The Role of Community Health Nurse in Obesity Policy Development

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Abstract: Background: Obesity was significantly associated with diabetes, high blood pressure, high cholesterol, and asthma. Obesity has become a national epidemic in Jordan; it found that the obesity in Jordanian population has risen to 53.1% among female and 28.1 among male. Purpose: This paper aim to present the role of community health nurse in obesity policy development to be applied to all community in Jordan. Theoretical framework: Public policy theoretical framework that developed by Anderson, Brady and Bullock (1978) was used to guide this study. The obesity policy process proposed in the following five stages: The first stage: policy agenda (scope of the problem), second stage: policy formulation, third stage: policy adoption, fourth stage: policy implementation and fifth stage: policy evaluation. The community health nurse is well positioned to advocate for individuals, families and communities in implementing evidence-based activities designed to prevent excessive weight gain and obesity. Conclusion: Comprehensive intervention programs that focus on obesity prevention and management are needed. Community health nurse has a professional and moral obligation to educate and advocate for social changes that promote healthy lifestyles and prevent obesity. A successful nursing and health promotion intervention programs required a multidisciplinary policy that utilizes a public collaboration. Recommendations: government should acknowledge that obesity is a national priority.

Key words: obesity, obesity programs, public policy, the role of community health nurse, policy development.

INTRODUCTION

Obesity is one of the most serious health problems in the United States (U.S) today. Adult obesity rates have doubled since 1980, from 15 percent to 30 percent in present. Two-thirds of adults are now either overweight or obese. Childhood obesity rates have nearly tripled since 1980, from 6.5 percent to 16.3 percent in present (Center for Disease Control and Prevention (CDC), 2008). Additionally, the obesity epidemic is taking a toll on the U.S economy by adding billions of additional dollars in health care costs and hurting country’s ability to compete in the global economy (CDC, 2008). Approximately 66 million American adults (30 million men and 36 million women) are obese and an additional 74 million (42 million men and 32 million women) are overweight. Among American children 6 to 11 years of age, an estimated 4.2 million (2.3 million boys and 1.9 million girls) are overweight; among American adolescents 12 to 19 years of age, 5.7 million (3.1 million boys and 2.6 million girls) are overweight (Rosamond, et al. 2007).

Jordan, a middle-income country is experiencing an epidemiological transition where infectious diseases are declining and chronic diseases are becoming more predominant. At the same time, life expectancy continues to increase, reaching 71 years for females and 69 years for males. A sedentary lifestyle, high-fat diet and smoking are becoming more common (Nsour, Kanaan & Balbeiss, 2008). Trends in chronic diseases in Jordan were evaluated based on surveys conducted by United States CDC in 1996, 2002 and 2004. Diabetes mellitus incidence doubled 6.8% in 1996 to 15.3% in 2004. Among the risk factors cited were poor diet and physical inactivity (CDC surveys, 2004).

Chronic diseases are the leading cause of morbidity and mortality in Jordan. In a study conducted by Zindah, Belbeisi, Walke and Mokdad, (2008) the results revealed that obesity was significantly associated with diabetes, high blood pressure, high cholesterol, and asthma. Obesity, physical inactivity, low consumption of fruits and vegetables along with hypertension, diabetes and smoking accounted for 90% of the population-attributable risk for myocardial infarction in all region of the world (Yusuf, Hawken, Ounpuu, et al. 2004).

Obesity has become a national epidemic. In the last twenty years the number of people who suffer from obesity has steadily risen. A study conducted by Ajlouni, Jaddou and Batischea, (1998) showed that the prevalence of obesity among Jordanian population was 49.7%. While in the study conducted by Khader, Batischea, El-Khateeb, and Ajlouni (2008) about the obesity in Jordan found that the obesity in Jordanian population has risen to 53.1% among female and 28.1 among male.

The purpose of this paper is to present the role of community health nurse in obesity policy development to be applied to all community in Jordan. This program will help people intervene in ways that promote healthy eating and physical activity. Health improvement should be the focus of such efforts. Policymakers such as
legislators, executive branch administrators, school officials and private policy makers are in the best position to affect change and play a significant role in policy development.

The theoretical framework of policy development is adopted from the study of public policy by Anderson, Brady and Bullock (1978). The policy process contains five steps: policy agenda, policy formulation, policy adoption, policy implementation and policy evaluation. Based on the public policy framework that adopted from Anderson, Brady and Bullock (1978), the obesity policy process will be proposed in the following five stages:

The First Stage: Policy Agenda (Scope of the Problem):

Obesity is a major public health and economic problem of global significance. It is highly prevalent and rapidly increasing. Also, it is associated with a wide range of chronic conditions such as diabetes, hypertension, cardiovascular disease, and certain cancers (WHO, 2000 & WHO 2003). The issue of overweight and obesity is complex and controversial. Some believe it is a public health problem of epidemic proportions. Others believe it is a cultural construct stemming from society’s obsession with weight and weight control (Thomson, 2004). Obesity is now reaching epidemic proportions in both developed and developing countries and is affecting all age groups (WHO, 2008).

Jordan has currently started efforts to decrease the prevalence of obesity in collaboration with WHO. In meeting conducted in ministry of health (MOH) with Dr. Adel Al-Balbesi; the division director of primary health care; asserted that: WHO requested from the MOH to collaborate in order to find comprehensive strategies to limit the prevalence of obesity.

Obesity prevention in the population is an important and relevant to obesity treatment. It fosters social and environmental conditions that support healthful eating and active living. Such conditions are essential for all weight-control efforts (Kumanyika, et al., 2008). There are many factors that come into play when defining obesity. WHO (2008) identified six factors have an effect on a person’s appetite and how the calories are used and stored as fat (Saron, et al., 2006; Hill, Peters, Catenacci & Wyatt, 2007; WHO, 2008). These factors include genetics, food supply, physical activities, cultural factors, socioeconomic status, and psychological factors.

Physical Factors:

Over the last 20 years, obesity has become the most prevalent nutritional problem in the world. It is a key risk factor for many chronic and non communicable diseases including type two of diabetes, hypertension, dyslipidemia, coronary artery disease, stroke, osteoarthritis and certain forms of cancers (Saron, et al., 2006; American Diet Association (ADA) Report, 2006).

Health consequences of obesity range from increased risk of premature death to serious chronic conditions that reduce the overall quality of life. Of especial concern is the increasing incidence of child obesity (WHO, 2008). Obesity can result in discrimination and social stigmatization, depression and lower self-esteem (Davison & Birch, 2001). The overweight and obese may find themselves characterized as unhealthy and weak. People who are obese may experience negative consequences in the workplace, at school, and even in receiving health care (Thompson, 2004).

The cause of obesity is complex and multifactor. Obesity results from long term positive energy balance, which is the interaction of energy intake and energy expenditure (Dietz & Gortmaker, 2001). The rapid increase in the prevalence of obesity over the past 20 years is a result of environmental and cultural influences rather than genetic factors. With progressive improvements in the standard of living in developed and developing countries, over nutrition and sedentary lifestyle have supplanted physical labor and regular physical activity, which has resulted in positive energy balance and overweight (CDC, 2005; DiPietro, 1995 & Thompson, 2004).

Economic Factors:

Globally, there are more than 1 billion overweight adults; at least 300 million of them are obese (WHO, 2008). It is estimated that treatment of obesity-related conditions accounts for 92.6 to 117 billion dollars, which is approximately 5.7% to 9.1% of the total US health care expenditures. Health care costs associated with obesity have been estimated at over 100 billion dollars annually for the nation (CDC, 2008).

Social Factors:

Rural residents experience higher rates of obesity than people living in urban areas. Rural demographics play a role in this difference. Rural-urban and suburban differences in obesity and health may reflect socioeconomic differences, in rural areas being more characterized by local poverty and lack of resources (Ramsey & Glenn, 2002). Rural residents tend to be older, less educated, and may also lack nutrition information that would help them to choose a healthier diet. Nutritionists tend to be less available and they have lower income than urban residents. All of these factors are related to higher obesity levels in rural areas (Patterson, Moore, Probst & Shinogle, 2004; American Diet Association (ADA) Report, 2006).
Other factors:
There are many factors that are related to obesity. First, poverty; as poverty increased, the prevalence of obesity increased (Ramsey & Glenn, 2002). Second, People without health insurance often do not receive either appropriate preventive services or follow-up care. Third, expense of and taxes on gymnasium memberships, exercise classes, equipment, facility use, and sports league fees. Forth, long work hours that means more meals in which many of them high in calories and eaten outside of the home (Johnson, 2008).

Developing Obesity Policy in Jordan:
Developing health policy to manage and prevent obesity in Jordan should be considered. Especially in the light of the absence of health policy in Jordan regarding obesity or the presence of inadequate studies addressing the incidence, causes, complications and economical harm of obesity. The process of developing policy requires information about demographic, economic and fiscal factors. Health policy needs to be comprehensive, long-term and fitting internal and external environment. A reasonable policy will be considered because it provides a road map for future and a tool for change. This can be achieved by intensive and careful assessment and planning of socio-cultural, political and economical factors (Vasquez, et al. 2007).

Policy Agenda: Issue Statement (Problem):
Despite the high prevalence of obesity among Jordanian population, there is no obesity policy to address this problem. The main questions to address the problem of obesity are:
1. "How obesity prevalence rate could be reduced in Jordan?"
2. What are the roles of community health nurse in reducing the obesity prevalence rate in Jordan?
To answer these two questions the support is needed to adopt this obesity policy from stakeholders and authorized persons in Jordan. The scale of obesity problem requires a multifaceted stakeholders and approach across several sectors of society, those stakeholders including: the academic community, government, Ministry of Health (MOH), Ministry of Education (MOE), Food and beverage industries, the private sector, families and individuals.

Goal and Objectives of Obesity Policy:
The broad goal of obesity policy is to prevent diseases, improve health and quality of life of Jordanian population. To achieve this goal there are many objectives for obesity policy which includes:
1. To identify, analyze and advocate for evidence-based actions and regulatory initiatives to reduce overweight and obesity, particularly in women and adolescence at governorates and national level.
2. Enforce existing laws that support obesity prevention by persuading regulatory agencies to take enforcement action, particularly in relation to food marketing practices.
3. Law reforms to support obesity prevention by advocating for reform or development of law and regulation that may help prevent obesity. For example, food composition, pricing, availability, marketing including food advertising and promotion and labeling.
4. Promote healthy eating and physical activity of Jordanian population.
5. Lower the risen health care cost associated with obesity.

Second Stage: Policy Formulation:
“What is proposed to be done about the problem” is the core concepts in this stage according to Anderson, Brady and Bullock (1978). The identification of objectives and setting agenda were established and considering all factors that determine the success of policy such as socio-cultural factors, people's behaviors and social support, to help reduce overweight and obesity, promote health and prevent diseases (Vasquez, et al. 2007). These objectives are consistent with other objectives of government. The main concerns of public and opinions and surveying public to identify their attitude toward obesity, will be considered. Then, all involved key policy makers in government are identified.

The next step will be the conducting of comprehensive study about incidence of obesity, causes, resources, cost-benefit solutions and this will be the base line for evaluating the adequacy of health policy later. Comprehensive search for studies conducted on obesity in Jordan were carried out; it is found that very little studies were tried out.

In the study conducted by Khader, et. al (2008) in Jordan, the results showed that the prevalence of obesity in northern Jordan was 28.1% for men and 53.1% for women. Irrespective of age or measure used, women always had a considerably higher prevalence of obesity than men. There has been a significant increase in the prevalence of obesity over a period of ten years for both men and women aged 60 years and above. Female gender, increase in age, being married, former smoker or nonsmoker, and fewer than 12 years of education were significantly associated with increased odds of body mass index (BMI), defined obesity and high waist circumference. This study demonstrated alarming rates of obesity and of its associated co-morbidities among Jordanians, especially among women.
Based on this information, the policy makers set a proposal for obesity policy and introduce it for the committees of interest for studying and voting. Consequently, policy makers, in cooperation with community organization, can develop applicable health policy step for the purpose of implementation, evaluation and revision. Community health nurse has an important role in formulation of obesity proposal.

Policy makers are considering all alternatives available and consequences of their policy application. This can be obtained from in-depth study of previous researches and literature on obesity policy making. Based on these studies, the expected problems are identified and studied, and the feasible solutions are listed (Vasquez, et al. 2007). Also, the economic status analysis helps in making effective and applicable policy since Jordan has a limited resources and poor economic system. It is of great importance for policy makers need to study the opportunity cost, cost-benefit and cost-effectiveness issues to be able to convince and affect the higher political persons of their policies. The obesity management policies mentioned in this paper are information and communication strategies, community programs, regulatory and legislative strategies, economic approaches and clinical interventions and management based on research results and recommendations. These strategies proved to be very beneficial in preventing and treating obesity on a global level. These policies can be adopted by Jordanian policy makers taking into consideration all factors enhancing or impeding policy development.

Third Stage: Policy Adoption:
Getting the government to accept a particular solution to the problem will be established in this stage (Anderson, Brady and Bullock, 1978). Extensive health promotion programs to mange obesity and to reduce the prevalence rate were used in deferent settings in the world such as Europe and North American and Finland (Borg & Fogelholm, 2007) and England (London: Department of Health; 2008). The American Medical Association, American Heart Association Council and American Nurses Association also supported the obesity policy projects (Agency for Health Care Policy and Research, 1994).

Evidence-Based Experience:
Research to identify specific interventions to prevent obesity is appearing to be effective. Actual height and weight measurements are taken to evaluate the obesity promotion program in Northern Ireland and Wales England and Scotland. The findings of the study obesity prevalence rates presented significant differences in obesity prevalence rates among all age groups (Musingarimi, 2009). Furthermore, Bluford, Sherry & Scanlon (2007) found that; there is a significant reductions in weight status or body fat as a result of obesity policy to reduce the prevalence of obesity among children. Mattia, Lemont and Meurer, (2007) conducted a study in United States population to evaluate the obesity policy among children and adolescence. The result indicated that reduced sedentary behaviors and improved weight outcomes.

Obesity management program is widely used and it has a comprehensive literature review. In addition, the obesity management program includes recommendations and experiences of the expert panels, consultants and consumers.

The strategies that will be conducted to promote this program are:
1. Educate clinicians using seminars and conferences to introduce this program to clinicians (Lu, 2003).
2. Integrate the guideline into quality assurance (QA) project to encourage hospitals to include obesity management in the routine of QA content (Lu, 2003).
3. Public hearings will be held for the public to have a chance to express their opinions regarding health care issues related to obesity management program (Bocchino, 1992).

Fourth Stage: Policy Implementation:
In this stage according to Anderson, Brady and Bullock (1978) is applying the government's policy to the obesity problem. The application of the policy by the government's administrative will be in the primary, secondary and tertiary prevention (Thompson, 2004). These three levels of prevention can be used on the basis of the population of interest to address all interventions needed to prevent obesity (Kumanyika, et al., 2008).

Public health approach will be comprehensive; including educational and motivational messages aimed at the population, societal, worksite, government, public health, and healthcare organizations to promoting health consciousness, providing opportunities for physical activity, and making healthy foods accessible. These efforts make healthy eating and physically active lifestyles easier to adopt and more socially acceptable and self-reinforcing (Kumanyika, et al. 2001).

The health care system including community health nurse plays an important role in both prevention and treatment of diseases. The availability of alternatives for weight reduction and professional advice on living healthier lifestyles, drug therapy and surgery can make important contributions in combating and declining prevalence rates of obesity. Despite all of these positive steps in the solution of obesity problem, the nation still needs a driving force to make these solutions a reality.

The government can and should lead the way in creating policy to initiate behavioral, social and environment changes that improve nutrition and physical activities, thereby adequately reducing the prevalence
of the obesity epidemic. The government could accomplish these goals effectively by creating an agency that specifically fights against obesity by coordinating information on obesity, implementing effective solutions and monitoring the nation's progress in fighting the disease (Thompson, 2004).

The approaches used to reduce the obesity prevalence in Jordan will be included the following sex strategies. The application of all of these strategies will be the answer of the question presented in the policy agenda.

Information and Communication Strategies:
Using information and communication strategies is considered the first strategy to reduce the prevalence of obesity in Jordan. In the review conducted by Kumanyika, et al., 2008 and Nestle and Jackson in 2000 asserted the beneficial effect of the provision of information to individuals which is critical role of community health nurse to promote healthy behaviors. This can be achieved in a variety of ways includes: a) providing information in educational settings, b) information on product labels, c) advice by health care professionals and d) use various forms of media to disseminate information such as newspapers, mobile messages, posters, radio and television. These ways are very important because they directly reach a large number of individuals with messages about healthy diet, nutritional information, physical activity, preventive measures and consequences of obesity. There are low expectations that mass media campaigns on their own can lead to behavior change. Therefore, mass media campaigns have primarily aimed at raising awareness, providing knowledge and changing attitudes, with the aim of contributing to potential behavior change (Kumanyika, et al., 2008 and Nestle and Jackson 2000). The study conducted by Hill, Peters, Catenacci and Wyatt, in 2008 showed that effective use of information and communication strategies are helpful in reducing the prevalence of obesity.

Community Programs:
The second strategy of reducing the prevalence of obesity in Jordan will address school, work place and community as a total through applying community programs. The communities, in which individuals live, learn and work, have a significant effect on health behaviors. School, workplace and community programs may be used as a part of comprehensive management programs.

In the study conducted by Sharma (2005) addressing the use of some interventions on reducing and preventing the obesity. These interventions targeted physical education and nutritional behaviors. The results showed that engaging in these interventions was very helpful in reducing the obesity. Also, the study conducted by Dataer and Strum in (2004), the results showed that one hour increase in physical education the body mass index measuring obesity decreased significantly. The school environment provides opportunities to give children a foundation for healthy eating behaviors. In schools, young people can be taught about nutrition, receive lessons in cooking nutritious meals. Nutritional standards for school lunches have been mandated (Foster, et al. 2009). Furthermore, sweets and other junk food such as soft drinks can no longer be sold in vending machines (Hill, Peters, Catenacci and Wyatt, 2008). Schools can support healthy eating habits in children by offering nutritious, low-fat snacks and lunches and by teaching proper nutrition. Physical education programs conducted by community health nurse are also important to ensure that children develop an active lifestyle (Foster, et al. 2009 and Nestle and Jacobson, 2000).

The most effective school programs are comprehensive one that addresses food service, physical education, classroom education on the importance of healthy lifestyles and health decision making, and include community and parent involvement (Sharma, 2006). School and community-based gardens are another good approach to encourage healthy eating. Students can benefit from growing their own fruits and vegetables and then consuming them in school and community-supported lunch programs (Kumanyika, et al., 2008).

MOE has the responsibility to follow the application of all of the previous measures. MOE has to provide mandatory guidelines in relation to the availability of healthy food in all schools. Also, it should provide mandatory guidelines to stop commercial marketing of unhealthy food to children in schools.

In work places, obesity among employees should have a particular concern to employers and they can take steps to ensure that work environments support healthy eating as obesity can have negative financial impacts on businesses. Employers can provide support for their employees to maintain a healthy lifestyle by providing healthy food in the cafeteria and vending machines, through other organizational policies that encourage healthy lifestyles and provide opportunities to participate in weight management program (Kumanyika, et al., 2008).

At the community level, voluntary organizations and community groups can be involved in efforts to support various schemes such as courses for improving cooking skills for adults and promoting the sales of fruit and vegetables of local farmers through local marketing. Community walking clubs, support groups for weight management, healthy cooking and exercise classes may support healthy weight throughout the community. Some communities may want to develop a wellness center to encourage healthy lifestyles. Facilities may already exist in some communities that could become community resources. For example college might open its pool to community swimming and exercise classes or a school gymnasium might be opening after-hours for community use (Hill, Peters, Catenacci & Wyatt, 2008).
Health Care and Training:
Health care and training is the third strategy to reduce the prevalence of obesity in Jordan. This approach requires medical, nursing, and other health professions curricula to teach the principles and benefits of a healthful diet and exercise patterns. Also, this approach requires health care providers to learn about behavioral risks for obesity and how to counsel patients about health-promoting behavior change. In addition, this approach develops and fund a research agenda focused on behavioral as well as metabolic determinants of weight gain and maintenance, and on the most cost-effective methods for promoting a healthful diet and activity patterns. Besides, revise Medicaid and Medicare regulations to provide incentives to health care providers for nutrition and obesity counseling and other interventions (Nestle & Jacobson, 2000).

MOH should support hospitals and clinics in offering classes that encourage healthy diet and exercise, such as sessions on nutrition, how to prevent heart disease, controlling diabetes, and similar topics. Hospitals that have exercise equipment for cardiopulmonary rehabilitation may want to make their workout areas available to the entire community. Community health nurses can be a good resource for providing information on healthy diet and physical activity to their patients, especially, in the areas with limited access to nutritionists. They should be trained how to motivate patients to change unhealthy behaviors to more healthy and to accept dietary behaviors.

Regulatory and Legislative Strategies:
This strategy is considered the forth approach in the implementation phase and aims to reduce the prevalence obesity in Jordan. Regulatory and legislative strategies could be used as a part of comprehensive obesity and weight management programs. Among measures to be used are food advertising and promotional bans, regulation of label contents on food products and minimal junk food sizes. Food advertising has a particularly significant effect on children, their preferences, and consumption patterns. In general, junk food account for a large percentage of all food advertising, whilst advertising for healthier options is significantly lower. This encourages and reinforces the consumption of unhealthy diets by children. Furthermore, it undermines the efforts to encourage healthy eating. Therefore, making it mandatory for food and beverage industries to responsibly market their products should be an integral part of food policy by government (Kumanyika, et al., 2008 and Nestle & Jacobson, 2000).

Discouraging TV watching and junk-food advertising is one strategy to prevent obesity. In the study conducted by Robinson in (1999) the results indicated that reducing the number of hours spent watching television or playing video games is a promising approach to preventing obesity in children. Researchers also, have shown that younger children do not understand the concept of advertising—that it differs from program content and is designed to sell, not inform—and that children of all ages are highly influenced by television commercials to buy or demand the products that they see advertised (Fox, 1996).

The government has to make positive steps in restricting the advertisement of junk food on television especially in or around children’s programs. Furthermore, in order to be effective, restrictions against junk food advertising need to be more comprehensive and to target all media and other promotional outlets (Nestle & Jacobson, 2000).

Two types of information should be available on food products. First, nutrition labels to provide information about the nutritional properties of food which should be presented uniformly. Second, health claims to provide information about the nutritional and health advantages of particular foods and nutrients. Information about the nutritional content of food should extend to meals served in restaurants. Since people nowadays tend to eat in Fast-food restaurants, conventional restaurants which lead to greater food consumption. The government should work with the restaurant industry to encourage it to regulate portion sizes and to provide nutritional information on food menus that is serve obesity strategy (Kumanyika, et al., 2008)

Develop and implement a mandatory food and beverage front of pack labeling traffic light scheme to inform consumers about the levels of key nutrients in products including sugar, salt and saturated fat. With traffic light colors, you can see at a glance if the food has high, medium or low amounts of fat, saturated fat, sugars and salt in 100g of the food. In addition to the traffic light colors, you can also see the amount of these nutrients that are present in a portion or serving of the food. Red color means high, amber means medium and green means low amount of fat (Martin, 2007).

Economic Approaches:
This strategy is considered the fifth strategy in the policy implementation phase and aims to reduce the obesity prevalence in Jordan. Economic strategies could act in two ways; a) providing incentives to purchase healthier foods and involve removing sales taxes on healthy foods, subsidizing healthy foods and subsidizing transportation of health foods in remote regions. b) Providing disincentives to discourage the purchasing of junk food. Taxation on unhealthy foods could discourage unhealthy eating. This involves taxing high fat and high sugar food (Thompson, 2004). In the study conducted by Frensh, et al. in (1997) the results indicated that Price
is a factor in food purchases. Lowering by half the prices of fruits and vegetables in vending machines and school cafeterias can result in doubling their sales.

**Clinical Interventions and Management:**
Clinical interventions are considered the sixth strategy to reduce the prevalence of obesity in Jordan. Professional advice about living healthier lifestyles, drug therapy and surgery to overweight and obese patients make important contributions in addressing obesity. Advice by community health nurse to patients is a cost-effective mean of disease prevention. Drug therapy and surgery are being used particularly with individuals who have tried but failed to lose weight by other means. But, it is still not clear which surgical procedure is the safest and most effective. Policy instrument development is very important in policy making in Jordan. The parliament set the laws, regulations and acts. Convincing those legislative persons is vital for success of the policy. In addition, Programs administered by public agencies and information set available for community will support the developed policy.

**Fifth Stage: Policy Evaluation:**
This stage needs efforts by the government to determine whether the policy was effective and why or why not (Anderson, Brady and Bullock, 1978). Consultants within government and outside government will be good resources for improving and analyzing obesity policy. The government can assign different fixed resources inside Jordan for advice and consultation. Those resources include medical members from various health institutions and academic persons from universities.

For continuity of policy, coordination becomes necessary. This means that the obesity policy will be formulated according to the goals and objectives of the government. Good communication among all policy planner and applicants guarantee early assessment and analysis of the policy. Decision making, which is the heart of policy making, is necessary to evaluate advantages and disadvantages of each alternative and selecting options which offer the best solution. Therefore, Policy needs to be implemented in order to know its effectiveness and evaluate it in the real world situations for possible revision and modification. The modification requires accurate research results and adequate feedback from individuals and organizations regarding impact of policy in the present time and future.

The changes that obesity management program will bring to population health includes:
1. Population will be more willing to control and to maintain normal body weight.
2. More nurses who were interested in obesity management will be targeted and trained to be resource persons at work.
3. The obesity management program will be distributed to each public sector and encouraged them to use it.
4- Health care cost is decreased.

**The Role Of Community Health Nurse In Obesity Management Policy:**
Addressing the roles of community health nurse in reducing the prevalence of obesity in Jordan is the answer of the question presented in policy agenda. The roles of community health care nurse could be clarified as follows:

1-Advocacy is needed for obesity management and prevention at the policy level in Jordan, because changes at this level will definitely affect the largest number of people. Across healthcare and community-based settings; community health nurse is well positioned to advocate for individuals, families and communities in implementing evidence-based activities designed to prevent excessive weight gain and obesity. Community health nurse role involves advocacy for changes at school, local community, and public policy levels (Budd and Hayman, 2008).

2-Community health nurse can identify the main concerns and attitude of Jordanian population toward obesity, conducting comprehensive studies about incidence of obesity, causes, and the annual hospital cost of obesity in Jordan. This information will be used to convince the government about the scope of this problem and the need for obesity management policy. Additionally, such information can be used as a baseline data to evaluate the effectiveness of obesity management policy later.

3-The provision of information about obesity management to individuals is critical role of community health nurse to promote healthy behaviors. This can be achieved in a variety of ways like working with individuals to implement individually strategies for behavior change, including identification of barriers to change, education about behavior modification, skill sets for changing specific behaviors and behavioral counseling on healthy eating and physical activity (Sharma, 2007 and Li, Baur and Huxley, 2008).

4-In schools, community health nurse is in an excellent position to teach young people about nutrition and physical exercise. Raise parents’ consciousness about obesity problem through development of parent classes in schools, healthcare settings, and the community. Teaching parents the basics of nutrition, including appropriate portion sizes, label-reading skills, and food preparation (Budd and Hayman, 2008 and Li, Li, Baur and Huxley, 2008).
5-Community health nurse can also educate clinicians using seminars and conferences to introduce policy management program to Jordanian population. In addition, teach the principles and benefits of healthful diet and exercise patterns (Bocchino, 1992).

6-Community health nurse has an important role in formulation of obesity management proposal in collaboration with Individuals, families, schools, local communities, professional organizations and legislators (Budd and Hayman, 2008). Finally, community health nurses can utilize theoretical frameworks that guide them in developing effective health care policies that can be applied not only at the individual level but also at community and public level.

**Recommendations for Government:**
- There are many recommendations for government regarding obesity issue. First, acknowledge that obesity is a National Priority. Second, ensure sufficient funding to implement and evaluate obesity policies. Third, communicate that reversing the obesity epidemic is a national and government wide priority. Forth, designate high-level officials in each department who focuses on obesity-related policies. The officials examine the application of polices. Fifth, follow the application of nutritional standards and physical activities programs in schools. Sixth, remove barriers to breast feeding through decrease infant formula distribution in hospitals. Seventh, fund community-level studies that address obesity issue. Eighth, Multidisciplinary efforts should be provided to decrease the poverty. Ninth, ensure that the Jordanian population has adequate health insurance.

**Conclusion:**
The Model developed by Anderson, Brady and Bullock (1978) was proposed to address the obesity problem. Many strategies to implement the policy were addressed with evidences presented. Anderson, Brady and Bullock’s (1978) theoretical framework of policy development is an effective framework that guides community health nurse to develop obesity management policy. Obesity is a serious problem with significant health, economic and social consequences. Changes in social and environmental factors seem to be the predominant cause behind rapid rise in population obesity levels over the past 30 years. Efforts to date to address obesity have not led to declines in prevalence rates. Comprehensive intervention programs that focus on obesity prevention and management are needed. Diet, physical activity, and lifestyle counseling is required at individuals and public levels in Jordan. Community health nurse has a professional and moral obligation to educate and advocate for social changes that promote healthy lifestyles and prevent obesity. A successful nursing and health promotion intervention programs required a multidisciplinary policy that utilizes a public collaboration. Public policymakers; private policymakers; employers, organizations, families, and communities are in the best position to effect change toward healthy behaviors.

**References**


