**Windshield Survey/Community Assessment**

Your Name (First M. Last)

School or Institution Name (University at Place or Town, State)

**Windshield Survey/Community Assessment**

**Topic Selected:**

Obesity among the Hampton Roads Population

**Introduction:**

Community-selected for windshield survey was Hampton roads community. It is situated in Virginia at northern Carolina. It has an estimated population of 597.72/sq. mi. It was originally named as Hampton Roads Coliseum. Hampton was established in 1609 as the country’s first unceasingly occupied English speaking settlement. Unfortunately, obesity cases in the Hampton Roads are on the rise. The obesity epidemic has increased at a fast speed that is alarming. Children, young and adult all are suffering from obesity. According to statistics ore then 34% of the population is obese which has become a serious cause of other types of health problems(Mokdad et al., 2003).

**Windshield survey:**

For windshield survey I visited the poor, working class and the elite population areas, to observe and analyze the Hampton roads culture, habit, and lifestyle of its citizens. Initially, I visited the Phoebus area, which is an old fashion area, packed with vintage shops and wide roads. Then I visited the Fox hill North Kind St. All these areas have different concentration of population. Poor neighborhoods were thickly populated, and the posh regions were less crowded. You rarely will see any humans walking around. From the noisiest to the parks, one thing that caught my attention was the food eating habit. I visited the local parks of the neighborhood, where I have seen that young children and teenagers were constantly eating. The body structures also looked heavy. Rarely have I seen children with fit body structure. Majority of them were more or less overweight and lazy. In the parks, kids of age less than nine were having a hard time playing and moving. But it seemed like a norm. Strangely in the parks, I rarely saw any adult or old person walking, rarely. The concentration of adults was also low in the open places. And the ones I saw were extremely overweight to the point that they had a hard time breathing and talking. Majority of adults and old people were using sticks for walking. During my survey, the most crowded areas that I observed were the hotels and restaurants. I also visited the nearby hospital to find evidence of obesity in the population.

**Demographics and Statistics**

Hampton Roads is the place where the trend of the weight loss clinics is on the rise. According to the Virginia Department of Health, 550,000 people in the South of Hampton roads are overweight and obese which makes them 62 percent. According to the general assembly 2010, around $ 1 million is spent on the obesity control initiatives.

According to statistics around 30.1% of the adults are obese, which includes 17.7% of the age group 18-25, 30.3 % in age group 26-44, 35.6% in age group 45-64, and 28.2 % in the adults of above 65 years. Of the total adult obesity rate, 31.6% of women are obese, and adult men make 31.6% of the total adult population(“State Briefs,” n.d.).

Similarly, the obesity rate in young children between a 2-4 years of age is 20.0%, in 10-17 years of age is 13.2 % and high school students have an obesity rate of 12.7 %.

**Causes of the obesity epidemic**

Multiple factors contribute to the obesity epidemic. All the cases revolve around the poor lifestyle choices and genetic issues. Children with one obese parent are already at risk of obesity before their birth. Increased screen time in children, overeating, and lack of physical activity are the causes of obesity in the children. Parents are often responsible for obesity in children as they overfed them with high-fat food that is unhealthy for them(Rolls, 2003).

In adults one of the leading cause of stationary lifestyle and overeating. In Hampton, the majority of the population belongs to the working class, despite their wages. They tend to eat the already cooked food. That is the leading cause of their weight gain.

Another primary reason for weight gain is the lack of insurance, poverty and socioeconomic conditions that become the cause of lack of excess to quality healthcare, which results in obesity and lack of dietary knowledge. This poor population is at highest risk of the increase in obesity and other health-related problems(Marik & Chen, 2016).

**Effects of the obesity epidemic**

Obesity epidemic effects the overall health of a persona and results in the high cholesterol levels, insulin disorder, diabetes, hypertension, colon cancer, liver diseases, joint pain, arthritis, gastrointestinal problem and asthma(Preston, Morales, & Plunk, 2016).

**Nursing Assessment and Conclusion**

I have realized that one of the primary reason for weight gain in the Hampton Roads community is the lifestyle issue. Despite the socioeconomic backgrounds, all the population eats the unhealthiest kind of food that is usually made of multiple readymade ingredients that don't contain the actual nutrition information ion the labels.

Unhealthy eating habits have a severe influence on the dietary habits of children and teenagers. Majority of the diseases that are prevailing in the community can be avoided through controlling the weight(Núñez et al., 2007).

As a nurse, I think the nursing community can play their roles in educating the public. Nurses should educate their patients about food and nutrition and encourage them to incorporate exercise. Also, small workshops should be arranged in the schools to help children control weight at a younger age. Government officials in the community should declare the health emergency and treat this as global health warming.

**References**

Marik, P. E., & Chen, C. (2016). The clinical characteristics and hospital and post-hospital survival of patients with the obesity hypoventilation syndrome: analysis of a large cohort. *Obesity Science & Practice*, *2*(1), 40–47. https://doi.org/10.1002/osp4.27

Mokdad, A. H., Ford, E. S., Bowman, B. A., Dietz, W. H., Vinicor, F., Bales, V. S., & Marks, J. S. (2003). Prevalence of Obesity, Diabetes, and Obesity-Related Health Risk Factors, 2001. *JAMA*, *289*(1), 76–79. https://doi.org/10.1001/jama.289.1.76

Núñez, N. P., Carpenter, C. L., Perkins, S. N., Berrigan, D., Jaque, S. V., Ingles, S. A., … Hursting, S. D. (2007). Extreme Obesity Reduces Bone Mineral Density: Complementary Evidence from Mice and Women. *Obesity*, *15*(8), 1980–1987. https://doi.org/10.1038/oby.2007.236

Preston, D., Morales, M., & Plunk, A. (2016). O022 The relationship between asthma and food deserts in the hampton roads area. *Annals of Allergy, Asthma & Immunology*, *117*(5), S8. https://doi.org/10.1016/j.anai.2016.09.382

Rolls, B. J. (2003). The Supersizing of America: Portion Size and the Obesity Epidemic. *Nutrition Today*, *38*(2), 42.

State Briefs. (n.d.). Retrieved March 6, 2019, from https://www.stateofobesity.org/states/