A Case Study of Downtown, Paterson, NJ: In Relation to Obesity Medical Interventions

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Abstract

In Downtown, variations in the reporting of the incidence of childhood obesity, especially among children aged 2-19, implies that a significant number of children from the general population do not receive adequate attention due to lack of enough data among social and health service providers. In summary, the prevalence of obesity among children and adolescents aged 2-19 in Paterson's Downtown region is attributed to low income (that accounts for poor nutrition), unequal access to care, lack of adequate recreational programs and facilities for physical activity, the dominance of sedentary lifestyles, lack of unified data collection mechanisms regarding the prevalence of childhood obesity, and most of the mothers' lack of access to early prenatal care among groups such as Hispanics and the Blacks. Indeed the need to implement early interventions such as those seeking to increase physical activity among children and adolescents in Downtown cannot be overstated.

Introduction

In the U.S., weight gain among children forms one of the leading health challenges. For adolescents and children aged 2-19 years, recent statistics suggest that obesity's prevalence stands at 18.5 percent (Anderson, Aycock, Mihalic, Kozlowski & Detschner, 2013). The implication is that about 13.7 million adolescents and children are affected. Different age groups have also presented with different rates of obesity. For instance, those aged 12-19 have a prevalence of 20.6 percent while 6- to 11-year-olds have a prevalence of 18.4 percent. For the groups aged 2-5 years, the prevalence stands at about 13.9 percent (Aryana, Li & Bommer, 2012). Based on these alarming trends, it is evident that childhood obesity is a major health challenge and worth addressing. Reasons for obesity as a health challenge among children and families in the U.S. have also been documented. For example, a study by Campbell, Lioret and McNaughton et al. (2013) revealed that obese children continue to be targeted for bullying and teasing compared to their peers of normal weight. Also, most of the obese children suffer from lower self-esteem, depression, and social isolation (Coleman, Shordon & Caparosa et al., 2012). The situation is direr when these effects extend to adulthood. It is also worth noting that obese children are at higher risk for other diseases and health conditions, including type-2 diabetes, bone and joint problems, heart disease, sleep apnea, and asthma (Haines, McDonald & O'Brien, et al., 2013). Other problems arising from the prevalence of childhood obesity include high annual health care expenditures at the individual, family, state, and national levels, high rates of school absenteeism drop-out rates due to the need to seek medication (for obesity and its associated complications), premature deaths and high mortality rates, and social stress that leads to low quality of life. Hence, the design and implementation of early interventions aimed at improving the management of obesity in children and adolescents are poised to assure the future survival of communities while remaining responsive to health care needs.

Methods

A case study technique is employed. With recent figures suggesting that Patterson's population stands at 146,894 people, the region's median household income is $34,042 while the poverty rate is about 29.1 percent (Harrison, Graham, Fervers & Hoek, 2013). Regarding the region's health and safety statuses, Haynos and O'Donohue (2012) observed that male and female groups who are likely to have health care coverage are those aged between 16 and 17 in Passaic County, where Patterson is the county seat and largest city. In addition, Patterson's clinician to patient ratio stands at 1 to 59, but most of the children are unlikely to be diagnosed early. Instead, the majority receive help after entering the school systems (Healthy Active Living and Sports Medicine Committee, 2012). Also, most of the mothers do not have prenatal care, with some also failing to access early prenatal care. Particularly, the majority of Hispanic and Black mothers, as well as younger mothers aged below 24 are less likely to receive early prenatal care (Hendrie, Brindal & Corsini et al., 2012). Regarding the prevalence of obesity as a chronic disease, Paterson is ranked above average in terms of children's access to grocery stores for those from above average and low-income families, as well as health factors such as grocery density, food environment index, and child food security (Khambalia, Dickinson, Hardy, Gill & Baur, 2012). However, some studies caution that the region has failed to provide adequate physical activity opportunities for its residents (Kim, 2012). In particular, Paterson's Downtown is affirmed to have a poor physical environment ranking (Krishnaswami, Martinson, Wakimoto & Anglemeyer, 2012), results that the windshield survey confirmed. This paper seeks to provide an intervention aimed at the lifestyle modification of Downtown's children aged 2-19 years, upon which the prevalence of childhood obesity might be curbed. The intervention targets home environments, social places, and school environments.

Results

Paterson is the largest city and also the seat of Passaic County, New Jersey, United State. It has the second highest density of any U.S. city (with over 100,000 people), coming after New York City. In 2017, the Census Bureau's Population Estimates Program reported a population of 148,678; an increase by 1.7% from the results documented in 2010. Hence, Paterson city has been ranked as the 174th most populous in the nation (Raza, Bloch & ter Kulie, 2013). In the windshield survey, the area of focus was Downtown. Located in the First ward of the city, Downtown forms the main commercial district. As mentioned earlier, Paterson is located in Passaic County, New Jersey. Downtown is the city's oldest part and lies along the Passaic River bank, as well as the Great Falls. From the windshield survey, the southern part of Downtown was observed to be bound by Spruce Street, Oliver Street, Route 19, Garret Mountain Reservation, and Interstate 80. On the other hand, the survey revealed that to the north, Downtown is bound by Passaic River while the western side of the study area was observed to be bound by the borough of Prospect Park, Haledon Avenue, North 3rd Street and Cliff Street, as well as West Broadway.

As one travels around this area, notable landmarks include Paterson City Hall and Passaic County Court House Annex. Regarding issues related to the problem under investigation, the community in Downtown was observed to rely on fast foods. Particularly, adults and children were observed to purchase and use candies with high sugar, soda, Pizza, French Fries, and cheese burger. Regarding race and ethnicity, the dominant communities that were observed in Downtown included Caucasians, African-Americans, Hispanics, and Asians. The dominant mode of transport included the use of city buses but other modes were present; including the use of personal vehicles, bicycles, and pedestrian walks. The state of Downtown's housing revealed that the area has apartments, rentals, residential units, commercial units, and subside housing units. Open spaces were also evident in terms of empty lots and parks with

benches. However, there were signs of decay (such as plastic coverings over some car windows, overgrown grass lawns, and numerous vacant lots and stores.

I also focused on service centers and the state of stores and street people. From the survey, I noticed gas stations, oil changes and dental offices. There were also convenient stores, liquor stores, and family fare grocery stores. However, the latter stores were not evenly distributed. Instead, they occurred in patches; especially when one moves farther towards Downtown's periphery. Whereas it was impractical to cover Downtown in the entirety, I noticed very few screening centers but fast food restaurants, as mentioned earlier, dominated the streets. On some streets, billboards for advertisement were visible and dominated over the local media. The western and northeastern regions had playgrounds as public common zones but the extent to which they were being utilized proved dire; evidenced by overgrown lawns. In situations where malls were observed to provide extra services such as gyms and other physical activity options, most of those who utilized these services were white. Also, the majority were in their early thirties.

Conclusion

Paterson's Downtown area has strived to curb childhood obesity, but the condition's prevalence is still evident. The prevalence is mostly evident in settings marked by low income, poverty, long screen time, and unequal access to health care; as well as inadequacy in recreational programs and facilities, variations in the implementation of school policies about physical activity and healthy foods, and socio-cultural influences that have led to poor prenatal care. Some of the negative effects that the condition has had, similar to other regions of the U.S. and the world, include work absenteeism among parents, high annual healthcare expenditures at the family and national levels, high mortality rates and childhood obesity-related comorbidities, school absenteeism and high drop-out rates, and poor academic performance. Based on the EBP evidence in the current literature, this paper recommends several steps that stakeholders such as Downtown's nurses, healthcare providers, primary caregivers or parents, and school leaders should embrace. One of these steps or primary intervention strategies is the routine assessment of children's sedentary behavior, physical activity, and nutrition. Another strategy involves assessing Downtown's family environments to discern factors that are likely to increase the risk of childhood obesity, including socio-cultural factors and primary caregiver or parenting influences. Also, there is a need to collaborate with school leaders to assess conditions contributing to childhood obesity; including physical activity and food environments, school policies, and student demographics. In so doing, it is projected that primary prevention interventions might be targeted and responsive to the specific needs of Downtown's community, families and children, upon which the presence of a healthy general population might promise future stability in socio-economic arenas.

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The Role of Lifestyle Modification on Health Care Outcomes and Medical Practice Quality

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Abstract

A personal lifetime health profile refers to a tool that aids in the accessibility, availability and improvement of health, as well as health-related data. Therefore, the profile offers overviews of one's health by fostering a plan towards the reduction of inequalities. In this paper, a provision of the profile constitutes elements such as dietary regulation, weight training and cardio-respiratory activities, nutritional supplementation, stress management activities, spiritual activities and social habits; as well as a personal eulogy regarding what the surviving community members will be expected to remember.

Introduction

In the recent years, emphasis has been on the need to engage in operations that promote an individual's health (Stanhope and Lancaster, 2013). Specific concern has been that which focuses on the aging population, a postwar group that entails baby booms. The aging population has been attributed to vulnerable arising from conditions such as obesity, cardiovascular complications, diabetes and respiratory diseases. Indeed, the conditions have continually resulted from poor regulations of the diet. Therefore, my plan is to regulate the diet with an intention of promoting health. This regulation will be achieved by seeking knowledge regarding the relationship between proper dieting and the risk of suffering from the conditions mentioned. Indeed, the community members have strived to observe a balanced diet regarding nutrients such as proteins and vitamins but gaining knowledge about the concept of dietary regulation will aid in accessing organic food supplies that may reduce vulnerabilities to health risks.

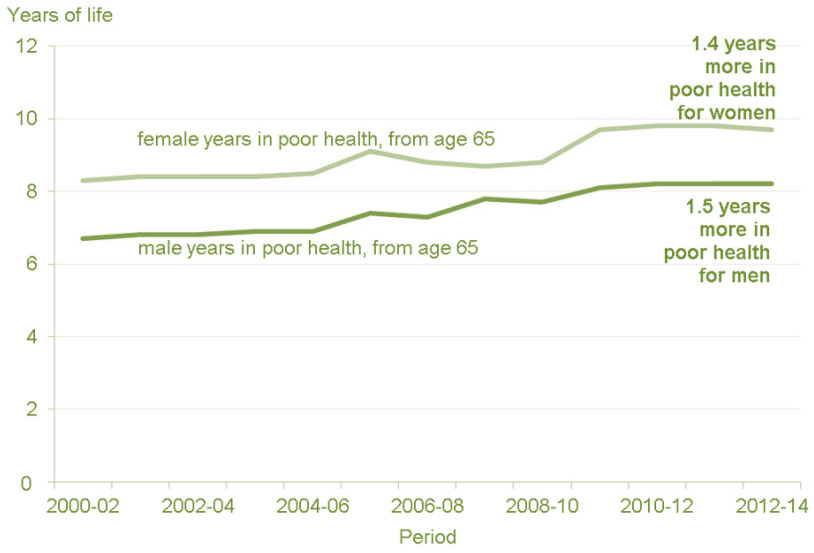
Results

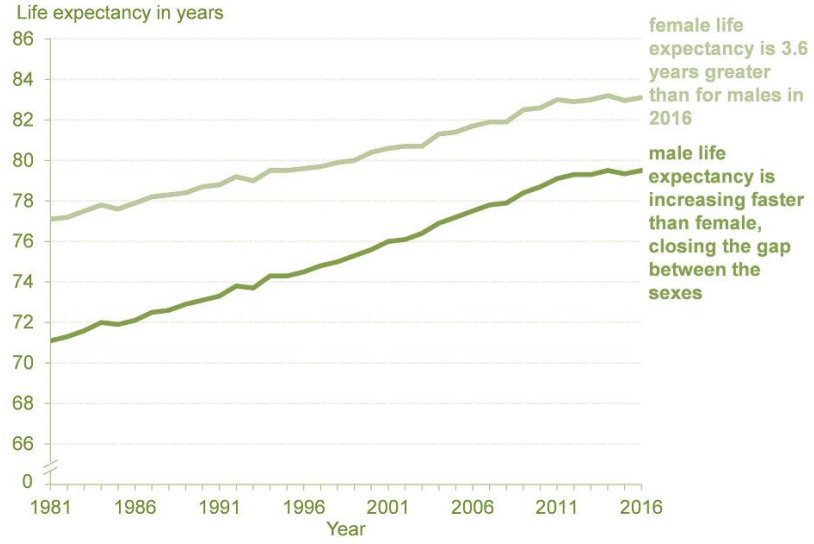
Weight management forms a crucial practice. Specifically, weight management aids in curbing adversities such as obesity and diabetes, as well as cardiovascular and respiratory conditions (Stanhope and Lancaster, 2013). To achieve this objective, the community members will reduce the amount of screen time and, instead, engage in physical exercising that entails walking for at least 30 minutes per day, riding a bicycle and visiting the gym. Other steps will include checking my weight regularly for purposes of controlling the BMI, using foods that are low in added fat and sugar, ensuring that the community members do not skip meals, eating fewer calories through portion size management, and checking against possible enticements that could yield a sedentary lifestyle.

According to Stanhope and Lancaster (2013), nutritional supplementation refers to products that are meant for ingestion, containing dietary ingredients that add nutritional values to one's regular diet. The supplements include botanical or bioactive products, herbs, minerals and vitamins. At the personal level, supplementation will focus on the inclusion of organic substances. The latter are grown without using ionizing radiations, genetically modified organisms, sewage sludge, synthetic fertilizers, or pesticides. Indeed, organic foods that will be used as nutritional supplementations will include papaya, the eggplant, cabbages, sweet

peas, frozen sweet corn and bananas. As affirmed by Stanhope and Lancaster (2013), these organic foods (that form nutritional supplementations) are advantageous in such a way that they often fresher, contain fewer pesticides, promote environmental friendliness, richer in nutrients such as vitamins, and GMO-free. By taking the supplements, potential adversities that arise from pesticide-drive or prepared products will be curbed.

Stress management constitutes a wide spectrum of psychotherapies and techniques that seek to control one's level of stress while improving the daily functioning. To achieve this practice, some of the tips that will be adopted include making time for a mini self-massage, meditating about some of the challenges and possible solutions that the community members could face, reaching out to other members of the social network and listening to soothing music with the intention of addressing anxiety, heart rate and blood pressure. Also, the community members will keep a gratitude journal to enable memorable moments cancel out worries and possible negative thoughts. It is further worth highlighting that the community members will manage stress by consult a psychologist while taking up yoga or exercising regularly. In situations where indicators suggest a failure to cope with issues such as sleeping less and smoking or drinking more, the community members will monitor the situations by seeking advice or assistance from friends and family. Additional insights are summarized below.





The imperativeness of incorporating the strengths, family and community abilities in promoting wellness cannot be overemphasized. Additionally, social support forms a crucial support towards the creation of a positive setting. Through social support, the community members will seek emotional, instrumental and spiritual support. In so doing, it is projected that strong and supportive social relationships and will aid in promoting my health. Indeed, this step will be adopted in a quest to counter the effect of isolation, which has been associated with the increase in mortality risks that arise from the assumption of solitary lives. Also, engaging in initiatives that provide social support will enable me to gain intimacy and a sense of belonging within the social context; fostering aspects of competence and self-efficacy.

Also, the community members will collaborate with family and community members, as well as neighborhoods in embracing positive interactions. This step is expected to strengthen positive social ties that the community members seek to embrace. Additionally, my effort to formulate social ties is expected to yield better functioning and improvements in my physical and psychological health. Furthermore, the establishment of strong social ties is predicted to enable me to avoid stressful and high-risk situations. As such, the community members will consult role models during the realization of an enabling social contexts, as well as a social integration mechanism that boosts my self-esteem, self-identity and feeling of control over the environment.

Besides engaging in activities that foster individual development, the community members will collaborate with religious groups in extending tangible support such as financial assistance to aging groups. In sop doing, the community members will strive to promote emotional support to the group by playing the role of a confidant, should the need arise. Indeed, the community members will extend my efforts beyond personal gain to help other members of the community by sensitizing them, as well as other social organizations in spearheading practical support while fostering companionship and sympathetic listening to curb acute stress.

By participating in spiritual activities and social support initiatives, the key goal will be to gain psychological and emotional health. Top realize these outcomes, the community members will identify the location of social support groups and religious activities, assess my psychological and emotional health need and seek support from teams such as friends, neighbors and families. Furthermore, the community members will participate in conferences and seminars to gain knowledge about some of the strategies that can be adopted while striving towards enhanced the realization of social support. By participating in seminars and conferences that offer social support and, fostering religious initiatives, the community members project to benefit by increasing my life expectancy and a near stress-free lifestyle. Also, social support systems are predicted to boost my self-esteem while realizing a sense of belonging.

A eulogy refers to one’s appraisal. At the personal level, the community members would wish to have the surviving community members remember me in various ways and for various reasons. For instance, the community members would like the group to remember me as one of the renowned regional mentor, teacher, proprietor and solider. With my childhood best described as wondrous and humble, the time spent with the community is that which should be described to have cultivated the members’ love for the outdoors. Also, the community members would like the community to remember that the older the community members got, the more the community members appreciated spirituality and social support initiatives. Regarding the promotion of wellness, the community members would like to be remembered for having spearheaded the realization of social support and dietary interventions in a quest to promote health care among aging populations. Indeed, the community members

would like to be remembered as an all-round member of the community who was determined to address social, political, economic and cultural adversities that could have, otherwise, reduced the population's life expectancy.

Conclusion

In conclusion, this paper has provided a personal health profile. The profile is defined as a tool that aids in understanding one's current state of physical, emotional and psychological health while formulating mechanisms towards improved outcomes. Some of the strategies that have been formulated in the plan include weight management through regular exercise and a reduction in screen time, nutritional supplementation through the use of organic products, social and spiritual participation by seeking social support to gain a sense of belonging and self-esteem, and stress management through consultation. Also, a personal eulogy has been provided. In summary, the community members would like the surviving members of the community to remember me as an all-round individual who sensitized vulnerable groups about the need to live a healthy lifestyle while striving to raise the life expectancy.

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Cancer Survival: Interview Outcome Analysis

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Abstract

From the interview session, the interviewee was confident and provided detailed responses. The common trend in her responses was that the solution to colon cancer lies in the manner in which patients remain composed or focused. In addition to being positive, it was noted that medical insurances play an important role, should one be faced with critical illnesses such as colon cancer. It was further notable that colon cancer such as that which arises from the family history is unlikely to be prevented but can be treated while others such as those that arise from excessive consumption of alcohol and smoking can be prevented. In summary, the interview was highly insightful and opened up new areas such as those involving medical insurance and the need to live positive to address colon cancer's potential adversities.

Introduction

Cancer forms a major adversity that has continually seen the number of deaths and healthcare expenditure increase. The disease refers to an abnormal growth of cells with the potential of invading or spreading to other body parts. With over 100 types of cancer documented, common the most commonly occurring forms include prostate cancer, lung cancer, colon cancer, skin cancer, and breast cancer. In this paper, focus is on colon cancer. According to Kushi, Doyle and McCullough et al. (2012), colon cancer occurs when an uncontrolled state of cell growth is found to take place in the cells of the large intestines. In contexts such as the U.S., colon cancer has been documented to be a fourth leading type of cancer in females and, the third leading cancer in males. Risk factors include genetic family history, long-standing ulcerative colitis, and the presence of colon polyps (Zalis, Blake & Cai et al. 693). To gain an insight into issues such as the causes, effects, treatment and the existing statistical outcomes about colon cancer, an interview session was conducted and the results noted accordingly.

Methods

The participant was a 78-year old grandmother, who had been diagnosed with third-stage colon cancer in October, 2000. Upon diagnosis, the elderly patient was exposed to intense six-month chemotherapy for a period of six months, after which she became cancer-free. After this procedure, the participant has continually exercised good care at the personal level, taking vitamins in a quest to observe a desirable dietary habit. Furthermore, the participant has been engaging in continuous but light to moderate exercises to complement her good set of the mindset. The participant is a family friend who resides in the neighborhood of the United States' Brownville, WI. Notably, voluntary participation and the provision of honest responses were assured through a participant anonymity criterion. To achieve this objective, personal details such as the name of the participant were replaced by the use of a number code to shun possibilities of impersonation, victimization, possible trauma and withdrawal.

Results

Thank you for sparing some time on this Monday afternoon to participate in an interview session regarding the adversities arising from colon cancer, especially in the neighborhood of Brownsville. Kindly note that I will treat the information provided with originality without intervention or interference, and that the aim of this session is to gain an insight into the meaning of surviving colon cancer. Specifically, your insights will go a long way to serve as an inspiration to other survivors and patients struggling with the disease. Kindly respond to the following questions and feel free to express yourself further, should you find it appropriate.

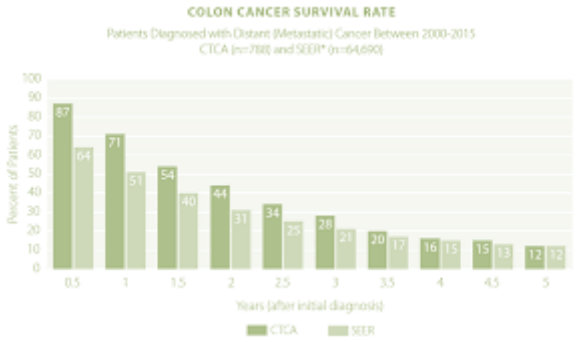
Colon cancer runs in a section of my immediate family. My father was diagnosed with colon cancer when he was 52 years old, and he fought the disease until he passed away three years later. My brother was 45 years old when he was diagnosed with colon cancer. He fought the disease and he is absolute fine now. He was diagnosed four years before my diagnosis. I was diagnosed with colon cancer 17 years ago when I was 61 years old. I had always been health conscious and proactive because of my family history with colon cancer, and after the last year of my mother's life, I felt the need to be screened. More often, the screening involved mammograms and ultrasound. It was during one of these screening sessions (back in the year 1999) that the physicians discovered my cancer.

Initially, I was confused. I was still struggling to come to terms with sickness realities. I would constantly wonder the how far it had spread and what could be done. Another concern involved daily meditations regarding my chances of survival. Thoughts about death or living with a disfigured body would overwhelmingly scare me. Additional thoughts of surgery scared me further, as I predicted death. I did not fear possible radiation and chemotherapy. My greatest fear lied in the operation. Initially, there was a lot of emotion and shock. Later, the members resorted to support and love. Without the support and love of my family and my friends, I could not have got through the disease. The groups have been critical in my fight with colon cancer.

I think the hardest stage for a colon cancer patient is to accept the helpless nature of feeling and the extent to which you would remain dependent on others; as competence is compromised highly. The hardest part was to learn to identify what I needed and seeking assistance. Whereas the intense six-month chemotherapy procedure led to my quick recovery, feeling absolutely helpless and asking for help is a difficult part in a woman who is used to taking care of others, doing everything herself, and being in control. Honestly, colon cancer lives with you. You cannot overcome the fear of it. Emotionally, I remained positive and gained the courage to face the fear, determined to defeat the disease. Indeed, I remained positive by gaining the courage to remain authentic.Fortunately, I had taken a comprehensive medical insurance five years earlier. The insurance paid everything. When my brother was diagnosed with colon cancer, I sought to invest in critical illness insurance and medical insurance in preparation for any future uncertainties on my part.

Colon cancer had a profound effect on my operations. In fear of mortality, I would acknowledge that time was limited and realized the importance of living now. The condition taught me to live my life based on my terms and be present every moment. After colon cancer, I feel much stronger than before. I have stretched my boundaries and engaged in some endeavors that I never imagined would be possible. After the condition, I have continually engaged in light to moderate physical activities. I have trained myself mentally and physically for this lifestyle. I have also engaged in a desirable dietary habit and continued to perceive life positively.

Every person's journey from the diagnosis stage to the recovery stage is different. Initially, confusion and fear are nearly normal reactions. From my experience, the power to face fear while seeking to recover lies in the individual patient. For societal; members going through similar experiences, I advice them to take one breath at a time, understand that they have the strength within them to fight each challenge, and take one step at a time. Whereas colon cancer happens to them, it does not define them. I have a strong belief in being proactive and observing a good diet while complementing the same with exercising. Whereas colon cancer may not be prevented in some instances such as my case where it arose from the family history, one can minimize its chances and impact on his or her life. Besides being empowered and proactive, taking critical health insurances and a health insurance cover is important because it reduces financial stress.



I am actively involved in attending and organizing various events to speak about colon cancer. In these seminars, community initiatives, and conferences, I stress on the importance of leading a proactive life. In most cases, members of the society are worried about the word cancer. Therefore, cancer survivors should tell other individuals that there is life after colon cancer. The disease should not define them. Instead, they should perceive it as an event that occurs in their lives and that they have a role to play in overcoming it. Therefore, it is important for my fellow survivors to get the message out to other members of the society to save as many lives as possible.

As aforementioned, colon cancer occurs when an out-of-control growth of cells takes place in the large intestines' cells. In most cases, the growth occurs on adenomatous polyps, perceived to be small and noncancerous tumors. If not removed, the polyps may develop into malignant colon cancers. The formation of the latter is followed by the travelling of cells through lymph systems and the blood to others body parts. One of the risk factors concerns the presence of colon polyps. Common types include the inflammatory polyps, hyperplastic polyps, and the adenomas (Siegel et al. 229).

Another cause is the role of genes. Due to DNA mutations or damage, an uncontrolled state of cell growth in the colon may occur; as the genes responsible for cell division are destroyed. Given that the capacity of the gene mutation of a cell to correct DNA damage is impaired, colon cancer may result. It is also worth noting that mutations may prevent certain gene functions, leading to the uncontrolled state of cell growth in the colon (Brearley et al. 207). Genetic predispositions and family inheritance account for other causes of colon cancer. When one is born with a fault in a gene or with certain gene mutations, they exhibit statistically high likelihoods of developing cancer in the later stages of life. Behavior has also been attributable to colon cancer. Specific behaviors include tobacco smoking, heavy alcohol consumption, obesity, and sedentary lifestyles. Similarly, diets perceived to be high in processed meat, red meat, calories and fact while low in fiber increase risks of developing colon cancer (Hershman, Lacchetti & Dworkin *et al. 1947)*. Other medical factors have also been

documented to increase the risk of developing colon cancer. These factors include Crohn's disease, ulcerative colitis and radiation treatment for other cancers, acromegaly, and the presence of diabetes (Kushi, Doyle & McCullough et al. 41).

According to Zalis, Blake and Cai et al. (2012), effects of cancer are varied and depend on the location, regions to which it spreads, and the size of the tumor. In the earliest stages, effects are unlikely to be detected. However, as the disease progresses, effects are detectable and observable. Some of the effects of colon cancer include iron deficiency or anemia, the development of an irritable bowel syndrome (IBS), unexplained loss of weight, fatigue or weakness, and a continuous urge to defecate. Other effects include pain during bowel movements, gas, cramps or pain in the abdomen, blood or rectal bleeding in the stool, the presence of narrow stools, and changes in the consistency of the stool; besides constipation or diarrhea (Siegel et al. 237).

Whereas a no single treatment for cancer has been established, colon cancer has been addressed using common options of radiation therapy, chemotherapy, and surgery. Regarding surgical procedures, either a section or the entire colon is removed; a process referred to as colectomy (Brearley et al. 208). Apart from the colon section containing the cancer, marginal areas and lymph nodes in the neighborhood are also removed. Chemotherapy is adopted when chemicals perceived to interrupt the process of cell division are used to kill or damage cancer cells. The procedure targets rapidly dividing cells and applies in situations where cancer has spread, as the medicines travel in the whole body. Notably, chemotherapy is done in cycles to allow time for the body to heal between the doses administered. However, side effects of chemotherapy include vomiting, fatigue, loss of hair, and nausea (Hershman, Lacchetti & Dworkin *et al. 1951)*.

Lastly, radiotherapy or radiation treatment is used to destroy cancer using high-energy cells. Through radiation, molecules that make up cancer cells are killed or damaged. High-energy x-rays and metals such as radium are used to emit the high-energy gamma-rays responsible for destroying or shrinking the tumors, especially in the late stage cancers. Some of the side effects of radiotherapy include mild skin changes to resemble suntan or sunburn, fatigue, diarrhea, vomiting and nausea.

As mentioned earlier, colon cancer is the second leading cause of cancer-related deaths in women and men combined in the U.S., and that it forms the third most commonly diagnosed type of cancer. According to the American Cancer Society, about 136,830 people are expected to be diagnosed with colon cancer while 50,310 people will die this year. Despite variations in individual risk factors, about one in 20 people risk developing colon cancer (Kushi, Doyle & McCullough et al. 37). The adversities have been aggravated further by observations that advanced colon cancer reduces the five-year survival rate. At the local stage confined to the colon and the rectum, colon cancer has been reported in 40 percent of the cases. On the other hand, colon cancer that spreads to the surrounding tissues, found at the regional stage, has been reported in 36 percent of the cases diagnosed. Lastly, colon cancer that spreads to distant organs is documented to account for 20 percent of the cases (Zalis, Blake & Cai et al. 699).

On average, age has been affirmed to form a critical risk factor. For example, the average diagnosis age for colon cancer is 72. In 95 percent of deaths and 90 percent of new cases, the affected persons have been observed to be aged 50 and above. However, the disease may affect women and men at any other age. Whereas screening services and increased awareness have led to a significant reduction in the rate of colon cancer among populations aged 50 and above, the rate of incidents in adults aged below 50 has continued to increase

(Siegel et al. 229). It is also worth noting that ethnic background plays a crucial role in the spread of colon cancer. For instance, African-American women and men exhibit lower survival rates and higher risks of developing colon cancer. Specifically, this community reveals a 45 percent higher mortality rate while the incident rate is documented to be 20 percent. Other communities that rate more favorably (compared to the African-Americans) include Native Americans, Hispanics, Asians, and Caucasians. According to Brearley et al. (2011), this disparity arises from disproportionate screening. Higher rates of colon cancer have also been reported among the Ashkenazi Jews (Jews of Eastern European descent) and the Alaskan Natives (Hershman, Lacchetti & Dworkin *et al.* 1945). Lastly, individuals with first-degree relatives such as children, siblings and parents with colon cancer pose a two to three-time risk developing the disease; compared to those who do not reveal similar family histories (Kushi, Doyle & McCullough et al. 49). Therefore, attributes such as ethnicity, race and family history places one at a higher risk for colon cancer.

Figure 3: Statistical illustration of colon cancer

Conclusion

The interview outcomes could be used in the pharmacy industry in several ways. For instance, information regarding positive living and being proactive could be used to formulate pharmaceutical initiatives that could see colon cancer patients attend regular seminars and conferences to be taught about possible processes through which these objectives could be achieved. On the other hand, information regarding good feeding habits and an avoidance of sedentary lifestyles through exercising could be put to pharmacy practice by sensitizing community representatives regarding the need to design physical exercising programs among the patients and survivors of colon cancer. Lastly, the information about cost implications could be used in such a way that clinical and community pharmacists in healthcare authorities and firms could be advised to implement a policy in which qualified community members would be required to secure medical insurance as a way of preparing for possible future eventualities, including colon cancer.

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