian community as it dramatically increases the risk of developing serious co-morbidities and which in turn puts great pressure on our health system.

Throughout this discussion paper I intend to identify and discuss determinants of health including promotion, management and prevention strategies for obesity focusing on primary, secondary and tertiary health promotion.

Although discussing implications of adulthood obesity, I will base my discussion paper on childhood obesity incorporating child focused prevention strategies used to prevent obesity in Australia. My intention of targeting children for this discussion paper is based on the evidence that childhood obesity leads to adulthood obesity and therefore targeting children can potentially reduce incidence of adult obesity in Australia. According to Larsen et al. (2006). 1 in 5 children are overweight and are at risk of obesity in Australia. This causes great concern for the Australian Health Ministers as overweight children have developed unhealthy life skills needed to generate an obese adult.

Throughout this discussion paper I will identify health promotional campaigns aimed at spreading awareness of obesity as an epidemic and prevention

programs in place directed at children and families about healthy life choices. Using secondary health promotion strategies I will explore management options available for obesity whilst investigating early intervention methods and screening programs. I will explore current management regimes aimed at reducing reoccurrence of obesity.

Determinants of health

Obesity is a widespread and escalating health concern within Australia and can lead to the development of other major co-morbidities both during childhood and adulthood. “ Obese children are at risk for a variety of cardiovascular health problems, including diabetes, hypertension, coronary artery disease, orthopaedic problems, skin disorders, polycystic ovarian syndrome, sleep apnoea and emotional distress related to self image and perception. Larsen et al. (2006).

Obesity is majorly associated with food choices, lack of physical activity and family eating habits during childhood. Developing unhealthy lifestyle habits during childhood can lead to a poor adulthood lifestyle and ultimately result in obese adults.

The Victorian government has identified the major causes of obesity to be poor food choices such as choosing foods high in fat rather than a healthy alternative. Lack of physical activity, with Australian children spending excessive amounts of time on sedentary pursuits rather than being active. “ Several key factors underlie the child and adolescent obesity epidemic, including an increase in sedentary behaviours like television viewing, computer and video games. Alongside an accompanying decrease in

sedentary activities and changes in dietary patterns, large portions and fast foods, advertisement of junk foods”. Melnyk, (2008).

Overweight parents have also been linked to obesity, partly due to genetics and partly due to children learning unhealthy habits from mimicking their parents. With Obesity being such a prevalent health concern, prevention strategies have been developed to reduce the risk and spread awareness.

Primary health promotion in relation to obesity:

Primary health promotion relates the prevention and associated prevention strategies aimed at preventing the development and progression of obesity according to Melnyk (2008).

Many health promotional campaigns have been developed in Australia to raise awareness of the escalating issue of obesity and to promote and publicise healthy life style choices to children.

The Australian government has developed promotional campaigns targeted at children such as “ life be in it” and “ Get moving” which aims at promoting physical exercise to children. These campaigns aim to make exercise appealing to children and suggestively incorporate involvement of the whole family. The “ life be in it” campaign promotes all types of active exercise from walking to horse riding and aims targets its involvement towards children. Promoting active exercise to children can ultimately endorse a healthy, active lifestyle that will carry them on into adulthood.

Another campaign developed by the Australian government aims at teaching children to choose healthy foods and actively maintain a well balanced diet.

“ 2 and 5” campaign teaches kids to eat 2 serves of fruit and 5 serves of vegetables everyday with a catchy easy to remember slogan. Introducing fruits and vegetables to young children is a vital component to maintaining a well balanced diet through all stages of life whilst fuelling children with much needed nutrients.

A health promotion program introduced to primary age’s school children has been developed in Australia to teach children essential life skills both in the kitchen and in the garden. This program teaches children about cooking healthy foods and also how to grow and produce fresh fruits and vegetables. Introducing a program into primary schools such as this one can be beneficial as it can teach children to understand the link between good food choices and optimum health whilst promoting active hands on exercise. “ The school lunch intervention is designed to help students make healthy food choices and enhance their taste preferences for fruits and vegetables.” Fulton et al. (2001).

Introducing these programs to children at a young age can help them to become actively involved in their own diets whilst teaching parents and children about healthy choices. “ Teach parents to provide healthy, low-fat food choices reduce their child’s time spent viewing television and bring regular exercise into their child’s and family’s routine.” Fulton et al. (2001).

Other campaigns within communities are being developed to tackle this ever growing public health concern which encourages families and children to gain active exercise. The Walking school bus is a program run within communities that nominates a meeting area where children and families can

meet and then walk to school as a group. This Australian government initiative program teaches children and families an alternative option to driving.

Many Australian schools have discouraged or banned junk foods in school lunches or in school canteens. Banning of soft drinks and foods high in fat or sugar can be a small step in changing children's diets.

Health promotional campaigns aimed at preventing obesity actively promote healthy lifestyles including well balanced diets and active exercise. "Prevention programs within primary schools aim to promote healthy eating and increase physical activity to prevent obesity whilst incorporating participation of families to promote all round healthy living." Fulton et al. (2001).

Most health promotional campaigns related to obesity use children and families as their main target audience. Teaching children to live an active lifestyle can dramatically reduce the risk of adulthood obesity and associated co-morbidities.

Secondary health promotion in relation to obesity:

Secondary health promotion relates to the management and prevention of a disease, and looks at the development of screening programs to identify early diagnosis. In relation to obesity, monitoring of weight and identifying contributing factors is essential to predicting incidence of obesity according to Dastgiri (2006).

Although obesity is primarily due to poor diet and lack of exercise, other contributing factors can also come into account. Family history and parental

obesity are predominately associated with the development of obesity. Due to this contributing factor, prevention tactics need to be aimed at families battling obesity, primarily children. According to May & Buckman (2007). Obese parents with poor lifestyles endorse poor lifestyles to their children. Screening children of obese parents for early warning signs could help to target problem areas and break the obesity cycle.

School programs have already been introduced into Australian schools targeting prevention strategies at school aged children. Obesity is monitored by using BMI (body mass index) to measure height and weight in accordance with age according to Jackson (2007). Programs have been developed that monitor school aged children's BMI and provide them and their families with education in accordance to their susceptibility. This aims at targeting obesity at a young age before it becomes a problem.

An Australian government program “ Get set 4 life” provides health checks for young children aged 4 years which aims at early detection for obesity. The get set 4 life programs teaches parents and children the importance of establishing healthy lifestyle and teaches practical life skills like preparing healthy meals and exercises that incorporate the whole families involvement. “ Intervention in childhood may be particularly effective to prevent obesity, control additional weight gain, and reduce excess weight when already present.” Barlow et al. (2002).

Early detection of obesity is a vital component to managing the disease itself. Detecting obesity in children is a key factor as it allows action to be taken before obesity develops beyond control. Weight reduction diets and

exercise are designed and developed to minimise weight and promote a healthy lifestyle, reducing further risk of co-morbidities. Reducing weight ultimately diminishes undesirable effects. “ The most successful weight loss strategies include calorie reduction combined with increased physical activity and behaviour- modification therapy designed to improve eating and exercise patterns.” Shortt, (2004).

According to Naser et al. (2006). General practitioners have developed screening programs that monitor weight and monitor contributing factors that are renowned for causing obesity. When obesity is detected health care plans are developed that incorporate dietician advise to produce a personalised diet and exercise program. This program has been found to be successful in reducing weight and has been a key component in monitoring trends within families. Continual education seems to be the primary component to managing obesity and promoting an understating of the importance of choosing a healthy lifestyle.

Tertiary health promotion in relation to obesity:

Tertiary health promotion relates to reducing the impact caused by the obesity epidemic and preventing reoccurrence of obesity. Tertiary health promotion is targeted at individuals and families with obesity or those at high risk of obesity. Children of obese parents run a very high risk of developing obesity themselves. “ Parental obesity increases the likelihood of obesity development in children. A high parental BMI is one of the strongest predictors for childhood obesity”. Larsen et al. (2006). These factors can be evident as a result of genetics and the significance of family history along with similar lifestyle choices found among families. Obese parents generally

teach their children poor lifestyle habits that follow them through life increasing their risk of obesity. “ Although studies have indicated that a genetic predisposition to obesity may exist, it is the interaction of genetic and environmental factors that causes obesity because children often follow examples set by their parents. Larsen et al. (2006).

Promoting healthy diet and active exercise at a young age can diminish the likelihood of developing obesity. When diet and exercise are unsuccessful, bariatric or gastric banding surgery is becoming a more popular alternative. According to Shortt (2004). Gastric banding surgery is a surgical procedure that promotes weight loss by decreasing food intake after closing off or removing part of the stomach, or by forcing the food to be poorly digested or absorbed. Although this procedure can considerably reduce weight, it isn't necessarily the healthiest option as it alters nutrient absorption and noticeable reduced food intake. Whilst this surgery can reduce weight in adults and decrease chances of developing obesity associated co-morbidities, it also teaches children an alternative to diet and exercise. We should be directing our action at preventing the likelihood of developing such obesity where gastric banding is a last resort.

Recommendations:

Although many resources have been dedicated to the promotion of reducing obesity and promoting active lifestyles, obesity remains to be a prevalent health issue and instead of reducing is ever growing. I believe that more health promotional campaigns need to be aimed at children and parents to encourage active living and reduce occurrence of obesity in the future. From my research I have nominated some potential areas in need of attention.

Screening and counselling families for potential of developing childhood obesity and directing education towards this situation including potential health risks their child could develop in the future.

Promote nutrition and physical activity during early stages of life and incorporating it into general school life. Introduce more lifestyle programs into primary schools that teach children about healthy eating.

Incorporating parents and families involvement in healthy lifestyle and encouraging entire families to become involved and promote healthy active lifestyles at all ages.

Discouraging heavy television watching and children playing video or computer games for long periods of time. Parents should monitor and limit sedentary activities. I would also recommend parents limiting junk food intake and avoid foods high in fats and sugars. I also think junk food should be removed from all schools.

Despite recommendations, obesity is an ever growing health concern impacting greatly on Australia. Although it cannot be eliminated completely, changing a child's lifestyle choices can impact on their adulthood and send them down a healthy path rather than a harmful one.

Conclusion:

Obesity is an ever increasing health issue is prevalent in Australia. Upon investigation into the health promotion of obesity I can conclude much promotional material is aimed at children and the prevention of obesity and alter

Promotion of active living. I have found that children tend to be the target audience in accordance with obesity to promote active diet and exercise at young age and ultimately reduce the risk of adulthood obesity. From this discussion paper I identified promotional campaigns created by the Australian government to promote active living among Australians. I have identified tactics used to manage obesity in adulthood and explored the importance of maintaining a healthy lifestyle before associated co-morbidities damage health. I believe obesity is a well promoted health concern yet still requires more attention before obesity expends out of control.