**Patient, Family, or Population Health Problem Solution- Part 2**

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Adiposity around the waist and stomach increases the risks of hypertension, diabetes, and cardiovascular diseases. An obese person has excess visceral fat around organs and under the skin. However, even a person who is overweight or normal may also have a lot of visceral fat. Therefore, the intervention will target everyone with excess adiposity, especially around the mid-section. Some people have genetic predisposing factors that increase the risks of obesity, type 2 diabetes (T2D), and blood pressure conditions. Other predisposing factors include lifestyle choices, nutrition, and maternal influences. A sedentary lifestyle encourages the accumulation of adiposity. Therefore, any adiposity interventions must focus on discouraging sedentary lifestyles, encourage proper nutrition, physical activity, and routine exercises.

I selected the problem because my mother suffers from low blood pressure and T2D. The two conditions developed due to her obesity. Although she tried working out some years ago, she managed to control her obesity but she was unable to eliminate the adiposity. The two conditions developed later on after she had quit exercising. My grandmother also has T2D and hypertension. However, she is not overweight. Since the conditions are genetic, I am at a high risk of developing either or both of them. Thus, this topic is important to me since I have a personal interest in finding a sustainable solution for it. The problem is relevant to my professional practice because I aim to work with bariatric patients and develop safer procedures. Moreover, I aim to teach the community about the dangers of obesity and excessive adiposity to reduce its impacts on society. Additionally, I am interested in finding a sustainable solution to the genetic challenges that relate to weight issues. The topic is also relevant to the target group as the report proposes an intervention and some recommendations for its implementation. The proposed solution should mitigate the risk of obesity while helping those with the problem to start and maintain a journey towards fitness.

The intervention is a family-based model that focuses on physical activity, nutrition, and exercise. Behavioral change techniques (BCTs) target behaviors of the patient to achieve fitness. The BCTs in the proposed intervention target children and youths. Research shows that interventions that target children are more effective than interventions that target adults (Shirazipour & Freedland, 2019). Several programs that aim to reduce and prevent obesity among children already exist. Most of them enroll children in nutritional programs within schools. These programs avail salads and fruits to children to promote healthy eating. Some also include an exercise or physical education program. The main advantage of these programs is that schools and the government support them. Nevertheless, the programs have one major disadvantage: after school, the program ends. The proposed BCT intervention aims to bridge this gap. Parents will work with their children to establish a good nutrition plan and organize physical activities. Technology plays an important role in educating the community, monitoring progress, and consolidating efforts. The intervention requires the involvement of various stakeholders: the government, community, schools, parents, caregivers, and children.

Leadership and change management will play a central role in kickstarting the intervention program. Caregivers will lead the change management by teaching parents the benefits of the program. They will also act as guides to parents who seek to develop a customized program. Vaismoradi et al. (2016) discuss the role of transformational leadership in training. The authors show that transformational leadership encourages learning. Therefore, caregivers can get more involved by leading families, proposing incentives, and leading the change process. The government will provide resources to schools that are yet to commence a school-based nutrition program. Moreover, the government will enforce policies that encourage children to engage in physical activities and exercise. Parents will lead their children through the program. Notably, although the program targets children, it can work for the whole family. As parents lead their families in living healthy, they will also get healthier. These leadership and change management strategies influenced the development of the proposed intervention by increasing the number of stakeholders. Each stakeholder plays an integral role in the success of the BCTs. Nursing ethics play a tertiary role in the intervention. Nurses must provide credible and valid information. Therefore, they will act as counselors and guides in the program.

Communication and collaboration challenges require mediation strategies. Since several groups of stakeholders must collaborate in the program, the coordinator must find a way to convince each of them to participate. The coordinator of the intervention can reach parents of obese and overweight children by engaging social workers, teachers, and caregivers. These members of the community have more access to medical files and history. They can also influence parents with more ease because they are trusted members of society. The coordinator will also involve government agencies that are already working on the issue. The CDC, for example, concerns itself with childhood obesity and its solutions. Such an agency is a good ally in the program. Emails, face-to-face meetings, videoconferencing, and phone calls will reduce communication barriers. The coordinator will encourage all stakeholders to collaborate towards a common goal. Delgadillo (2016) mentions that collaboration means an equal partnership. Each stakeholder must feel involved and appreciated. The benefits of gathering the inputs of all stakeholders include the development of a comprehensive program, inclusion of modern solutions, and cohesive priorities.

State board nursing standards and organizational or government policies are not crucial in the intervention. The intervention is family-based; hence, parents and their families play a central role in its success. The community plays a secondary role that supports the families in the endeavor to beat obesity. Caregivers play a tertiary role in the capacity of educators and counselors. This reduces the impact of standards and policies on the intervention. The law will only apply where a nurse misguides a patient and causes harm. Nurses should ensure that the information they provide is credible. Olstad et al. (2017) discuss the Global Strategy on Diet, Physical Activity, and Health (DPAS). The authors discuss government policies that target school diets. They note that the government can influence health choices by banning and restricting unhealthy foods. This policy partially guides the intervention. The effectiveness of such strategies has not been tested because efforts to ban unhealthy foods are always opposed. Therefore, it is difficult to implement a policy that will protect children from unhealthy food.

The proposed intervention will improve the quality of care, enhance patient safety, and reduced medical costs. Adiposity increases the costs of care by causing several conditions. The costs of care mainly cover pharmaceutical charges, transport, and therapy in some cases. Patients' insurance covers part of the costs such as consultations. Musich et al. (2016) note that obese patients spend about $1,496 more than normal patients. Chronic conditions, inpatient, and orthopedic charges exacerbate costs. The government also has to reimburse healthcare organizations. Adiposity also compromises patient safety. When prepping for bariatric surgery, for example, nurses have to clean a patient between the folds to prevent risks of complications and reduce maceration. It is difficult to clean obese patients. Goode et al. (2016) observe that obesity increases the risks of complications in patients. Additionally, obesity increases the risks of injuries like fractures and hip dislocation from falling.A bad fall can even affect the lumbar vertebrae. Adiposity affects the quality of care by reducing the efficiency of care processes. The intervention will reduce the prevalence of obesity among children and whole families. By reducing adiposity, the intervention will cut costs and promote patient safety and quality of care.

Technology and community care coordination will support the intervention. Technology like wearables, robots, and dedicated software will track, monitor, and record vitals. The target population could share this data with caregivers during consultations. Caregivers must maintain confidentiality while handling patient data. Additionally, technology will spread information and manage teams through social media. Community care coordination will consolidate parental, organizational, and government efforts to enact policies and ensure that the program is sustainable. Messiah et al. (2016) propose park prescriptions as an after-school community-based intervention. The program, just like Miami UHealth Systems, focuses on nutrition and physical activity. Therefore, a coordinated community will support family-based interventions.

Overall, any adiposity interventions must focus on discouraging sedentary lifestyles; encourage proper nutrition, physical activity, and routine exercises. Leadership and change management strategies will improve the probability of the intervention’s success. Communication and collaboration strategies should involve interactive media. Technology and coordinated community involvement will also propel the program to its success. Above all, the intervention will reduce the costs of care while increasing patient safety and quality of care.

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| Resources for Patients | Purpose |
| Nutrition Brochure | It will list 100 healthy meal combinations for breakfast, lunch, and dinner. It will also list recommended snacks. |
| Activity and Exercise Brochure | It will list all the exercises that families can perform together at home. It will also recommend some physical activities. |

**References**

Delgadillo, L. M. (2016). Best practices for collaboration in research. *Family and Consumer Sciences Research Journal*, *45*(1), 5-8. <https://nopren.org/wp-content/uploads/2017/11/Best-Practices-for-Collaboration-in-Research.pdf>

Goode, V., Phillips, E., DeGuzman, P., Hinton, I., Rovnyak, V., Scully, K., & Merwin, E. (2016). A patient safety dilemma: Obesity in the surgical patient. *AANA Journal*, *84*(6), 404-412. <https://pubmed.ncbi.nlm.nih.gov/28235173/>

Messiah, S. E., Jiang, S., Kardys, J., Hansen, E., Nardi, M., & Forster, L. (2016). Reducing childhood obesity through coordinated care: Development of a park prescription program. *World Journal of Clinical Pediatrics*, *5*(3), 234-243. <https://doi.org/10.5409/wjcp.v5.i3.234>

Musich, S., MacLeod, S., Bhattarai, G. R., Wang, S. S., Hawkins, K., Bottone, F. G., & Yeh, C. S. (2016). The impact of obesity on health care utilization and expenditures in a medicare supplement population. *Gerontology and Geriatric Medicine*, *2*, 1-9. <https://doi.org/10.1177/2333721415622004>

Olstad, D. L., Ancilotto, R., Teychenne, M., Minaker, L. M., Taber, D. R., Raine, K. D., Nykiforuk, C. I. J., & Ball, K. (2017). Can targeted policies reduce obesity and improve obesity-related behaviours in socioeconomically disadvantaged populations? A systematic review. *Obesity Reviews*, *18*(7), 791–807. <https://doi.org/10.1111/obr.12546>

Shirazipour, C. H., & Freedland, S. J. (2019). Obesity, visceral adiposity, and prostate cancer: What is the role of lifestyle interventions? *Cancer, 125*(16), 2730-2731. <https://doi.org/10.1002/cncr.32165>

Vaismoradi, M., Griffiths, P., Turunen, H., & Jordan, S. (2016). Transformational leadership in nursing and medication safety education: a discussion paper. *Journal of Nursing Management*, *24*(7), 970–980. <https://doi.org/10.1111/jonm.12387>