Families and Food

John J. Frey, III, MD, Medical Editor

It would be helpful if both clinicians and the public understood that obesity and elevated cholesterol are risk factors, not diseases. That understanding might change the conversation from the medicalizing and commercialization of modern life (more pills, more TV ads) to thinking about situations in families and communities that might improve conditions that predispose us to problems like diabetes and heart disease. (The "Looking Back" feature for this issue goes to ads in the *WMJ* from 50 years ago when "speed" helped with weight loss—no kidding!—and we were already trying canned diet food. Safflower oil did endure, though.) The term "epidemic" is convenient for both clinicians and the media, but carries a great deal of blame when applied to being overweight. The horrifying red maps of obesity put out by the Centers for Disease Control and Prevention are splashed across media sites and newspapers to alert us to what we already know—we are an overweight country becoming more so.[1] Of course, we are a more sedentary society, a society that has marketed nutrients rather than food, and a society that points fingers at—depending on who is doing the pointing—individuals, families, and economic factors such as poverty, education, and the politics of food as the causes of the problem. The correct answer is "all of the above." Now, what to do?

Two articles in this issue of the *WMJ* begin to take a more comprehensive approach that deals with root causes and tries to create or prescribe effective approaches that begin to move toward a more healthy solution to both eating too much and eating too much of the wrong things. Ziebarth and colleagues[2] remind us that, in large part, the social context in which we live determines how we live, and describe targeted efforts to change one group–Hispanic children. They translated the "We Can!" curriculum from the US Department of Agriculture into Spanish and adapted it, with substantial input from the Latino community, into a series of family activities that educated families and provided cooking programs that focused on healthier food choices, engaged in group exercise programs, and used incentives such as YMCA memberships and group dinners and celebrations to get the whole family involved. Along with the improvement in understanding in both adults and children about eating better, some of the effects of the program on the larger community may have the most enduring long-term consequences. The authors describe changes—a local Mexican café adding lower-calorie dishes, pressure to change traffic intersections to be more walking friendly, discounted memberships to the YMCA for low-income families, and increased drinking water options in the local school—that cannot be attributed directly to the intervention, but no doubt have come about because of the increased county-wide awareness that the program created.

Hood and colleagues[3] move the conversation to state-level food policy and clearly outline the current status and history of efforts to change the economics of food. Agriculture is still the largest export in this country and is growing. The corporate/local struggle in agriculture continues, and the family farms and local cooperatives that typically have been the tradition in Wisconsin dairy are, like so much of the agriculture in this country, beginning to accrete into very large farms with a more industrial quality to them. While going across the road to get milk from the farm next door as we did in my childhood is virtually impossible today, local food sources are becoming more available to consumers, including low-income consumers who are more likely to have difficulty buying fresh food. It makes sense for all sorts of reasons to create local economies that support small farmers and provide quality products. But, as Hood and her colleagues point out, the case for connecting local consumers, particularly those with limited food budgets, and local farmers sits in the midst of a vast array of regulatory issues that often make medical regulations pale by comparison. Their sug-

The term "epidemic" is convenient for both clinicians and the media, but carries a great deal of blame when applied to being overweight.

gestion, reflected in the experience of other Midwestern states, is for establishing a state-level food policy council where the goal is to guide policy that will benefit farmers and consumers, but just as importantly, create a broad policy conversation that can overcome the stuckness of tradition and offer innovative ideas about improving healthy eating for all of us.

Family matters as well when it comes to issues of low birth weight babies and the subsequent risk of infant mortality. The article by Schlenker and colleagues[4] describes how "intensive" support for high-risk pregnancies in the African-American community of Dane County contributed to the decrease in low birth weight babies over the decade from 1997 to 2007. Clinicians, public health professionals, food programs, and community support and awareness are all necessary for successful improvement. However, the increase in black infant mortality in Dane County in the past 4 years, an unhappy trend, indicates how hard it is to attribute outcomes to anything other than the complex interrelationship between societal and medical effects.

All clinicians who care for children know that family risk factors—both behavioral such as eating habits, and genetic such as elevated lipids—add to the potential for the development of chronic health problems. Sometimes we might wish that obesity was as simple to affect as cholesterol, but we know that neither is that easy. While laboratory testing for lipids has vastly improved over the last 40 years, the guidelines for who should be tested and when, especially children, remains problematic—particularly with an approach that says "everyone," as described by Peterson and McBride.[5] The unanswered questions that follow from universal screening are: what should we do differently with "positive" results; will "positive" results motivate children and their families to change risk factors they control; should we be using medications in children and if so, what is the evidence of long term affects on morbidity and mortality; and what is the cost effectiveness and the number needed to treat of universal, in contrast to selective, screening?[6,7]

Finally, the case report from Garcia-Rodriguez and colleagues[8] reinforces that a careful physical exam of the head and neck in someone reporting problems with snoring and swallowing may lead to some unusual findings!

References

1. Centers for Disease Control and Prevention. Obesity and Overweight. Adult Obesity Facts. http://www.cdc.gov/obesity/data/adult.html. Accessed November 26, 2012.

2. Ziebarth D, Healy-Haney N, Gnadt B, et al. A community-based family intervention program to improve obesity in Hispanic families. *WMJ.* 2012;111(6):261-266.

3. Hood C, Martinez-Donate A, Meinen A. Promoting healthy food consumption: a review of state-level policies to improve access to fruits and vegetables. *WMJ.* 2012;111(6):283-288.

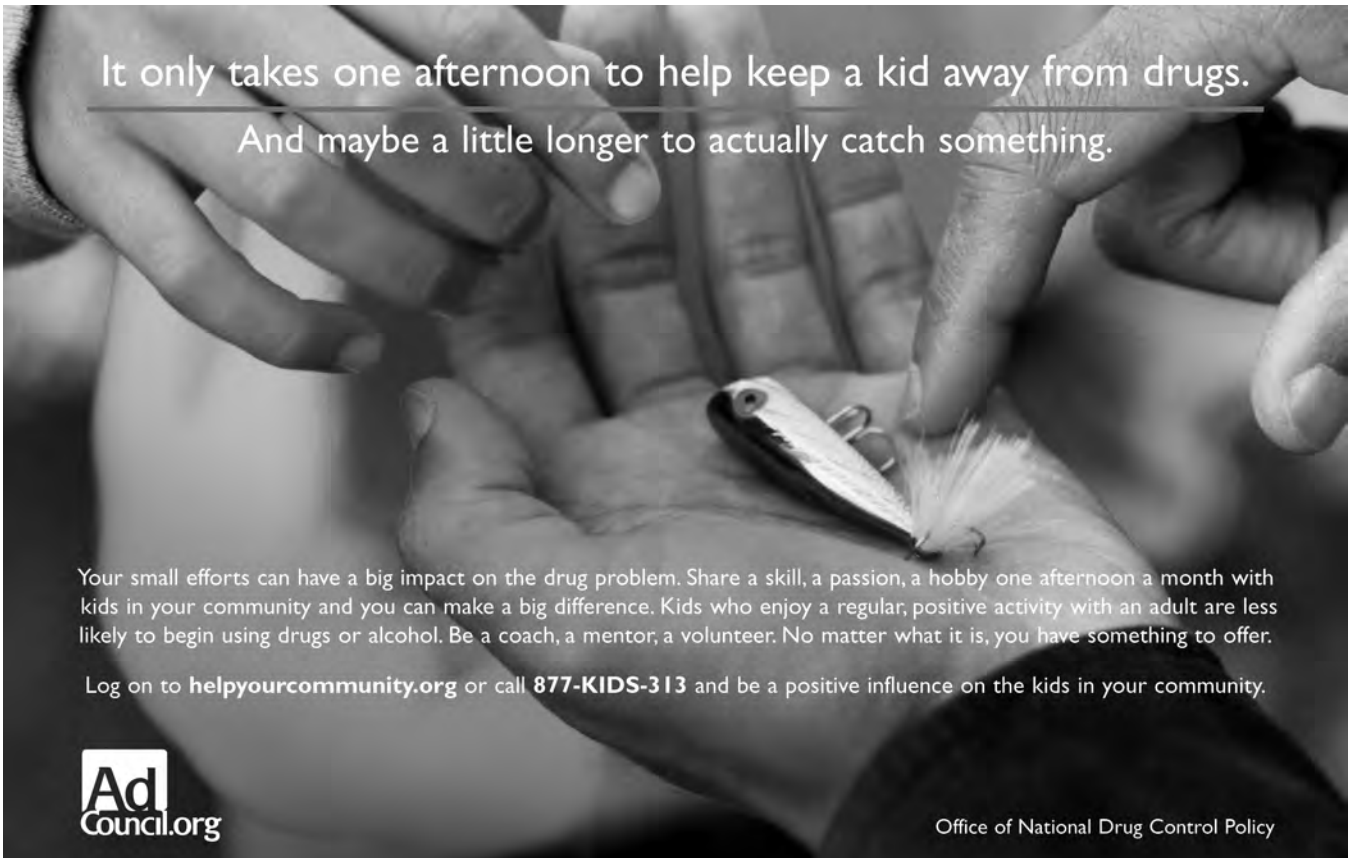
4. Schlenker T, Dresang LT, Ndiaye M, Buckingham WR, Leavitt JW. The effect of prenatal support on birth outcomes in an urban Midwestern county. *WMJ.* 2012;111(6):267-273.

5. Peterson AL, McBride, PE. A review of guidelines for dyslipidemia in children and adolescents. *WMJ.* 2012;111(6):274-281.

6. Newman TB, Pletcher MJ, Hulley SB. Overly aggressive new guidelines for lipid screening in children: evidence of a broken process. *Pediatrics.* 2012;130(2):349-352.

7. Haney EM, Huffman LH, Bougatsos C, Freeman M, Steiner RD, Nelson HD. Screening and treatment for lipid disorders in children and adolescents: systematic evidence review for the US Preventive Services Task Force. *Pediatrics.* 2007;120(1):e189-214.

8. Garcia-Rodriguez LR, Pawar S, Michel MA, Campbell BH. A case of a dermoid cyst compressing the airway. *WMJ.* 2012;111(6):289-292.



advancing the art & science of medicine in the midwest

WMJ

WMJ (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2012 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

Visit www.wmjonline.org to learn more.