

Diet Regulation and Youth Obesity Intervention

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Abstract

This paper has examined the issue of obesity among the youths in relation to respective frameworks, policies, and models. Obesity is defined as a medical condition in which body tissues exhibit excess or higher concentrations of fat. As such, various commissions or Acts aid in public sensitization towards healthy living by formulating effective plans and strategies. In particular, the public health outcome policy has been adopted in the report whereby emphasis is on the role of teamwork or cooperation by all. As such, in order to curb obesity by exercising proper dietary habits, all parties have crucial roles to play. Given that public health is a collective ideology, the report recommends that government funding should be timely to enhance action planning; towards Act implementation. Other non-governmental organizations should also fund respective programs in the quest to sensitize the public towards promoting health. Focusing on obesity among the youths, success could be realized if the bodies formed by the Act involve the affected and non-affected individuals in collecting data and formulating procedures towards proper dietary habits. In so doing, the society will be characterized by minimal cases of obesity among the youths.

Introduction

Obesity is a contemporary epidemic whose prevalence is ever increasing. The epidemic receives significant attention from the media regarding general awareness in the UK society and government. The acknowledgement emanates from the National Health Service and the local government regarding the need to curb the rise of obesity. Methods that address prevalence of obesity include children educational programs, exercise friendly towns, transport, and diet. According to Kushner (2007), obesity is a multifaceted affair requiring biopsychosocial approaches. However, whereas the Cognitive Behavioral Therapy is recommended in addressing behavior modification in relation to curbing obesity among the youths, diet issues are receiving more significant attention in a quest to tackle the growing epidemic. The current report seeks to examine the prevalence of obesity among the youths and, related dietary policies ideal for addressing the epidemic.

The report is divided into five main parts. The first part entails a problem introduction and discussion, with additional focus on the background of the report. The second part constitutes the health concept application and public health outcome framework towards improving the health status of youths in high risk zones. In the third section, the report focuses on the public health outcome framework and, the health and social care Act 2012. The section culminates in the fourth part whereby the report provides a conclusion regarding the key concepts discussed regarding dietary policies and related impact on reduction of cases of obesity among the youths. Lastly, in the fifth section, the report provides recommendations regarding the available and ideal dietary policies in relation to the reduction of cases of obesity among the youths. It is worth

noting that the report is significant because it gives insight to the relationship between obesity and dietary policies among the youths, enabling the public health practitioners to seek improved implementation of the public health outcome framework policy.

Obesity refers to a medical condition characterized by building up of excess fat around the body tissues. Such a condition threatens the body health, reducing one's life expectancy (Tukker, Visscher, & Picavet 2008). In order to establish the extent of obesity in bodies, the Body Mass Index is used. This measurement encompasses the comparison of weight and height of persons. A person is considered obese if his Body Mass Index ranges between 25kg per meter to 30kg per meter (Imaz et al. 2008). Yet this condition happens not to spare any age; affecting the youths as well as the old members of the society (Barness, Opitz & Barness 2007).

Most incidences of obesity are majorly attributed to the intake of excessive foods especially those with high fat content and lack of physical exercises (Kushner 2007). In other cases, obesity is attributed to genetic characteristics, mental disorders as well as some reasons associated with medications. On the other hand, increasing levels of obesity in the society may largely be attributed to mechanization and the increased access to delicious junk foods. Many other factors that trigger escalations of obesity at societal level have been identified. The factors include lack of enough sleep, endocrine gland disruptions (such as those originating from environmental pollution and that suppress the breaking down of lipids), reduced smoking frequencies (smoking reduces appetite hence limiting excess food intake), use of certain medications that slow down metabolism, increasing number of obese age groups, epigenetic factors such as obese characteristics genetic inheritance, reduced variation ability in ambient temperature, and assortative pairing (a phenomenon where individuals with similar characteristics associate) (Sweeting 2007).

In reference to the health and social care Act 2012, various roles of public health practitioners emerge. The Act seeks to establish and address groups in clinical commissioning, ideal for provisions regarding public health in the UK (Knai, McKee, Darmon, Lobstein & Rutter 2012). The Act emphasizes on the need to regulate health and provide social care to the society. As such, the youths are inclusive. In particular, sections of the Act target prevalence of obesity in relation to dietary regulations. Furthermore, the health and social care Act 2012 encourages the public health practitioners to involve the public in social care and health matters. In so doing, practitioners and the public are responsible for scrutinizing matters in health by means of cooperation with the commissioners of services in health care and, the local authorities. Therefore, it can be inferred that the health and social care Act 2012 offers provisions about regulations of social care and health workers, aimed at the establishment of a National Institute for Health and Care Excellence (Knai et al. 2012). Given that the current paper focuses on obesity among the youths and its association with dietary habits, the health and social care Act 2012 gives insight to strategies responsible for curbing obesity among the youths.

After the landscape for childhood obesity was commissioned, complexities and fragmentations emerged. The latter resulted from implementing the health and social care Act 2012. Imperatively, local joint commissioning strategies remain crucial towards the prevention of cases of obesity among the youths. Given that the Act stresses on the role of local commissioners in investing towards youth obesity programs, the current paper addresses dietary habits in relation

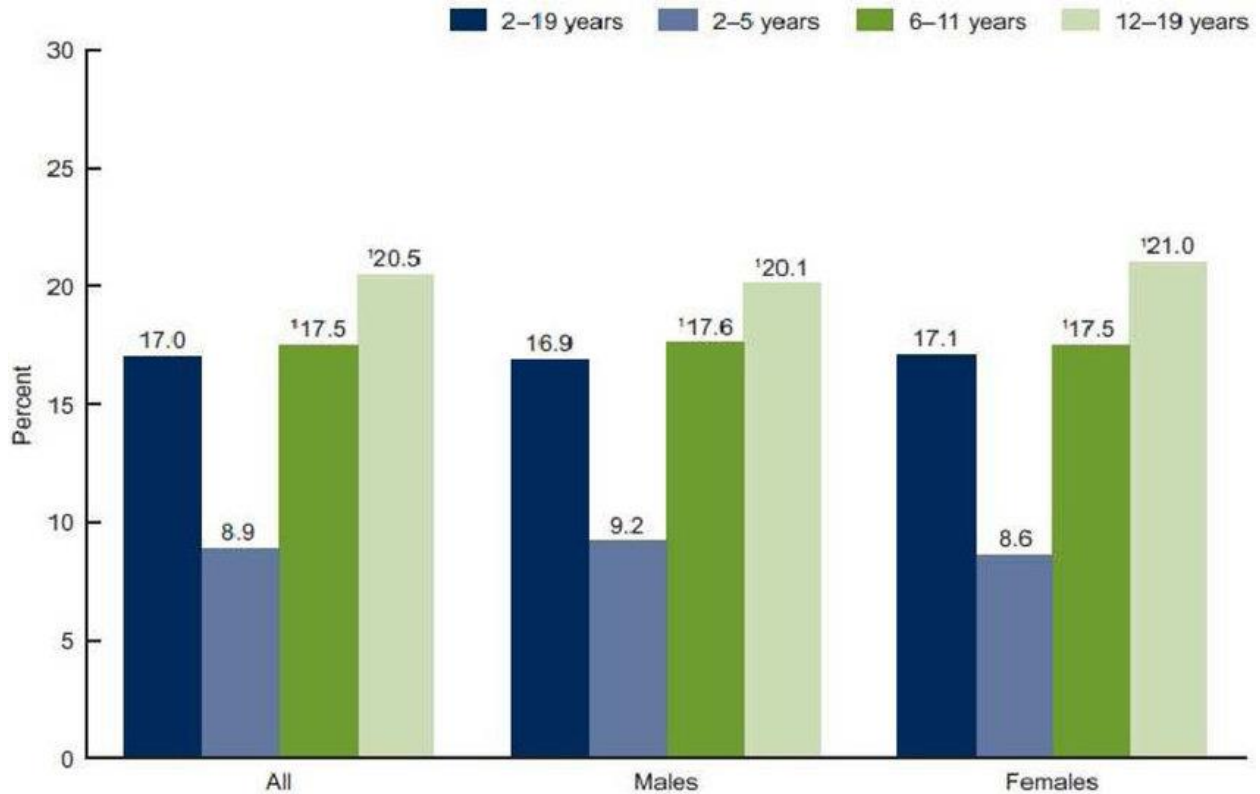
to obesity by referring to the Act's stipulation that the role of local commissioners is to engage in obesity strategies and services among the youths.

Methods

The public health outcome policy emphasizes that, aspects of improving and protecting the people's health should be accounted by all. Therefore, public health is an issue concerning individuals, local communities, and the government (Imaz, Martínez, García, Gutiérrez & González 2008). Additionally, the policy states that over the course of life, many factors pose implication on public health. The factors ought to be understood, with necessary steps adopted. For instance, the policy outlines that by involving local governments in public health, planning and delivery of services will be achieved. The planning and achievement of services are therefore felt within the broader social determinants of health. In summary, the public health outcome policy stresses on cooperation among communities, the voluntary sector, and social care.

Results

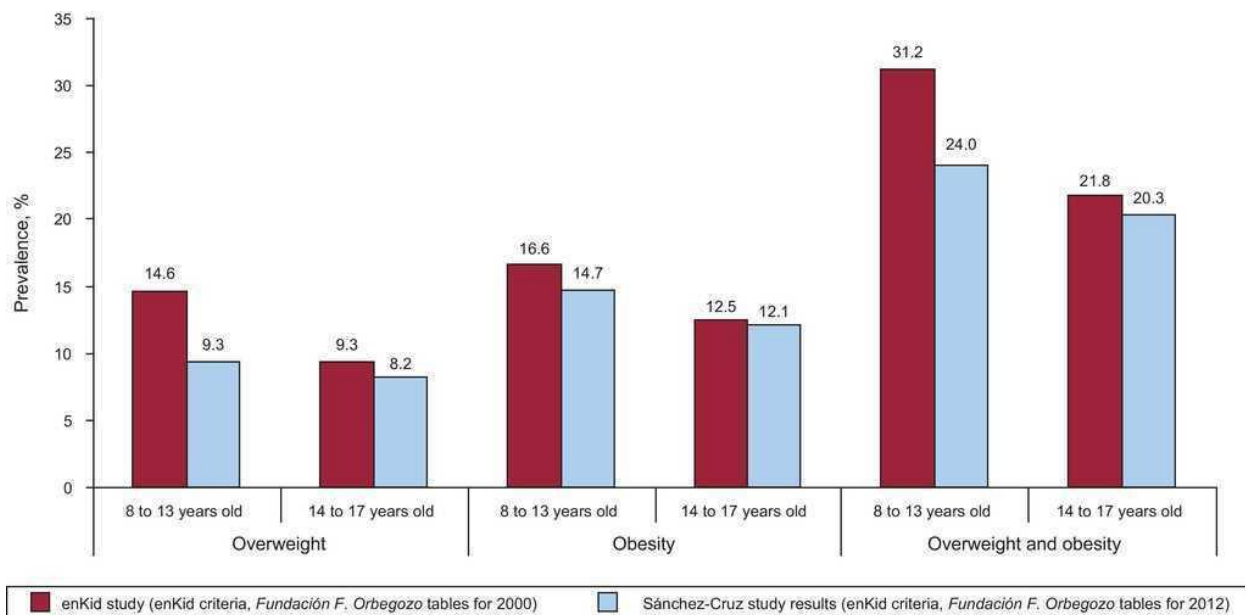
The public health outcome framework emphasizes on the need to exhibit cooperation among health practitioners, affected individuals, communities, and the government. Therefore, the concept of health has led to the emergence of two schools of thought. On one hand, some perceived health as a natural idea. On the other hand, some perceive health as a normative concept. Whereas health may be disvalued or valued, naturalists state that health defines a value-free concept. They contend that relevant medical scientists are better placed in addressing the objective matter of whether a heart is diseased or healthy (Choi, Atkinson, Karlson & Curhan 2005). As such, the health status of one's heart is a separate matter, regardless of whether it is valued or not. Indeed, naturalists approach matters by focusing on non-value-laden fashions in the initial stages, defining diseases without accounting for the effects on victims. Additionally, naturalists perceive health as proper functionality of an individual. On the other hand, naturalists perceive diseased states as those that interfere with one's proper functioning. Therefore, according to the naturalists, health and value are separate issues. The normative approach to health states that health is a value-laden concept. One of the reasons supported by normativists is that, science is full of medical scientists and values, and it must incorporate values in its concept. Therefore, it is inferred that naturalists treat the concept of health as an independent function from values. On the other hand, normativists argue that health is inseparable from values.



In relation to obesity among the youths, naturalists imply that food intakes interfering with one's normal functioning pose risks. On the other hand, dietary habits that support normal body functioning are supported by naturalists as those that are ideal towards health promotion (Knai et al. 2012). However, it is worth noting that naturalists do not account for the role of value on one's health while striving to address cases of obesity. In the normative view, effective dietary habits are inseparable from the values with which they are intended to serve. Given that the public health outcome policy stresses on the need to embrace cooperation, a normative approach becomes ideal because of the fact that it gives insight to the value of exercising effective dietary habits at societal levels.

The Health Belief Model (HBM) applies to health promotion and health education. According to the model, personal perceptions or beliefs about strategies and diseases determine their health behavior (Tukker, Visscher & Picavet 2008). Four main constructs underlie the HBM. The first concept entails perceived seriousness whereby one's beliefs regarding severity or seriousness of diseases or conditions determine the urgency of actions they are likely to adopt. The second concept in HBM regards perceived benefits. One's opinion about the usefulness or value of a new behavior towards reduced risks of developing particular conditions or diseases poses significant implications on the adoption of proposed strategies. Perceived susceptibility forms the third concept in HBM. One's susceptibility or risk aids in prompting them to practice healthier behaviors; ideal for eliminating the risks. The fourth aspect involves perceived barriers. Given that change is difficult to achieve in some cases, perceived barriers involves the community's evaluation of anticipated obstacles while seeking to adopt new behaviors (Barnes, Opitz & Barnes 2007). The implication to public health framework is that, HBM describes the four steps anticipated by health practitioners as they seek to achieve behavior modification towards healthy

living. Regarding obesity among the youths, aspects of perceived seriousness, perceived susceptibility, perceived benefits, and perceived barriers are crucial in such a way that they enable health practitioners to sensitize individuals on the adverse effects, anticipated gains, vulnerabilities, and challenges that accrues while striving to achieve healthy, dietary habits.



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Perceived to be a new commissioning framework, the health and social care Act 2012 seeks to offer health care in England. Additionally, the framework is significant in providing public health and social care. The rise of a new NHS Commissioning Board attributed to the Act's formulation, an independent body responsible for providing managerial guidance and top level commissioning; upon dissolving SHAs and PCTs. The Act also led to the formal creation of Clinical Commissioning groups (CCGs). In so doing, the implication was that all GP practices operate under the CCGs. CCGs were also mandated with local service commissioning, entailing governing bodies with chairpersons and accounting officers. Other members would include two lay people. Secondary clinicians, registered nurses, and finance officers (Knai et al. 2012). Whereas the Act implied that financial accountability of CCGs lied to the NHS Commissioning Board, the latter would authorize all CCGs.

The Act, in conjunction with the local government, has created new social care and health co-ordination bodies. The bodies are referred to as Health and Wellbeing Boards (HWBs), responsible for bringing together representatives from children's services, adult social care, public health, and the NHS. Others include representatives from Local Health Watch (LHW) and elected representatives. Therefore, the Act is significant because of its creation of bodies that aid in joint planning and formulation of strategies towards addressing social care needs and issues of local health. Obesity among the youths has been inclusive because of the fact that the bodies incorporate the need for desirable dietary habits in their strategic planning (Knai et al. 2012).

Conclusion

In conclusion, this paper has examined the issue of obesity among the youths in relation to respective frameworks, policies, and models. Obesity is defined as a medical condition in which body tissues exhibit excess or higher concentrations of fat. As such, various commissions or Acts aid in public sensitization towards healthy living by formulating effective plans and strategies. In particular, the public health outcome policy has been adopted in the report whereby emphasis is on the role of teamwork or cooperation by all. As such, in order to curb obesity by exercising proper dietary habits, all parties have crucial roles to play. The parties include individuals, the community, and the government. The concepts of naturalist and normative approaches have also been addressed in the report. Whereas naturalists perceive health as a value-independent affair, normativists argue that health is inseparable from perceived values. The Health Belief Model has been used as a theoretical foundation on which the report is based, highlighting the aspects of perceived seriousness, perceived susceptibility, perceived benefits, and perceived barriers. The model aids in addressing obesity among the youths by highlighting the vulnerabilities, benefits of exercising proper diet, and danger underlying obesity. Lastly, the report has focused on the health and social care Act 2012 in which new roles of various bodies emphasize on the need for collaborative approaches towards enhanced public health.

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