

# Health promotion strategies for obesity



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**Introduction**

Australian Health Ministers have identified obesity as an area of National Health Priority Area as evidenced and supported by Durand 2007 “ reversing the obesity epidemic is an urgent priority”. Through this essay we will discuss the determinants of health, what is obesity and possible strategies for primary, secondary, and tertiary health promotion for obesity. Most of the primary strategies used are targeted towards children as most of the programs used to promote healthy eating and exercise, according to the literature, reside predominantly in schools while secondary and tertiary promotion are targeted at adults and families.

The key feature of the primary strategies of health promotion to deter behaviors and lifestyle choices that leads to obesity is education, which is why the school aged population is targeted. The discussion of the primary strategies in health promotion will generally focus on school run programs and activities. From here we will explore the options of screening and testing under the secondary health promotion for obesity which will be aimed at children, adults and families before delving into management of obesity, patient education and other tertiary health promotions available although in this instance most will mostly be targeted towards the adult population. Through the discussion of this health promotion, will we analysis and determine possible limitations and implications for nursing practice. We will commence with the definition of the determinants of health which in this case refers to the causes of obesity in our community and briefly explore possible causes and reasons for obesity.

**Determinants of health**

Buttriss (2008) theories that the current obesity trend threatens public health and the research (Galani, Al, Schneider, & Rutten, 2007) supports that not only does obesity become a precursor to morbidity and mortality but an economic drain on government funds the healthcare system in turn cause implication for nurses to accommodate a bariatric patient who will become physically difficult to manually handle and becomes a drain on the nurses resources for a condition that could have been prevented or minimized through deterrence's and patient education. The Body Mass Index (BMI) is the accepted measurement to determine at what state the body is currently in. Chapman, (2004) explains that a BMI of between 18.5 and 24.9 is a normal weight range and is therefore the desired state however, the trends in this research confirms a steady increase of BMI's over the last 20 years. As a western style nation we have unlimited access to promotion of fast foods and sedentary like activities (internet, video games etc) and in turn have allowed unhealthy food of convenience that are economically and geographically available destroy our health. Television advertisements target young children during children programming hours influence their decisions and according to Galani (2007) most of the underprivileged suburbs contain the most amount of fast food outlets. So from the research gathered can we establish the obesity impinges on the under privileged, uneducated and the easily influenced minds of children who in turn influence the main purchasers of groceries. Obesity and other related chronic health condition order to maintain a healthy body weight you must be able to "balance intake with expenditure" (Frable, Dart, & Bradley, 2002) which is where the health promotion strategies take effect by educating about how to conduct

this balancing act and why it is important to be within a normal weight range.

### **Primary Health Promotion strategies for obesity**

Primary health promotion is encouraging behaviours that will improve health and over all well being, when relating primary health promotion to obesity we are identifying programs and strategies available to the public in particular, school aged children. Durand, Logan, & Carruth (2007) have labeled childhood obesity “ as a critical public health threat for the 21st century” and so we will examine how some of the programs being run at school will benefit not only the general health of children but also reduce future implications on the nursing practice as these children become adults.

The Stephanie Alexander Kitchen Garden National Programs (Better Health, 2009) is a government funded program for primary school children that teaches them to grow and harvest their own fruit in vegetables in a school garden, how to cook and appreciate fresh and seasonal foods and has the benefits of teaching them lifelong skills, keeps them moving and activate in the garden and linking good food choices to optimal health. School ride-a-thons, and walk to school day are also school promoted activities to encourage movement and exercise while portraying exercise to be fun and social activity. Physical education has become an integral part of primary school life where children are encouraged and given an incentive to participate in team sports and activities with a little healthy competition to help motivate and in some children serve a purpose to an exercise. Programs that are inclusive to all children and are made fun provide the incentive they need to get moving and exercise.

By promoting positive healthy eating and exercise will help them the healthy choice the easy choice. Schools are enforcing healthy lunch policy where children are encouraged to bring along healthy foods for lunch and monitored by the teachers. Teachers are encouraging experimenting with foods by awarding points or awards for the healthiest food or most interesting food brought during the week and also undertaking a session on the food pyramid and the 2 and 5, 2 fruit and 5 veg a day theory and to enforce these positive attitudes you only have to look to the likes of Sesame Street where the characters explain what a “ sometimes type of food is” meaning food and treats in moderation and on occasion. Popular fruit commercials with catchy jingles such “ Bananas, make those bodies sing” all equate healthy food choices to being healthy. Commercial campaigns like “ Life be in it” displaying fun activities that children can partake in and new adventures to have all while being active and involved in some sort of physical activity.

Opposed to secondary and tertiary health promotion of behaviour modification (Galani, Al, Schneider, & Rutten, 2007), these programs influence children and their food and exercises choices to have a positive relationship with food and link good food and physical exercises choices with optimal health.

Although these programs are designed for children, the influences of their learning’s may well sway their parents and family to also adapt a healthier lifestyle pattern and in turn succeed in promoting health and the healthy choice to their families, friends and well into their communities. These programs run at school are addressing the childhood obesity epidemic by <https://assignbuster.com/health-promotion-strategies-for-obesity/>

providing education in a fun way about healthy choices and in turn will decrease the amount of children becoming obese adults. Although Kelly & Melnyk (2008) research shows that the combination of nutrition, physical activity and education decreases BMI, this theory, however, is partial to the limited research on the affects of these programs and a study should be conducted on how these principals may change or influenced once leaving primary school and progress through the life span as according to Buttriss (2008) “ as yet, no indication of a decline in the rates of obesity in children and adults” although Barlow et al (2002) argues that these health promotion preventions may lead to favourable long term outcomes. Regardless of the limitations discussed these positive approaches to healthy eating and embracing an active lifestyle will set them ultimately as an adult with good lifestyle choices and therefore reduce the risk of obesity in adulthood.

### **Secondary Health Promotion Strategies for Obesity**

Interventions and screening for obesity are necessary in order to battle this increasing epidemic plaguing the general population. As with the education and programs being run at school with the primary strategies of health promotion, schools are now undertaking responsibility of some possible interventions and screening. As Physical Education has become an integral part of the school’s curriculum, the subject measures the BMI students in conjunction with fitness tests and provides information, strategies and resources to those most vulnerable to obesity and how as a family they can combat the prevalence of obesity. As its teachers who are involved with students for most part of the day, they are able to accurately assess using observation of a pupils motivation and participation in activities and

according to Larson, Mandelco, Williams, & Tiedman (2006) “ a happy child is often a healthy one.”

Australian Government Department of Health and Ageing (2009) has introduced a health check program called “ Get set 4 life”. It is available to all Australian residents aged 4 years and serves the purpose to determine if these children are fit, healthy and ready to learn as they enter their first year of primary school. Carried out by a GP or a nurse registered with the program and involves a history collection and assessment and in return provided with interventions and health advice. Using age appropriate tools and resources, this program teaches parents how to teach their children from an early age about better health while making it fun. The benefits of the program is that it is covered by Medicare and so can they be bulk-billed and that they can receive this check with their 4 year old vaccination. These health checks are used as an early detection device to examine those most at risk of childhood obesity and the research conducted by Durand et al (2007) illustrates that only 1 in 5 mothers were able to correctly identify that their child was in fact overweight which was prevalent in low education knowledge and a high risk of obesity themselves on the mother's behalf and “ may be the barrier to prevention of childhood obesity.” This is imperative as Larson et al (2006) research identifies a link between paternal obesity and the risk of children developing obesity . These health checks provide a professional health care point of view and delivered with the best possible intentions and most up-to date resources. Some of the limitations of this program is that it is only available for 3 to 5 year olds and only one health check can be made. With no review or follow up of how effective these

interventions and strategies actually are, we are implementing a program that the research is unable to justify.

Moving away from just child secondary health promotions we can also explore the Australian Better Health Initiative Campaign, (2009) called “Measure up” targeting 25-60 particularly families and older Australians most likely to already be suffering from one chronic health condition possibly exacerbated by high BMI. This campaign however does not differ from other screening and prevention tools as the goals are still to make healthy lifestyle choices and associate good life style choices with optimal health. This campaign sends measuring tapes out to the population to measure their waist and given an indication of what sort of risk they may be in developing chronic health conditions related to expanding waist lines. This campaign offers the population the chance to investigate for themselves options in reducing their risk of chronic health conditions and to seek further advice from health care professionals with any concerns or further testing while encouraging an invested interest in their own health as well as that of their families.

### **Tertiary Health Promotion for Obesity**

Tertiary health promotion in obesity is often when obesity has been identified and management of the condition which includes “ a wide variety of treatments for obesity are available including diet, physical exercise, behavioural modifications, pharmacological treatment and surgery” (Galani, Al, Schneider, & Rutten, 2007). In order to undertake these treatments, assessing and “ identifying at risk families as early as possible” (Buttriss, 2008) is beneficial to ensure extreme measures of treatment are not offered



when adequate patient education will suffice. Of course the best way to intervene is to modify behaviours and lifestyle choices to encourage optimal health.

If these means are in no way effective, then surgical options “ should be offered to patients who are morbidly obese, well informed, motivated and willing to accept the operative risks” (May & Buckman, 2009)