

A Virtual Childhood Obesity Collaborative: Satisfaction With Online Continuing Education

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ABSTRACT

Introduction: This descriptive study evaluated school-based health center (SBHC) providers' satisfaction with Web-based continuing education as part of a virtual childhood obesity intervention.

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Method: Thirty-six participants from 24 SBHCs in six states participated in the training modules. Modules were divided into four learning sessions, with a total of 17 training modules. Participants completed satisfaction surveys after each module, as well as an overall survey at the end of the training. Questions were rated on a 4-point Likert scale (4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly disagree).

Results: Participation in the first two learning sessions was higher than the last two. Provider satisfaction of training modules by question type and content area was quite high ($\mu = 3.66-3.33$). Overall satisfaction means ranged from 3.76 to 3.24. Many providers also reported plans to make changes in their practice after completing the training.

Discussion: This study demonstrated that a virtual childhood obesity collaborative is an acceptable delivery method for continuing education. *J Pediatr Health Care.* (2015) 29, 413-423.

KEY WORDS

Virtual learning collaborative, Web-based continuing education, childhood obesity, quality improvement, school-based health centers

In the United States, it is estimated that 34.2% of children 6 to 11 years of age are overweight or obese (body mass index [BMI] \geq 85th percentile) and 17.7% are obese (BMI \geq 95th percentile; Ogden, Carroll, Kit, & Flegal, 2014). Childhood obesity is associated with being overweight or obese as an adult (Singh, Mulder, Twisk, van Mechelen, & Chinapaw, 2008a) and having increased risk for psychological disorders, hyperlipidemia, diabetes, and other long-term health consequences (Biro & Wien, 2010; Reilly & Kelly, 2011;

Strauss & Pollack, 2003). Significant race/ethnicity health disparities exist in the prevalence of childhood obesity and related chronic conditions, with 38.1% of non-Hispanic Black and 46.2% of Hispanic children classified as overweight or obese compared with 29.4% of non-Hispanic White children aged 6 to 11 years (Ogden et al., 2014). Socioeconomic status is also associated with obesity-related health disparities (Ogden, Lamb, Carroll, & Flegal, 2010; Singh, Kogan, Van Dyck, & Siahpush, 2008b; Singh, Siahpush, & Kogan, 2010; Wang & Zhang, 2006).

School-based health centers (SBHCs) have been established to provide care to poor, vulnerable children, including those of ethnic minority groups. SBHCs—that is, clinics housed in or linked to a school—provide integrated care with comprehensive medical, mental health, social services, and sometimes dental health services on the school campus, making this an ideal setting for reaching persons most affected by obesity-related health disparities (Keeton, Soleimanpour, & Brindis, 2012). According to the most recent survey by the School-Based Health Alliance, there are 1,930 SBHCs in the United States (Lofink et al., 2013). SBHCs have been shown to positively influence a variety of physical and mental health outcomes for children and adolescents including immunizations, oral health, asthma, reproductive health, health promotion, and illness prevention through increased access to care (Keeton et al., 2012).

Recognizing obesity as a national concern and the need for practical guidance for providers, professional organizations have convened experts to review the evidence and develop guidelines aimed at the prevention, assessment, and treatment of overweight in children and adolescents (Barlow, 2007; National Association of Pediatric Nurse Practitioners [NAPNAP], 2006; National Heart, Lung, and Blood Institute, 2005). Experts recognized that the traditional prescriptive, acute care approach was not working to treat this epidemic. Therefore, a family-centered focus, including motivational interviewing (MI) and use of the Chronic Care Model (CCM), is encouraged to promote healthy weight in children (Barlow, 2007; NAPNAP, 2006). Despite expert guidelines suggesting use of BMI percentile to assess for overweight/obesity, fewer than 50% of providers reported using BMI percentile for diagnosing overweight or obesity in their patients (Small, Anderson, Sidora-Arcoleo, & Gance-Cleveland, 2009). Dissemination of guidelines typically has not changed provider behavior, and it has been shown that knowledge of guidelines is not associated with adherence (Cook, Weitzman, Auinger, & Barlow, 2005; Dorsey, Wells, Krumholz, & Concato, 2005; Mabry et al., 2005; Mazur et al., 2013; Rausch, Perito, & Hametz, 2011; Sharifi et al., 2013).

Web-based training is gaining in popularity for delivering continuing education to health care providers. A

synthesis of 11 systematic reviews and meta-analyses found health care providers to be satisfied with computer-mediated learning, including Web-based training (Militello, Gance-Cleveland, Aldrich, & Kamal, 2014). Benefits of Web-based training include flexibility, individualized learning, accommodation of different learning styles, and consistent educational delivery with reduced instructional burden, while challenges are often related to technology access or proficiency (Militello et al., 2014). Interactive Web-based learning appears to be the most effective, using case-based scenarios, links to practice tools, and multi-component interventions over time (Militello et al., 2014). Additionally, a systematic review of interventions to improve primary care screening found that successful interventions emphasized collaborative learning, office-systems changes, and tracking progression over time, but few of the studies focused on follow-up (Van Cleave et al., 2012).

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CONCEPTUAL FRAMEWORK: HEALTH DISPARITIES COLLABORATIVE AND CCM

The framework that guides this study is the Health Disparities Collaborative, which incorporates the CCM (Figure 1). This approach to care is an innovative, data-driven, public health partnership that has improved care for chronic diseases through improved health care delivery systems emphasizing the use of computer information systems and implementation of evidence-based practice (Martin, Larsen, Shea, Hutchins, & Alfaro-Correa, 2007). The CCM is a synthesis of evidence-based system changes to guide quality improvement (QI) and disease management activities (Wagner, 1998).

The goal of the collaborative was rapid QI through the Institute for Healthcare Improvement's Breakthrough Series methodology, the CCM, and learning sessions (Chin et al., 2004). The Breakthrough Series process promotes QI through collaborative learning strategies with quarterly learning sessions, dialogue, process reports, and feedback. Monthly conference calls provide case coaching, progress reports, descriptions of rapid Plan-Do-Study-Act (PDSA) cycles, and reports of adherence to guidelines. At the learning sessions, team members learn QI techniques and share lessons learned.

The CCM is a synthesis of evidence-based system changes that might be used to guide QI and disease management activities (Wagner, 1998). The American Medical Association obesity recommendations suggest

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