Example of research paper on the challenges of obesity prevention in the

Health & Medicine, Obesity



United States Health Care System

Obesity is having a weight that is above what is considered healthy for a given height. There are a number of ways to measure for obesity. One common way of measuring is body mass index, or BMI. BMI involves measuring a person's height and weight and putting these values into a formula that produces one number that can generally categorize people as underweight, normal, overweight, or obese (Center for Disease Control (CDC), 2011a). Using this method of measuring a person has obesity if they are either overweight or obese. There had been controversy within the medical community as to whether obesity should be classified as a disease, a symptom, or a risk factor. The American Medical Association dealt with this at their recent meeting and determined that it should be called a disease (Fryhofer, 2013).

If defined as a disease, obesity is one that admittedly has no known cure and a large number of treatment methods that are effective but often not permanent. Yet it is a disease that needs a cure as having obesity has many ramifications for health including an increased chance of coronary heart disease, cancer, hypertension, high cholesterol or triglycerides, stroke, liver and gallbladder disease, sleep apnea, osteoarthritis, and gynecological problems (CDC, 2011b). The general consensus is that there are many factors that have contributed to the now undeniable rise in obesity in the United States. The latest data indicates that more than one-third of all adults in the United States are obese (CDC, 2012).

Among the changes that have been cited for this issue have been eating too much or nutritionally empty food, lack of exercise, sleep debt, pollution, air

https://assignbuster.com/example-of-research-paper-on-the-challenges-of-obesity-prevention-in-the/

conditioning, decreased smoking, certain medicines, a shift in the United States population to groups more commonly obese, older mothers, increase in obesity due to higher fertility for those who are obese, common union of obese people, and other ancestral factors (Keith et al., 2006). For example, the rise in the rate of obesity in the United States can be traced back to children that were born in the 1950s and 1960s. This has led to a theory that the ancestral factor of actions during pregnancy including restricting weight gain, smoking, and not breast-feeding have all contributed to the increased issues with obesity (Roan, 2011). Programs that target one or more of these factors have a possible role in the prevention of obesity.

The current obesity rate of one-third of all American adults is projected to increase to about 42% of the adult population by 2030. (Healy, 2012). Given the inherent health issues associated with obesity, described above, this is expected to have a major impact on healthcare spending. Presently, it is estimated that obesity costs Americans \$190 billion in health care spending, more than smoking, and with the project rise in obesity, this number will undoubtedly go up (Ungar, 2012). This number effects everyone, as it is reflected in increased healthcare insurance costs for the entire population, as well as increased governmental spending for healthcare programs. Thus, it appears that all Americans have a financial interest in reducing this number through preventative programs.

Although there is no cure for the disease of obesity, there are governmental and private programs that have the aim of preventing obesity. Prevention methods in medicine seek to avoid the occurrence of a disease and are often aimed at the general population (Meunier, 2009). In the obesity situation,

preventative programs can target not only the eating public, for example through healthier eating or increased exercise, but also other underlying contributors to the problem, such as food providers,

An example of the use of an alternative target in obesity prevention is a program authored by Change Lab Solutions called "Health on the Shelf" (Fry, Levitt, Ackerman, and Burton, 2013). This program is aimed at smaller-sized food stores such as those commonly found in urban neighborhoods. It suggests providing incentives for smaller food stores to stock more healthy foods, thus providing healthy food choices for people that use those stores as their primary food source. The basis of the program is a certificate system, where the food retailer needs to meet certain criteria in order to be certified and then qualify for the associated rewards. The published program is directed toward governmental entities that would organize, sponsor, and maintain the program (Fry, Levitt, Ackerman, and Burton, 2013).

A further possible preventative program would be one targeting the ancestral effects suggested by Roan, discussed above. This type of program would encourage healthy weight gain during pregnancy, discourage smoking during pregnancy, and encourage breastfeeding (Roan, 2011). If the theory holds true, children born with this type of pre-natal environment would have a reduced chance of being obese as adults. Although this particular theory is obviously unproven, it is important that obesity prevention is not merely focused on personal campaigns to eat less and move more, but also considers other targets. As this is a complex problem, it will require complex solutions and alternative targets for prevention must play a part in a successful solution.

The problem of obesity in the United States is widespread and difficult to address. This issue has many negative impacts on the population's health and finances. But it is also an issue with a wide variety of causes that has thus far escaped a simple or straightforward answer. Certainly there is a clear role for preventative programs, many with a prime focus of eating more healthily, eating less nutritionally empty foods, and exercising more. However, to find a true solution, other possible causes of the issue need to be addressed. Two possibilities discussed in this paper were to increase availability of healthy foods in urban neighborhoods and better counseling to women when pregnant. These two alternative targets are just the beginning of possible prevention programs that could have a positive impact on the very significant problem of obesity in the United States.

References

Center for Disease Control and Prevention. (2011a). About BMI for Adults.

Retrieved from

http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/

Centers for Disease Control and Prevention. (2011b). The Health Effects of

Overweight and Obesity. Retrieved from

http://www.cdc.gov/healthyweight/effects/

Center for Disease Control and Prevention (2012). Adult Obesity Facts.

Retrieved from http://www. cdc. gov/obesity/data/adult. html

Fry, C., Levitt, Z., Ackerman, A., and Burton, H., (2013). Health on a shelf.

Change Lab Solutions. 22 March. Retrieved from

http://changelabsolutions.

org/sites/default/files/Health on the Shelf FINAL 20130322-web 0. pdf Fryhofer, S. (2013). Obesity: It's a Risk! It's a Symptom! It's a Disease!. Medscape. Retreived from http://www.medscape.com/viewarticle/807605 Healy, M. (2012 May 7). Obesity in U. S. project to grow, though pace slows: CDC study. Los Angeles Times. Retrieved from http://articles. latimes. com/2012/may/07/news/la-heb-obesity-projection-

20120507

Keith, S. W., Redden, D. T., Katzmarkzyk, P. T., Boggiano, M. M., Hanlon, E. C., Benca, R. M., . . . Allison, D. B., (2006). Putative contributors to the secular increase in obesity: exploring the roads less traveled. Retrieved from http://www. nature. com/ijo/journal/v30/n11/abs/0803326a. html Meunier, Y. (2009). Healthcare: The case for the urgent need and widespread use of preventive medicine in the U.S. The Internet Journal of Healthcare Administration. 6 (2). doi: 10. 5580/28fb

Unger, R. (2012). Obesity now costs Americans more in healthcare spending than smoking. Forbes. 30 April. Retrieved from

http://www.forbes.com/sites/rickungar/2012/04/30/obesity-now-costsamericans-more-in-healthcare-costs-than-smoking/