

Compliance with health lifestyle or why the soda tax did not work.

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Editorial

After two months' time, the Chicago soda tax was repealed. Advocates of the bill emphasized the health advancement of the populace when less high sugar content beverages were consumed. Also, the means of fighting obesity with decreased sugar content beverages was claimed. Both claims seem to be accurate, progressive health promotion statements as well. However, the mandate and increased revenue costs to the consumer offset any sensible consideration of the action it seems. Protests abounded when the bill went into law and media spots for both sides of the argument increased. The process of making a health promotion into a law, having the price of popular beverages increased was too intense and unpopular it seemed. There are many other views both in support and against the repeal of the soda tax as well as understanding the political and social climate of voters. However, the lesson learned is valuable. The health promotion action needs to be more carefully presented and the options reasonable to obtain. These political phenomena amplified an older scenario in Public health—how to meet the challenges of patient adherence.

Patient adherence, their success or failure to follow the recommendations of their physician/health care provider impacts their overall health. This failure to follow the recommendations of the physician is a significant barrier also leads to larger medical costs. While many models and principles exist with varying degrees of empirical support, patient adherence models share common health contingent themes: the patient understands of what is asked of them, the patient's ability to follow what is asked of them and identified, reasonably achieved alternative behaviors. The variations in patients' likelihood to follow what is asked of them by their physician/health care provider are affected by patient factors.

The situation of patient adherence is multifaceted; one single intervention strategy does not fit all the variations of patients' cognitive and motivational levels to change a behavior to a more pro-healthy behaviour [1-4].

Public health theories have forecasted the outcome of interventions about diseases with a high mortality. Successful interventions for cardiac, diabetes and pregnancy contain elements of simple educative instruction, social support and accessibility. Treatment outcomes are more successful when the focus is on how the patient will respond and follow through with new behaviors. The dissemination of public health treatment outcome studies, or at minimum, the implementation strategies may better inform municipal efforts to provide a means of promoting healthy lifestyles [5].

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