

Modifying Public Policies to Combat Obesity

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ABSTRACT

Obesity is a multifaceted, chronic condition that is a public health issue. Health care providers must modify their behavior in treating obesity in order to reduce its increasing prevalence. The theory of planned behavior is the theoretical underpinning for modifying strategies to prevent and treat obesity by addressing health policy. Suggested approaches include engaging in the policy-making process, modifying the media portrayal of obesity, and changing the reimbursement structure for the prevention and management of obesity. Health care providers, especially advanced practice nurses, are encouraged to become politically active in order to reduce obesity.

Keywords: advanced practice nurses, obesity, public policy, theory of planned behavior

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Obesity is a multifaceted, chronic condition that encompasses ecological, social, psychosocial, hereditary, and metabolic factors¹ that make it a difficult problem to resolve. According to the Healthy People 2020, the achievement of the nutrition and weight status objective is essential to the overall health of Americans because it promotes a healthy weight and healthy food consumption. A multilevel approach to reduce obesity prevalence, which includes targeting individual behavior and involving communities, policy makers, and health care organizations, is crucial for meeting this goal.² Although physical activity is an integral behavioral component to combat obesity, only nutritional avenues with policy makers and health care providers (HCPs) will be addressed.

In 2009–2010, approximately 16.9% of 2- to 19-year-olds in the United States or ≥ 12 million children and adolescents were classified as obese.³ Twenty-three million were classified as overweight or obese, resulting in approximately \$60 billion in health care costs.⁴ Furthermore, overweight or obese people are more likely to develop conditions such as

type 2 diabetes mellitus, osteoarthritis, and heart disease.⁵ Body mass index (BMI) or weight to height ratio² data from the National Health and Nutrition Examination Survey 2007–2008 revealed that 68.3% of all adults age 20 and older had a BMI ≥ 25 . Of the 68.3%, an additional 33.9% had a BMI ≥ 30 .⁶ Because obesity is a growing problem that extends beyond individual behaviors to resolve, the authors use the theory of planned behavior (TPB) to inform HCPs of the process for policy change, recognize the impact that the media has on the perceptions of HCPs, to identify policy initiatives by organizations, and to inform policy makers how health outcomes are influenced by current agricultural policies.

THEORY OF PLANNED BEHAVIOR

According to Ajzen,⁷ TPB focuses on a person's likelihood of success and control over the attempt to perform an activity or behavior under conditions that are not perfect. TPB is an intrapersonal theory that addresses a person's aims to perform a given activity as a function of their attitude toward performing the behavior, their beliefs about what is important, the impact of influential people regarding the particular

activity, and the person's perception of the easiness or effort it takes to accomplish the activity.⁷

TPB focuses on 3 major theoretical constructs (attitude toward behavior, subjective norm, and perceived behavior control) that examine the motivation of people to determine the probability of executing a particular behavior.⁷ This theory proposes that a person's attitude toward a particular behavior is based on that person's beliefs and his or her assessment of the possible outcomes. This suggests that the attitudes of HCPs and policy makers regarding obesity would influence how they perform in their occupations. The subjective norm is related to the belief that an individual's significant others approve of the individual's personal goals and motivation to change a particular behavior. In this instance, stakeholders such as health organizations, insurance companies, and constituents would be considered the significant others, and perceived behavioral control means the person believes he or she has power and influence over the behavioral

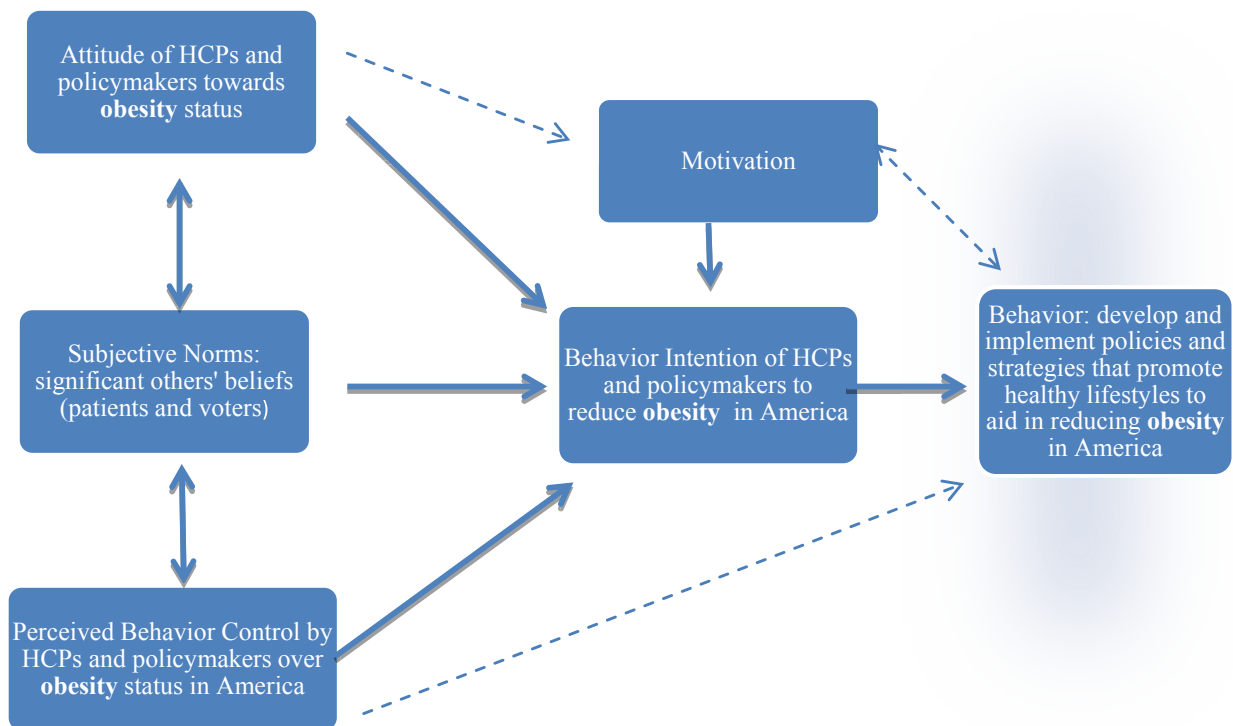
goal.⁷ HCPs and policy makers have considerable power and influence regarding the reduction of obesity in this country.

Several researchers have found the TPB constructs to be useful in predicting exercise, smoking, healthy eating, weight loss maintenance, fruit and vegetable intake, and understanding collegiate nonsmoking in different populations.⁷⁻⁹ Even though this theory has been useful with other health issues, the exploration of how TPB could be used to influence HCPs and policy makers to become more active in the reduction of obesity in America has not been explored. The Figure presents an illustration of the TPB model.

PROCESS FOR CHANGING POLICY

To achieve different results from our health care system, different strategies and policies must be implemented to make our current health care system more effective for everyone. Policy is defined as "a definite course or method of action selected from among alternatives and in light of given conditions to

Figure. Illustration of obesity reduction using the Theory of Planned Behavior model.



Model has been constructed and adapted from Ajzen I.⁷ HCP = health care provider.

Note: Dashed lines denote direction of potential influences.

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