

CHAPTER 5

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

How To Fit *Fit WIC Inter Tribal Council of Arizona, Inc.* Into Your Community

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Chapter 5

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

How To Fit *Fit WIC ITCA* Into Your Community

5.1 The Rationale Behind *Fit WIC ITCA* (*Inter Tribal Council of Arizona, Inc.*)

In order to improve the responsiveness of WIC to the problem of overweight in its participants, the *Fit WIC ITCA* Project Team developed a comprehensive intervention that targeted *WIC staff, WIC caregivers and WIC children*.

WIC staff in ITCA express frustration when discussing overweight with participants. Their frustration stems from caregiver's apparent disinterest in overweight as a problem for their children, and from discomfort arising from their own lack of good personal health habits. Staff need assistance in changing their own behaviors in order to feel empowered to help others. They also need additional training, resources and tools to help them respond to the apparent disinterest of the parents to the problem of overweight. In *Fit WIC ITCA*, WIC staff were challenged to become better role models for participants by setting personal nutrition and physical activity goals. There were also provided with training and tools to improve their skills when providing nutrition education to overweight participants.

WIC caregivers seem to lack interest in the nutrition education provided because of a belief that overweight is not a problem either in preschoolers or in their own children. Education sessions that use preventing overweight as a motivator for behavior change are therefore likely to be ineffective. Instead, ways to address overweight indirectly should be identified and used to stimulate behavior change in the WIC population. For example, caregivers identify



inappropriate feeding techniques as factors contributing to the problem of overweight in other families' children; however, they often use those same techniques, such as allowing children to eat at any time, making children finish all of their food, and using food as a reward, with their own preschool children! Nutrition education that focuses on modifying these inappropriate techniques is more likely to resonate with caregivers than sessions that focus directly on overweight.

The individual, one-to-one counseling format used for educational sessions in ITCA is well liked by caregivers and staff. Another educational format that has received considerable interest by caregivers participating in focus groups is the facilitated group discussion. Participants in the Project Team's implementation of *Fit WIC ITCA* reacted positively to this format and were eager for additional groups. Therefore, both one-to-one counseling sessions and facilitated discussion groups, with curricula designed to influence caregivers' feeding techniques, were incorporated into the *Fit WIC ITCA* program.

WIC children can begin to learn about nutrition and physical activity. They need to be exposed to different types of foods more often, particularly fruits and vegetables, so they can learn to enjoy eating those foods. Children also need to learn the importance of physical activity and that physical activity can be fun! Therefore, the *Fit WIC ITCA* Project Team incorporated nutrition and physical activity classes for preschool children as an integral part of their program.¹

This program is designed to accomplish the following goals for WIC staff:

- ❖ Improve their personal behaviors related to good nutrition and physical activity;
- ❖ Improve their ability to discuss healthy eating and physical activity effectively and skillfully with participants.

For WIC caregivers, the goals of the program are to:

¹ Please refer to the text box, "WIC Principles on Physical Activity..." on p. 41 for further guidance on the topic of physical activity in WIC education.



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

For WIC children, the goals of the program are to:

- ❖ Increase their opportunities for physical activity through caregiver education;
- ❖ Introduce them to good nutrition and the importance of enjoyable physical activity through group activities in WIC.



5.2 The Heart of *Fit WIC ITCA*—How Does It Work?

The ITCA model for obesity prevention is a multi-tiered intervention that includes components targeted toward WIC staff, WIC caregivers and WIC children. All staff activities are part of normal staff training and in-services. Activities for WIC participants easily fit into normal clinic or site routines; facilitated group discussions are used in place of regular WIC class time. Activities are appropriate for all WIC participants, regardless of weight status, since the focus of this program is on overweight prevention and supporting participants in an overall, healthy lifestyle.

5.2.1 WIC Staff

WIC staff are important role models of good nutrition and physical activity for WIC participants, both because they are primary providers of nutrition education and because they are members of the communities they serve. Assisting staff in setting goals and providing incentives for them to meet their goals can promote behavior change. A small group meeting with 3-5 staff facilitated by a registered dietitian and/or exercise specialist will assist them in goal setting. The following objectives should be covered during the meeting:

- ❖ Discuss the importance of physical activity and good nutrition. How can good nutrition and physical activity help you, personally, in your job, your health, etc?
- ❖ Provide information on healthy physical activity patterns and different ways to be physically active. (This may also be done for nutrition although most WIC staff are knowledgeable in this area already).
- ❖ Provide examples of goals and ways the goals could be met.

- ❖ Have each person tell the group about her current physical activity patterns and improvements she could make in her diet. (A diet assessment could be completed at this time if desired).
- ❖ Have each person write down a physical activity goal and a nutrition goal as well as at least three ways that she could meet these goals on a *goal-tracking sheet* (see Section 5.5). Have each person share this with the group. The group should provide feedback and support to the person sharing such as ideas on how to meet goals.
- ❖ At the end of the session each participant should have a written goal for both nutrition and physical activity with a list of strategies on how to meet each goal.
- ❖ The staff participating in the training could be provided with items to encourage physical activity. They should also keep the tracking sheets to record whether they met their goal on a daily basis.

Participating staff should turn in tracking sheets monthly to the intervention coordinator who provides them with a letter of encouragement and a small



In Fit WIC ITCA, preschoolers participate in developmentally appropriate activities helped by staff at the WIC site.

acknowledgement.² Monthly meetings should be continued to keep staff motivated and focused on their goal(s).

WIC staff gain valuable experience in setting goals and utilizing a variety of methods to produce success in meeting goals. They also serve as role models for a healthy lifestyle for other health department staff, WIC participants and community members.

² 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.

5.2.2. WIC Caregivers

Individual Counseling Sessions in *Fit WIC ITCA*

Individual counseling sessions with WIC caregivers is an important component of the WIC nutrition education protocol. The typical WIC nutrition education session is geared toward what and how much children are eating. In *Fit WIC ITCA*, education for all WIC participants is expanded to include the feeding relationship between caregiver and child (especially, the 2-4 year old), the feeding environment and setting limits. In order to facilitate this transition to an approach focused on the caregiver feeding relationship, the *Fit WIC ITCA* Project Team developed *staff training materials* on the feeding relationship, including evaluation tools (see Section 5.5). The trainings will help staff understand the basic concepts of the feeding relationship such as the division of responsibility as well as how to discover and solve common problems, such as using food as a reward. Training can include a variety of styles including lecture, audio-visual, case studies and group discussion.

A *care plan* (see Section 5.5), which includes a questionnaire to be completed by the caregiver, provides staff with the necessary tools to assess the feeding relationship and elicit information which will help them guide the discussion effectively. The care plan is also used to set goals and outline ways that the caregiver could achieve those goals. Caregiver education materials that focus on the feeding relationship can be used to help guide the staff member in providing relevant information. Information should also be made available for extended family members, as children are often cared for by aunts, grandparents and other relatives.

Group Education Sessions in *Fit WIC ITCA*: Facilitated Group Discussions

Group facilitated education for caregivers complements the individual education in *Fit WIC ITCA* by focusing on the feeding relationship and physical activity in a new format. Facilitated discussion groups allow for a more open



conversation and can address the needs of the group more effectively than traditional lecture style education. Such discussions also allow participants to learn from each other. The Project Team has provided detailed suggestions on how to conduct and get the most from a facilitated discussion group (*see Section 5.5*). There are additional resources on facilitated discussion listed in Chapter 10.3.2.

Based on group discussions with caregivers, the Project Team has designed several detailed activity programs for caregivers for use in a facilitated group discussion. These programs are described in the guide, *Fit WIC Families: Activities for Learning About Nutrition and Physical Activity*, which the Project Team has compiled for your use (*see Section 5.5*). The guide includes a suggested structure for each activity and a series of questions to help guide the facilitator; some include suggestions for a video. Topics for these activities include (1) The Division of Responsibility, (2) How to Set Limits, (3) Physical Activity and (4) What and How Much to Feed Your Child. Ideally, caregivers would complete the whole series of discussion groups over a period of time as part of the WIC nutrition education program.

5.2.3 WIC Children

The Project Team designed several detailed activity programs for older WIC children (3-4 years old) to introduce them to nutrition, food preparation and a variety of enjoyable physical activities, also described in the *Fit WIC Families* guide (*see Section 5.5*). In their implementation, the *Fit WIC ITCA* Project Team offered children's activities about twice a month. Examples of program titles are "I'm As Hungry As a Bear," "Vegetable Party," "I'm a *Fit WIC* Kid." 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.

The program uses physical activities taken from the *Sport For All* program (see Section 5.5 for reference), which emphasizes developmentally appropriate activities that are fun for preschool children. Activities are described on colorful and durable cards and include instructions for how to teach the activities correctly. In the food preparation section, children taste new foods or familiar foods prepared in different ways. Snacks are easy to prepare and appealing to children. Most snacks include at least one WIC food item.



Children at the WIC site could be engaged and active in classes you conduct in Fit WIC ITCA.

5.3 The Impact of *Fit WIC ITCA*: Evaluation

The ITCA *Fit WIC* program: (1) improved confidence, knowledge, and skills of staff with caregivers; (2) improved staff behaviors related to nutrition and physical activity, and (3) provided opportunities for WIC children to learn about nutrition and to participate in physical activity.

In the Project Team's implementation, all staff (administrative, paraprofessional, and supervisory nutritionists) at each site participated in *Fit WIC ITCA* activities. Training to improve knowledge in the area of feeding children was provided to all staff. A pre- and post-test format (see Section 5.5) was used to assess the change in staff knowledge in this area. Nearly all staff members had a dramatic improvement in their knowledge of how to feed children and how to identify and solve feeding problems. WIC counseling staff participating in *Fit WIC ITCA* activities were more likely to discuss physical activity with caregivers as part of overweight prevention than those not participating in the program. They were also more likely to feel successful in helping caregivers with their overweight children and felt more confident about their counseling skills.

In addition to enhancing staff counseling skills related to childhood overweight prevention, another goal of the staff component of *Fit WIC ITCA* was to improve staff nutrition and physical activity patterns, in order to increase their impact as role models for WIC participants. Staff improved their health by walking at lunch, or to and from work, eating more fruits and vegetables and drinking more water. Several of those that participated indicated that they had lost 10-20 pounds as a result of the program. However, staff participation fell steadily over the six-month program period. More support given at the clinic site (e.g., meetings to keep staff motivated) would likely improve the long-term participation in the program.

Evaluation of the children's classes was somewhat subjective, due to obvious difficulties in measuring changes in knowledge or behavior of 3- to 4-year old children. Classes were evaluated through visual observation and by an outside evaluator. The children participated enthusiastically in the reading and discussion sessions, physical activities and in preparing and eating the snack. Their enjoyment of the activities was apparent. Parents expressed appreciation for the opportunity to bring their child to a class in WIC and many asked if they could bring children of friends or relatives. Staff members especially enjoyed providing the classes to children and were most eager to implement this part of the program. However, one difficulty experienced with the classes during implementation was that agencies didn't always complete all portions of the curriculum.

The caregiver discussion groups were the most difficult to implement. Some staff members were averse to initiating these classes due to discomfort with



Clinic-friendly physical activities for children are described in the Fit WIC ITCA materials.

facilitating the groups, lack of clinic space for groups and difficulty with attendance at the sessions. Yet, *Fit WIC ITCA* results suggest that this approach has potential. Caregivers who participated engaged in goal setting that they perceived as successful after four to six weeks time. Caregivers also

benefited from sharing their experience with other parents and grandparents. The

Project Team recommends that enough training, coaching and support be provided to WIC staff so that they are confident in their ability to facilitate group discussions.

5.4 Lessons Learned by the *Fit WIC ITCA* Project Team

❖ *Start small and build from there.*

It is best to begin with one component of the intervention plan at one clinic and to build in the other components over time. Once the program is established at one clinic and running smoothly, it is easier to branch out to other agencies or clinics.

❖ *Get support of the local agency director/nutritionist.*

The local agency director/nutritionist must be supportive of the implementation plan and dedicated to ensuring that the program goals are carried out.

❖ *Involve all WIC staff in your program.*

The *FIT WIC ITCA* Project Team included all staff (receptionists, paraprofessionals, and supervisory nutritionists) at each site in program activities. In this way, everyone at the site felt vested in the success of the program. While most of the participant education was done by the paraprofessionals, some of the nutritionists were more comfortable facilitating the group activities. If all staff are involved, you can take advantage of the great variety of talents and skills you undoubtedly have at your site.

❖ *Be patient.*

It can take time for staff to embrace new ideas and ways of providing WIC services. When planning the program, include all staff as much as possible in the process, so they can slowly adapt to the changes. Set up discussions with staff so they can provide input on their concerns and potential problems. Discuss ways that identified problems can be solved.



❖ *Plan for no-shows.*

Look at the rate of no-shows for appointments at your agency. This will help you determine the number of participants to schedule for a discussion group or children's class. It may be necessary to double or triple book the classes or make reminder phone calls in order to get a sufficient turnout.

❖ *Provide frequent contact.*

An on-site program person assigned to each agency or clinic provides optimal support to local agency staff. This individual should be in close contact with the clinic staff to provide follow-up assistance and to ensure that implementation is going smoothly and on schedule.

❖ *Support your staff.*

Staff members who facilitated group activities with caregivers or children felt unprepared for their role initially, but were gratified by the experience once they had some practice. Staff need support to build their confidence to facilitate groups, and should be rewarded for going that extra mile to serve participants.

❖ *Celebrate success!*

Recognize success and tackle challenges by encouraging local staff to share their experiences as they try new approaches. Increase staff ownership of program modifications and outcomes. Involve satisfied participants to promote special activities.



5.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC ITCA*

1. Program Specific Tools and Forms

The following tools will help you implement *Fit WIC ITCA* and are available at the *Fit WIC* link on the *WIC Works* website: www.nal.usda.gov/wicworks/index.html (accessed 28 Jan 2003)

- ❑ Staff goal tracking sheet
- ❑ *Fit WIC Kids* Nutrition Questionnaire and Plan
- ❑ Staff training materials on feeding relationships, including evaluation tools
 - Working with preschoolers
 - Child-feeding training
 - Caregiver discussion groups
 - Group discussion questions for staff
 - Discussion questions, Child of Mine
 - Child feeding training pre-test
 - Child feeding training post-test
 - Facilitated discussion group guide
- ❑ The guide, *Fit WIC Families: Activities for Learning About Nutrition and Physical Activity*, includes guidelines and materials for activity programs for caregivers and preschoolers

2. People to Contact

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3. Helpful References

For more details on methods and results from the Project Team

For references to additional reports from the Five-State *Fit WIC* Project, see Chapter 10.1, *Resources Specific to the Five Fit WIC Programs*. Reports made after the publication of this manual will be available or referenced on the *Fit WIC* link on the WIC Works website: www.nal.usda.gov/wicworks/index.html (accessed 10 Jan 2003).

On Young Children and Physical Activity

The *Sport for All* program (<http://www.sportforall.net/>) was developed by a partnership between *The National Association for Sport and Physical Education* (<http://www.aahperd.org/naspe/>), *Sportime* (<http://www.sportime.com/>) and *Human Kinetics*, (<http://www.humankinetics.com/>) (all sites accessed 21 November 2002). See also Chapter 10.6.7 for helpful references and websites.