

An Interactive Online Bone Health Program

Dissemination of a Theory-Based Bone Health Program in Online Communities

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Background: Bone Health

- ~10 million Americans age 50 and older have osteoporosis (8 million women).
- Multiple effective measures to improve and maintain bone density and prevent fractures have been identified.
- Only 3–23% of adults at high risk for osteoporosis have received a BMD test, and 11–44 % take calcium and vitamin D supplements.
- More research is needed to identify effective dissemination strategies in the field of bone health.
- The Internet, an excellent dissemination medium, can be an effective tool in this endeavor.

Background: Dissemination & Implementation (D&I)

"Dissemination" in our study emphasizes a mechanism that will package and deliver resources to target populations and encourage them to make positive changes in specific health behaviors.

➔ How to package and deliver the online intervention at the individual level?

Theory-Based Approach

How to assess the outcomes of the dissemination study?

REAIM Framework

Background:

Dissemination & Implementation (D&I)

- The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance)
 - Conceptualizes the impact of an intervention beyond an assessment of its effectiveness/efficacy.
 - Assess additional benefits of online interventions targeting large numbers of individuals.

(http://cancercontrol.cancer.gov/is/reaim/index.html)

RE-AIM: D&I Framework in Online Trials

Dimensi on	Research Plan	Modified RE-AIM for Online Study
Reach	• How and whom to reach?	The number of individuals reached will be more meaningful than the proportions.
Effective ness	 What outcomes? 	Effectiveness of an intervention
Adoption	• N/A	Not applicable in this study because the recruitment sites were selected based on convenience.
Impleme ntation	 Individual level: SCT approach Fidelity plans 	Individual's usage of the intervention and perceived usability (uniform interventions are provided to both settings).
Maintena nce	• 8-wk vs. 12-mo Intervention	Long-term effects of an intervention on individuals

Study Aim

- To examine the impact of two social cognitive theory based online bone health programs on the RE-AIM dimensions among older adults (> 50 yrs) recruited from two large online communities
 - (1) An 8-week Bone Power program
 - (2) A 12-month Bone Power Plus program:

The Bone Power program followed by bi-weekly theorybased eNewsletters for 10 months

Design

- A three-arm RCT with five observations (baseline, 8 weeks, 6, 12, and 18 months)
- Data collection: Online surveys
- Interventions:
 - (1) 8-week Bone Power program
 - (2) 12-month Plus program:
 8-week Bone Power program followed by bi- weekly eNewsletters for 10 months
 - (3) Control group: No intervention

Interventions

Theory-Based Online Bone Power Program

Platform

- Online learning management program as the overarching infrastructure (Blackboard)
- Web pages

Program Components:

- Learning modules/Self assessment quizzes
- Discussion boards
- Ask-the-Experts
- Video lectures
- Virtual libraries
- Toolkit
- Theory-based eHealth newsletters

Theory-Driven Online Health Programs

- Social Cognitive Theory: Guiding framework for the development and implementation of the study
 - Goal setting
 - Motivation
 - Outcomes expectation (OE)
 - Self-efficacy (SE)
 - * Mastery experience
 - * Vicarious experiences
 - * Verbal persuasion
 - * Physiological and emotional states

Application of SCT in the Trial

- Development of the Bone Power program based on SCT.
- Use of a small group approach (~20 per group)
- Deployment of a learning module(s) with an accompanying discussion forum each week
- Moderated discussion boards based on SCT

Bone Power	
Login Here	
Change Text Size High Contrast Setting Username: Password: Login	

The username and password are the same.

Welcome to the Bone Health Study ("Bone Power") website. This program was developed by a group of multidisciplinary healthcare professionals and researchers from the University of Maryland Schools of Nursing and Medicine and from the Johns Hopkins School of Medicine. This study is supported by the National Institutes of Health.

If you have any questions or comments, please call us toll-free at 1-866-902-6563 or send an email to bonepower@son.umaryland.edu.

Bone Power Home_a Learning	Modules	
■ □ ¢ * Bone Power * Home_a		Learning Modules
Home Page / Welcome Instructions / Help Learning Schedule	J	Instructions Please check off the "Mark reviewed" button when you complete reviewing the module. Thank you.
Learning Modules	۲	Module 1: Osteoporosis Overview
Ask the Experts Virtual Library Video Lecture Library	۲	Module 2: Importance of Bone Health
Toolkit Glossary	۲	Module 3a: Calcium ≪ Reviewed
Credits/Disclaimer/Privacy Contact Us	۲	Module3b: Vitamin D ≪ Reviewed
		Module 4: Falls





Calcium Physiology

Calcium is absorbed in the small intestine both passively and actively. The active mechanism needs vitamin D in order to work. Although vitamin D is necessary for the absorption of calcium, it does not need to be taken at the same time as a calcium supplement. Chewable and liquid calcium supplements dissolve



well because they break down before entering the stomach.

Calcium, whether from diet or supplements, is best absorbed when taken in amounts of 500-600mg or less. Your body does not absorb more than about 600mg at a time. If you are taking 1200mg a day of calcium you must split the dose in order for the calcium to be most effective.



Try to get your calcium-rich foods and/or supplements in smaller amounts throughout the day, preferably with a meal. Many calcium supplements should be taken with food. One example is the supplement, calcium carbonate. Eating food produces stomach acid that helps your body to absorb

calcium. Supplements of calcium citraté can be taken at any

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Medicine Safety

Toolkit



Issue#4

Introduction

Welcome to the 4th issue of our Bone Power Newsletter. We hope that you are doing well with your health goals. Staying on your exercise and diet plans may not be easy, but the important thing is to keep working at it!

Featured Health Topic

Arthritis and Exercise

Regular, moderate exercise is important for managing arthritis. Exercise reduces joint pain and stiffness, and strengthens muscles and bones. If you choose water exercise, keep in mind that

Did You Know...

About the Benefits of Aqua-Exercise?

Exercise in a pool is great, especially if you have arthritis. Warm water helps to stretch your muscles gently. Water supports your weight, so there is less stress on your joints. Water also provides 12 times the resistance of air, so you get a good muscle strengthening workout as you move. To read more, click here.

Your Health Goals

Please let us know about your progress on your health goals by clicking <u>here</u>.

you also need weight-bearing exercises, like walking to help build stronger bones. Even five minutes of walking three times a day is a good start. Remember to discuss your exercise plan with your provider, who can prescribe a safe exercise program designed to fit your needs. To learn more, click here.

Bone Health Recipe

Veggie-Cheese Sandwich (Calcium 200mg)

Here is a recipe for a delicious and protein-packed sandwich to enjoy after your exercise is done.

To view the recipe, click <u>here</u>.

Featured Bone Health Tool

Hand Exercises for People with Arthritis

This slide show, developed by Mayo Clinic, shows how to do hand exercises for people with arthritis.

To view the slides, click <u>here</u> (this will lead to Mayoclinic.com).

Success Story!



From participant R. S., age 55

"Thanks for all your information. I am working with the military people and I am losing weight by walking 1-2 miles a day. I have also reduced the need for some of my medication."

Please email us at <u>bonepower@son.umaryland.edu</u> with your success story.

Sample/ Settings/ Recruitment

- Settings
 - MyHealtheVet and SeniorNet
- Sample
 - − Age ≥50 yrs
 - Access to the Internet/e-mail
 - Able to use the Internet/e-mail independently
 - Able to read and write English
 - Reside in a community setting in the U.S.
- Recruitment: 11/30/2010 7/6/2011
 - A total of 866 participants (mean age: 62.8 + 8.5)
 - ~ 60 participants were randomized into 3 groups
 - 48 groups (32 separate web intervention sites)

Procedures

- A cohort of approx. 60 participants
- Baseline survey
- Randomization (Bone Power; Bone Power Plus; Control)
- 8-week Online Bone Power program
- 8-week follow up survey
- Bone Power Plus group: Biweekly eHealth newsletter for 10 months
- 6-month follow-up survey
- 12-month follow-up survey
- 18-month follow-up survey
- Control group Receive Bone Power CD-ROM

Fidelity Monitoring of the Intervention

Tx Fidelity Monitoring area	Plan
Delivery of treatment	Access to the program website
Receipt of treatment	Program usage / Knowledge assessment
Enactment of Tx skills	Changes in behaviors

Selected Findings

Retention / Fidelity Monitoring

- Attrition rates
 - 8 wks, 18.6%; 6 mos, 19.9%; 18 mos, 19.3%
- Fidelity monitoring of the intervention
 - All intervention group participants (100%) logged onto the Bone Power website.
 - 74.2% reviewed five or more modules.
 - On average, 63% of participants in each group reviewed the new learning content weekly during the first four weeks (Bone Power core modules).

Major Outcomes: Effectiveness

- At 8 weeks, the Bone Power group showed significantly greater improvement as compared to the control group on all selected outcomes.
- At 18 months, the effects of the Bone Power intervention decreased.
 - With the booster, the effects were still significant in osteoporosis knowledge and calcium self-efficacy.
 - Without the booster, the effects were significant in osteoporosis knowledge and calcium self-efficacy /outcome expectations.
 - Overall, there was no significant difference between the intervention conditions.

Implementation: Lessons Learned

- Theory-based approach and use of small groups
 - An effective structure to follow-up on participants' activities over time
- Content management in a multi-year online health behavioral trial
 - Changes in external links to other credible other health websites
 - Changes in federal health guidelines (e.g., food pyramid)
 Sontinuous checking and sign up for website update service
- Intervention development and management
 - Importance of usability testing
 - Consider the program's technical compatibility with participants' computer and Internet set up.

Implementation: Lessons Learned

- Use of an online learning management program
 - An online learning management program (e.g., BB) can be an efficient tool to conduct large scale, multi-group intervention trials.
 - Easy duplication of intervention programs
 - Pre-scheduled release dates
 - Broadcasting announcement
- Communication with participants
 - Availability of a toll-free number for questions and technical support has shown to be important in online trials, especially for older adult participants.
 - Challenges associated with e-mail communication
 - Follow up with participants via phone when they do not receive responses via e-mail.

Conclusion

- Focus of health care is shifting from disease management to disease prevention and health maintenance.
- Findings suggest a significant potential for using online programs to improve the health of this population.
- Further research of online booster interventions will offer opportunities to develop more robust online behavioral interventions.