

## CHAPTER 3

### Overview of the *Fit WIC* Programs: Innovative Solutions to a Complex Problem

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## Chapter 3

### Overview of the *Fit WIC* Programs: Innovative Solutions to a Complex Problem

**THE PREVENTION OF CHILDHOOD OVERWEIGHT IS A COMPLEX PROBLEM,** requiring innovative and thoughtful solutions. In the current WIC program, staff contact time with participants is an important vehicle for the nutrition education of at risk populations; but it is not by itself enough to overcome the multiple forces leading children on a path toward excessive body weight. New programs to reduce the onset of childhood overweight must address those multiple forces.

**The WIC program as a model.** WIC must ensure that its policies, practices and services at local sites are consistent with the messages of eating healthfully and increasing physical activity. WIC supports efforts to improve the health and fitness of program participants by providing nutrition education that promotes physical activity<sup>1</sup>, healthy supplemental foods and referrals to health care.

Messages encouraging healthy behaviors will be more powerfully communicated by staff who themselves are practicing those behaviors. The Five-State *Fit WIC* Project successfully demonstrated ways to more actively support WIC staff to serve as role models for participants. The Project also applied the known benefits of changing the focus of



*In Fit WIC California, knowledge and skills of both WIC staff and participants are enhanced.*

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<sup>1</sup> Physical activity promotion in the WIC clinic must be consistent with the principles described in the "WIC Principles on Physical Activity" text box on page 41.

nutrition education from foods and portions served to the parent-child feeding relationship.

**WIC agencies as leaders in the community.** In another innovative approach to overweight prevention, the *Fit WIC* Project showed that State and local WIC agencies can join forces and work effectively with other concerned members of the community. The WIC program serves a population targeted by many programs and organizations and is well respected in the community. WIC agencies are well positioned, therefore, to provide leadership among local groups and policy-makers to address the issue of childhood overweight. WIC agencies can help create locally appropriate educational campaigns and organizational, environmental and policy-related change. Interventions designed locally will have a greater impact and be more appropriate and sustainable than programs imposed from without.

The five *Fit WIC* childhood overweight prevention programs address the issues described above to different degrees and in different ways, but each program addresses the issues effectively and creatively. **In this chapter**, you will

**Table 3.1**  
**What You Will Learn in a**  
**Fit WIC Program Overview**

- ❖ What is the goal of this *Fit WIC* program?
- ❖ What are the characteristics of the population at the WIC sites where this program was developed?
- ❖ What is the overall design of this program?
- ❖ Are there special competencies or skills required of personnel?
- ❖ What are the tasks and time required of personnel?
- ❖ What resources are needed for this program?

find a brief description or overview of each program. Table 3.1 provides an outline of the information you will find in each program's overview. After you



have reviewed the five sections of this chapter, you will have a better idea of which program will best help you reach your most immediate goals and best fit your population, resources and setting. You can then read the more detailed chapter describing the program that seems right for you at this time. Remember as you read the overview that the Project Team has made every effort to provide you with what you will need to implement a successful program: helpful tools, forms and references are listed in the detailed program descriptions in Chapters 4-8 and in Chapter 10. Keep in mind that this might be an iterative process; you might come back to this chapter and these five sections several times in selecting a program to implement first. You may find that you want to combine elements of several programs. After you have successfully implemented one program in your agency, you may want to come back to this chapter to decide which one to offer to your staff and participants next!

## **A Note For WIC Staff: The Use of Incentives In *Fit WIC* Programs**

### Incentives for Participants

Many of the *Fit WIC* programs encourage the use of program incentive items to reinforce healthy behaviors in WIC participants. These inexpensive items, such as water bottles or balls, are given for the accomplishment of specific tasks, or to reinforce learning in the nutrition education elements of the programs. WIC Policy Memorandum #95-5, issued 12-21-94, provides guidelines on purchasing such items with WIC funds.

### Incentives for Staff

In some *Fit WIC* programs, clinic staff may occasionally receive *the same items* as participants, because the staff may participate in cooperative functions with the WIC target population. According to WIC Policy Memorandum #95-5, "...it may occasionally be appropriate to distribute some types of program incentive items to program staff. The items must present a WIC outreach or nutrition education message as opposed to an agency logo, and must be ones which would be expected to be widely seen by the general population or the target population." For example, if a WIC participant sees a water bottle like the one she was just given (carrying a program message) in use by staff, she may have additional motivation to "jump aboard."

### Are Program Incentive Items Reasonable and Necessary?

Program incentive items for participants and/or staff are allowable if they are considered to be reasonable and necessary costs that promote the specific program purpose. It is of paramount importance, when considering the purchase of program incentive items, to determine if the cost is a priority expenditure relative to other demands on available nutrition services and administration resources.

### Need More Information?

The State agency should refer to WIC Policy Memorandum #95-5, as well as to OMB Circulars A-87 and A-122, and check with the Regional FNS office if it has any questions regarding the use of program incentive items. Local agencies should contact their State agencies for assistance.



## **WIC Principles On Physical Activity As a Component of Nutrition Education In the WIC Program**

### Goal

The WIC Program supports efforts to improve the health and fitness of our program participants consistent with the most current *Dietary Guidelines for Americans*, *The Food Guide Pyramid*, and *the Food Guide Pyramid for Children*. These include efforts to help participants improve nutritional status by providing nutrition education that promotes physical activity, healthy supplemental foods and referrals to health care.

### Principles

- ◆ Educational and program materials developed to promote physical activity as a component of nutrition education for the WIC target population should include messages that link nutrition and physical activity, such as Eat Smart. Play Hard.™
- ◆ Programming such as workshops, conferences and trainings that encourage physical activity should include a nutrition education component.
- ◆ WIC State and local agencies may use nutrition education funds to develop nutrition education materials that include physical activity promotion that are reasonable and necessary. Materials should include messages that link nutrition and physical activity.
- ◆ Food and Nutrition Service developed materials, such as Team Nutrition, and Eat Smart. Play Hard.™, should be used and or adapted to the WIC target audience whenever possible, rather than developing new materials. Purchase and use of successful model interventions developed by others, such as Bright Futures in Practice: Nutrition and Physical Activity would be preferable to developing new materials.
- ◆ WIC State and local agencies are encouraged to coordinate linkages - for referral purposes - with community, faith-based and youth organizations, and others that can make regular opportunities for physical activity accessible to pre-school and adult target populations.





### 3.1 A Multifaceted, Community-Based Approach To Overweight Prevention

#### *FIT WIC CALIFORNIA*

##### ***What is the goal of Fit WIC California?***

The goal of *Fit WIC California* is to increase the scope of WIC's impact on patterns of overweight in the communities that WIC serves, using a multifaceted, community-based approach. WIC staff plan activities following a model called the *Spectrum of Prevention*, developed by the Prevention Institute in Berkeley, California. The *Spectrum* outlines six levels of action on which to address complex public health issues such as overweight. The model includes *individual and group or community education (levels 1 & 2)*, WIC's area of expertise, as important tools for change. But the model also includes the less used but critically important steps of *educating service providers (level 3)*, *working with communities and coalitions (level 4)*, *changing organizational practices (level 5)*, and *advocating for local and legislative policies (level 6)* to improve the social and physical environments in which people live.



*Community task forces established in Fit WIC California bring WIC leadership, expertise and goals into partnership with the community.*

##### ***What are some of the characteristics of the WIC sites where this program was developed?***

California is home to the nation's largest WIC program, serving 1.27 million participants at 650 WIC sites managed by 81 local agencies. The

majority of California WIC participants (70%) are Hispanic, while the balance is a diverse mix of white, Asian American, African American, and Native American families. Nearly a quarter of participating children ages one through four are overweight. *Fit WIC* intervention sites were selected to reflect the statewide demographics and the diversity of California WIC communities: Included were a large urban area, a small rural area, and a mid-sized mixed urban/suburban area. Activities recommended in this program are not culture-specific and should be effective in all WIC populations.

### ***What is the overall design of Fit WIC California?***

In this intervention, activities are developed by WIC agency and site managers for the WIC site. A *Fit WIC* community task force, which WIC staff help to develop, designs intervention activities for the larger community. The State WIC agency provides training, and technical and financial support. In keeping with the Spectrum of Prevention, intervention activities occur at multiple levels (indicated by italics) at WIC sites and within the community served by WIC. Activities at one level support and reinforce efforts at other levels.

At WIC sites. Protocols for *participant education (level 1)* are revitalized to strengthen the knowledge and skills of WIC participants and to ensure that the protocols are learner-centered. WIC staff *promote community education (level 2)* to ensure that health messages are coordinated, consistent and reach a broad audience. *WIC providers are educated (level 3)* about issues related to childhood overweight, and staff training protocols are revitalized. *Fit WIC* staff *foster local coalitions and networks (level 4)* by leading or participating in efforts to organize the community around the issue of childhood overweight. *Organizational changes (level 5)* are made in WIC to support staff members in their efforts to adopt healthy behaviors, so that they can become role models for WIC

participants and their community. For example, changes are made at WIC sites to ensure a healthful food environment. Wellness programs are developed to help staff members meet their health goals. Physical activity is integrated into all aspects of WIC practice.

Within the community. Staff members at *Fit WIC* sites organize a community coalition or task force, which includes community leaders, organizations and other interested individuals. The task force follows the Spectrum of Prevention model to develop comprehensive approaches for increasing physical activity and improving the nutritional status of the community's children. Agencies in the *Fit WIC* task force *strengthen the individual knowledge and skills (level 1)* of their own members by revitalizing their training materials, thus taking steps to improve their staff's ability to be role models. The task force also *promotes community education (level 2)* by getting involved in local health fairs, festivals and celebrations. Task force groups *educate providers of health services (level 3)* by offering training, information and resources to update their skills. Groups within the task force *change their own organizational practices (level 5)* to promote nutrition and physical activity and *influence local and legislative policies (level 6)*.



*Helping children to become more active becomes a focus of education at Fit WIC California sites.*

***Are there special competencies or skills required of personnel?***

- ❖ WIC educators should have basic skills in a learner-centered approach to group and individual education.
- ❖ For the development of a community task force, WIC personnel with an interest in becoming community leaders are needed. Training

programs are available to help key personnel develop their leadership skills.

- ❖ By utilizing the expertise and resources in the community, most necessary skills can be found locally. Collaboration with a local community organizer, for example, will help staff learn more about local political and community resources.

***What are the tasks and time commitments required of personnel?***

- ❖ You may find it useful to assess the skills and interest of your staff members before beginning implementation of *Fit WIC California*.
- ❖ Depending on what you learn from staff in your assessment, you may want to tailor the staff training protocols provided to respond to their needs. The *Fit WIC California* Project Team provided 5 training sessions, each 1/2 day, in their own implementation of the program.
- ❖ Protocols for individual and group education already in use at your site might need to be modified to better address childhood overweight topics. You may wish to tailor the group education lesson plans provided by the Project Team for your use.
- ❖ The staff wellness component of *Fit WIC California* requires some time to develop and implement.
- ❖ Development of a community task force requires identifying and meeting with potential members, locating a meeting place, and informing people about the first meeting. Working with the community generally takes more time at the outset of activities.
- ❖ Task force meetings are likely to take about two hours. The amount of time spent on meeting preparation, follow-up, and implementation of activities depends upon the amount of leadership that is shared with other agencies.



***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ There may be some expense for the development and distribution costs of education materials and resources.
- ❖ Acknowledgements or incentives may be helpful to motivate staff to participate in wellness activities.<sup>2</sup>
- ❖ Special equipment is not required for task force or WIC site activities.
- ❖ Space needs will depend on specific site activities and task force activities. Meeting space may be provided by WIC or by a task force member.
- ❖ You can minimize any costs required for task force meetings (paper, pens, food) by asking task force members to contribute.

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<sup>2</sup> Please refer to "A Note for WIC Staff: The Use of Incentives in *Fit WIC* Programs" on page 40 for information on the use of incentives, awards or acknowledgments





## 3.2 A Clinic-Based Approach to Overweight Prevention In American Indian Children

*FIT WIC ITCA (Inter Tribal Council of Arizona, Inc.)*

### ***What is the goal of Fit WIC ITCA?***

Every WIC site or clinic is full of human resources, potential and talent. It is an ideal setting in which to mobilize resources toward the goal of reducing childhood overweight. WIC staff, WIC caregivers and WIC children can, and should, all be recruited in this effort. This program is designed to maximize the potential of the valuable resources available in WIC, in its staff, its caregivers, and children, to improve the health status of WIC children.

For WIC staff, *Fit WIC ITCA* aims to:

- ❖ Improve WIC staff members' own behaviors related to good nutrition and physical activity;
- ❖ Improve WIC staff members' ability to educate participants on healthy eating and physical activity.

For the WIC caregiver, *Fit WIC ITCA* aims to:

- ❖ Improve the caregiver's ability to parent her child during mealtimes through the use of individual education sessions and facilitated discussion groups;
- ❖ Change the focus of nutrition education from the foods and portions served to a feeding relationship approach.

For the WIC child, *Fit WIC ITCA* aims to:

- ❖ Increase the opportunities for physical activity for preschoolers through caregiver education;
- ❖ Introduce children to good nutrition and the importance of enjoyable physical activity through group activities at the WIC site.

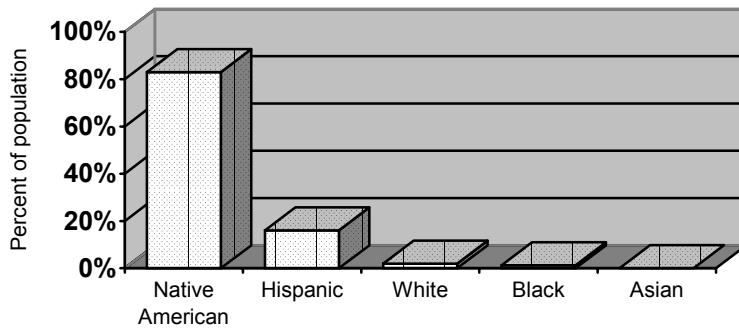
**What are some of the characteristics of the WIC sites where this program was developed?**

The Inter Tribal Council of Arizona, Inc. (ITCA) serves as a State WIC agency and provides services through tribal governments and one urban Indian health center. The *Fit WIC ITCA* program included two reservation-based WIC programs and one urban Indian health center. These clinics serve primarily American Indian participants, but are also serve a small percentage of other racial/ethnic groups (See Figure 3.2.1).

WIC certification, check distribution and nutrition education are

provided by paraprofessional staff. Nutrition services are directed by Registered Dietitians, who also provide high-risk counseling.

**Figure 3.2.1 Ethnicity of ITCA WIC Clients**



Nutrition education is provided in individual and group sessions.

This project was implemented with a predominately American Indian staff and participant population; however, the activities outlined would likely be appropriate for a diversity of racial/ethnic populations and in a variety of clinic settings.

**What is the overall design of *Fit WIC ITCA*?**

The *Fit WIC ITCA* program for overweight prevention is a multi-faceted intervention that includes components targeted toward WIC staff, WIC caregivers and WIC children.



WIC Staff. WIC staff members are important role models of good nutrition and physical activity habits for WIC participants, both because they are primary providers of nutrition education and because they are members of the communities they serve. The *Fit WIC ITCA* program is designed to take advantage of the high visibility, leadership positions of WIC staff. Staff set personal goals for nutrition and physical activity in an effort to adopt healthy lifestyle behaviors. Goals are monitored and monthly incentives<sup>3</sup> and letters of encouragement are provided to staff who participate. WIC staff gain valuable experience in setting goals and utilizing a variety of methods to produce success in meeting goals. Other health department staff, WIC participants and community members also benefit from the role modeling by WIC staff.

WIC Caregivers. Individual education focuses on the feeding relationship, the feeding environment and setting limits rather than on what and how much children are eating. Tools are provided to assist staff in assessing the feeding relationship and in delivering appropriate participant education. A care plan is also used to set goals and to outline ways in which the caregiver can achieve her goals.

Group facilitated education complements individual education by focusing on the feeding relationship and on physical activity. Facilitated discussion groups allow for an open conversation in which participants can



*Both children and staff enjoyed children's physical activity classes at Fit WIC ITCA sites.*

<sup>3</sup> Please refer to "A Note for WIC Staff: The Use of Incentives in *Fit WIC* Programs" on page 40 for information on the use of incentives, awards or acknowledgments.

learn from each other, and staff can learn how to address the needs of the group more effectively.

WIC Children. Activities designed for WIC three- and four-year olds introduce children to nutrition, food preparation and a variety of enjoyable physical activities. Each session includes a story related to nutrition, a few enjoyable physical activities and the creation of a healthy snack. Story time includes a discussion section that addresses topics such as: what it feels like to be hungry or full; new or different fruits and vegetables; and how food is grown. Snack preparation allows children to taste new, appealing foods and easily prepared foods. Most recipes include at least one WIC food item. Physical activities from the *Sport for All* program are used (see Section 5.5 for a reference). This program emphasizes enjoyable, developmentally appropriate activities for preschool children.

***Are there special competencies or skills required of personnel?***

WIC paraprofessional staff must be comfortable and skilled in educating participants on the feeding relationship, or must be provided with training in this area. Training for *Fit WIC ITCA* project staff can include lecture, video, text, role playing and facilitated discussion methods. Staff should also be trained on how to use tools currently available to them, such as care plans and materials. Follow-up discussion groups will also be useful to reinforce the concepts learned during the training and to discuss any problems that arise when implementing the new methods.

At least some staff must be skilled in facilitating discussion groups with WIC participants. Resources to aid in developing these skills are given in Chapter 10.3.2.

***What are the tasks and time commitments required of personnel?***

- ❖ Participation by staff in exercises to set personal goals for developing healthy behaviors;



- ❖ Staff training to reinforce and improve skills used in individual education of participants, and if necessary, to develop skills needed to lead facilitated group discussions;
- ❖ Facilitating discussions in groups of WIC participants;
- ❖ Conducting activities for children at the WIC site.

***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ For the children’s activities, equipment such as balls, beanbags and music tapes will enhance the physical activity sessions. Cooking equipment (toaster oven, blender, mixing bowls), utensils (knives, spoons) and other supplies (plates, napkins) are also necessary for the snack preparation in the children’s classes. Food for the snack preparation must also be purchased on a regular basis.
- ❖ Adequate space is essential for facilitated discussion groups and for children’s activities. The children’s activities require an open space large enough so the children can safely and freely move about.<sup>4</sup>
- ❖ Rewards to be given to staff when they meet their personal health goals for nutrition and physical activity may have to be purchased.

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<sup>4</sup> Local WIC agency personnel should construct or configure play or activity areas in a manner that minimizes the risk of injury to a child and that conforms to all applicable child safety laws and standards.





### 3.3 Beyond Nutrition Counseling: Reframing the Battle Against Obesity

#### *FIT WIC KENTUCKY*

##### ***What is the goal of Fit WIC Kentucky?***

Despite the best efforts of WIC professionals to educate WIC participants, the vast majority of mothers with overweight preschool children enrolled in WIC do not identify their children as being even “a little overweight”.<sup>5</sup> Therefore, the *Fit WIC Kentucky* Project Team developed a video for training health professionals, entitled “Beyond Nutrition Counseling: Reframing the Battle against Obesity,” to help close the gap that exists between how mothers and health professionals define overweight. The video explores the complex issues surrounding childhood overweight and poignantly highlights the struggles that families face raising young children. The video is best used as a training tool in combination with a facilitated group discussion.

The goals of the video and facilitated group discussion are to increase the awareness by WIC staff: (1) of how WIC families perceive the problem of childhood overweight; (2) of the challenges faced by WIC families, particularly in the area of parenting, as they try to prevent or manage overweight in their children; and (3) of the methods they themselves currently use with participants in education sessions about this problem. Additionally, the training aims to elicit from WIC staff: (1) possible solutions to the barriers that exist in WIC to addressing the problem of childhood overweight; (2) specific ideas on how to best address the issue of childhood overweight during WIC education sessions.

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<sup>5</sup> Baughcum AE et al. Maternal perceptions of overweight preschool children. *Pediatrics* 2000; 106(6):1380-6.

### **What are some of the characteristics of the WIC sites where this program was developed?**

The Kentucky WIC program serves 113,000 participants, approximately 70% of whom live in rural areas. The participant population is



*Barriers to healthful living experienced by families are examined in Fit WIC Kentucky.*

predominantly white and non-Hispanic (85%); 11% is African American and 3% is Hispanic. The great majority of Kentucky WIC health professionals are white.

Although the video represents the non-Hispanic white and African American populations of the Kentucky WIC program, other WIC programs with

greater racial/ethnic and geographic diversity in their populations agreed that the themes portrayed in this video apply to the diverse populations served by WIC.

### **What is the overall design of Fit WIC Kentucky?**

The documentary style video, *“Beyond Nutrition Counseling: Reframing the Battle Against Obesity”*, depicts sensitively filmed “day in the life” segments with three low-income WIC families and highlights the struggles they face raising young children. The video is ideally used in conjunction with a discussion guide, developed and provided by the Project Team, for conducting a facilitated group discussion around the content of the video. The video and discussion guide together encourage dialogue among healthcare professionals to identify ways in which WIC can more effectively address the problem of childhood overweight.

Following a brief introduction about why and how the video was developed, the 20-minute video is shown. A facilitated group discussion follows to help the health professionals articulate (a) barriers to preventing

and managing overweight among children enrolled in WIC and (b) steps that might be taken to prevent and manage overweight among these children.

At the end of the discussion (approximately 40 minutes), the participants will have developed a specific list of counseling strategies, arising from the group that could be implemented immediately without structural changes in WIC. For example, one such strategy might be a list of specific open-ended questions to use with participants when discussing overweight. Such



*The Fit WIC Kentucky video depicts sensitively filmed "day in the life" segments with WIC families.*

questions would help bridge the gap that currently exists between the perceptions of provider and participant around the problem of overweight.

The video with facilitated group discussion may be used as a teaching tool for:

- New WIC health professionals;
- Existing WIC staff;
- Undergraduate nutrition students or dietetic interns;
- Health professionals outside of WIC.

### ***Are there special competencies or skills required of personnel?***

A successful facilitated group discussion requires a well-trained leader. Trained leaders will create a comfortable atmosphere for discussion while encouraging full participation of all members of the group. Other desirable characteristics of a facilitated group discussion leader include the ability to correct misconceptions without imposing his/her own opinions on

the group, and active listening skills, allowing the leader to summarize the discussion. Resources to aid in developing these skills are given in Chapter 10.3.2.

***What are the tasks and time required of personnel?***

- ❖ Showing the video and conducting the facilitated group discussion will require approximately 60 minutes.
- ❖ An additional 15 minutes should be allowed if the evaluation tools, described in Chapter 6.2, are used.
- ❖ If the evaluation tools are used, which is highly recommended, then staff time will be needed to review and integrate the results.

***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ A copy of the video entitled “Beyond Nutrition Counseling: Reframing the Battle Against Obesity”;
- ❖ A TV and video tape player, and viewing and discussion space;
- ❖ For groups of 10 or more, an LCD projector and a large screen are desirable.



### 3.4 The *Fit WIC* Activity Kit: Tools for Overcoming Barriers to Active Physical Play

#### *FIT WIC VERMONT*

#### *What are the goals of Fit WIC Vermont?*

The overall goal of this pediatric overweight prevention program is to increase active physical playtime and decrease sedentary time for three- and four-year olds, regardless of weight status, through a family-based intervention. Many WIC parents deny that their child is overweight or don't recognize that their child's overweight is a problem. *Fit WIC Vermont* bypasses that "disconnect" and instead addresses the issue of overweight in a manner that is received positively by participants.



*The Fit WIC Vermont Activity Kit*

*Fit WIC Vermont* addresses barriers to physical activity for the WIC child in a "tool kit" format. An "Activity Kit" was designed by the *Fit WIC Vermont* Project Team, using concepts from Social Cognitive Theory as guidelines (see Chapter 7.2.2), to increase outdoor playtime and decrease television-watching time by WIC families. WIC staff counsel participants on the importance of physical activity and give them the Kit to support behavior change at home.

The *Fit WIC* Activity Kit offers families an ongoing, in-home opportunity for continued, self-directed education. The written materials and play items in the Kit help parents to teach their child basic play skills; to practice those skills regularly with their child; and to improve their own confidence and abilities around teaching physical activity.

In addition, to the in-home, self-education approach, *Fit WIC Vermont* addresses barriers to physical activity for the WIC family with enhanced education in the clinic: the Educator's Guide was developed to assist WIC nutrition educators in offering classes on the topic of physical activity at the WIC site. The education provided at home through use of the Activity Kit is reinforced by exposure to positive physical activity messages in WIC classes.

***What are some of the characteristics of the WIC sites where this program was developed?***

The Vermont WIC population is predominantly white, non-Hispanic. Most participants live in rural areas, although some participants live in small urban centers. Vermont's climate has cold, snowy winters, which participants cite as a major barrier to outdoor play during that season. A desired outcome of using the Activity Kit is to increase outdoor play; however, indoor versions of skill-building activities are also included. These activities would be appropriate in most geographic regions and cultures; but, you should note that a few of the suggested activities are snow-related and may need to be altered for different climates.

***What is the overall design of Fit WIC Vermont?***

The *Fit WIC* Activity Kit, a collection of tools to increase physical activity levels and skills in young children, is distributed to parents of three- and four-year old children (regardless of weight) at WIC certification visits. Parents are given the Activity Kit during one-on-one nutrition education

time, with a brief verbal explanation of how to use it and how physical activity fits into the energy balance equation. The Kit could also be distributed at group-education classes. The *Fit WIC* Activity Kit includes an instructional book (*Fit WIC Activities*) and several play items to help families increase active physical play. The book is divided into five user-friendly sections that build on the theme of increasing active physical play: *Parent's Pages*, *Quiet Times*, *Everyday Activities and Play*, *Skill-Building Physical Play*, and *Special Outings and Exploring*. Ideally, parents will read through all sections, but each section is designed to stand alone.

The play items included are a beach ball, a set of beanbags (3), a roll of masking tape and a cassette tape of children's play songs. Printed materials, such as maps, bus schedules and a storybook depicting active family alternatives to television watching are also included. All the play items and activities are developmentally appropriate for three- and four-year old children.

A key to sustainability and successful behavior change is repeated exposure to positive physical activity messages. To enhance the education provided by the Activity Kit, the Vermont *Fit WIC* team also created the *Fit WIC Educator's Guide*, a series of lesson plans for teaching physical activity to groups at the WIC clinic. The *Educator's Guide* is also appropriate for WIC staff, Head Start and the Expanded Food and Nutrition Education Program (EFNEP), childcare providers and other organizations that are involved in educating young children and their parents.



*A roll of masking tape and some creative ideas from the Fit WIC Vermont Project Team allow kids to participate in active, indoor fun.*

***Are there any special competencies or skills required of personnel?***

Since one goal of the Project Team was to fit Vermont's intervention strategy into the existing WIC infrastructure, the Kit itself is really all that is needed to implement this program. However, the WIC staff members who will be distributing the Kit would benefit from receiving some training in preschool-age physical activity recommendations and skill development. It may be helpful to first assess staff knowledge and training needs in the areas of pediatric overweight and preschool physical activity.

***What are the tasks and time commitments required of personnel?***

- ❖ Distribution of the *Fit WIC Activity Kit* to families at their WIC certification visits or during group education classes takes minimal staff time.
- ❖ Some tailoring of the book, *Fit WIC Activities*, to your area might be desirable. The section detailing opportunities for family activity in the local community (*Special Outings and Exploring*) could be written specifically for your community or could be replaced with a non-geographic-specific version. There are references to seasonal outdoor activities that could be edited for your climate area. Moreover, the *Skill-Building Play* section could be tailored to include any culturally specific games or activities appropriate for your community.
- ❖ It is likely that the Kit would be even more effective if the healthy lifestyle choices encouraged in the Kit were reinforced both within and outside of the WIC clinic environment. Such support could take many forms, so corresponding tasks and time commitments are variable.



***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ Storage space is required for the kit components during their assembly and distribution.
- ❖ The cost of replicating *Fit WIC Vermont* is nearly all in supplies rather than in staff time. This may enhance the feasibility of funding *Fit WIC Vermont* through the use of WIC reallocation dollars, grants, donations or other sources. Primary costs will be in reproducing the *Fit WIC Activities* book with revisions for your area and in purchasing the other materials and play equipment contained in the kit.
- ❖ Your budget will determine the scope of your program. *Fit WIC Vermont* is flexible and scaleable. It can be implemented locally or statewide. There are many cost options for printing the *Fit WIC Activities* book. The other kit items could be modified within the Social Cognitive Theory model to meet budget constraints; a matrix to help you do this is included in Chapter 7.2. *Fit WIC Activities* also includes detailed instructions for making many simple, inexpensive, toys, thus giving alternatives to programs with limited financial resources.





### 3.5 An Anticipatory Guidance Model For Physical Activity and Nutrition

#### ***FIT WIC VIRGINIA***

#### ***What is the goal of Fit WIC Virginia?***

*Fit WIC Virginia* is designed to help parents prevent overweight in their children, by influencing their health-related knowledge, attitudes and behaviors. The focus of *Fit WIC Virginia* is the parent-child feeding relationship and other parenting skills related to the development of healthy eating and physical activity behaviors in children. *Fit WIC Virginia* helps parents understand and improve their feeding relationship with their children, by using the principles of “anticipatory guidance”<sup>6</sup> in individual and group education sessions: Parents are taught to prepare for, or *anticipate*, the developmental changes occurring in their children, and to use this understanding to positively influence their child's development through promoting healthy eating and physical activity.

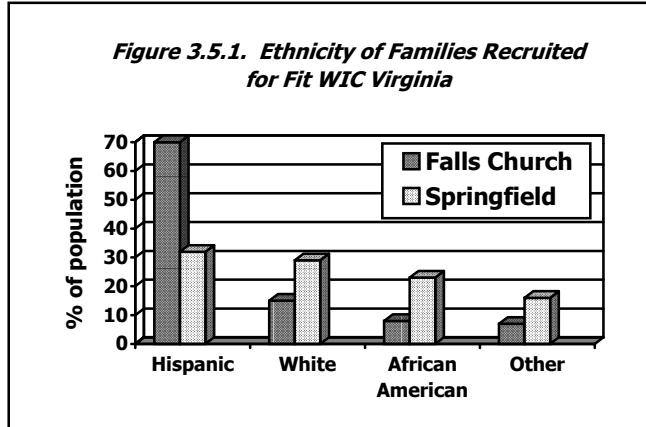
Changes in behaviors and skills are sought in six different content areas taught in individual and group education sessions through the use of six “Key Messages” developed by the Project Team: (1) Active Play; (2) Mealtime; (3) Limit Television; (4) Drink Water; (5) Fruits and Vegetables and (6) Family Activity. The Key Messages are delivered simultaneously to parents and WIC staff in order to encourage role modeling of healthy behaviors by WIC parents for their children and by WIC staff for WIC participants. By also communicating the Key Messages through community organizations, *Fit WIC Virginia* reinforces healthy behaviors in the community.

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<sup>6</sup> Story M, Holt K, Sofka D, eds. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health, 2000.

**What are some of the characteristics of the WIC sites where this program was developed?**

Two WIC clinics in the northern region of Virginia with high rates of ethnic diversity were chosen to participate in the project (Figure 3.5.1). The largest ethnic group participating in *Fit WIC* at each site was Hispanic, followed



respectively by white, African American and other (mostly Asian American). The *Fit WIC* intervention took place at the Falls Church site; Springfield served as the control.

The rate of overweight is higher in this region of Virginia than the state average (see Table 3.5.1). The Falls Church site has a lower-than-average percentage of children with poor eating habits (as assessed by food frequencies and reported consumption of fat, sugar, and junk food) but has the highest rate of childhood overweight in the state.

**Table 3.5.1. Rates of Overweight and Poor Eating Habits in Fit WIC Virginia Clinics**

<b>Nutrition Risk</b>	<b>State of Virginia (% of children)</b>	<b>Falls Church Site (% of children)</b>	<b>Springfield Site (% of children)</b>
Overweight	17.4	27.7	23.8
Poor Eating Habits	81.8	66.5	89.3

**What is the overall design of Fit WIC Virginia?**

WIC participants. Participants attend nutrition education classes developed specifically for each of the six *Fit WIC* Key Messages when they visit the clinic for their regularly scheduled voucher pick up (e.g. every



other month). Group classes are designed as facilitated discussions, in which participation is encouraged by a trained leader. Enhanced individual education sessions on each of the Key Messages are also provided as alternatives to the group discussions. In both formats, parent and child are asked to set a nutrition or physical activity goal relating to the class topic; e.g., “I will play actively with my child one time per week.” The goal is then recorded on a tracking form kept at the clinic for each participant, and on a goal sheet, which is given to the parent. There is a calendar on the goal sheet for the participants to record the days on which they meet their goals. The calendars are to be brought to their next appointment. At that time, if they have met their goal 75% of the time, as indicated on their calendars, they receive an acknowledgement related to the current topic.<sup>7</sup> A new goal related to the new topic is set at each class.

WIC staff. As the parent and child are setting and meeting goals to attain better lifestyle habits, so are the WIC staff members. Six Staff Challenges, consistent with the six Key Messages, are established to run concurrently with the group education classes. Staff are challenged to improve their nutrition and physical activity habits by participating in activities such as eating five fruits and vegetables each day, taking the stairs, limiting television viewing, etc. Staff-members who meet their goals are rewarded with better health and, when possible, an acknowledgement of their commitment to nutrition and physical activity. In this way, the staff are



*Fit WIC Virginia focuses on the parent-child feeding relationship.*

<sup>7</sup> Please refer to “A Note for WIC Staff: The Use of Incentives in *Fit WIC* Programs” on page 40 for information on the use of incentives, awards or acknowledgments.

modeling desirable behaviors to WIC participants as well as improving their own health-related habits. And, when a WIC participant sees a WIC staff member using an item (carrying a program message) similar to the item she just received as an acknowledgement, she will become aware that the staff is participating in the same program and will have additional motivation to “jump aboard.”

Community. The last aspect of *Fit WIC Virginia* involves the community. Members of community organizations can be invited to a community conference sponsored by *Fit WIC* or recruited to participate in *Fit WIC* through a mailed survey. Community members who agree to participate in *Fit WIC* will attend community task force meetings and receive six Community Kits throughout the intervention period. The Community Kits echo the Key Message currently being promoted at the WIC sites. The Community Kits contain publications and items relating to the relevant Key Message: *Suggested Activities, Ideas from the Community Conference* (if one is held), a *Community Report, Anticipatory Guidance/Ages and Stages, Discussion Points*, a newsletter of clinic activities, posters, an evaluation and other topic resources. Task force members meet on a routine basis with a WIC staff member to discuss issues related to childhood overweight and the *Fit WIC* program.

***Are there special competencies or skills required of our personnel?***

- ❖ At least one staff member must be skilled in facilitating discussion groups for the group education classes. Resources to aid in developing these skills are given in Chapter 10.3.2.
- ❖ An individual with leadership skills committed to developing a community task force and encouraging community participation is important to the community portion of the program.



***What are the tasks and time commitments required of personnel?***

- ❖ Planning, preparing and conducting the nutrition education classes held in the clinic;
- ❖ Planning and administering Staff Challenges;
- ❖ Planning the community conference (optional), recruiting community members and holding community meetings.

***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ A classroom space or an education room is needed in which to conduct the nutrition education classes at the WIC site.
- ❖ An overhead projector is useful to conduct the classes.
- ❖ Acknowledgement items or incentives to be given to staff and participants when they meet their personal health goals may have to be purchased.

