

Heha strategy for obesity



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Strategy for Obesity

As health indicators have been better in New Zealand, the development of well being has not been consistently everywhere. Obesity is one of the most common public health problems all over the world that is increasing. It also has related some problems which include heart disease, stroke, type II diabetes and certain cancers. One of the countries is New Zealand, the number of obesity and overweight has been increasing ever since the 80s, most of them are aged 15 years and above (31%) and about one out of nine children aged 2 to 14 (11%), New Zealand Health survey (2012/13). This essay will talk about the HEHA Strategy on obesity; techniques, procedure and its programs.

Obesity is a disease of having too much body fat. It is not similar as being overweight, which means weighing too much, (Wikipedia).

The response of New Zealand commenced on 2003 to obesity is the “Healthy Eating-Healthy Action- Oranga Kai – Oranga Pūmau (HEHA) Strategy” with the a vision of “an environment and society where individuals, families or whānau, and communities are supported to eat healthy, live physically active, and to attain as well as to maintain a healthy body” in simpler terms it concentrate on the growing problems such as poor eating lifestyle, lack of exercise, and obesity . The Health department has specially made a group of researchers to evaluate this said Strategy for the reason that the HEHA Strategy explicitly identifies the significance of the evaluation. The Strategy is lively and it may be influenced by altering political and communal contexts. The complication of the environment, the program and the

problem is reflected in the complexity of the assessment. The Strategy's structure also recognises the importance of reducing the inequalities in health and it involves the treaty which the Crown and Māori signed in 1840 which is considered to be New Zealand's founding document, the "Treaty of Waitangi". The viewpoint of this treaty is about partnership, participation and protection which is enshrined so much in the health legislation of New Zealand. Particular challenges have an effect on the assessment of the HEHA Strategy and other similar strategies. It is also a complicated intervention that is stirring in a complex condition and that encloses many not related aspects possibly to influence nutrition and physical activity. Moreover, this strategy's aim of improving health, increasing physical activity and reducing obesity are long term goals and it may not be accomplished within the estimated time. The extent of nutritional behaviour is to be aware of the achievement of this said Strategy.

The result that may be related to the HEHA strategy will be commencing, which is a Nutrition and Physical Activity Survey (NPAS). It is of course a survey and its plan is a continuing quarterly survey that set up four 'panels' of respondents, each of them will be interviewed annually in three years. All of the chosen country representatives exist to have datasets which comprise info on nutrition, physical activity patterns and body size. It will later be analysed and used to make criterion to be compared to the estimates of the NPAS. A number of six thousand four hundred people which are all fifteen years old and above will be recruited to take part in the said activity. The partakers will be recruited from over six hundred random mesh blocks. Maori, Pacific Islander plus a list of deprivation have been sampled to help

the estimates of the groups to be calculated. The trial reviews have looked at the past model for Ministry of Health nationwide surveys using the same group sampling methods. This involves the certainty of a selected populace level rate that can be estimated by how old they are and where they came from, to make it possible into a precision of the estimates for observing the people changes in nourishment, the annual Computer Assisted Telephone Interview (CATI) survey will also be used for three years. This instrument for survey is made up of tons of questions from other state surveys and also some fresh questions. The question includes something about socio-demographic factors, physical activities and consumption of foods that has high fat, salt, sugar and MSG. The tactics of HEHA on creating a helpful setting also include questions regarding societal and environmental factors. The population's estimate value will be copied for evaluating the multistage cluster sample by the standard methods. An examination will also be done to know the changes in health. In relation with the previous baseline, there will be a prepared national representative datasets.

There are also programmes in schools that involve the HEHA strategy. An example of this is “ The Fruit in Schools programme”. Its plan is to target lowest income decile schools. The students at the schools are supplied with a free quantity of fruit during school days. The schools that joined the programme are to carry out an entire school or society approach to make a supporting environment and should also supports healthy consumption, physical activities and smoke & alcohol free. The schools should work in clusters to sustain itself in fruit provision in over three years.

Here are some info's of the programme; term four of 2005 – phase one of Fruit in Schools programme was introduced to Sixty required schools in six District Health Boards (DHB), in term two of 2006 – phase two went to fifty four schools more than a total of thirteen DHBs, in term four of 2006 – phase three was rolled out to just about one hundred fifty six schools joined, covering all the twenty one DHBs. The entire number of schools that joined in all the phases is about two hundred seventy, and the total number of the children participating is approximately fifty six thousand. The New Zealand Council for Educational Research and Health Outcomes International is consistently evaluating the Fruit in Schools programme. The evaluation includes formative process and outcome components, Ministry of Health (2008).

In conclusion, the HEHA strategy targets the communal and environmental factors, it supports healthy eating, living active or simply living healthy. It also has a lot of plans to promote health like the “ NPAS” to know what the people want so the MOH can take action and “ the fruit in school programme” which targets the children to take care of their health.

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