

“Global Obesity and the Effect on Women's Health”

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1. Considering the rapid shift in rates of obesity worldwide and your comment on largely unsuccessful efforts to control rising rates on a systems basis, can you discuss how individual providers might successfully approach this problem on a patient-by-patient basis?

Response from Dr. Chescheir:

Like other behavior-related health issues such as smoking, obese patients need to hear from their doctors and other health providers that their weight is a problem. Providers often voice hesitancy about addressing a patient's obesity due to concerns about offending the patient, lack of time or knowledge to advise the patient appropriately, and pessimism. However, obesity is a major predictor and cause of many diseases—cardiovascular disorders, diabetes, many cancers, depression, infertility, and osteoarthritis to name a few—and if we don't address the underlying obesity, we fail to meet our patient's health needs. Providers should either learn how to counsel patients about attaining and maintaining a healthy weight, or identify other resources for their patients and refer them appropriately after emphasizing the importance. Doctors should know the population for whom bariatric surgery may be helpful and how to refer patients for this, when locally available.

2. You noted that many solution programs and projects would need to be adapted to account for cultural differences in developing nations. Can you give an example of how to make these solutions culturally applicable? Also, who should be responsible for such a task?

Response from Dr. Chescheir:

A number of intervention trials have been done. Engaging the social structures within a community, such as schools, places of worship, and existing health centers and clinics, are important steps. Using group settings to engage women in nutrition and exercise programs both preconceptionally and during pregnancy have been shown to be effective in limiting weight gain in pregnancy or losing weight prior to conceptions.¹⁻³ Interviews of pregnant Hispanic immigrants and their husbands living in the United States indicated that for these women, the absence of female relatives to provide advice, support, and role modeling was a major theme in their pregnancies.⁴

The responsibility for encouraging people to achieve and maintain a healthy weight and providing the support and mechanisms to do so will vary by location. In most settings, individuals make choices about how much they eat and how much exercise they get. Ministries of Health could take on the responsibility of sending their citizens messages about the benefits of healthy weight and fitness and encouraging schools, places of worship, health facilities, and other community resources to reinforce these messages. Where government provides school-based nutrition support, decisions could be made to improve the health of these offerings in content, preparation, and portions. Payers for health care can incentivize health promotion by service providers and healthy behaviors by individuals.

3. The common thread through the various solutions that you cited is nutrition and exercise-based. Do you feel that there is a role for a nutritionist or physical trainer in the primary care practice setting? If so, are there less expensive alternatives?

Response from Dr. Chescheir:

Clearly nutrition and fitness will form the bases for combating obesity, and including nutrition and fitness counseling in primary care settings would be ideal. Group classes might increase the cost efficiency. It makes the most sense for less expensive individuals than physicians to provide this content. Providing this content after hours or when the offices and clinics are otherwise closed could be more cost effective but perhaps less convenient for the women. Providing child care during sessions or providing concurrent, age-appropriate fitness programs for children (for whom women are most commonly the primary care provider) could increase participation.

4. Is there a role for mandating preventive care in the workplace, extending efforts begun in secondary education? How should we protect the individual's autonomy while mandating preventive care? As you pointed out, the more developed countries have easy access to food, including poor food choices. How do we balance the individual's free will and choice in deciding what to eat or how much to exercise with the effects of such choices on the person's health and family, and on costs to society?

Response from Dr. Chescheir:

Countries and districts vary regarding the degree of citizen autonomy, as well as the role of the workplace in health programming. Many people work for themselves or not at all, so a workplace solution might have real, but limited effects on population health.

I hesitate to recommend "mandating" preventive care provisions for employers unless these are funded mandates. Rather, educating employers about the positive effect on their business of a healthy workforce, and providing tools to promote employee health, make more sense to me. For instance, if food is available onsite, healthy choices in appropriate portions should be provided; nearby safe walking paths or onsite fitness centers could be developed; employees could be provided space and time for group fitness and nutrition programs; employers could incentivize healthy weight and smoking cessation through bonuses or other benefits; and all managerial and leadership staff should be encouraged to lead by example.

Mandating preventive care in many developing countries is impractical. Some health care systems operate on extremely limited funds and are set up for very basic services, such as well child care, vaccinations, prenatal care, and human immunodeficiency virus (HIV) care. Beyond that, there simply may be no health resources available.

Governments can intervene in some ways. Many of the unhealthy food options are imported, especially items such as carbonated high-sugar beverages, prepared foods, and fast foods. Placing a tax on unhealthy items such as these (either as an import-tax or at the point of sale) could price some products out of range, especially for poorer individuals. Such governmental interventions also have political implications and are likely much more difficult to do than is apparent.

The best way to balance the costs to society (in my opinion as a perinatologist without a background in policy and government) is to provide clear information. In communities in which the citizens have rights and resources to make individual choices about food choices and exercise, help them make informed ones and make it easy to do so. All governments will need to make decisions about decreasing the societal costs of obesity.

5. Does requiring restaurants and fast food stores to post the caloric and fat content of meals make a difference in combating obesity?

Response from Dr. Chescheir:

Information is very powerful when it's accessible and accessed, understood, and put in context, and when the information can inform decisions. Individuals have changed their eating behaviors when information such as food labeling in grocery stores or restaurants is available. I don't know how widespread on a population basis such changes are. It would perhaps be more useful to encourage fast food and other restaurants to provide healthy options and portions in the foods they promote, especially to children, and to indicate what percent of an average healthy daily diet an individual's food choice contains. Making it easy for consumers to make good choices promotes autonomy, beneficence, and justice, and does not have to harm the eatery.

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