Prevalence of Obesity in the US

Student’s Name

University Affiliation

Prevalence of Obesity in the US

Section I: Problem Statement

Obesity remains one of the public health concern in America. There are many trigger factors, which explains why the issue has been on a record high. There have been several theories, which tend to point to why obesity is a major public health concern in America; however, there are two common denominators, which include heavy intake of food, and little or no exercise. On the other hand, there has been a rise in the sale of fast food, which then correlates, to an increase in the body mass index (Flegal et al., 2016). Besides, similar studies indicate that sugar added in soft beverage drinks have been wreaking havoc when it comes to borderline fat. It is evident that obesity in the US has become an epidemic and it all boils down to intake of large portions of processed food and little or no exercises. The policy paper hence addresses the issue of obesity in America by providing a proposal that would help in the reduction of the same.

Key Definition of the Terms

Obesity: A disorder, which involves excessive accumulation of body fat predisposing one to associated health problems such as cardiovascular diseases and diabetes.

BMI (Body Mass Index): A value obtained from dividing the weight of an individual by the square of height in meters.

Overweight: A condition where the individual records a BMI of between 25.0-29.9, which ends up predisposing him or her to obesity.

Section II: Magnitude of the Problem

Obesity remains to be a common condition that is costly in the United States. According to CDC NCHS data, more than a third of America population is considered to have obesity. This represents 36.5% of the total population. It is also clear that obesity tends to be prevalent among certain groups compared to others. Non-Hispanic blacks record the highest rates of obesity (48.1%) and are closely followed by Hispanics (42.5%) (Neibylski et al., 2015). The non-Hispanic whites come at a distant third (34.5%) while the non-Hispanic Asians fall in the fourth place (11.7%). On the other hand, obesity is common among the middle-aged adults who are 40-59 where they form 40.2% of the total population. Older adults aged above 60 years record 37.0% while among the younger adults aged between 20-39 years form 32.3% of the total population (Gardner et al., 2016). The prevalence or the disorder in different states indicates over 35% in five states, over 30% in 25 states, and 25% in another 46 states (Flegal et al., 2016). Out of 3 adults, 1 is considered obese while for children aged between 2-19 years 1 in 6 is considered to have obesity (Ogden et al., 2014). Finally, obesity is recorded higher in women (approximately 40 percent) than men (35 percent).

Section III: Key Determinants

1. Socioeconomic conditions

Obesity prevalence is attributed to socioeconomic conditions of the population. It is clear that the condition exist disproportionately high among the African American. Under this realization, much of this population is unable buy healthy food such as fruits and vegetables, which fetch high prices.

1. Sedentary Lifestyle

Most of the Americans work in offices where inactivity is the new normal. Research indicates that Americans tend to burn fewer calories a single day than they used to five decades ago. Sedentary lifestyle goes beyond the workplace since most of American citizens walk less. Among children, outdoor activities have been replaced with video games and long hours of watching television. Eventually, this ends up contributing to high incidences of obesity.

1. Poor Nutrition/Diet Choices

The era of heavy intake of fruits and vegetables has been replaced by fast food, which are located almost in very corner of American cities (Neibylski et al., 2015). The unhealthy eating behavior can be seen from eating food that is laden with high-calories and oversized portions that contributes to increase incidences of obesity.

1. Biological Factors

Genetics and familial history tends to influence how the body stores fat and the consequently how it is converted to energy when engaging in a physical activity. Besides, when obesity run in the family tree, it is likely that the offspring might be obese. Although this might be caused by the genetics, most families tend to share similar eating behaviors and little or lack of physical exercises.

1. Environmental Factors

The general surroundings influence our behaviors in terms of physical activity and eating habits. Cities and urban centers have limited playing fields and high fast food eateries (Lhachimi et al., 2013). These surroundings encourage high-caloric intake while at the same time reducing the physical activity.

Section IV: Healthy People 2020 Objective

Most of the American citizens fail to eat a healthy diet. Besides, there is a decreased physical activity among the population. The objective of the goal is to ensure a promotion of healthy diet through advocated eating habits that would contribute to maintenance of healthy body weight while consequently reducing the incidences of chronic diseases (Gardner et al., 2016). The efforts would entail behavioral change while at the same time coming up with policies that would support the change in the communities.

Section V: New Policy Proposal

It is important to appreciate there is no simple or straightforward solution that would reduce the incidences of obesity. The proposed policy in this case takes into consideration two important factors (Gardner et al., 2016). One of this factor entails availing fruits and vegetables at subsidized rate. The second factor involves encouraging physical activity by setting community grounds. To help in the implementation of the proposal, there is a need for sensitization especially in what can be termed as underserved population (Gardner et al., 2016). Encouraging intake of vegetables and fruits in the right proportions would go a long way in reducing the high-caloric intake that has been associated with obesity. Secondly, the policy proposal advocates for setting up of community gardens that would encourage outdoor activities. All this can be in vain when there is no sensitization that would encourage healthy lifestyle.

Section VI: Considerations

Economic: The government has a role to play in subsidization of fruits and vegetables which in a normal American set-up tend to fetch high prices (Flegal et al., 2016). Besides, local governments have to invest heavily in the creation of open public spaces that would encourage outdoor activities.

Individual Liberty: When it comes to individual liberty, the policy encourages personal decision, which is not forced at all. It works to stir the need for eating healthy and exercising regularly. When the information is presented to the public, it is upon the individuals to make a decision on whether to follow what has been presented.

Social justice: Since the policy proposal entails sparking the need for increased intake of fruits and vegetables, it increases the social justice in the context of providing open spaces for physical activity.

Section VII: Conclusion

It is without a doubt that obesity remains to be prevalent in America. It has been associated with other conditions such as cardiovascular illness, diabetes, and high blood pressure. The health costs associated with obesity continues to increase the burden of disease to the government. It is under the realization that the policy proposal aims at ensuring that vegetables and fruits are availed at a subsidized rate (Flegal et al., 2016). On the other hand, the policy change would also involve creation of open spaces where families can engage in physical activity. The implementation of the policy would entail government commitment in subsidizing the cost of fruits and vegetables while at the same time ensuring that there are sensitization programs that would encourage better eating habits.

References

Flegal, K. M., Kruszon-Moran, D., Carroll, M. D., Fryar, C. D., & Ogden, C. L. (2016). Trends in obesity among adults in the United States, 2005 to 2014. *Jama*, *315*(21), 2284-2291.

Gardner, B., Smith, L., Lorencatto, F., Hamer, M., & Biddle, S. J. (2016). How to reduce sitting time? A review of behaviour change strategies used in sedentary behaviour reduction interventions among adults. *Health psychology review*, *10*(1), 89-112.

Lhachimi, S. K., Nusselder, W. J., Lobstein, T. J., Smit, H. A., Baili, P., Bennett, K., ... & Mackenbach, J. P. (2013). Modelling obesity outcomes: reducing obesity risk in adulthood may have greater impact than reducing obesity prevalence in childhood. *Obesity reviews*, *14*(7), 523-531.

Niebylski, M. L., Redburn, K. A., Duhaney, T., & Campbell, N. R. (2015). Healthy food subsidies and unhealthy food taxation: A systematic review of the evidence. *Nutrition*, *31*(6), 787-795.

Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011-2012. *Jama*, *311*(8), 806-814.