**Obesity in America**

**Introduction**

 Obesity is a major public health concern in the United States. The purpose of this paper is to highlight the prevalence of obesity and the stakeholders responsible for the management of this public health problem. The paper addresses the ethical dilemmas and disparity issues that manifest in dealing with obesity. The policies implemented to deal with obesity at various government levels are equally examined with respect to how their implementation are suitable based on the American Nursing Association Code of Ethics. With the increasing effects and prevalence of obesity among the American population, it is necessary to engage various stakeholders to ensure that the perception of obesity is transformed from a personal to a communal responsibility.

**Impact of obesity in the general population**

 Obesity is identified as a major public health problem whose effects have been felt in social, economic and health spheres. In a study conducted by Ogden, Carroll & Flegal (2014), it was revealed that the obesity rates among adults in the US doubled in the three decades between 1980 (15%) and 2010 (34%). The study also found that obesity rates tripled from 5% to 17% among children and adolescents over the same period. The latest data drawn from the 2014 United States National Health and Nutrition Examination Survey (NHANES) reveal that 19% of children and adolescents are obese, while 40% of the adult population aged above 20 years is obese. The comparison of these data led Ogden, Carroll & Flegal (2014) to conclude that obesity rates are increasing gradually despite the efforts by various stakeholders to curb the unprecedented effects of this public health problem.

**Stakeholder identification**

 In the US, population-based strategies are recommended to reduce the obesity burden (Ganter et al., 2015). Therefore, there are different streams of stakeholders involved in obesity prevalence and prevention. The first stakeholder group is education departments. These stakeholders are responsible for promoting healthy growth and weight among children (Ganter et al., 2015). The Food and Drug Administration are the other stakeholder group that is responsible for promoting healthy food codes and enhancing the access to healthier food choices.

 The government is a core stakeholder in obesity prevention (West, Weddell, Whetstone & Jilcott Pitts, 2013). The transport, planning and environment departments are government institutions that provide the safety and ambience for incorporating psychical activity into the lives of populations within the community. Additionally, the private sector is a stakeholder group that is tasked with supporting initiatives and policies geared towards controlling obesity. At the local level, the private sector includes the nutrition and weight management professionals who provide personalized advice and support to communities at high risk of obesity.

**Ethical dilemmas in obesity prevention**

 The US has initiated program geared towards preventing overweight and obesity in line with the recognition of obesity prevention as a communal rather than personal responsibility. However, Hand, Robinson & Creel (2013) note that there are complexities that emerge as unintended ethical problems surrounding the initiatives to curb obesity. The simplistic messages about the significance of diet in curbing obesity have been found to increase obesity stigma and bias, thus contributing the disengagement by the individuals targeted by these messages. Besides, the obesity prevention policies present the ethical dilemma of disrespect to the privacy of people. In many instances, the populations at high risk of obesity perceive the obesity prevention policies as triggers of aggravated inequalities, as the interventions are seen to infringe on their cultural identity that identifies them with certain lifestyle choices. The personal responsibility of managing obesity is often disregarded, thus presenting ethical complexities in the right of choice by an individual.

**Disparity issues in obesity**

 Obesity rates have increased overall across the US population of all racial and ethnic groups. Besides, both genders and diverse age groups have recorded increases in obesity prevalence. However, there are significant disparities that are identifiable with obesity. In the study conducted by Myers, Slack, Martin, Broyles and Heymsfield (2014), it was established that cultural and socioeconomic factors are among the leading predictors of obesity in the US. Consequently, the African Americans and Hispanic populations have higher obesity rates compared to the Whites. Whereas 35% of the adult population is obese, nearly 48% of the African American population is obese population, while 43% of the Hispanic population has obesity. These statistics are in sharp contrast with the Whites, who have an obesity prevalence rate of 32%.  Myers, Slack, Martin, Broyles and Heymsfield (2014) further established that these statistics are replicated for both adult men and women from these populations. The prevalence of obesity among children and adolescents is equally higher among African Americans and Hispanics, thereby highlighting cultural disparities in obesity prevalence in the US.

**Policy that addresses the problem**

 Though the US began to focus on obesity prevention in 1999, the first policy to curb obesity was in 2001 in the form of The Surgeon General’s Call to Action to Prevent and Decrease Obesity and Overweight (Chriqui, 2013). This call to action featured five overarching principles, including promoting the acknowledgement of obesity and overweight as a public health problem, assisting Americans to balance harmful eating with frequent physical activity, establishing interventions that are culturally sensitive to prevent and manage obesity, encouraging changes in the environment to promote obesity prevention and enhancing partnerships between the public and private sectors to implement the vision of the policy.

 This policy was adopted by the US Department of Health and Human Services. The five tenets above have been the foundation upon which other obesity prevention legislative policies have been anchored. Though the policy emanated from the federal level, the growth of community level policies has been tremendous over the past decade (Chriqui, 2013). Today, the priority of the obesity prevention policies in the US is to authorize child nutrition programs among the populations identified as high risk of obesity. Besides, the policies focus on reauthorizing the federal and state transportation legislations to influence the physical activity levels through promoting cycling, walking and use of public transit systems.

**Evidence on the significance of the policy**

 The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity has been helpful in many ways. According to West, Weddell, Whetstone & Jilcott Pitts (2013), this policy has enabled the community involvement in tackling the obesity problem. Prior to this, obesity was considered a personal responsibility that was not discussed in legislative and policy making forums. However, this policy has been instrumental in the identification of stakeholders in the obesity prevention and management efforts. Besides, this policy has been helpful in identifying the possible methods through which obesity can be prevented. Other than pharmacological treatment, this policy has encouraged scholars to identify the behavioral, cultural, physical, mental and emotional methods through which obesity can be handled.

**Levels of government involved in obesity**

 The federal, state and local governments have all been incorporated in obesity. At the federal level, the government efforts to preventing and reducing obesity involve funding, conducting research and developing best practices and appropriate guidelines for obesity management. At the state level, the more specific needs of the population are addressed. West, Weddell, Whetstone & Jilcott Pitts (2013) observed that 19 states have passed state laws that target obesity prevention and reduction.

 The local governments complement the efforts of the state and federal governments. This is the immediate target for obesity prevention, as this government has the strongest connection with the people. The local legislations have a direct impact on the health of the people within the community. Additionally, Chriqui (2013) established that the local governments are integral in establishing the environments that promote healthy lifestyles through actions such as funding or coordinating community-based programs, public transportation and zoning.

**Applicability of ANA Nursing Code of Ethics**

 The ANA Code of Ethics has nine major provisions, which are applicable in implementing The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesitypolicy. However, provisions 2, 3 and 4 are most applicable in obesity prevention (ten Have, 2014). Provision 2 contends that the primary commitment of the nurse is to the patient while provision 3 states that the nurse promotes the rights, safety and health of the patient. The fourth provision provides the nurse with the authority to make decisions that promote health. These provisions are significant in balancing between the patient needs and the requirements of the policy.

**Conclusion**

 Across multiple societies, people believe that obesity and overweight is a personal problem that can only be dealt with personally. Inasmuch as such beliefs are correct to an extent, this paper demonstrates that dealing with obesity and overweight is a community responsibility. The absence of safe and accessible locations to people to exercise or for children to play heightens the risk of obesity and overweight. Besides, the provision of unhealthy dietary choices in school lunchrooms and office cafeteria is a community responsibility. This is the simple analogy that links obesity and the community.  With the increasing effects and prevalence of obesity among the American population, it is necessary to engage various stakeholders to ensure that the perception of obesity is transformed from a personal to a communal responsibility.

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