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The promotion of health is recognised internationally as a specialist discipline (NHS Lothian, 2017). The Ottawa Charter defines health promotion as being the practise of enabling individuals to enhance control over and improve their wellbeing (Hubley, Copeman and Woodall, 2013). It has been suggested that in order to maintain a decent condition of physical, social and mental health, the individual or the group being address must have the ability to identify their aspirations, satisfy their needs and have the capacity to make changes or cope with the environment that they find themselves in (World Health Organisation, 2017). For this reason, health is perceived as a resource for daily living and not the goal of living (World Health Organisation, 2017).

The literature suggests that the economic penalties of premature death and avoidable diseases are substantial (NICE, 2013). These issues have been found to cause decreased productivity in the work place and may include the financial burden of criminality and antisocial behaviour (NICE, 2013). Annually, the overall costs of society to the NHS in the UK have been estimated at £13.7 billion for smoking, £20 billion for alcohol, £7 billion for obesity, £6.5 billion for physical inactivity, £7 billion for stroke and £8.4 billion for diabetes (Nash and Featherstone, 2010; Cabinet Office, 2004; House of Commons, 2004; Department of Health, 2011; Diabetes.co.uk, 2017).

It has been proposed that investing in public health programmes and health interventions could prevent overpriced problems for the economy in the future (NICE, 2013). The statistics predict that 40% of the UK population will be obese by 2025 and this will cost society in the future an estimated £37.2 billion per year. By encouraging individuals to adopt healthier eating habits and engaging in more physical activity, it is possible to prevent these costs to the NHS (NICE, 2013). Moreover, it was estimated that in 2006, 175 million working days were lost in the UK due to sickness absences and that this was costing the NHS over £100 billion per year (Gov.uk, 2017). For this reason, investment in a preventative program appears to have the potential to be highly cost effective for the NHS. Therefore, the theoretical framework for health promotion is that it will save excessive costs to the National Health Service in the future.

An issue has been highlighted within the literature concerning the health promotion of obesity and diabetes among individuals of different social class, ethnicity and gender. The literature indicates that the occurrence of obesity in Europe is increasing, and that this increase appears to be significantly more rapid in poorer socioeconomic populations and amongst females (Loring and Robertson, 2014). It has been suggested that obese women are found to be 3-6 times more likely to suffer from mobility disability relative to women of a healthy weight (Rillamas-Sun, Lacroix, Waring, Kroenke, Lamonte and Vitolins, 2014).

The literature proposes that obesity has the potential to also result in difficult social consequences such as discrimination, social exclusion, lower income, higher rates of sick leave and unemployment. These factors have been suggested to widen inequalities in health and social care. The chronic diseases related to obesity have been found to drain resources from health and social care and it has been suggested that in the current age of austerity, the prevention of these diseases must be executed with urgency (Loring and Robertson, 2014). Obesity has been found to be highly prevalent among the South Asian population in the UK, where this particular ethnic group has lower physical activity levels in comparison to other ethnicities (Gatineu, 2011). The statistics indicate that between 2007 and 2012, there was a 30% increase in food prices whereby families with young children were spending 15% less on food. Research shows that energy dense foods of reduced nutritional value are

cheaper than foods with higher nutritional value; therefore poorer populations tend to purchase food primarily to satisfy their hunger (Robertson, Lobstein and Knai, 2007). Issues arise when taking in to consideration the health promotions for obesity in the UK, such as the Obesity Strategy. These health promotions necessitate healthier eating and better nutrition as significant factors in preventing obesity which means that individuals from lower socioeconomic backgrounds will struggle to make the necessary lifestyle changes to avoid obesity (NICE, 2006; Loring and Robertson, 2014).

It has been suggested that the diabetes and obesity epidemics are closely related (Colagiuri, Colagiuri, Yach and Pramming, 2006). Research indicates that type 2 diabetes may be prevented through changes to lifestyle. However, the issues in promoting health to this population are similar to those in promoting health to the obese population. The risk factors for type 2 diabetes are ageing, obesity and lower levels of physical activity (Hu, 2003). Moreover, lower socioeconomic status has been found to be strongly associated with diabetes due to sedentary lifestyles and energy dense diets (Australian Institute of Health and Welfare, 2002). With relevance again, to the health promotion issues faced with obesity, it may be suggested that promoting healthier eating to disadvantaged populations may not be helpful as these populations cannot afford to buy healthier foods. However, it may be suggested that for both populations, more physical exercise would be more cost effective and lower the risk of both diseases (Pan, Li, Hu, Wang, Yang, et al, Bennett and Howard, 1997).

The media plays an active role in promoting health in the UK. For example, Jamie Oliver's 'Feed Me Better' and 'Food Revolution' campaigns, aimed at reducing obesity and diet related diseases such as diabetes have been widely talked about in the media (Jamieoliver.com, 2015). These campaigns have been global and have been successfully implemented in to schools in the UK through programmes such as The School Food Plan (School Food Plan, 2014). The media has helped to promote Jamie Oliver's programmes for healthy eating (Faculty of Public Health, 2010).

Moreover, Jamie Oliver has address in the media, the issue of poverty exacerbating poor nutrition in the UK (YouGov UK, 2017). Jamie Oliver has openly expressed to the media that he does not understand modern day poverty in the UK as families prefer to invest their money into expensive TV sets, which have also been found to be a factor in obesity and diabetes, instead of investing in healthier eating (YouGov UK, 2017; Hu, 2003). Moreover, the literature shows that the use of mass media has been beneficial in preventing childhood obesity as researchers have found improvements in body mass index in association to exposure to the campaigns (Economos, Hyatt, Goldberg, Must, Collins and Nelson, 2007; Wakefield, Loken and Hornik, 2010).

Over time, there have been several changes to health policy such as the Change4Life programme. This programme is aimed at society at present and includes apps that individuals can download on to their portable devices in order to track how much sugar, saturated fat and salt is in their consumed food products (NHS, 2017). The Change4Life programme also educates the public about their diets and allows them to come to their own informed conclusions about where they would like to take their health based on the knowledge that they have been provided, rather than giving them the conclusions and expecting them to make lifestyle changes based on conclusions alone (NHS, 2017). Another change to the current health promotion policy is the inclusion of solutions to health issues on the NHS website. For example, the obesity page on the NHS website includes statistics,

information, consequences and then solutions to obesity (NHS, 2017). This is in line with the health promotion policy set out by World Health Organisation (2005) which suggests that individuals need to feel empowered in order to make changes to their lifestyles and therefore attain long term health benefits (World Health Organisation, 2005).

Overall, it must be suggested that empowerment is a highly significant predictor in lifestyle change and contributes to the changes that individuals make to their health in the long run. However, it may also be suggested that additional factors such as gender, ethnicity and socioeconomic status may negatively impact an individual's sense of empowerment and self-sufficiency. Moreover, the factors mentioned above have been found to be a leading cause in the disease, as well as further exacerbating the issue. The current article focused on obesity and diabetes as two diseases that involve factors that may be troublesome in health promotion, as a significant predictor in both of these issues is poor socioeconomic status. The proposed solution through health promotion is improved diet. However, the issue that was faced with both of these populations was that healthier eating may not be affordable. Another solution that was proposed was a more active lifestyle, which was suggested to be more cost effective, and equally as beneficial as healthier eating. The role of the media was highlighted throughout the article as having a positively significant impact among individuals, where body mass index was found to be improved with more exposure to health promotions in the mass media. Changes in the health promotion policy have shown improvement in the way that the public have been addressed with problems and solutions.

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