BRIEF COMMUNICATION

The Indian Public Health Standards (IPHS) 2022: Opportunity for Obesity Management

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ABSTRACT

This communication reviews the Indian Public Health Standards (IPHS), a comprehensive coverage of health care standards across levels of care. It highlights the multiple opportunities available to integrate obesity care in the existing framework. A focused approach on innovation and integration can enhance efficacy and efficiency of existing health care systems.

Keywords: Obesity, overweight, primary care, public health

The Indian Public Health Standards (IPHS) are a set of standards, which provide uniformity to health care delivery across the country. IPHS ensures concordance between the aims of various national health programs, and action on the ground. Both infrastructural and human resources are listed in the IPHS, as well as the services that have to be provided to the target population. While some standards are described as essential, the adjective 'desirable' is used for others.

LEVELS OF CARE

Health care is delivered at various levels, ranging from primary to tertiary.

Rural Health and Wellness Centers (HWC)-Sub Health Centers (SHC) cater to 5,000 population in the plains, and 3,000 people in hilly or tribal or desert areas. An urban HWC provides services to 15,000-20,000 people, predominantly the poor and vulnerable, residing in slums or underprivileged locations[1].

Primary Health Centers (PHC) may be of different types. These include HWC-PHCs, urban HWC-PHCs (UHWC-PHCs), and specialist UPHC/Polyclinic (Urban). A rural PHC serves 20,000 people in hilly and tribal areas, and 30,000 in the plains. Urban PHCs cater to a population of 50,000 in the plains, while a polyclinic is expected to look after the health of 250,000-300,000 people[2].

Community Health Centers (CHCs) offer a higher level of health care. These can be non-First Referral Unit (FRU) CHCs (located in rural areas) or FRU CHCs (in both urban and rural locations). Rural CHCs cater to a population of 80,000 in hilly and tribal areas, and 120,000 in the plains. Urban CHCs are set up as secondary care referral centers for a population of 500,000 in metro cities and 250,000 in non-metro cities[3].

District hospitals are created for every 500,000 population. One Sub-District Hospital (SDH) can be established for districts with 5-10 lakh population. Thereafter, one SDH can be considered for every 10 lakh population[4].

PRIMARY CARE

Screening, prevention, control, and management of noncommunicable diseases (NCDs) are listed in the expanded range of comprehensive service packages that should be offered at the HWC level[1]. Therefore, screening, diagnosis, and lifestyle management of obesity should be ensured at the primary care level.

Currently, hypertension, diabetes, oral cancer, breast cancer, and cervical cancer are targeted through universal screening at age 30 and above. Chronic obstructive pulmonary disease (COPD), epilepsy, cancer, diabetes, hypertension, occupational diseases (pneumoconiosis, dermatitis, lead poisoning), and fluorosis are identified

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for early detection and referral at the HWC/SHC level. Screening and follow-up care for occupational diseases, fluorosis, and respiratory disorders (COPD, asthma), and epilepsy are also listed as an HWC/SHC activity, as is screening for oral, breast, and cervical cancer and referral for suspected cases of other cancers. Hypertension and diabetes, including their complications, are to be screened and treated at the PHC, with referral upwards, if necessary[1].

The multipurpose worker-female (MPW-F) or auxiliary nurse midwife (ANM) is expected to screen and refer patients of NCDs. Gestational diabetes (GDM) is listed as one of these. Another duty is to encourage patients with chronic diseases, especially those who have not reported for follow-up, to attend special day clinics[1].

Checking weight and requesting all women and men with a weight more than 55 kg and 65 kg, respectively, to get their body mass index (BMI) calculated is a simple way of screening for obesity in the community [Personal Opinion].

Weighing scale and measuring tape are available at the HWC-SHC/UHWC, and can be used to calculate BMI. Adding a laminated hard copy of a BMI calculator to the list of equipment is an inexpensive way of ensuring screening for overweight and obesity. However, regular training and audit will be required to ensure its usage[1].

An NCD clinic is essential at the PHC level. This clinic offers services for screening, diagnosis, management, and follow-up of NCDs, as well as referral to higher centers if needed. The NCD clinic is mandatory for all PHC facilities, including PHC, UPHC, 24×7 PHC, 24×7 UPHC, and polyclinic. A rotational specialist clinic, staffed by a medicine specialist, is mandatory in polyclinics, and desirable in other PHCs. GDM and pregnancy-induced hypertension are NCDs, which are mentioned specifically as conditions that must be managed at all PHCs[2].

Adolescent health care is a distinct part of our health system. Information, education, and counseling on issues related to NCDs, and referral if appropriate, must be provided at the PHC level. Health promotion services, including promotion of healthy diet and physical activity, avoidance of tobacco and alcohol, and stress management, are essential parts of primary health care.

IPHS mentions "simple measures like history, measuring blood pressure, checking for blood, urine sugar, and ECG" for "early detection, management, and referral of diabetes mellitus, hypertension, and other cardiovascular diseases and stroke"[2]. Checking weight and BMI for early obesity care can easily be added to this.

SECONDARY CARE

The scope of CHCs clearly includes management of NCDs, along with other services. It is heartening to note the emphasis on "positive, client-friendly ambience and environment", which resonates with the concept of person-centered care. Apart from the services of a specialist in general medicine, dietary services provided by "qualified and adequately trained staff" are also available at CHCs. A clinical psychologist, physiotherapist, and counselor are also posted, along with the dietitian. These professionals can contribute to obesity care at the CHC level[3].

Obesity can be managed as part of the daily general medicine and/or family medicine clinic, with support from physical medicine and rehabilitation, counseling, nutrition, health, and wellness services. However, a separate NCD clinic is essential at the CHC level, and it may be appropriate to refer all obese, or at least morbidly obese persons to this facility. Telemedicine facilities are available at CHCs, and these can be used for follow-up of persons living with obesity[3].

Obesity should also be discussed in adolescent-friendly clinics and in school health programs. It is mandatory for CHCs to carry out all activities related to the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)[3]. Obesity can be added to this program, with minimal effort, to maximize the clinical and public health outcome of this endeavor.

TERTIARY CARE

District hospital services have three pillars: clinical care, knowledge hub for capacity development, and public health[4]. All three are important for obesity prevention and management.

Counseling, nutrition, and health and wellness services, which are part of all district hospitals, can focus on weight management. Obesity medicine should be included in the regular training and orientation programs that are conducted for doctors, nurses, and allied health care professionals. This will ensure appropriate focus on prevention of obesity, as a part of all health outreach programs.

COMMUNITY PARTICIPATION

Addition of obesity to the existing IPHS will help improve awareness about the disease at the community level, and sensitize health care providers to the importance of weight management. It will also serve as a touchpoint for community health care system contact or

communication. Most communities should be happy to engage in a discussion on self-care and self-improvement with regards to weight management.

Community participation and outreach services are an important part of health care. A focus on obesity helps involve the community in a meaningful manner, and enhances pickup of associated diseases like diabetes, hypertension, dyslipidemia, cardiovascular disease, and metabolic dysfunction-associated steatotic hepatic disease.

The Citizens' Charter clearly lists a fixed day for NCD clinic at SHC, PHC, and CHC levels[1-3]. This may be expanded to explain the various diseases including obesity, which come under its ambit. Urban local bodies such as Resident Welfare Associations can be involved to spread awareness about obesity.

Feedback from patients is an essential part of people-oriented services. The portals Mera Aspataal (My Hospital) and MusQan allow patients to share their comments and concerns with the administration, thus fostering continuous improvement in care[1]. Rogi Kalyan Samitis also ensure accountability, and should be sensitized to the need for obesity care[3].

INTERSECTORAL COLLABORATION

Intersectoral convergence is recommended at every level. This includes liaison with the Education Department for School Health and Wellness Ambassador Initiatives; the Ministry of Youth & Sports for Fit India and other fitness protocols; FSSAI for Eat Right tool kit and diet counseling, and AYUSH for yoga and wellness sessions.

THE WAY FORWARD

The Government of India has recognized the need to tackle obesity. Our leadership has taken a proactive approach, including diet, exercise, and yoga to address the epidemic of obesity[5,6]. Including obesity as a target disease in the IPHS will help us achieve a healthier future.

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