

# American Academy of Pediatrics



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*Council on Community Pediatrics*  
*Rural Health Special Interest Group*  
*July 2007*

## **Pediatric Obesity Prevention and Treatment in Rural Primary Care**

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I am an academic general pediatrician at the University of California Davis, School of Medicine Pediatric Weight Management Clinic. I provide one-on-one weight management consults delivered by telemedicine to obese pediatric patients living in rural California. Almost immediately after I began offering this service, I was overwhelmed by the demand for appointments and realized my inability to meet this demand. I began wondering how I could use our existing telecommunications capabilities more efficiently and effectively to assist rural providers and their patients with respect to pediatric obesity prevention and management. Given that my providing these one-on-one consults currently amounts to the proverbial drop in the ocean, I would like to extend the scope of services and the delivery model beyond just individual patient consultations and apply the broader concept of telehealth (Internet communication, videoconferencing, distance education and clinical telemedicine) to pediatric obesity prevention and treatment.

I am also continually humbled by how little I know about environments of rural children and adolescents that may be contributing to their obesity, as well as practice circumstances surrounding rural providers who initiate these referrals. I hope to tap into your experience and expertise in helping me identify and understand challenges and strategies that affect obesity prevention and treatment in rural children and adolescents, as well as explore the potential of telehealth as a tool for providing healthcare provider and patient support with respect to obesity prevention and treatment.

I have received permission from the University of California Davis Institutional Review Board to qualitatively analyze and disseminate the results of this list serve discussion, after removing any individual identifying information of participants. In order to compare demographic characteristics of participants of this list serve discussion with those of the general population of rural pediatric health care providers (this is important to understand how generalizable your input may be to other rural pediatric providers), I will contact you directly by email at a later date to ask for your year of birth, gender and number of years in rural practice. Providing me with this demographic information is completely voluntary and confidential.

I sincerely thank you for your participation in this list serve discussion. Four questions which may be helpful in guiding this discussion are included below. Your feedback will be extremely helpful in designing the most appropriate interventions to increase support and overcome challenges with respect to pediatric obesity prevention and treatment in rural settings.

- 1) Please consider your current practice with respect to pediatric obesity prevention and treatment.

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- a. What are the factors in your practice that facilitate/enhance your effectiveness with respect to pediatric obesity prevention and treatment?
  - b. What are the barriers and challenges in your practice that prevent clinicians from delivering effective care with respect to pediatric obesity prevention and treatment?
- 2) What resources do you believe would increase the effectiveness of pediatric obesity prevention and treatment:
- a. With respect to your practice.
  - b. With respect to rural practice in general.
- 3) Please comment on what you believe to be education and training needs with respect to pediatric obesity prevention and treatment:
- a. That you need for successful practice in rural health.
  - b. That other rural clinicians need for successful practice in rural health.
- 4) What do you consider to be the promises and perils of using telehealth (Internet communication, videoconferencing, distance education and clinical telemedicine) in obesity prevention and treatment?
- a. If you use telehealth, please describe an experience that illustrates your comments.
  - b. If you do not use telehealth, please describe why not.