Combating Childhood Obesity with Provider Education: A Quantitative Study

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Background: The increased incidence and prevalence of childhood obesity coupled with significant morbidity and financial burden, suggest the need for educating primary care providers with current clinical practice guidelines. According to recent studies it is possible that this generation of children will be the first in history to have a shorter lifespan than previous generations.

Childhood obesity affects

12.7 million children.

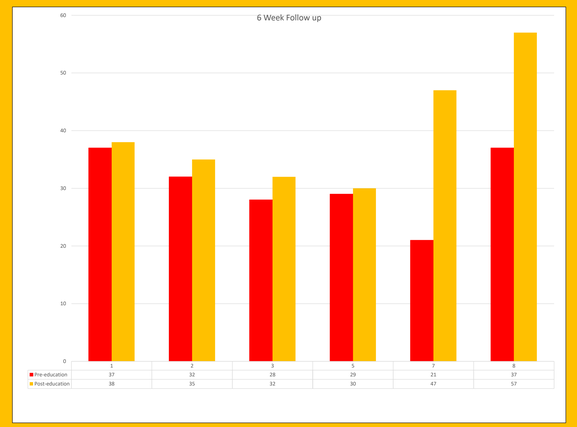
Purpose: This two part study evaluated the results of educating primary care providers on childhood obesity guidelines.

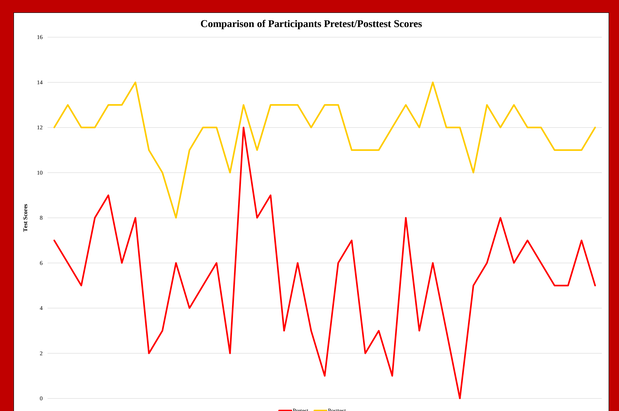
Current practice revealed low use and documentation of BMI, even though studies have established that the use of an accurate diagnosis of obesity is one of the highest indicators of treatment. Studies have also established that providers who participate in obesity related CE, were found to be more familiar with current recommendations and have better adherence to the guidelines.

t-Test: Paired Two Sample for Means		
	Variable 1	*Variable 2*
Mean	5.317073171	11.9268293
Variance	6.42195122	1.4195122
Observations	41	41
Pearson Correlation	0.2894005	
Hypothesized Mean Dif	0	
df	40	
t Stat	-17.1446891	
P(T<=t) one-tail	2.46204E-20	
t Critical one-tail	1.683851013	
P(T<=t) two-tail	4.92409E-20	
t Critical two-tail	2.02107539	
p value=.00001		
significant result with p < .05		

Methods: The target population was recruited from the 4State APN (advanced nurse practitioner) conference in March 2016. A pretest was given to participants followed by a power point presentation and concluded with a posttest. Once the surveys were complete a question and answer period followed. A paired t test was conducted on the pretest and posttest results. A six week follow up study was performed utilizing comparative analysis post education. The follow up surveys were sent out via email.

Limitations: **A convenience sample was used of local providers in the area that are members of a nurse practitioner organization. Most participants were female (n=38), therefore male participants were not evenly represented in this study. A limitation of the survey itself is due to the development of the questions by the researcher and not having a standardized survey. All efforts were made to ensure content validity of the survey, however it limited the ability to compare the response results with other survey data.**



Results: Part one of the study concluded with statistical significance ($p < 0.05$) that the education provided increased knowledge of the providers with current practice guidelines on childhood obesity. All respondents (n=41) had an increase in posttest scores after the education was provided. Part two of the study indicated an increase in usage of the 5210 guideline components with patient education and an increase in co-morbidity assessment. Providers that participate in obesity related CE, were found to be more familiar with the recommendations and have better adherence to current guidelines.

	Mean	Standard Deviation	Standard Error Mean
Pretest scores	6	2.534	0.3957
Posttest scores	12	0.367	0.1860
Increase in posttest scores	7	0.779	0.3855