

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

## **Discussion Guide**

Revised for NM WIC “Get Healthy Together” Project

June 2008 - Albuquerque, New Mexico

## **Purpose of Discussion Guide**

The following Discussion Guide provides a basic structure for a 60-minute facilitated group discussion with the video “Beyond Nutrition Counseling: Reframing the Battle Against Obesity.” The format consists of an overview of the video, showing the video in 3 segments of approximately 7 minutes each, and conducting a FGD about the video after each video segment is shown. In addition, the evaluation tools described in Section II may be used, adding an additional 15-20 minutes.

**Resources needed:** Demographic Questionnaire, Assessment Forms (Barriers on yellow paper & Solutions on green paper) Markers, Flip chart or wipe board (with System Barriers, Staff Barriers and Client Barriers written on flip chart pages or columns on wipe board), and 2 or 3 colors of pens.

## **Section I:**

### 1.1 Demographic Questionnaire (2-4 min)

*This 13-item questionnaire is particularly useful in large training sessions to gather information about the characteristics of the participants such as race, age, perceived self-efficacy in counseling, self-reported height and weight, professional certification and WIC counseling experience.*

1. Encourage participants to complete this form
2. Emphasize their responses on this are entirely confidential.
3. Have participants review this form to ensure they have answered all questions they feel comfortable answering.
4. Collect Demographic Questionnaire.

### 1.2 Assessment Form Time 1 (5 minutes)

*This form consists of two open-ended questions. The first question is designed to assess the FGD participant’s perceptions about **barriers** to obesity prevention in WIC. The second question is designed to assess the FGD participant’s perceptions about possible **solutions** to overcoming these barriers.*

*This assessment provides a baseline assessment of the participant’s ability to identify specific barriers or solutions.*

1. Refer to this form as being two different colored pages (yellow & green), stapled.
2. Emphasize that the Assessment Form will be used additional times during the session. Do not feel overwhelmed by all the space provided for answers.
3. Using the blue ink pen, on the yellow sheet have the participants list barriers to preventing and managing obesity among children enrolled in WIC (low income children under 5 years of age). Have participants list as many barriers as they can. Emphasize that it is okay to write short answers instead of complete sentences in order to save time.

## Section II: Discussion Guide

### Brainstorming & Video Overview (7-10 minutes)

#### 2.1 Brainstorming & Group Discussion

**FACILITATOR READS:** *Please put away your slides and handouts for this section of the training. Only keep out the yellow and green forms. Pick up your **BLUE** pen. I am going to pose a question about pediatric obesity to the group. You will have 2 minutes to write down your ideas and responses to this question on the form in front of you using your blue pen. Then, we will open it up for group discussion and sharing of ideas.*

*The question is: “In your opinion, what are the greatest **barriers** to preventing and managing obesity among children enrolled in WIC (low income children under 5 years of age)? Please think of your responses to this question in terms of the WIC system barriers, staff barriers and client/children barriers. For example, a system barrier is the clinic volume is so large, that time is limited with clients; a staff barrier is that they aren’t comfortable raising the issue of weight with clients, and a client barrier is that they are a single parent living on one income.”*

**FACILITATOR READS:**

*“Please put down your **BLUE** pen. Now we’d like to have a group discussion where you can share your ideas about the various barriers to addressing pediatric overweight in WIC. If you wish to write down additional barriers identified in the discussion, please use your **RED** pen.”*

#### 2.2 General Overview of Video:

**FACILITATOR READS:**

*The video you are about to watch will last 20 minutes. It was developed as part of the Kentucky Fit WIC Project. The video includes actual WIC participants and WIC health professionals. This video highlights the struggles families face raising young children.*

#### 2.3 Video Viewing (20 minutes)

##### Facilitated Group Discussion (FGD) (in 3 segments, approx 25 minutes)

The goal of the FGD is to stimulate a lively discussion in which participants identify the barriers to preventing and managing obesity that were shown in the video and to identify possible steps that could be taken to overcome some of these barriers. A table listing barriers and solutions to addressing childhood obesity in the WIC Program identified in the video is included at the end of this guide. These were all barriers and solutions that were specifically suggested by the video (see attached script to the video to obtain the comment associated with the theme listed).

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**The discussion should be solution oriented. The FGD leader should establish ground rules for the discussion such as the length of time for the session, confidentiality, respecting others opinions.** Open-ended questions should be used to guide the discussion. Give positive feedback to responses and encourage involvement from all the participants during the discussion. The FGD leader should clarify different views and restate the objectives of the session when necessary.

At the conclusion of the FGD, **a successful FGD leader will be able to summarize the “solutions” generated during the discussion without providing their own analysis or feelings on the subject.** Techniques for summarizing solutions may include using phrases such as “what we have heard is...” or “could you repeat that one more time?”

**FACILITATOR READS:** *We will watch the video in three segments with discussion after each one. Please feel free to use your **BLUE** pen to make notes during the video as barriers, concerns or solutions regarding pediatric overweight are suggested by those being interviewed.”*

Each video segment illustrates barriers followed by specific questions to elicit steps (solutions) to addressing the barrier. For your convenience, video related barriers and solutions are noted throughout each vignette. You may refer to the video script that also references the barriers and solutions or to the summary list of video barrier and solutions at the end of this guide.

Turn on video. Play video until the scene with Stephanie on the phone holding her child is completed. Stop video when **Stephanie, WIC Participant**, says “OK, thank you.”  
(Note: This is at the bottom of page 5 in the video transcript).

**FACILITATOR READS:**

*Let's discuss the first video section. Stephanie, Tonya and Sonya are all WIC participants who have experienced challenges with keeping their families healthy.*

*Sonya has a son Thomas -- the little boy who appears to have free access to food in the refrigerator. This is also the mother who expressed anger about WIC telling her what foods to have in her house. She also described how clients have learned to tell WIC "what they want to hear."*

*Tonya and Stephanie recognize they are overweight parents, but each have different perceptions about their weight and how it affects their parenting.*

**Barriers & Solutions – Video Segment 1**

<b>Barrier Theme 3</b> - WIC families are struggling with many demands in their lives that make nutrition a low priority.	Sonya was obviously angry at the WIC staff person who in her words said “my son was going to be overweight, because me and my husband was fat.”
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<p><b>Barrier Theme 5</b> - Parents become upset when WIC health professionals suggest that parents change the family diet.</p>	<p>If Sonya was in your office at her next visit reporting this experience, how would you respond or reflect back to her?</p> <p>She also asked “<i>How could she tell me not to buy snacks for my house?</i>” What if she said this to you? How would you help her reach a solution about healthy snacking? Pair off and use MI to role play to a snacking solution for Sonya’s family.</p>
<p><b>Barrier 2</b> - Overweight parents struggle with their own weight.</p> <p><b>Barrier 16</b> – Parents have a sense of acceptance or inevitability about their child or themselves being overweight.</p>	<p>Let’s talk about Stephanie and Tonya. Do you think parental overweight is a barrier to addressing childhood obesity? Why?</p> <p>What are the differences in Stephanie’s perceptions vs. Tonya’s perceptions about their own weight?</p> <p>Pair off. Left half is Stephanie and WIC staff person, right half is Tonya and WIC staff person. Role play a discussion with the parent about how their weight can influence their child’s weight and health. Get to a solution consider the parents’ readiness to change and the parents concern about their child’s weight.</p>

**STOP! FACILITATOR SHOULD SUMMARIZE BARRIERS & SOLUTIONS.**

4. Turn video back on and begin the next viewing segment. It will start with **Dr. Lichtenstein, Pediatrician** saying... “*Now, I’m not so sure that this model really works well with more complex problems like obesity.*”

5. Stop video at the point where **Laura, a WIC Nutritionist**, says, “So, it’s a big reward I think and kids learn food is a reward rather than, you know, as nutrition sometimes.”  
(*Note: This is at the mid-point of page 10 in the video transcript.*)

**FACILITATOR READS:**

*There were several barriers that were raised by the mothers, the WIC staff and the doctor during this segment. What were some of those barriers?*

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**Barriers & Solutions – Video Segment 2**

<p><b>Barrier theme #11</b> - Parents “nag” their children about eating and are concerned that they will be hungry if they do not eat.</p> <p><b>Barrier theme #12</b> - Parents model poor eating habits.</p> <p><b>Barrier theme #13</b> - Parents utilize food as a reward.</p>	<p>What did you see in the segment with Stephanie about Mabry eating breakfast?</p> <p>Stephanie is in the WIC clinic with you and says “I want Mabry to eat breakfast so she doesn’t go to school on an empty stomach.”</p> <p>How would you respond or reflect back to Stephanie?</p> <p>Pair off and role play this discussion to a solution or a goal for Stephanie and Mabry with regard to eating breakfast.</p>
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**STOP! FACILITATOR SHOULD SUMMARIZE BARRIERS & SOLUTIONS.**

6. Turn video back on and begin the next viewing segment. It will start with **Dr. Lichtenstein, Pediatrician** saying... *“I even got a smile out of her. I’m doing pretty well.”* (He faces another direction). **Grandma** says *“I’m grandmom.”*
7. Play video until the very end.

**FACILITATOR READS:**

*Let’s talk about some of the issues that were addressed in this video segment. Some of them were system and some were client oriented. What were some of those barriers and solutions to those barriers?*

**Barriers & Solutions – Video Segment 3**

<p><b>Barrier Theme 10</b> – Parents are letting their children decide what to eat and giving their children too much control over food choices.</p> <p>Barrier Theme 12 – Parents model poor eating habits.</p> <p>Barrier Theme 14 – Parents have a hard time setting limits or saying “no.”</p>	<p>Let’s talk about Sonya’s parenting skills with regard to son’s food behavior.</p> <p>What behaviors can you recall from the video that would concern you as a WIC professional?</p> <p>Sonya is in your office. When asked about Thomas’ eating patterns, she says “We basically give Thomas what he wants to eat when he asks for it.”</p>
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<b>Barriers &amp; Solutions – Video Segment 3 (continued)</b>	How would you respond or reflect back to Sonya?  Pair off with one another. Role play this discussion with Sonya out to a solution about Sonya letting her child decide what to eat and controlling food choices.
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**STOP! FACILITATOR SHOULD SUMMARIZE BARRIERS & SOLUTIONS.**

2.4 Closing (5 minutes)

**FACILITATOR READS:**

Over the course of this discussion multiple barriers and solutions have been identified. If you take notes during this final summary, please use your **RED** pen.

1. What are the most important barriers in your region?
2. What are the most effective steps that could be taken to address these barriers?

The facilitated group discussion leader may choose to emphasize one or more of the following statements at the end of the session.

**FACILITATOR READS (DK – READ BOLDED POINTS ONLY!):**

**1. Obesity is a complex, multi-faceted issue.**

2. The video provides a glimpse of 3 WIC families' lives and some of the struggles they face.

3. The video is intended to be a catalyst to evoke thoughts about how WIC can be more responsive when counseling parents on the subject of childhood obesity.

**4. While the video did not identify specific solutions, we hope today's discussion allowed you to consider some short and long term changes WIC could make.**

5. Failure to implement the goals set in WIC does not make the WIC parents bad parents. There is no doubt the parents care about their children, however, they also struggle with other issues. How often do you experience competing demands in your day so you skip "important things" such as exercising or cooking a meal?

**FACILITATOR READS:**

*Turn to the page in your handouts that contains the slide titled "Objective #4."*

## Beyond Nutrition Counseling: Reframing the Battle Against Obesity

### BARRIERS & SOLUTIONS – FROM VIDEO

**Table 1. Summary of Barrier Oriented Themes Derived from Video**

Theme	Barrier Theme Description
1	WIC health professionals feel ineffective in their counseling.
2	Overweight parents struggle with their own weight.
3	WIC families are struggling with many demands in their lives that make nutrition a low priority.
4	Parents do not like WIC health professionals labeling them or their child as fat or overweight.
5	Parents become upset when WIC health professionals suggest that parents change the family diet.
6	WIC clients learn to tell WIC health professionals “what they want to hear.”
7	WIC health professionals feel that the complexity of the parents’ social context interferes with success in nutrition counseling (examples include financial stress, being a young parent and having had poor experiences with their own parents).
8	WIC health professionals “lecture” clients on what they “need to know.”
9	The standard medical model for illness, diagnosis, and treatment does not work for obesity counseling.
10	Parents are letting their children decide what to eat and giving their children too much control over food choices.
11	Parents “nag” their children about eating & are concerned their kids will be hungry if they do not eat.
12	Parents model poor eating habits.
13	Parents utilize food as a reward.
14	Parents have a hard time setting limits or saying “no”.
15	Extended family members play an important role in feeding decisions.
16	Parents have a sense of acceptance or inevitability about their child or themselves being overweight.
17	WIC health professionals are required by regulations to accomplish too many objectives with clients.

**Table 2. Summary of Solution-Oriented Themes Derived from Video**

Theme	Solution Theme Description
1	Co-location of WIC Services
2	WIC and physicians need to present a unified message about child obesity
3	Restructure WIC procedures: increase time allotment for nutrition counseling
4	Adjust WIC Counseling: focus on small, short-range goals
5	Adjust WIC Counseling: focus on mutually agreed upon goals
6	Adjust WIC Counseling: focus on sensitivity to client’s life context/stresses
7	Adjust WIC Counseling: assess and/or teach parenting skills (developmentally appropriate feeding, establishing limits and routines, use of food as reward)



## Beyond Nutrition Counseling: Reframing the Battle Against Obesity BARRIERS & SOLUTIONS – FROM FACILITATED GROUP DISCUSSIONS

**Table 3. Summary of Barrier Oriented Themes Derived from Facilitated Group Discussions**

Theme	Barrier Theme Description
1	Parents and children lack of physical activity
2	Parents are non-compliant, not willing, or don't care about making behavioral changes
3	Dietary feeding practices (high fat, high calorie foods, low intake of vegs, use of convenience foods)
4	Counseling session issues (language barriers, distractions with kids running around, long wait time)
5	Parents (families) have low education level or comprehension.
6	Financial constraints (low income) limits families ability to purchase healthy foods
7	Parents reliance on fast food for meals
8	Parents lack education about good nutrition or healthy food choices
9	Families meal planning and mealtimes lack structure or routine
10	Parents don't think obesity is a problem
11	Low income, or low socioeconomic status (general, lack specificity)
12	Parents lack understanding about health risks associated with obesity
13	Parents lack parenting skills
14	History of family obesity
15	Parents lack education or skills in food preparation
16	Parents lack transportation to WIC clinics and supermarkets
17	Lack of unified message by other health care providers
18	Media and marketing influences food choices
19	Parents lack motivation to implement goals established in nutrition counseling
20	Content of WIC food package needs to be altered
21	Societal and cultural "norms" exist regarding eating and food choices
22	Role of school, day care meals in child's diet
23	Multiple caregivers are providing meals for child
24	Lack of support system for mothers (role models)

**Table 4. Summary of Solution-Oriented Themes Derived from Facilitated Group Discussions**

Theme	Solution Theme Description
1	1 Conventional/traditional/"old hat" counseling concepts and suggestions
2	Offer classes at WIC: meal preparation, shopping, healthy snacks, recipes, budgeting
3	Change content of WIC food package
4	Enhance WIC hand-outs, provide videos, portion models (bilingual, reading level)
5	Counseling focus: Encourage exercise, less television watching
6	Mainstream nutrition education in other settings/collaborate with agencies
7	Procedural changes proposed for WIC counseling
8	Adopt positive counseling approach: less judgmental, enhanced rapport, listen
9	Include whole family in counseling session
10	Specific WIC counseling focus: structured meal times
11	Offer gym memberships and weight management programs
12	Focus on health risks of obesity during counseling sessions
13	Create media campaign which focuses on healthy eating, reducing child obesity
14	Provide incentive system for parents and children who meet WIC goals
15	Initiate home visits by WIC health professionals
16	Change content of school/daycare menus, restrict vending machines at schools
17	Focus on parenting issues during counseling: parent "in charge", as role model
18	Provide training for health professionals in counseling skills
19	Provide parenting education/classes at WIC
20	Create support groups for parents
21	Increase physical activity component in schools