

CHAPTER 6

Beyond Nutrition Counseling: Reframing the Battle against Obesity

How To Fit *Fit WIC Kentucky* Into Your Community

By

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6.1 The Rationale Behind *Fit WIC Kentucky*

The dialogue that occurs between WIC professionals and parents about the problem of childhood overweight often fails to create sound and effective partnerships needed to prevent and to treat childhood overweight. Many nutrition counselors perceive parents of overweight children as lacking the motivation to support sustained changes in the family's diet; many parents feel alienated or blamed by their health care providers.

The video, entitled "*Beyond Nutrition Counseling: Reframing the Battle against Obesity*," was created by the *Fit WIC Kentucky* Project Team and their collaborators to alter the perceptions of WIC staff about the problem of childhood obesity. When used in conjunction with a facilitated group discussion (FGD), the video can help overcome the impasse in communication between WIC staff and WIC parents. Target audiences for the intervention could include WIC staff, at all levels of experience, and students or practitioners in a variety of health fields ranging from psychology to nursing to medicine.¹



Many parents of overweight children feel blamed by health professionals.

The documentary style video depicts sensitively filmed "day in the life" segments with three low-income WIC families and highlights the struggles that

¹ A condensed version of the video, suitable for pediatricians or policy makers is available; see Section 6.5.

they face raising young children. The provocative content is designed to help health professionals reflect on their own counseling techniques and the current structure of WIC. It is also meant to generate a constructive dialogue about the problem of childhood overweight. This dialogue is intended to encourage local and State WIC programs to move “*beyond*” what has been the traditional approach to “*nutrition counseling*” in WIC.

The use of the video, “*Beyond Nutrition Counseling: Reframing the Battle against Obesity*,” along with FGD as an intervention, is based on the premise that complex human behaviors, like counseling, cannot be altered merely by providing training sessions that teach new or more “correct” counseling techniques. Instead, health professionals must first *alter their perceptions* before they can be open to adopting new techniques. An agency can more easily introduce new, more effective techniques into their current program when staff members are more realistic about and sensitive to the struggles of their clients. This video can facilitate this process.

Therefore, rather than to teach new counseling techniques, the video and FGD are designed to (1) alter the perceptions of WIC staff about why current nutrition counseling practices may not be successful in preventing or treating overweight (*identifying barriers*); and (2) allow WIC staff to generate their own ideas about how to make their counseling and the entire WIC program more responsive to the problem of childhood overweight (*identifying solutions*).

The intervention is intended, ultimately, to improve nutrition counseling skills in WIC. However, WIC staff are far less likely to adopt new approaches to the problem of overweight if they do not first understand the problem from the client’s perspective and participate in identifying new solutions. The intervention is designed to make these first steps.

6.2 The Heart of *Fit WIC Kentucky*--How Does It Work?

The powerful images and messages contained in the video, "*Beyond Nutrition Counseling: Reframing the Battle against Obesity*," will have the greatest impact when the video is used within the context of a facilitated group discussion (FGD). A successful facilitated group discussion requires a well-trained facilitated group discussion leader. A trained leader will create a comfortable atmosphere that encourages broad participation by everyone in the group. A trained leader will also be able to (a) correct misconceptions without imposing personal opinions on the group, (b) listen actively and (c) summarize the points raised in discussion (*see Chapter 10.3.2 for references on FGD*).

The basic format of *Fit WIC Kentucky* consists of a brief overview of the video given by the discussion leader, a showing of the video (20 minutes) and a FGD about the video (40 minutes). The Project Team also recommends incorporating an evaluation into the process (an additional 15 minutes) and has developed tools especially for that purpose.

A Discussion Guide, which is provided with the video and can also be downloaded from the web (*see Section 6.5*), includes guidelines on how to conduct the intervention. It guides the discussion leader to focus the group on individual scenes, or vignettes, from the video. By doing so, the leader will help group members articulate (a) perceived barriers to preventing and managing overweight among WIC children (*identifying barriers*) and (b) steps that might be taken to prevent and manage overweight (*identifying solutions*). At the end of the



Easy access to fast foods presents a challenge to families trying to maintain a healthy lifestyle.



discussion, group members will have a list of counseling strategies, which could be implemented immediately (without structural changes in WIC) and which would help bridge the gap that currently exists between provider and client around the problem of overweight. An example of one such strategy might be an open-ended question to use with WIC participants when discussing overweight.

Because the immediate goal of *Fit WIC Kentucky* is to alter the *perceptions* of WIC staff related to the problem of overweight, evaluating changes in perceptions resulting from the video and discussion is an integral part of the program. Note that it is not recommended that you evaluate counseling competencies; change in competency can only come after a change in perception and is not addressed in this intervention.

The evaluation suggested by the *Fit WIC Kentucky* Project Team will help you learn about the impact of your intervention on group members, and guide you in making changes and improvements in future presentations. The evaluation process is also an important learning tool for the group members, allowing them to actively reflect on the content of the video and FGD.

The evaluation tools described here are available on the Web (*see Section 6.5*). These tools were used by the *Fit WIC Kentucky* Project Team in the formal evaluation of their program but can be modified to suit your needs. The Project Team suggests that the evaluation instruments be completed anonymously to encourage group members to answer honestly.

There are three steps to the recommended evaluation:

1. Following a brief introduction of the video, distribute the *Demographic Questionnaire*. It is brief and can be completed before the start of the video. The 14-item questionnaire is particularly useful with large groups, and is more for your benefit than for the benefit of the group members. It allows you to learn characteristics of the group members such as race, age, perceived self-efficacy in counseling, self-reported height and weight, professional certification and WIC counseling

experience. This information may help you understand how responsiveness to the intervention differs by group member characteristics; however, it might also guide you in planning future sessions. For example, you may find that the FGD needs to be directed differently for group members with considerable counseling experience in WIC. You might decide to alter the content of the next session you offer by highlighting other scenes or by adding different prompting questions for discussion.

2. The heart of the evaluation is the *Assessment Form*: This form should also be distributed prior to the video viewing. The Assessment Form presents two questions to group members: The first question (*What are the greatest barriers to preventing and managing obesity among children enrolled in WIC?*) is designed to assess perceptions and changes in perceptions about *barriers* to overweight prevention in WIC; the second question (*What are the most important steps that should be taken to prevent and manage obesity among children enrolled in WIC?*) is designed to assess perceptions and changes in perceptions about possible *solutions* to these barriers.

At each of three time points in the session--before viewing the video, after viewing the video, and following the discussion—you will ask group members to list their responses to these same two questions on the Assessment Form. At each time point, give them a different color pen to record their responses (e.g., blue pens for answering before the viewing, red pens for immediately following the viewing and green pens for after the FGD). Colored pens from the previous time point are collected when



The video's provocative content stimulates lively group discussion.



new pens are distributed, so that group members can only use the correct color for that time point. By using a different color at each time point, they can add new or expanded comments in each answer space on the form; previous responses will always be distinguishable. Their original responses will be expanded and modified in different colors depending on the input and perspective gained after the video and the discussion.

3. *The Follow-up Agreement* and *Follow-up Questionnaire* are available for evaluation of the longer-term impact of your intervention. Group members who are willing to be contacted by you after the session is completed should complete the *Follow-up Agreement*. They must partially break anonymity and list their names and mailing addresses on the *Agreement*, so you can mail the *Follow-up Questionnaire* to them 4-6 weeks after the session. The *Follow-up Questionnaire* is designed to determine if the respondent feels that she has succeeded in implementing any of the strategies or suggestions stemming from the FGD. She is also asked about what further training might be helpful.

If your intervention is successful, group members will:

- ❖ Have increased awareness of how WIC families perceive the problem of childhood overweight and how the WIC program currently counsels families on this problem;
- ❖ Have increased awareness of the challenges faced by WIC families, particularly in the area of child rearing or parenting, as they try to prevent or manage overweight in their children;
- ❖ Be able to generate specific ideas about how to best address the issue of childhood overweight during WIC counseling sessions.

6.3 The Impact of *Fit WIC Kentucky*: Evaluation

Because the immediate goal of *Fit WIC Kentucky* is to alter the perceptions of WIC staff, the Project Team conducted an evaluation to assess whether the video and FGD resulted in measurable change in group members' perceptions about the barriers and solutions related to the problem of overweight.²

The 44th Annual Kentucky Maternal and Child Health Conference (September 2001) presented an opportunity to evaluate the impact of the video on health care workers. The *Fit WIC Kentucky* intervention was offered during two 75-minute breakout sessions and was attended by 150 conference participants: 60% were nurses, 24% were dietitians or nutritionists, and 64% had WIC counseling experience.

The intervention was conducted as described in the previous section. The evaluation focused on identification by the group members of 17 barriers and 7 solutions targeted in the video and FGD. Upon completion of the sessions, responses listed on the Assessment Forms were coded and analyzed by the Project Team.

The 155 group members produced a total of 924 "barrier" responses and 685 "solution" responses. Of these, 241 responses could not be coded into any theme, because the response was either too general (e.g., "family attitudes") or fragmentary (e.g., "money"), or for other reasons.

Of the 1,368 responses that could be coded, 14% were identified as video-related barriers and 5% as video-related solutions. Forty-three percent of the responses were identified as non-video-related barriers, and 39% as solutions that were not related specifically to the video.

Before the video viewing, 51% of group members were unable to record any of the target barriers, and 91% could not identify any of the solutions. After the

² For more details on this evaluation, see the paper entitled *Altering the perceptions of WIC health professionals about childhood obesity using video with facilitated group discussion*, referenced in Chapter 10.1.



intervention, 37% could identify at least one more target barrier than they did prior to viewing, and 24% could identify at least one more target solution.

This evaluation showed that the video, used as a catalyst for FGD, produced a short-term change in the perceptions of the group members about barriers and solutions around the problem of overweight in low-income preschool children. Video viewing was more successful in changing perceptions about barriers than in changing perceptions about solutions; the facilitated group discussion that followed the video was more successful in changing perceptions about solutions than about barriers.

6.4 Lessons Learned by the *Fit WIC Kentucky* Project Team

- ❖ *Make certain everyone can see and hear comfortably.*

If there are more than 10 viewers, the video is best shown on an LCD projector and a large screen rather than on a TV.

- ❖ *The facilitator should direct negative responses into positive energy for change.*

The FGD leader may find that adverse reactions to the video content arise in discussion. For example, members of your group may express negative attitudes toward the families or staff portrayed in the videotape; they may even convey a sense of futility during the discussion. The FGD leader should try to channel these reactions into constructive solutions, such as suggestions for positive change in WIC.

- ❖ *Focus the discussion on generating solutions.*

An emphasis on specific scenes in the video such as the vignettes used in the Discussion Guide will help you focus the discussion primarily on generating solutions.



6.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC Kentucky*

1. Program Specific Tools and Forms

The video, “*Beyond Nutrition Counseling: Reframing the Battle against Obesity*” can be ordered from the Project Team. Ordering information is given on their website: www.cincinnatichildrens.org/fitwic (accessed 3 Feb 2003) and at the *Fit WIC* link on the *WIC Works* website: www.nal.usda.gov/wicworks/index.html (accessed 21 November 2002).

The following tools will help you implement *Fit WIC Kentucky* and are available at the *Fit WIC* link on the *WIC Works* website: www.nal.usda.gov/wicworks/index.html (accessed 21 November 2002) and at the Project Team’s website www.cincinnatichildrens.org/fitwic.

- “Discussion Guide” for facilitated group discussion of the video
- Video transcript
- Demographic questionnaire
- Assessment form
- Follow-up agreement
- Follow-up questionnaire

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). of the *Fit WIC Kentucky* publications, and other *Fit WIC Kentucky* information, can be viewed on their website www.cincinnatichildrens.org/fitwic (accessed 21 November 2002).

On facilitated group discussion

For journal references and other helpful materials on how to conduct facilitated discussion groups, see Chapter 10.3.2.