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Obesity, Nutrition, and Physical Activity

It is not uncommon for many adults in the United States to think that they should lose some weight, eat more nutritious foods, or even exercise more often than they are currently doing. This is not uncommon because obesity is a common issue in the United States. Approximately 40% of the U.S. population was considered obese back in 2015-2016.² Along with its commonality, obesity is a severe condition. Individuals who are obese are at a higher risk for many severe diseases and health conditions compared to individuals who possess normal/healthy body weight. Consequences of obesity can result in greater risk for: high blood pressure, high LDL/low HDL, type 2 diabetes, coronary heart disease, stroke, and the list only gets longer.⁴ Not only is obesity common and serious, it is also costly. Economic impacts are seen within each obese individual's life, along with economic implications on the U.S. healthcare system. Between 2001 and 2015 in the U.S., there has been a 29% increase in national medical expenditures to treat obesity-related illnesses.¹ The one thing almost all of these obesity-related illnesses have in common is that they can all be prevented with a nutritious diet and consistent physical activity. There is no single policy that one single state/local organization can implement that can prevent obesity within the population because obesity itself is not so straightforward. Therefore, there needs to be a collaborative effort from all levels of government to promote healthier lifestyles as well as preventing obesity by focusing on nutrition and physical activity.

Proper nutrition can be a valuable tool to help prevent obesity and obesity-related diseases. The U.S. population average intake of foods from the recommended food groups is far below the recommended weekly intake.³ Adults only consumed fruit 1.1 times per day and vegetables about

1.6 times per day where adolescents demonstrated even lower of an intake.⁹ While most individuals consume adequate amounts of most nutrients daily, there are still plenty of nutrients that many adults, especially adolescents, do not receive on a regular day. The likely reason for the lack of consumption of nutrients such as: Vitamins A, C, D, E, iron, calcium, magnesium, dietary fiber, potassium, etc., is due to unhealthy eating habits. These types of eating habits include eating oversized portions, drinking sugary drinks, consumption of processed foods, and eating out a lot where restaurants are known to have high-calorie dense foods on the menu that add fuel to the fire for obesity.

In an effort to promote calorie awareness, NYC initiated a calorie-labeling rule where chain restaurants must provide the calorie content of each food item on the menu. However, consumers still purchase the food items regardless of the calorie content because all that matters is the taste. A reason for this is the lack of nutritional knowledge that is provided to the public which may have played a role in the rise of obesity. A proposal to combat the lack of nutritional education within the population would be to increase the nutritional education within the medical curriculum for future healthcare providers. Many health care providers across the U.S. do not feel they are adequately trained to address lifestyle choices such as nutrition, even though nutrition is a recognized determinant of the top four leading causes of death.⁵ Healthcare providers themselves should be able to implement nutritional practices based on dietary guidelines to prevent obesity to patients who are at risk of developing the disease and any other obesity-related disease as well. In an era where optimal team practice is slowly taking over, dieticians and nutritional professionals should work alongside current healthcare providers to better prepare them for nutrition-related conditions such as obesity. By influencing the influencer, aka the healthcare provider who impacts their patients, we will be able to improve patient outcomes and education while overall improving

population health once current and future healthcare providers are on board with proper nutrition education. The availability of practicing healthcare providers with adequate knowledge, attitudes, and skills in nutrition is essential to decrease the rate of obesity within the U.S.⁸

Along with proper nutritional education for patients, there also needs to be better physical activity policies implemented within communities to have an impact on the prevention of obesity. What has increased obesity at such an alarming rate over the years is that poor nutrition is compounded with lack of physical activity within the population. It is seen that a majority of adults (81.6%) and adolescents (81.8%) do not get the recommended amount of physical activity.⁵ Individuals who are not exercising are missing out on benefits such as: weight management, improvement in mental health/mood, management of blood sugar/insulin levels, increased energy, etc.⁷ Rather than an individual-level intervention, policies have the potential to impact a broad community or population because once in place, they have the potential to be more sustainable over time.^{6,10} One simple policy initiative will not change the effects of physical activity, but rather a multitude of policies affecting various sectors of a city will likely result in an increase in physical activity among the population. Policy examples would include policies on the healthcare sector where healthcare providers would be appropriately trained to provide interventions on physical activity, similar to nutrition discussed earlier. Another example would be a public policy on physical activity within the educational sector where there would be an increase in physical education classes to promote education on the benefits of physical activity along with more hours of physical activity participation amongst the students. Even the parks/recreation sector of a city along with the business/industry sector can have public policies implemented to promote physical activity. Physical activity comes in all shapes and forms where it does not mean someone has to go to a gym and lift heavy weight six days a week. The local governments can implement policies

that increase the number of sidewalks, bike lanes, parks, playgrounds, or even change the sedentary lifestyle in the business world by mandating employers have desks that can change height to allow for employees to stand while working for a set number of hours per day (1-2 hour max) rather than sitting all day slouched over. A little change like that in the workplace can make a big difference in the long run. Again, one single public policy will not eradicate obesity from the population, but rather a multitude of policies working together can get the American society on the right track to prevent obesity and having to deal with obesity-related illnesses.

Regardless of the issue, no public health proposal is perfect, therefore, it is appropriate to examine a proposal from all aspects to determine if the strengths far outweigh the weaknesses. For the first proposal regarding the enhancement of nutritional education in the medical curricula, there certainly are some drawbacks. There can be an inadequate translation of nutrition to clinical practice because not all healthcare providers perceive the idea of nutrition being their responsibility. Also, since nutrition has not been a part of the medical curricula before, there can be poor integration and implementation of it which can lead to poor outcomes. The most significant barrier of them all would perhaps be time. It will take time to see the effects of implementing nutrition into the education of future healthcare providers and those who are already working in the field may experience a lack of motivation to collaborate with nutrition professionals. The potential positive effects of nutrition education within the medical curriculum would be seen years from now, so the question here is, can the U.S. afford to wait any longer with obesity still on the rise?

The second proposal regarding physical activity also presents with certain weaknesses. Creating new sidewalks, parks, playgrounds, etc. is an excellent step in the right direction, however, the U.S. is a car-based society. Cars have been around since 1895, so creating some

sidewalks/bike lanes is not going to create a significant impact in preventing obesity. Simply because something is present does not mean it is going to be utilized. Another strong weakness against the push to promote physical activity within communities is funding. Everything costs money, and some communities/cities do not have the funds to support such a cause even if it did mean a drastic reduction in the incidence of obesity.

We can surely weigh out the pros and cons of each proposal, however, that does not do anything for the American population who are at risk of obesity and obesity-related illnesses. Implementing not one but a multitude of policies that work in conjunction with each other will surely put a dent in the rise of obesity and prevent the American population from having to deal with the devastating effects of obesity.

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