**Developing a Children Obesity Advocacy Campaign**

**Description of the Health Issue and the Affected Population**

Childhood obesity is a condition that affects all races and ethnicities. In the U.S.18% of the population aged 12-19, 20% aged 6-11 and 10% aged 2-5 are obese. This is one of the most natural conditions to recognized yet one of the most difficult to treat (Dawes, 2014). There is no defined cause of obesity,but speculation shows that bad habits are passed down from parents to children. Additionally, there are poor, healthy choices on school menusand the adoption of technological innovations in the home, workplace,and school reduce physical activities playing a role in the disease(Van Grouw & Volpe, 2013). Two of the most significant leading causes of childhood obesity is not doing any physical activity and becoming a “couch potato, or a tech-obesity.”  Parents are becoming more and more involved in climbing the corporate ladder and having less time getting involved in the children’s lives.  Having playtime.  Then there are school districts that have removed most of the physical activities from the children’s curriculum and have replaced healthy eating with fast food or junk food (Knickman& Kovner, 2015).  In fact,recent data from the CDC reveals that 1 out of 6 children are affected by obesity in the United States.

**Obesity Advocacy Campaigns**

**Community Nutrition Networking**

The Community Healthy Weight Network designed this advocacy campaign with the primary goal of providing tools that will enable various groups within societies to expand networks for achieving better health both in the present and future. Primarily it entails a program that guides communities on building networks that encourage individuals to promote improved nutrition, increase their physical activities as well as watch their weight (Laureate Education, 2012). Furthermore, it also provides examples of existing systems and programs that are already at work.

**Communicating for Health Justice**

Communicating for Health Justice is another recognized advocacy campaign among health practitioners designed by the Youth Media Council and Praxis project. The primary function of this campaign is to aid health justice advocates in enabling transformation from the dominant portrait frame (Individual choices,e.g., how people make decisions on what to eat) to a landscape perspectivethat includes issues that shape health outcomes such as policies, institutional behaviors among others. This campaign accomplishes its function through the provision of tools and approaches that will aid the earlier described shift including best strategies for communication (Chapman, 2012).

**Attributes that made the Campaigns Effective**

 Media planning was integral in organizing both the above-described campaigns. The initial step entailed identifying the target audience and outlets before the messages were crafted according to the specific audience. Afterward, the media for conveying the messages was selected according to the audience that had been targeted. Generally, an effective communication strategy was an essential attribute for the success of the two campaigns. Funding also played a necessary part in the effectiveness of the campaigns. For example, the Communicating for Health Justice campaignwas funded by the California Endowment. The funds enabled provision of the necessary tools that allowed the shifts the organization was supposed to make. Finally, the campaigns were spearheaded by strong leadership that fostered a great working relationship and contributed to the achievement of the set objectives and goals.

**Health Advocacy Campaign Plan**

**Obesity and the Proposed Policy Solution**

Following the health disparities associated with obesity among children such as high blood pressure and other illnesses, the idea of developing a policy that promotes the healthy choices for children of all ages came to life. The policy is to include a Childhood Obesity Mentoring Program (COMP) which has the primary goal of educating patients, families,and communities on the risks, social and health effects and preventative measures associated with childhood obesity with the help of physicians, psychologists,and nutritionists.

**Specific Objectives of the Policy to be Implemented**

1. By September 31, 2018, provide over 1 million childcare center staff and school staff with training on how to incorporate healthy life practices such as physical activity and healthy eating into the standard curriculum (Kindig, D., Asada, Y., & Booske, 2008)
2. By September 31, 2020, 85% of elementary schools in the United States will provide education to children to prevent unhealthy dietary practices and physical inactivity.
3. By September 31, 2020, establish at least two community-wide coalitions for a state in over 45 States to develop, implement and evaluate a community action plan to promote healthy eating and safe physical activity for obesity prevention in children (Van Grouw & Volpe, 2013).
4. By December 31, 2021, educate over 1,000,000 families about the importance of healthy eating and safe physical activity for obesity prevention.

**Substantiation of the Proposed Campaign**

Childhood obesity is an increasing public health concern. 17% of kids aged 2-17 are obese while 31.7% are both obese and overweight (National Conference of State Legislature, 2014). “One-third of children in the U. S. are overweight or obese, and this number is continuing to rise (HealthyPeople.gov, 2010). This data called for immediate intervention,and this was when the idea of this proposed advocacy campaign was born. Countering the epidemic of obesity among children will realize a lot of benefits for the American people (Van Grouw & Volpe, 2013). Children don’t only become healthier and productive,but the American taxpayer’s money is saved. Statistics from the Department of Commerce reveals that over 24.1billion is used every year for diagnosing obese Americans. Therefore, killing this epidemic will mean saving the taxpayer $6.80 in a day (Dawes, 2014). If individuals, organizations, communities,and schools work towards achieving this common goal, the Childhood Obesity Mentoring Program has the potential to promote healthier lifestyles among millions of children who are at the risk of being affected by obesity. **References**

Chapman, S. (2015). 7. Media Advocacy for Public Health. *ANALYTIC APPROACHES WITH STREET WISDOM*, 91.

Dawes, L. (2014). *Childhood Obesity in America*. Harvard University Press

HealthyPeople.gov (2010). foundation health measures. Retrieved from <http://healthypeople.gov/2020/about/tracking.aspx>

Kindig, D., Asada, Y., & Booske, B. (2008). A population health framework for setting national and state health goals. *JAMA*, *299*(17), 2081–2083.

Knickman, J. R., & Kovner, A. R. (Eds). (2015). *Health care delivery in the united states (11th ed.)*. New York, NY: Springer Publishing."Population Health " (pp.79-97)

Laureate Education (Producer). (2012h). *Population health*. Baltimore, MD: Author.

Van Grouw, J.M., & Volpe, S.L. (2013). *Childhood obesity in America*. Current Opinion in Endocrinology, Diabetes and Obesity, 20 (5), 396-400