Dr. Hassink Hi. This is Sandy Hassink and I'm the medical director for the Institute for Healthy Childhood Weight at the American Academy of Pediatrics. In today's conversation I was able to talk with Dr. Stanley Sack, a pediatrician and medical writer in Key West, Florida, who over the past several years has been thinking about how pediatricians in rural areas can support obesity prevention and treatment.

Dr. Sack shares his passion for obesity prevention and care as well as some of the success and frustrations of working in a rural setting.

Stay tuned to hear our conversation.

Dr. Hassink So welcome to our podcast today and I'm very excited that -- today to be speaking with a good friend of mine, Dr. Stanley Sack who is a rural health physician in Key West, Florida. And Stan and I met when he was developing an article for Rural Health Magazine around the challenges and opportunities in treating childhood obesity in a rural health setting.

So welcome, Stan, to the podcast.

Dr. Sack Thanks very much. Thank you for having me.

Dr. Hassink So I wanted to just -- if you could let our audience know a little bit about two things: How you got interested in rural health, or how you ended up practicing rural health, and how you got interested in childhood obesity.

Dr. Sack Okay. Very good. The rural health -- I became really an accidental rural health physician in many ways. I had been in Massachusetts and had been planning to move to Florida, had been licensed in Florida, had some changes in my family situation, and an opportunity to practice in Key West came up. I had been to Key West 14 times and I said, I'll do it. And what I think becomes surprising about Key West, most people know of it, many people have been there, and of course it is a big tourist town, but it really is very much like a small town. And it's part of a 9-1 chain with about 70,000 people over 120 mile stretch. We have no department store at this time. We do have supermarkets, but there's a lot of things that we have to buy online. And needless to say, our healthcare is mostly primary care, particularly for children where you don't have a lot of specialists.

In terms of obesity, actually it's -- what's sort of interesting is I think back to when I started out in practice and I just realized while thinking about this, today is July 11th and July 11th, 1988, is my -- was my first day in practice. And --

Dr. Hassink Congratulations!

Dr. Sack Thank you! Thank you!

On that very first day, I remember -- I was mostly orienting -- but I remember seeing one patient which was a newborn with a teen mom and a grandmother. And this family was already trying to give this baby solid food and people food. So although what wasn't necessarily an introduction to childhood obesity, it was sort of an introduction to some feeding practices that might need a little bit of work. I don't know if there's anymore now, but you don't get a lot of that in residency.

Dr. Hassink That's -- that is -- that was correct for me too, Stan.

Dr. Sack Exactly.

Dr. Hassink I believe there's more now.

Dr. Sack Yes.

And then, the only other thing I wanted to say is that my first full summer, which was the following summer, I was busy by then and was seeing a lot of physicals, a lot of newer patients, and I just remember that everyone came in with these elevated BMIs. And I'm thinking, what is this, and again, we're not really trained a lot, or at least certainly not -- we weren't then -- in what to do about this.

I remember sending one of my families over to Dr.  (Indiscernible 0:04:17) and it was probably an upper/ middle class family, I would say, and it was another issue with different family members, grandmothers doing one thing and parents wanting to do another thing. And I guess I really sort of felt that I was helpless in terms of being able to treat these kids. And I think a lot of us go into pediatrics and we expect to be able to, in the great majority of cases, cure people of things. We do a lot of infectious disease, a lot of controllable (Indiscernible 0:04:52) and I guess I was -- have always been looking for solutions for this issue.

Dr. Hassink Well, see and I -- that mirrors a lot of my own experience. I remember when I first started at a children's hospital I was seeing a lot of adolescents and pediatricians in the community were referring me adolescents with obesity and remember very clearly standing outside an exam room thinking, I'm -- this was in the 1980s -- I'm not sure what to do, but I do know that the patient is having difficulties, they were being teased, they ‑- they wanted to improve, the pediatricians didn't know what to do. And it's -- it's been this process of trying to find answers, trying to find solutions, trying to find help for the patients that's really driven me as well in this field.

I wanted to ask you, you know, we've been thinking, and you wrote an article about rural health, can you just talk a little bit about both the challenges of being in a rural health setting and trying to help patients and families with obesity. And maybe some of the opportunities that we don't always think about about being in a rural health setting at -- with these patients with obesity.

Dr. Sack Sure. Sure. One of the issues, and of course we are coming upon some even tougher times with this, is that the cost of living is very high here and food insecurity, I think at times, is leading to poor choices.

We also have people coming from all over and I don't think this is necessarily unique to a rural area except that we're a little bit more insular, but cultural barriers regarding how much kids are supposed to eat or what they're supposed to eat. We have a lot of women that start supplementing at breast feed number one because there is a perception that the breastmilk is not filling the baby up, for example. And some -- those are some things that you get everywhere, but I think when you're in a small community I think it is easier for myths to be propagated.

Dr. Hassink Interesting. So I'm finding, you know, when you encounter one of these situations where maybe a number of families are coming in with the same kind of orientation --

Dr. Sack Sure.

Dr. Hassink -- to feeding or early introduction of complimentary foods, what -- how have you addressed that?

Dr. Sack What I try and do is -- and this is where I think we as pediatricians have been a little bit more proactive, but I just really, really try and talk about this stuff early. I try and emphasize prevention. If I have someone come in for a prenatal visits, "Let's talk about that first breastfeed. Don't get discouraged. It will come." I know that we are training our nursery to be more proactive with breastfeeding as well, but I think they always really, sort of, have been. So I think they need to hear that early.

Dr. Hassink Yeah. And I think maybe identifying some of the things that you're hearing from patients and then circling back and trying to get ahead of it is a good strategy.

Dr. Sack: Yes. And we also have issues with not being able to rely on a lot of other people. Sometimes it's hard enough in urban areas, but if I wanted to have a kid with an elevated BMI, go to a nutritionists or go to a clinic. The closest GI clinic is three hours away. If we do have a nutritionist in Key West that will see patients, but we don't have a lot of people that can work on the comorbidities. I mean, if we have a kid that is at risk for Type II Diabetes or has a SCFE, slip capital femoral epiphysis, they all pretty much have to go out of town. I didn't have a lot of kids with that in the practice. I did send a couple of kids with hepatic steatosis to Miami and they were able to do quite a bit, but you hate to really have it come to that.

Actually, I wanted to talk a little bit about some of the -- of the -- turning around some of the challenges and making them an advantage. For example, we -- one good thing about being rural is that it's a fairly safe area. So kids that can get -- can get outside to play. We basically are on an island and we -- you're -- cars can't really get much about 20 to 25 miles per hour. So that's very helpful for -- and it's really sort of a city of neighborhoods so kids can have their own neighborhood to walk through and walk around. We have a year around climate, we have a lot of opportunity for sports, particularly things on the water. The issue with teams sports, of course, for the school, is it's one hour to the next high school, it's two hours to the high school after that, but -- in thinking about this a little bit, I actually looked up the Key West high school baseball team schedule and I found that there's a way they get around that and that's to have about 90 to 95 percent of their games be home games. And I looked for comparison at the high school that I went to which is in the suburb of a major city and it was cold there, and there were actually more baseball games for the Key Wests team than there were for the team and the school I grew up in. So people want to come to Key West, so you take what you have and you turn it into an advantage.

Again, I think you have an advantage in everybody knowing everybody. You know your patients, your patients tend to know each other, and you kind of know what's going on with the annual events. And so you can speak to that a little bit.

I used to have a newspaper column down here and it was on pediatrics and occasionally I did talk about nutrition and food. And what you do is you try and keep it local, which engages people, and basically, if you find something where you can establish report I think they're more likely to believe you. And really I think that helps the counseling a little bit.

Dr. Hassink So I'm really hearing you say that being in a smaller community, maybe a somewhat more isolated community, you're really looking at your community to provide some supports. You may not have the specialists at hand, but you do have community whether it's access to physical activity or local events or even community awareness of -- and relationship with you that can be leveraged into some supports for your patients.

Dr. Sack Yep.

Dr. Hassink And that sense of community -- you know, I remember quite clearly the impact of that, and I think I might have shared this story with you. I was going to my local supermarket and my teenage daughter was having a party, and you can all only imagine what might have been in my cart at that time for a teenage party. Let's suffice it to say it wasn't food that was on the highly recommended list for health nutrition. And I go through the checkout line and low and behold one of my patients is the cashier in the checkout line. And let me tell you, the first words out of her mouth were, "Dr. Hassink, what are you doing?" And so, you know, familiarity works both ways I must say.

So I think this knowledge of being seen in your community, being known in your community.

I like the idea that you had a newspaper column. How did you get involved with doing that?

Dr. Sack Well, again, the -- being in a small town really helped. I had started to explore a little writing career in my old age, and one of the things you do when you're starting out is you just kind of start to network and market. And I sent Key's weekly a cold email saying I'd like to write for you, and fortunately, the editor had been working with my parents, unbeknownst to me.

Dr. Hassink Talking about a small community, right?

Dr. Sack Yeah, exactly. So everybody -- everybody really knew me. It actually was a fairly popular column and I sometimes would get letters from Texas and elsewhere in Florida. And what I tried to do because Key West can be kind of funny at times if anybody's ever been here. I kept the column rather light and funny, but I tried to be educational at the same time. So I think with any -- with any practice you have, you -- you -- I mean, you always want to be yourself. You don't want to not be yourself, however, within that confine, you want to try and have a style that will click and work with people. And that's something that I have always tried to do with my writing and -- and it really did work pretty well, so --

I would love -- my goal would be to explore writing to a bigger lay audience, and that's something maybe you and I can talk to, regarding some of our -- our solutions based information combating the issue.

Dr. Hassink Right. And I think being a small community does work both ways. You can reach your patients but maybe the barriers to getting involved at the community level are not so high. I have friends who have been on school boards, and school boards certainly have a big impact on health lifestyle in the school. People who've got involved in their local food banks so I know we all live very busy lives as pediatricians, but I do think there's some fun if you have the bandwidth to get involved in your community. And sometimes the smaller communities provide those opportunities to -- to reach out of the office and get involved.

Dr. Sack: Yep. I think a lot of it is really just identifying who's interested at all levels. I mean if you have an office who is interested in your office about this. I mean, we're obviously interested, we're talking about it, but I worked in one office once where we had a nurse that had had some weight management experience in a different setting. So she helped me with my patience and it worked out really well. We actually had a couple of good results. So --

Dr. Hassink Yeah. And -- and I think that is a very interesting point because we often think we can get beleaguered with our lists of so many of the things we need to do and want to do for our patients, but stepping back and saying, who has some motivation and interest in doing the thing I want to do already. Is it my nurse? Is it a parent that could help? Is it somebody I know in the community that -- that has access to programs for the patients? Where are the -- where are the people that might have motivation and interest that I can kind of get to know and really get to help with this effort? Because it's not easy to -- to really structure a program that -- that is going to be beneficial to the kids and get your office rolling. But there are a lot of motivated people who just, I think, would like to be asked.

I remember in our clinic we had a parent advisory group and we -- we got them together, basically to -- basically, we wanted to know how are we doing and we offered them dinner, they met and -- and the first thing out of their mouths are, you're doing okay, but can you help us get involved in the schools? Can we bring our neighbors to this meeting? What about grandparents? They were so full of motivation and desire to connect and change that they went well beyond what we had initially even imagined. So I think you bring up a good point about finding that spark in other people and seeing if -- if that provides sort of that community of help for you and the -- and your patients as you're moving forward,

Dr. Sack Sure. And then the other -- my other thought on that is in Florida we have an active statewide birth to three coalition and every county has its own chapter. And if you have other organizations, of course, there's a lot to do with -- with kids and a lot of issues, but if this issue is your thing, try and bring it up and see -- get involved with the group. I'm on the board of our local healthy start coalition and I do try and A) use them on an individual basis saying, well I think that this family could use a lot of education and they do have people that will come into the home. And the other thing is just -- really just kind of keeping on everybody's radar that we're working on childhood weight issues. So --

Dr. Hassink Yeah. I think the other point is those -- the American Academy of Pediatrics chapters often are looking for, and often have obesity champions in the chapter and are often interested in identifying people throughout the state who have that similar interest

I will put a plug in here also for the obesity section of the Academy that has widespread membership across the country and a specific group within that section are called the coaches network, which are people in each state and region that have specific interest in obesity and get involved in teaching and other projects. So I think reaching out to other organizations within your community is a way to, again, leverage opportunities for our patients.

I also wanted to just briefly mention food insecurity because we know that there is a real overlap between the patients who have food insecurity and the patients who have obesity and that cost is such a major driver of food choices. Just a question, do you have food banks in Key West or food pantries?

Dr. Sack Yes we do -- we do and there are also programs for people with chronic illness as well. But in terms of kids, yes.

Dr. Hassink Yeah. So the access to -- so that you might recommend your local food pantry to a patient that you've identified with food insecurity?

Dr. Sack Exactly! Exactly, yeah.

And also I think it's important to -- pediatricians can only be food economists up to a point. But there are ways that eating health by eating in season and some things are just more cost effective than others. I know I buy a bunch of grapes and it takes me 13 sittings to get through them, for example

Dr. Hassink Yeah.

Dr. Sack Now obviously one can't live on grapes alone, but it is --

Dr. Hassink Yeah.

Dr. Sack -- it does take some practice and I almost feel like in my dreamworld we would be able to maybe have somebody doing that type of food economist work for the public with more availability.

Dr. Hassink You know you bring up a really interesting point because for many years I tried to have my dieticians help me come up with even a grocery list that would be affordable for the patients. The closest we've come is to look at child and adult food plan menus that come out of say, WIC or SNAP to offer patients because a lot of those foods tend to be more affordable. So I think your point is well taken. Trying not just to direct families to food programs and food pantries, which is important, but also give them ideas of how you could have a meal using foods that are affordable.

Dr. Sack Exactly. We even have some things that are local. People fish here a lot, we are in mango season, we have mangos -- our supplant, looks like zucchini up north, you have people bringing them in in big bags into offices for everybody to take. And star fruit and bananas -- some people -- we even have bananas here. So it's -- and there are food festivals here and a lot of the food festivals have healthy choices. So this is stuff that people can see and talk about.

Dr. Hassink So wonderful!

Stanley, is there anything that you -- you particularly have been struck with? I know you've spoken to a number of rural health doctors. Are there any pieces of advice or things you’ve been particularly struck with in those conversations as we're coming to the end of this podcase that you'd like to share?

Dr. Sack Well, I think that the most important thing that I try and do on -- on a one-on-one basis is if I have a kid that may have a little bit of a weight issue, find out a couple of things. Talk to the family and say, first of all, is -- is this an issue? We all have toddlers that come in and their BMIs are on the 85th percentile and -- and all we hear is that they're not eating. So we need to know where the family is coming from. And we also need to know what is going on and what they're doing and this is what comes back to knowing your community. For example, in Key West, a lot of people do work in the tourist industry so they may not be home for dinner, they may be working in restaurants, some of my families owned restaurants. On the other hand, they may be able to get their kid a good breakfast, they may be able to take more care in packing a lunch because they're not running off to the office with one hour commute for 8:30 or 9a.m.

So knowing your community and asking, I think, are important.

Dr. Hassink Good points. So Stan, I'd like to thank you very much for joining me today on this podcast and thinking a little bit about opportunities and ways we can leverage our assets in rural health and in all of our practices. So thank you very much, Stan.

Dr. Sack Thank you.

Dr. Hassink Thank you for listening to my conversation today with Dr. Sack. One takeaway from me is to take a look at your community and not focus strictly on what's missing, but also on the strengths you have. And think about ways to build on those unique strengths to impact patient care. We're looking forward to having more conversations that tackle the complexity of providing obesity care in rural settings.

I also want to mention a couple of resources that might be helpful. Dr. Sack's article in the Rural Health Quarterly, Treating Obesity in Rural Children: Are there any solutions, and Minimizing Telehealth Technology Barriers in Rural and Underserved Communities, which is an AAP doc or article.

Thank you for listening today and I look forward to our next podcase.

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