

# Training for coordinating professionals as part of Dutch integrated care for childhood overweight and obesity – a mixed-methods evaluation

Koetsier, L.W.<sup>(1)</sup>, Boutalab, L.<sup>(1)</sup>, Seidell, J.C.<sup>(1)</sup>, Baan, C.A.<sup>(2)</sup>, Halberstadt, J.<sup>(1)</sup>

(1)Department of Health Sciences, Faculty of Science, Vrije Universiteit Amsterdam, Amsterdam Public Health Research Institute, Amsterdam, The Netherlands

(2)Tilburg University, Tranzo, Tilburg School of Social and Behavioural Sciences, Tilburg, The Netherlands

## INTRODUCTION

Healthcare professionals play an important role in childhood overweight and obesity care, yet they often feel ill-equipped to manage this complex and sensitive health problem. As part of Dutch integrated care for childhood overweight and obesity, a training for coordinating professionals (CPs) was designed and carried out. This study evaluates the training based on the four levels of Kirkpatrick's model of training evaluation: (1) reaction, (2) learning, (3) behaviour, and (4) results.

## RESULTS

### LEVEL 1

On level 1, participants were satisfied with the training as it stimulated their professional and personal development. Barriers, improvements and needs from the training varied between participants based on their background.

### LEVEL 2

On level 2, CPs improved perceived knowledge about integrated care and its practice, skills for providing overweight and obesity care, coaching attitudes, and trust and commitment towards local integrated care.

### LEVEL 3

On level 3, the extent to which the learnings were practised depended on the experience and local context of the CP.

### LEVEL 4

Last, on level 4 CPs mentioned noticing post-training practical results for themselves, the child and the family, integrated care partners, and the participants' organisation

## METHODS

Eleven CPs who completed the training participated in this mixed-methods study. First, CPs completed questionnaires on the four levels of Kirkpatrick directly after finishing the training. The questionnaires were analysed with Qualtrics. Next, semi-structured interviews on levels 1, 3 and 4 were held with CPs a couple of months after the training. The transcripts were analysed in MAXQDA using thematic analysis.

'Prejudices, I have paid a lot of attention to that, you never really lose them. Because when I see one of those heavily overweight children walking down the street, you immediately become judgemental, you can't escape it. And so you won't feel guilty about it but just knowing that it's there, and then put it aside, you try to clear it out of your mind ...' (CP 7)

'The CPs obviously have to bring it into practice, but how things are organised at the municipality is in fact important.' (CP 11)

'I had come to terms with the fact that had to learn, practise and experiment with things to find out what does or doesn't work.' (CP 2)

'I think that this approach can be used much more broadly, not only for children with overweight.' (CP 1)

'Parents have the idea that they're doing it all themselves. And that is the nice thing about it, because it gives them confidence that it will all work out.' (CP 5)

## CONCLUSION

The training contributed to improve perceived knowledge, skills and attitudes of CPs. This study recommends sufficient implementation of local integrated care, to optimally practise what was learned during the training. More on-time evaluations of the training and taking the perspective of the organisation into account is needed. This would improve the training and give CPs confidence to adequately provide support and care to children with overweight and obesity and their families.