

CHAPTER 8

An Anticipatory Guidance Model For Physical Activity and Nutrition

How To “Fit” *Fit WIC Virginia* Into Your Community

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Chapter 8

An Anticipatory Guidance Model For Physical Activity and Nutrition

How To Fit *Fit WIC Virginia* Into Your Community

8.1 The Rationale Behind *Fit WIC Virginia*

The overall goal of *Fit WIC Virginia* is to improve health related behaviors of WIC families by focusing on the parent-child feeding relationship and other parenting skills, which influence the development of a family's health behaviors. The program is comprised of goals and activities for three target groups: (1) WIC participants, (2) WIC staff members and (3) community organizations serving WIC participants. Collaboration among the three groups is important to build the most effective program.

8.1.1 The Conceptual Framework of *Fit WIC Virginia*

The educational components of *Fit WIC Virginia* are built on the concepts of **anticipatory guidance** and **positive role modeling**, concepts that have been demonstrated in the research literature to be effective.

Anticipatory guidance¹ provides the framework for the educational sessions, goals and activities of *Fit WIC Virginia*. Accordingly, individual and group educational sessions are designed to help parents to understand the developmental changes occurring in their children, and to use this understanding to positively affect their children's development. Parents are taught to anticipate their children's readiness to engage in different types of physical activity and

¹ See Story M, Hold K, Sofka D, eds. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health, 2000.

mealtime behaviors and to guide their children in the development of related skills, thereby promoting healthy weight. These behaviors are addressed in discussions of six *Fit WIC* Key Messages, which are simple, easy to grasp health-related concepts formulated by the Project Team (described below and in Table 8.1.1).

The development of positive role models is central to the success of *Fit WIC Virginia*. WIC parents and staff participate in goal setting and other activities related to the *Fit WIC* Key Messages. The hope is that by improving their own health-related behaviors, staff and parents will become positive role models for WIC children in the home and at the WIC site, supporting the development of those behaviors in children.

8.1.2 *Fit WIC* Key Messages: The Thread Connecting All Phases

Key Messages for health and physical activity provide a thread connecting

Table 8.1.1
***Fit WIC* Key Messages**
For Anticipatory Guidance

1. Active kids are healthy kids.
Encourage your child to get moving everyday.
2. Make meals memorable.
Take time to eat together and talk with your family.
3. An active child is a healthy child.
Limit TV viewing to 1 hour per day.
4. Pour good health into your child.
Serve water at snacks.
5. Your child depends on you to learn new things.
Offer your child 5 fruits and vegetables each day.
6. Set a good example.
Play with your kids.

all phases of *Fit WIC Virginia*. The six Key Messages, used in the educational aspects of the Program, were developed by the Project Team using focus and discussion groups and are based on current research on childhood overweight. The

six Key Messages, shown in Table 8.1.1, are promoted in every phase of *Fit WIC Virginia*.

WIC staff and partners in community organizations and agencies are trained to present the messages to caregivers of young children and to the children themselves. This coordinated strategy extends the reach of the intervention: WIC participants receive reinforcement for the same important health messages in different venues on a predetermined schedule. WIC staff and community partners teach caregivers to set goals and participate in activities that make the *Fit WIC* Key Messages meaningful to them in their daily lives.

8.1.3 The Complementary Roles of the Three Target Groups

The roles of the three target groups in *Fit WIC Virginia* are complementary. Coordination and communication among the three target groups are essential to the success of this “multi-front” effort: each group (community partners, WIC staff and WIC participants) is involved in the delivery and/or receipt of the *Fit WIC* Key Messages simultaneously.

WIC staff members play two important roles in *Fit WIC Virginia*: as *experts* and as *role models*. As *experts*, WIC staff members are invited to participate in planning meetings to learn about *Fit WIC Virginia* and to help plan its implementation. Once the program is underway, staff members serve as *role models* by participating in “Staff Wellness Challenges,” running concurrently with the participants’ education classes. The nutrition and physical activity messages presented to the WIC staff through the Challenges mirror those used in the participant classes. By challenging the staff to pursue the same physical activity and nutrition goals as the participants, the staff



Parents and children set goals together, and parents model healthy life style choices in Fit WIC Virginia.



can better relate to the difficulties that participants experience in making healthy choices. In addition, the WIC staff model healthy lifestyle habits to the WIC participants.

WIC caregivers are introduced to the six Key Messages either through group or individual education sessions. Participants learn to serve as role models for their children through six nutrition and health activities, including goal-setting activities, which correspond with the Key Messages. The goal of the activities is to influence parents' knowledge, attitude and behaviors regarding healthy eating and physical activity with the expectation that long-term health behaviors of parents and children will be sustained.

Community organizations or agencies where WIC participants are likely to seek support are recruited to reinforce the Key Messages received at the WIC site. You provide your community partners with *Fit WIC* health education materials to share with their clients on a schedule coordinated with the education program at the WIC site. The materials are similar to the materials being used at the WIC site.

8.2 The Heart of *Fit WIC Virginia*—How Does It Work?

This section describes the steps a WIC State or local agency can take to involve all three target groups (WIC staff, WIC participants, and the community) in its implementation of Fit WIC Virginia. Due to the intensive, "multi-front" nature of this program, the Project Team suggests starting with one site in your State or local agency. This will provide you with the opportunity to learn what makes a successful intervention and what barriers and challenges you may face. Once you have successfully implemented the program in one site, consider expanding your intervention to other parts of your State or agency.

Remember that coordination of target group activities is essential to the success of your project. The Project Team has provided a pictorial representation of the timing and flow of target group activities to supplement the description below (available on the web; see *Section 8.5*).

8.2.1 Staff Participation and Responsibilities

❖ Assessment of staff attitudes and motivation (Recommended)

It is recommended that you begin the staff component of your program by assessing the attitudes and beliefs of your staff surrounding the issue of childhood overweight. A sample *staff questionnaire* is provided (see *Section 8.5*) to help in this assessment. It can also be used to determine how much time

Table 8.2.1
Staff Responsibilities in *Fit WIC*

- ❖ Assessment of staff (recommended)
- ❖ Participation in a planning meeting
- ❖ Participation in a training session
- ❖ Assessment of community resources (optional)
- ❖ Participant recruitment and orientation
- ❖ Enhanced individual counseling with Guidance Cards
- ❖ Group education classes
- ❖ Recording achievements on Tracking Forms
- ❖ Staff Wellness Challenges



your staff members spend in counseling parents and children on nutrition and physical activity issues.

The information obtained from this survey can be used to determine the extent to which the staff is willing and able to implement the intervention and can help you design a training session tailored to your setting.

❖ Participation in a planning meeting

The planning meeting provides an opportunity for WIC staff members to offer input about their perceptions of the challenges of making the program a success at their site and in their community. The planning meeting can be held as part of a regularly scheduled staff meeting or as a separate in-service or retreat. It is important to involve all WIC staff, including administrative staff, at the onset, to gain their input and support. During the planning stage, the staff are offered all program materials to review. The staff are encouraged to become familiar with the material through role-playing, taking turns being the WIC participant and the staff member. While the messages need to be consistent, there is room for flexibility to better serve the participants based on the superior knowledge of the WIC clinician regarding their participant base. Staff can suggest ways to edit materials or change the program to fit their site.

❖ Participation in a training session

The staff may benefit from training on the topics of childhood overweight, how to recruit participants, and on the steps of the intervention that require direct interaction with the participants (the use of the Guidance Cards in individual counseling, the use of the Tracking Form and the group education classes). Set aside a day for training. Provide an overview of the *Fit WIC* materials used in group education and individual counseling and some guidance on their use. Focus on the *Bright Futures* concepts of anticipatory guidance and role

modeling, using open-ended questions and goal setting. The *Fit WIC* Project Team has provided a training presentation and case studies (see *Section 8.5*).

❖ **Assessment of your community’s physical and social resources (Optional)**

A *community assessment* will give you information on your WIC participants, how they get to the WIC site, where they live and what the conditions are surrounding the site (e.g., are there sidewalks? recreation centers?). In addition, a community assessment will enable you to better target your interventions to the areas in which your WIC participants live. Since the WIC staff knows their participants well, it is recommended that the staff actually perform the community assessment. An example of a *community assessment questionnaire* is provided (see *Section 8.5*).

Accomplishing an assessment of a neighborhood or community is not a small task. Obviously, you will need strong staff support to complete this part of the program. Encourage staff to participate in any decision-making processes, including tailoring the questionnaires and processes to your site.

❖ **Participant recruitment and orientation**

It is important that staff realize that *Fit WIC Virginia* is designed as a primary prevention program: all children between 2 and 4 years of age are recruited to participate, regardless of weight status. Staff must know that this is not an overweight treatment program! During the recruitment process, parents should be told that participating in the program in no way affects their WIC participation or WIC benefits.

Staff can recruit participants when they come for their regularly scheduled appointments. The WIC



All WIC preschool children, regardless of weight status, will benefit from participation in *Fit WIC Virginia*.



staff should explain to the parent that if she participates in the program, she will be setting goals related to physical activity and nutrition for herself and/or her child and that she will receive acknowledgements when goals are met.²

(Acknowledgements used by the *Fit WIC Virginia* Project Team included stickers, a water bottle, a T-shirt, a beach ball, etc.) Each time she comes to the WIC site to receive her vouchers, e.g., every other month, a new Key Message will be the topic of her education session, and the goal setting exercises will focus on the new Key Message.

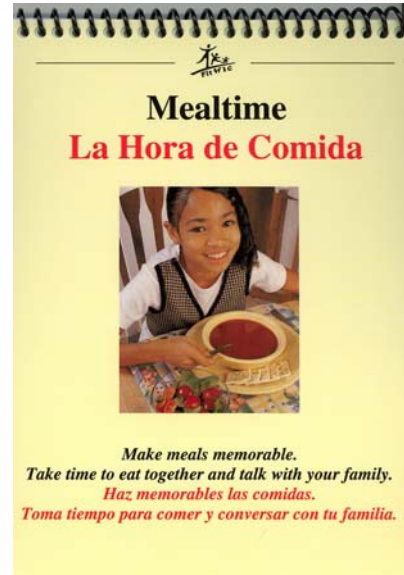
If the parent agrees to participate, the staff member notes on her record that she and her child are *Fit WIC* participants. The WIC staff member then records the child's name, identification number, height, weight and food package on the *Fit WIC* Tracking Form, which becomes your documentation of the participant's participation and progress in the program: the participant's goals and achievements will be recorded on this form for documentation (see below). The Tracking Form was designed by the *Fit WIC Virginia* Project Team to include all the above information about the participant, because, in Virginia, a chart was not pulled when the participant came for voucher pick-up and group education; a participant's pertinent information was therefore not readily available. However, goal setting and achievement tracking for *Fit WIC* can also be done in the participant's chart or in some other orderly and convenient manner depending on protocols at your site.

With the guidance of your site's protocols, the counselor, in consultation with the participant, will determine if the participant will attend the *Fit WIC* group education or individual counseling sessions on that visit. The goal setting and recording procedures are the same for both individual and group counseling.

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.

❖ Enhanced individual counseling with *Fit WIC* Guidance Cards

A principal focus of *Fit WIC Virginia* is on enhancing the individual counseling session and goal setting with the *Fit WIC* Guidance Cards. The Guidance Cards were developed by the Virginia *Fit WIC* Project Team to enhance discussions of overweight prevention with WIC parents of 2-4-year old children. The cards were developed using information from WIC staff and participant focus groups and surveys. They are based upon available research regarding childhood overweight prevention. They contain text (in English and Spanish) and images describing anticipatory guidance messages and related to the Key Messages. Included are the two screening cards, *Getting Started* and *Tell Me About Your Child*, which the counselor can use in identifying the needs and concerns of the WIC parent regarding her child's activity, nutrition and growth. The six *Fit WIC* Key messages are addressed on the six topic cards: *Active Play*,³ *Mealtime*, *Television*, *Water*, *Fruits and Vegetables* and *Family Activity*. Each topic card contains the following sections: What to Expect, Discussion Points, Goal Setting, Handouts and Referrals. The text and images for the cards are reproducible from the *Fit WIC* link on the WIC Works website (See Section 8.5.).



Guidance cards in English and Spanish facilitate discussion of Key Messages in individual counseling session.

❖ Group education classes

The group education classes were developed by the *Fit WIC Virginia* Project Team to introduce participants to the six Key Messages in group discussions, lasting about fifteen-minutes each. Each of the six classes has a lesson plan and

³ 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.



transparencies or a Power Point presentation available on the *Fit WIC* website (text also in both English and Spanish; *see Section 8.5*). The instructor facilitates the discussion, by asking open-ended questions and encouraging discussion. The class participants are encouraged to share their knowledge and experience. At the conclusion of the class, participants set goals related to the current Key Message.

❖ **Recording the goals and achievements of *Fit WIC* participants: Maintenance of Tracking Forms**

The *Fit WIC* staff member records the goals set in individual counseling or in the group education classes with the participant on the *Fit WIC Tracking Form*, which the staff initiated in the recruitment and orientation of the participant. (The participant also records her goal on her Participant Goal Form, which will be described in the participant section). In follow-up meetings, the staff member notes on the Tracking Form if the participant met her previous goal at least 75%⁴ of the time as indicated by her home recording sheet and rewards the participant with an acknowledgement of her achievement. The Tracking Forms are filed and stored in a central, secure location where the *Fit WIC* program is administered. At the end of the *Fit WIC* intervention, the Tracking Forms can be filed in each participant's WIC chart.

❖ **The Staff Wellness Challenges: Staff as models of healthy behaviors**

The Staff Wellness Challenges are designed to increase staff awareness of healthy lifestyle habits and to teach them how to incorporate these habits into their own lives. Staff Wellness Challenges also provide an opportunity for staff to model healthy behaviors to WIC participants. For example, if a participant sees a WIC professional drinking water or eating an apple, that will have a more favorable impression than if the staff member is drinking a sugar-sweetened beverage.

⁴ A criterion other than 75% can be used.



WIC staff are encouraged to participate in each of six Wellness Challenges, which are designed to reflect the *Fit WIC* Key Messages. Staff members who agree to participate in the Challenges receive an orientation and a journal to document their progress. Each Staff Wellness Challenge runs for two weeks and mirrors the topic being promoted at that time in the participant classes and by community organizations (see Section 8.2.3). The six Staff Wellness Challenges are: *The Stair Climbing Challenge*, *The Healthy Brown Bag Challenge*, *TV Turn-off Challenge*, *The Water Challenge*, *The Five-a-Day Challenge* and *The Walking Challenge* (see Section 8.5). At the end of the two-week challenge period, the journals are collected and the staff members who meet their goal receive an acknowledgement.⁵ Acknowledgments provided by the *Fit WIC Virginia* Project Team in their implementation included T-shirts, fruit baskets, pedometers, a reusable lunch sack and a water bottle.

8.2.2 WIC Participants

Participants receive nutrition education either in the group education classes or during individual counseling sessions. In the group education, participants attend a 15-minute discussion on one of the six *Fit WIC* Key Messages and then stay for goal setting and achievement recording. The participant records her new goal on the Participant Goal Form, which she will take home with her. The form contains a calendar to record the days on which she meets her personal goal for the next 2 months. (As described previously, the WIC staff member and the participant also record her goal on the *Fit WIC* Tracking Form, which remains at the site.) On her next visit to the site, the participant will receive an acknowledgement if she has met her personal goal 75% of the time (as indicated on her Goal Form).

⁵ 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.



The participant may receive individual counseling, rather than the group education class. When the nutritionist discusses the Key Message in individual counseling, she and the participant will use the Guidance Cards relevant to the current Key Message. As the counseling session ends, the participant and counselor engage in goal setting and achievement recording, following the same procedure described above.

The *Fit WIC Virginia* Project Team has provided curricula pertaining to the six Key Messages for the individual counseling and group classes (see Section 8.5).

Participants can benefit from the assessment of community interests and resources that you did as part of your task force development (with the Key Informant Survey) and from your community assessment, if you chose to do one. From the information gained in these activities, you can compile a list or directory of your community's available, accessible and affordable resources. You can then provide the list to your participants in either the individual counseling or in the group education class. Examples of important community resources to include are: where to purchase fresh, nutritious foods; where to find nutrition and family health education programs (e.g., the Food Bank); where to find physical activity, recreation and healthcare resources.

8.2.3 In Your Community

In the community phase of this program, you will establish a community *task force*: a coalition of community agencies or organizations, organized around the issue of childhood overweight. Potential partners for a task force will ideally share your target population and goal (i.e., reducing the incidence of childhood overweight). Chapter 10.4 provides a list of some promising agencies to contact.

It is through the task force that you will distribute educational materials, in *Community Kits*, to community organizations, which will use them to educate their clients and reinforce your efforts at the WIC site. The Community Kits are given to

community partner organizations and agencies at task force meetings, which you will organize.

Engaging the community in your intervention is accomplished in 4 steps: **(1) assessing community interest in physical activity and nutrition; (2) growing community interest**, perhaps thorough sponsoring a *community conference*; **(3) building a community task force**; and finally, **(4) distributing Community Kits at task force meetings**. Note that the first two steps are described as optional; but they will increase the effectiveness of your last two steps.

Step 1. Assess the Current Level of Interest of Community Organizations In Nutrition and Physical Activity (Optional)

Consider conducting a survey of community organizations in order to evaluate community interest, awareness and strengths related to the issues that are of relevance to childhood overweight, (e.g., nutrition and physical activity). This assessment will help you identify potential collaborating agencies and partners with the resources to complement your efforts. With your first mail contact to the leaders of promising agencies (*see Chapter 10.4 for suggestions of whom to contact*), send a questionnaire on the topic of their nutrition and physical activity interests. An example of an introductory letter and of a questionnaire (*Key Informant Questionnaire*) are provided by the Project Team (*see Section 8.5*). In this contact, you can also invite agency leaders to a community meeting, with the goal of establishing a task force on the issue of childhood overweight in your community.

Step 2. Grow Community Interest: Organize a Community Conference on Childhood Overweight (Optional)

One way to generate interest and to recruit community organizations is by holding a conference on childhood overweight. Invite local dietitians, physicians, organizational leaders from the public and private sectors and other individuals

who work with children to attend the conference. Conference speakers can be recruited from the local university, health department or hospital. Look for experts in nutrition, physical activity, childhood overweight or other appropriate areas. If funding allows, invite knowledgeable individuals from other states to be speakers at the conference. Possible topics for discussion include increasing physical activity in children, getting children to enjoy fruits and vegetables, strategies for a better diet, and managing mealtimes. Depending on the community demographics, providing information on cultural differences may also be important.

Before the end of the conference, provide information on the *Fit WIC* intervention you are planning. Ask participants if they are willing to support the intervention by sharing health education materials, which you will provide, with their clients. Also, ask them if they are interested in serving on a *task force* to help address the issue of childhood overweight in their community. Have those that are interested in sharing materials and/or serving on the task force sign up before leaving.

Step 3. Build a Community Task Force on Childhood Overweight

Invite individuals or organizations you have identified as potential partners to attend a meeting, the purpose of which is to establish a task force on the topic of childhood overweight in your community. The first meeting will set the stage for the meetings to follow, so it is important to be well organized. The first order of business will be to establish a mission and vision. A mission statement captures the essence of the organizational purpose and the vision is



Eating 5 servings of fruits and vegetables a day is one of the Fit WIC Key Messages focused on by staff, participants and community partners.



an expression of hope. Without a clear mission and vision, the task force is likely to flounder with no clear-cut goal or plan. The task force members should also begin to discuss and share their vision, as well as what they would like to accomplish as a group. A facilitator may be necessary to assist in this process. It would be especially helpful for your group to elect a chairperson, who can facilitate future meetings as well. You should allow two to three hours for your first community meeting.

A primary role played by community organizations in *Fit WIC Virginia* is to reinforce the *Fit WIC* Key Messages by distributing educational materials into the community. You will provide those materials to them as Community Kits at perhaps the first, but certainly at subsequent meetings (see Step 4). Additionally, it is hoped that the task force you establish will take on a life of its own and continue to work together after completion of the *Fit WIC* program to prevent childhood overweight in other creative ways.

Step 4. Distribute the Community Kits at Task Force Meetings

Fit WIC staff will assemble six different “Community Kits,” one for each of the six Key Messages. These will be distributed at, ideally, six different meetings of these individuals and community leaders who have expressed concern for the problem of childhood overweight. The meetings provide you with the opportunity to describe the Kit components and their significance, and to address any concerns or questions the members have in using the Community Kit within their agency or organization. Meetings are also good times to engage the organizations in discussions, heighten community awareness, coordinate the community effort, and ensure that everyone is making optimal use of the Community Kits.

The Community Kit can contain the following materials (see Section 8.5):

- ❑ Cover letter to community participants
- ❑ Pamphlets or handouts reflecting the relevant *Fit WIC* Key Message
- ❑ Posters reflecting the relevant *Fit WIC* Key Message
- ❑ “Topics For Discussion”—relevant to Key Message



- “Anticipatory Guidance--Ages and Developmental Stages”
- “Ways You Can Use This Kit”—practical suggestions for application
- “Ideas from the Community Conference”—if one was held in your community
- “Community Report”—feedback from previous Kit evaluation forms
- “Evaluation Form” for Community Kit, to be returned to sponsoring WIC site
- “What’s Happening at WIC” newsletter
- “Materials included” list and Community Kit Materials order form (for additional materials)

At one of the first task force meetings, you will distribute the first Community Kit to the organizations willing to participate. Subsequent meetings to distribute the other Community Kits in the series can be held according to the same schedule of the Key Message rotation at your WIC site; in Virginia, the rotation was set for every two months (the frequency with which WIC participants came to get their vouchers). Community Kits can be mailed to organizations that are interested in participating in the *Fit WIC* program but cannot attend the task force meetings.

An evaluation is included in each Community Kit; participants should be asked to return the evaluation about one month after the Kit is distributed. (You can put a “return by...” date on each evaluation). The evaluations will help you tailor subsequent Kits to the needs of your participants. In addition, the evaluations provide information on how the Community Kits are being used in the community. Share this information with other community organizations in the “Community Report” to go in subsequent Community Kits, as it may spark ideas and new ways to present the Key Messages.

8.3 The Impact of *Fit WIC Virginia*: Evaluation

The Project Team evaluated the outcome of their intervention to determine if participants were affected by exposure to the Program. Two WIC sites located in about the same geographical region of the state and serving populations similar in ethnic and other demographic features, were selected by the *Fit WIC Virginia* Project Team. One site served as an intervention site and the other as a comparison site. The intervention site implemented the program and the comparison site continued to provide the usual WIC services in the standard way.



WIC preschool children were offered more water to drink as a result of Fit WIC Virginia.

WIC participants at both sites completed pre- and post-intervention questionnaires on the same schedule, following the program activity time-line at the *Fit WIC* site. The outcomes evaluated were (a) the behavior of parents to promote healthy weight in their preschool children; (b) participant perceptions of WIC staff as role models; and (c) the use of community resources to promote physical activity. The outcome evaluation relied upon the analysis of information from the pre- and post-intervention questionnaires, information gathered from the participants and staff as well as qualitative self-reported information from both groups.

The evaluation showed positive changes in outcome measures, following the *Fit WIC* intervention:

- a) **Change in the behavior of parents.** Several improvements were measured in health promoting behaviors of parents toward their preschool children following the *Fit WIC* intervention. *Fit WIC* parents

engaged in active play with their children *more often after the intervention* than they did before the intervention, whereas parents receiving standard WIC counseling actually decreased the frequency of playing with their children by the end of the intervention period. *Fit WIC* parents also *increased the amount of water*, rather than sweetened drinks, they offered to their children. Overall, parents in the *Fit WIC* group were more confident in their ability to take action to prevent their child from becoming overweight than were parents in the comparison group.

- b) **Participant perception of WIC staff.** *Fit WIC* parents were more likely to report observing WIC staff in a greater variety of healthy behaviors: 52% of *Fit WIC* parents, compared to 6% of parents in the comparison group, reported observing staff engaging in three or more of the six target healthy behaviors.
- c) **Use of community resources.** *Fit WIC* parents reported significantly more use of community activity centers than did parents in the comparison group: 72% of *Fit WIC* parents, compared to 44% of parents in the comparison group, reported using at least one community activity center.

Conclusions. The design of the program evaluation was shaped to the real-life situation of the WIC site. In spite of the resulting scientific limitations (e.g., WIC participants were not randomly assigned to treatment vs. comparison groups) the evaluation clearly demonstrated the feasibility of influencing the behavior of WIC parents to promote healthy eating and activity in their preschool children, using an anticipatory guidance model.

8.4 Lessons Learned by the *Fit WIC Virginia* Project Team

Staff feedback and constructive criticism during the research project resulted in the following lessons learned.

❖ *Include the staff in the development of your program.*

The WIC staff members are aware of the issues that confront participants. By including the staff members in development of the intervention tools, surveys and educational aids, the staff can provide valuable insight into literacy level and language limitations of the participants. The staff can present a practical perspective on the planned intervention.

❖ *Include an onsite program coordinator to facilitate your Fit WIC program.*

An onsite program coordinator will be able to develop relationships within the community as well as relationships with WIC staff members and participants. More importantly, the coordinator would also serve as a support person during the implementation process.

❖ *Place significant emphasis on the community and the task force.*

The community task force should select a chair or a leader and should articulate a mission and a vision statement as soon as possible. This will increase its chance of success and continuation after your intervention is completed.

❖ *Encourage participation by other community agencies and organizations that might not ordinarily associate themselves with WIC.*

In Virginia, the community task force members were individuals from organizations that were already closely linked with WIC. Encouraging wider participation will ensure greater success and wider impact.



❖ *Listen to the community partners and respond to community needs.*

In the development of this program, the Project Team did not alter the contents of the community kits based on responses from the community partners. Had the community kit evolved to better meet the needs of the community groups it may have gotten more use by the community partners.



8.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC Virginia*

1. Program Specific Tools and Forms

The following tools will help you implement *Fit WIC Virginia* and are available at the *Fit WIC* link on the *WIC Works* website: <http://www.nal.usda.gov/wicworks/index.html> (accessed 22 Jan 2003).

- Diagram of the timing and flow of target group activities
- Key Informant questionnaire
- Recruiting letter for community partners
- Community Kit materials (cover letter, list of contents, Anticipatory Guidance information, evaluation form, newsletter)
- Staff questionnaire
- Community assessment questionnaire
- WIC Tracking Form
- Participant Goal Form
- WIC Guidance Cards
- Staff Wellness Challenges
- Group education classes, lesson plans

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). A link from the website of the Virginia Department of Health, Nutrition Services, provides information on *Fit WIC Virginia* and other childhood obesity prevention projects: <http://www.vahealth.org/nutrition/coserv.htm> (accessed 21 November 2002).

Anticipatory Guidance

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