Bright Futures for WIC NUTRITION SERVICES

Prepared for
Supplemental Food Program Division
Special Nutrition Programs
Food and Nutrition Service
Department of Agriculture

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Bright Futures for WIC NUTRITION SERVICES

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"*Bright Futures* for WIC Nutrition Services" was developed for presentation at the National Association of WIC Directors April, 2000 meeting and its September, 2000 Nutrition Services and Breastfeeding Promotion Conference.

Bright Futures in Practice: Nutrition– A Resource for WIC

Bright Futures in Practice: Nutrition is a 270 page guide that consolidates a tremendous amount of nutrition information between two covers! For WIC staff, it is a comprehensive, up-to-date resource on delivering nutrition services to the families of infants and children, as well as a resource for training and for developing nutrition education materials.

*Bright Futures in Practice: Nutrition** is an implementation guide of *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.*** The implementation guide was developed at the National Center for Education in Maternal and Child Health, through a cooperative agreement with the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.

The guide was written by dozens of contributors and was reviewed by over 150 health professionals, educators, and representatives from family organizations. Organizational reviewers include the National Association of WIC Directors, the Society for Nutrition Education, The American Dietetic Association, the American Academy of Pediatrics, the American Nurses Association, and the American Public Health Association...as well as 31 other organizations.

For more details on the guide and ordering information, see *Selected Resources*.

The vision and goals of Bright Futures in Practice: Nutrition are to:

- Improve the nutrition status of infants, children, and adolescents
- Identify desired health and nutrition outcomes that result from positive nutrition status
- Set guidelines to help health professionals promote the nutrition status of infants, children, and adolescents
- Encourage partnerships among health professionals, families, and communities to promote the nutrition status of infants, children, and adolescents
- Describe the roles of health professionals in delivering nutrition services within the community
- Identify opportunities for coordination and collaboration between health professionals and the community

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

** Green M, Palfrey JS, eds. 2000. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* Second Edition. Arlington, VA: National Center for Education in Maternal and Child Health.

Bright Futures for WIC NUTRITION SERVICES

Explanation of these inservice materials

The purpose of this set of inservice materials, *Bright Futures for WIC Nutrition Services*, is to provide a general orientation to several of the concepts upon which the *Bright Futures in Practice: Nutrition* guide is based.

The inservice materials are organized so that they can be used to conduct one or more inservice sessions with a minimum of preparation time. Each of the three chapters in this set of materials could be covered at a different staff meeting or inservice. The Presenter's Guide has additional ideas on how to use or adapt these inservice materials for your own needs and audience.

Each chapter in this set of inservice materials has three parts. They are:

- **Introductory material with excerpts** from *Bright Futures in Practice: Nutrition* and *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* (Excerpts are boxed.)
- **Commentary** on the excerpts and the theme of the chapter
- **Discussion questions** for you to think about personally or that could provide the basis for a staff discussion on the material presented in the chapter

Three themes are explored in these inservice materials:

- The developmental approach to nutrition services
- Family partnerships
- Desired outcomes for nutrition services

In each of these three areas, the *Bright Futures in Practice: Nutrition* guide offers both information and tips for practical application. These three areas also offer a unique and potentially revitalizing perspective from which to view the nutrition services provided in WIC.

In these materials, as in the *Bright Futures* materials themselves, the word "parent" is used to refer to the adult or adults responsible for the care of the infant or child. All artwork is from *Bright Futures in Practice: Nutrition*.

Bright Futures for WIC NUTRITION SERVICES

1.

Exploring the Bright Futures Developmental Approach

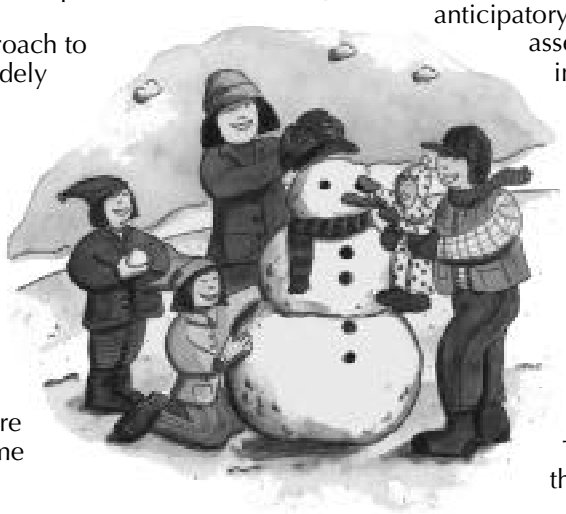
Introduction and excerpts from *Bright Futures in Practice: Nutrition*

Bright Futures in Practice: Nutrition promotes the concept of anticipatory guidance.

Anticipatory guidance is basically helping parents understand their child's current and upcoming developmental stages, so that parents know what to expect and are better prepared to cope.

The anticipatory guidance approach to health supervision has been widely adopted in pediatrics training.

In 1994, the *Bright Futures* project published *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* (See *Selected Resources*.) These guidelines, with their emphasis on anticipatory guidance, are being used in many primary care and public health settings. Some managed care companies have adopted the guidelines. Many nurse homevisiting programs for infants and families are also based on the anticipatory guidance model.



With the publication of *Bright Futures in Practice: Nutrition*, nutrition educators and other health professionals now have a resource that helps merge anticipatory guidance with nutritional assessment and screening information, basic nutrition guidance on dietary intake, and health promotion around many issues and concerns, including obesity and physical activity.

The following three pages include excerpts from the guide to give an overview of it, as well as a sense of its developmental approach. On the next page is the guide's Table of Contents to show how the guide is organized.

Bright Futures in Practice: Nutrition

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Here is some of the introductory material to *Bright Futures in Practice: Nutrition*. The first two paragraphs under "A Developmental and Contextual Approach" describe, in a nutshell, the developmental approach reflected in the entire guide.

What Is *Bright Futures in Practice: Nutrition*?

Optimal nutrition is important for sustenance, good health, and well-being throughout life. As the relationships among diet, health, and disease prevention have become clearer, nutrition and the promotion of healthy eating behaviors have received increased attention.

The nutrition status of infants, children, and adolescents affects their growth and development and resistance to disease. Lifelong eating behaviors and physical activity patterns are often established in early childhood. Therefore, it is important for children and adolescents to build the foundation for good health by choosing a healthy lifestyle, including practicing healthy eating behaviors and participating in regular physical activity.

A Developmental and Contextual Approach

Nutrition needs to be approached from two perspectives: (1) the development of infants, children, and adolescents and (2) the context of their daily lives and environment. The guidelines in *Bright Futures in Practice: Nutrition* represent a developmental and contextual approach for helping children and adolescents develop positive attitudes toward food and practice healthy eating behaviors.

The developmental approach, which is based on the unique social and psychological characteristics of each developmental period, is critical for understanding children's and adolescents' attitudes toward food and for encouraging healthy eating behaviors.

The contextual approach emphasizes the promotion of positive attitudes toward food and healthy eating behaviors by providing children, adolescents, and their families with consistent nutrition messages. Consistency, combined with flexibility, is essential for handling the challenges of early childhood. During middle childhood and adolescence, it is important for parents to encourage their children and adolescents to become more responsible for their own health and to help them develop the skills they need to practice healthy eating behaviors.

Bright Futures in Practice: Nutrition recommends that food and eating be viewed as both health-enhancing and pleasurable. Food provides more than just energy and sustenance. It holds innumerable symbolic, emotional, social, and personal meanings. Food is connected with nurturing, family, culture, tradition, and celebration. Promoting positive attitudes toward food and healthy eating behaviors in children and adolescents involves recognizing the multiple meanings of food and creating an environment that encourages the enjoyment of food. Family meals are emphasized because they help build on family strengths and promote unity, social bonds, and good communication.

Partnerships Among Health Professionals, Families, and Communities

Encouraging healthy eating behaviors in children and adolescents is a shared responsibility. One of the principles of *Bright Futures in Practice: Nutrition* is that, together, health professionals, families, and communities can make a difference in the nutrition status of infants, children, and adolescents.

Today, many families face the challenges of balancing work and home life and dealing with hectic schedules. Health professionals can help families learn how to fit nutritious meals and snacks into their busy lives. To be most effective, strategies need to be tailored to the family's individual needs.

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

The family is the predominant influence on children's and adolescents' attitudes toward food and their adoption of healthy eating behaviors. The family exerts this influence by

- Providing the food.
- Transmitting attitudes, preferences, and values about food, which affect lifetime eating behaviors.
- Establishing the social environment in which food is shared.

Parents want to know how they can contribute to their infants', children's, and adolescents' health and are looking for guidance; however, they are faced with contradictory nutrition information. Dietary recommendations can be misunderstood or misinterpreted, especially when adult guidelines are applied to children and adolescents.

Bright Futures in Practice: Nutrition will help health professionals revise standards of practice, promote the development of new nutrition programs, and provide the information children and adolescents need to develop positive attitudes toward food and practice healthy eating behaviors. The guide can serve as a resource for training health professionals and students. Sections of the guide—particularly the Frequently Asked Questions at the end of the Infancy, Early Childhood, Middle Childhood, and Adolescence chapters and the appendices on nutrition risk, food safety, body image, and federal food assistance and nutrition programs—can serve as a resource for educating families.

Throughout the nutrition guide, we use the term "parent" for convenience to refer to the adult or adults responsible for the care of the infant, child, or adolescent. In some situations this person could be an aunt, uncle, grandparent, custodian, or legal guardian.

The community can be invaluable in helping children and adolescents develop positive attitudes about food and practice healthy eating behaviors. *Bright Futures in Practice: Nutrition* can be used in a variety of community settings (e.g., clinics, health and child care centers, hospitals, schools, colleges and universities). Community settings and events that provide a variety of healthy, affordable, and enjoyable foods can be instrumental in communicating positive nutrition messages.

Where We Go from Here

There are many opportunities for promoting the nutrition status of infants, children, and adolescents. It is our sincere hope that *Bright Futures in Practice: Nutrition* will be useful to health professionals, families, and communities as they strive to ensure the health and well-being of the current generation and of generations to come.

Here are excerpts from the Infancy and Early Childhood chapters, which briefly review social and emotional development in relation to eating behaviors.

Infancy:

Social and Emotional Development

Feeding is crucial for developing a healthy relationship between parents and infants. A parent's responsiveness to an infant's cues of hunger and satiation and the close physical contact during feeding facilitate healthy social and emotional development. During the first year, being fed when hungry helps infants develop the trust that their needs will be met. For optimum development, newborns need to be fed as soon as possible when they express hunger. As they grow older and become more secure in that trust, infants can wait longer for feeding.

Quickly responding to their infant's cues also strengthens parents' sense of competence. As they feed their infant, they learn how their actions comfort and satisfy. Over time, parents become more skilled at interpreting their infant's cues, and they increase their repertoire of successful responses to those cues. Physical contact during feeding enhances communication between the parent and infant because it provides the infant with essential sensory stimulation, including skin and eye contact, and strengthens the psychological bond between the parent and infant. A sense of caring and trust evolves and lays the groundwork for communication patterns throughout life.

(p. 26)

Social and Emotional Development

The Toddler: 1 to 2 Years

Toddlers tend to be leery of new foods and may refuse to eat them. They need to look at the new foods and touch, smell, feel, and taste them—perhaps as many as 15 to 20 times before they accept them.[2,3]

Toddlers are unpredictable. The foods they like one day may be different the next. They may eat a lot one day, and very little the next. Unlike adults, they usually eat only one or two foods at a meal. Parents often become alarmed when toddlers' eating behaviors change so much, and often so abruptly.

Parents should not become concerned that their toddler is not eating enough. Toddlers' growth rates decrease during early childhood; therefore, their energy needs decrease. Despite these changes, toddlers will consume a variety of foods if parents continue to serve developmentally appropriate healthy meals and snacks.

To encourage toddlers to establish healthy eating behaviors, parents need to provide a structured, but pleasant, mealtime environment and serve as role models by eating a variety of foods. Parents are responsible for what, when, and where the toddler eats; toddlers are responsible for whether to eat and how much.[3]

The Young Child: 3 to 4 Years

Around age 3 or 4, young children become more curious about food, although they still may be reluctant to try new foods. This reluctance can be overcome if parents talk about new foods and allow their children to prepare and perhaps grow them.

As young children grow, they become less impulsive and can follow instructions. They can stay calm when they are hungry, join in conversation during mealtimes, serve themselves, and pass food to others. Young children are more comfortable eating in unfamiliar places than they were as toddlers.

Young children should be encouraged to try new foods. The goal is for children to accept a variety of healthy foods—not simply to get them to eat what is on their plates.

(p. 60)

Footnotes:

2. Kleinman RE, ed. 1998. Pediatric Nutrition Handbook (4th ed.). Elk Grove Village, IL: American Academy of Pediatrics.
3. Satter EM. 1990. The feeding relationship: Problems and interventions. Journal of Pedatrics 117(2, Pt. 2): S181-189.

Exploring the Bright Futures Developmental Approach:

COMMENTARY

Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents states:

> "As the biological sciences provide the basis for preventive and therapeutic interventions in disease, the study of child development serves as the basic science for much of health supervision, especially health promotion." (p.7)

Bright Futures in Practice: Nutrition states:

> "The developmental approach, which is based on the unique social and psychological characteristics of each developmental period, is critical for understanding children's and adolescents' attitudes toward food and for encouraging healthy eating behaviors." (p. ix)

Bright Futures in Practice: Nutrition clearly underscores the importance of development in infant and child feeding. Following that approach, let's look at development more closely.

Development is the result of the natural drive within every child to push on to the next level of maturation. This natural drive propels the child to try to do new things and push the limits of what is possible. It's what makes the child roll over, say the first word, push the chair over to the counter to attempt to get on top of the refrigerator, and insist on feeding herself.

Most parents are naturally aware of development in feeding, because it is so obvious, and since it so regularly presents challenges to the parent at mealtimes. Every meal is an opportunity for a child to learn and demonstrate new skills—and challenge the parent.

The challenges surrounding mealtime can be frustrating. Sometimes food and mealtimes become a battleground. Some parents decide it's too much to handle and it's easier to let the child graze all day. Have you noticed children in clinic who decide when and what to eat on their own? Have their parents given up? Perhaps the parents do not have the support or knowledge needed to do things another way, like to have family mealtimes or to provide structure and limits around feeding.

Development can make parents nervous. It can push so many buttons emotionally. Parents may think they are failures at feeding their child or at parenthood in general when they are dealing with a child who is going through a predictable developmental stage. Perhaps parents feel that their toddler is rejecting them personally or being "bad," rebellious or "hateful"—when actually the child is just being busy, messy, noisy, self-centered and developing normally!

It helps parents to understand that the child is learning, exploring and testing at mealtime because, propelled by biology, the child *must* do it.

How feeding is handled impacts the parent-child relationship. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* states:

> "Feeding is central to the parent-child relationship...Parents often measure their own competence by their ability to feed their child and promote growth." (p.21)

This perspective of nutrition as affecting the parent-child relationship can enrich our understanding of how to make nutrition education increasingly helpful and motivating for the parents who participate in the WIC Program.

For instance, nutrition education has focused for a long time on the "what" of nutrition—providing healthy foods. However, it might be the "how" of feeding infants and young children that determines if healthy foods actually get eaten. Focusing more on the "how"— how developmental progress is reflected in eating behaviors and how the parent and child negotiate the ever changing mealtime scene—may increase the degree to which nutrition education is helpful to families.

As parents receive increased support in dealing with feeding, then parents may see the stages and the eating behaviors involved as both temporary and manageable. Anxiety levels may go down and enjoyment of their children may go up. Parental confidence and competence in regard to feeding children may improve.

Feeding children well is not easy. It is definitely more difficult than just providing healthy foods. *Bright Futures in Practice: Nutrition* acknowledges this. It encourages an awareness of how healthy family dynamics around feeding can result in healthy lifelong eating behaviors.

Exploring the Bright Futures Developmental Approach:

Discussion Questions

■ *Bright Futures in Practice: Nutrition* points out in the sections on "Social and Emotional Development," that babies and children have needs at feeding time that go beyond just food.

Do you think that most of the parents you work with know these things?

- that young babies need rapid responses to their needs in order to develop a sense of security
- that older, mobile babies need to explore and learn by doing
- that toddlers are overwhelmed with their needs to establish separate identities from their parents
- that preschoolers have great needs to demonstrate how well they can do things by themselves.

How important do you think it is for parents to know about these developmental needs, in order for things to go well at mealtimes? Do parents leave your clinics with this kind of knowledge?

■ How important is it for parents to feel confident and competent? Think about your own experiences with raising children, if you have done that. How did you feel about the support you got or didn't get in dealing with your children's behaviors? What feedback from others helped you feel confident and competent? Can you remember some things people said to you that helped you?

Also, to apply that to working with parents in WIC, do you look for things that they are doing well and mention those, even when you are pressed for time? What kinds of things can nutrition educators say to help build confidence in parents?

■ What do you think about this experienced WIC nutritionist's comments about the developmental approach to nutrition guidance? Besides working in WIC, Janet Chalker, MPH, RD has a four year old. She also teaches and attends parenting classes at a local parenting center.

> "To me, the developmental approach makes a lot of sense. When you explain things in terms of child development, it makes the advice relevant and reassuring. Parents listen. For example, 'Your child is learning how to walk, so that's getting all her attention. Food is an annoyance to your child right now. It's the same way for most kids this age.' When you couch behavior in those general, developmental terms, the parent gains insight and control, because the parent then has more options on how to react to their child's behaviors."

■ Do you think that it is an important part of WIC nutrition education to help parents understand what typical eating behaviors are at various ages? Do you feel comfortable giving guidance in the area of development and child feeding? Would you like to become more knowledgeable about nutrition counseling in this area? If so, what can you do, either solo or with others in your work place, to learn more about feeding dynamics? (See *Selected Resources*.)

■ How can your educational materials help you more in this area? Pull out the materials you use. In which materials do you need more tips that address the typical eating behaviors of infants and young children at different stages of development?

Bright Futures for WIC NUTRITION SERVICES

2.

Exploring the Bright Futures Principle of Family Partnerships

Introduction and excerpts from *Bright Futures in Practice: Nutrition*

The *Bright Futures* theme of family partnerships is that parents and health professionals must work together to achieve desired outcomes for children. This theme goes hand in hand with another theme in this guide of families and health professionals working in partnership in the community, making services seamless, advice consistent and health promotion universal.

Here is a statement about this relationship from the introduction:

> "One of the principles of *Bright Futures in Practice: Nutrition* is that, together health professionals, families, and communities can make a difference in the nutrition status of infants, children, and adolescents." (p. ix)

Here is another excerpt:

> "*Bright Futures* is dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family and the community as partners in health practice." (p. vi)

Here are two excerpts from the foundation document, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* which elaborate on the principle of family partnership:

Partnerships are primary in health supervision

The *Bright Futures* guidelines are based on the belief that effective health supervision involves an ongoing partnership between health professionals and families. The success of *Bright Futures* health supervision depends on creating and nurturing a true partnership through which children and adolescents, families and health professionals all work together to establish both short-term and long-term goals.

Working in partnership with the family, health professionals can be remarkably effective in promoting health. Creating opportunities for thoughtful dialogue between families and health professionals is one of the most effective ways to establish trust and build a partnership that works to promote health and prevent illness or injury.

Partnership with the Family

Bright Futures views health as contextual—that is, the child is viewed within the context of the family and community. Most families want to learn how to help their children reach full potential. *Bright Futures* health supervision promotes this learning. Day-to-day family life has a profound effect on individual well-being, and family experiences often mold our expectation of what it means to be healthy. One essential task of health supervision is to affirm and strengthen the role of the family as primary partner in health promotion.

Developing a trusting partnership with the family is crucial to effective health supervision. Important health supervision goals include recognizing and reinforcing families' strengths and healthy practices, addressing their concerns and vulnerabilities, promoting resiliency, and building parental competence and confidence.

Families and health professionals have much to learn from one another, individually and collectively. Families should be encouraged to talk about what's going well, in addition to asking questions and discussing concerns. Based on their own experiences, they can offer feedback about which health recommendations were reasonable to carry out, proved useful, and seemed to have good results—and which did not. Since families most often are responsible for implementing next steps and recommendations, it is important that health professionals listen to and learn from their perspectives.

Families also have considerable day-to-day experience and opinions about services and resources. Health professionals who encourage families to contribute ideas and reactions will find an increasing wealth of resource information that will benefit other children and families.

(p.3, 4)

Green M, Palfrey JS, eds. 2000. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* Second Edition. Arlington, VA: National Center for Education in Maternal and Child Health.
Story, M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health.

Exploring the Bright Futures Principle of Family Partnerships:

COMMENTARY

Bright Futures in Practice: Nutrition lists many potential interview questions, both in the general overview at the beginning of each of the Nutrition Supervision chapters, as well as at every visit within each chapter. It also has "nutrition questionnaires" in the Appendix that providers can ask parents to fill out.

A question that characterizes the *Bright Futures* approach is the interview question, "How do you think feeding is going?" (p. 30)

Open-ended questions like this invite parents to voice their concerns. As nutrition educators know, many times parents will not bring up their concerns until asked. An open-ended conversational question like "How is feeding going?" often leads to discovery of what is really going on at home. This enables a nutrition educator to put dietary intake information into context. Dietary intake information without such a context may not lead to an effective intervention. As *Bright Futures* states so succinctly:

> "Nutrition needs to be approached from two perspectives: (1) the development of infants, children, and adolescents and (2) the context of their daily lives and environment." (p.ix)

An open-ended question about how feeding is going is a way to find out the "context of daily lives and environment." If the information that results from that question is handled knowledgeably and sensitively, it sets the stage for a sense of partnership between the family and the practitioner.

Bright Futures in Practice: Nutrition underlines the importance of such a partnership and the important role of the family in determining nutrition attitudes and behaviors.

> "The family is the predominant influence on children's and adolescents' attitudes toward food and their adoption of healthy eating behaviors. The family exerts this influence by:
>
> - Providing the food.
> - Transmitting attitudes, preferences, and values about food, which affect lifetime eating behaviors.
> - Establishing the social environment in which food is shared." (p. x)

Reaching the family and building a partnership is vital for effective nutrition education, since knowledge itself does not usually lead to attitude change or behavior change. However, how can we reach families and draw them into a meaningful exchange in a short amount of time?

One potential answer might lie in the concept of providing anticipatory guidance. Here is a definition of "anticipatory guidance" from the foundation document, *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*:

> "Anticipatory guidance provides the family with information on what to expect in the child's current and next developmental phase." (p. 10)

Anticipatory guidance helps parents observe and understand their children. It helps parents have healthier relationships with their children, based on reasonable expectations. In the long run, those healthier relationships result in healthier children and healthier families.

One reason a nutrition educator can build a sense of partnership using anticipatory guidance is because it's a neutral position. The nutrition educator is not talking about what a parent should be doing or should not be doing, or how to change something. The focus is on what to expect children to do. This approach allows parents to let down any defenses and to openly communicate. Anticipatory guidance may then lead to more in-depth nutrition counseling, but even if it doesn't, an important impact may have been made.

In summary then, a partnership can develop when a parent's main concerns (the daily-life context) are solicited and addressed. In addition, anticipatory guidance (the developmental context) can make it clear that the health professional is willing to help the parent understand and deal with their child's actions and behaviors around food. As in any other area of life, having realistic expectations is helpful. Knowing what to expect empowers parents and puts the challenges of feeding a child into perspective. Parents can then experience feelings of success in this important aspect of parenting. Success in this area can provide the foundation for success in other areas of parenting as well.

Bright Futures shows that partnership with parents is not just a nice concept. It's actually a critical factor in making nutrition education effective.

Exploring the Bright Futures Principle of Family Partnerships:

Discussion Questions

■ Here is a pertinent comment from Kirsten Coffey, a WIC nutritionist, in response to brainstorming about nutrition education in WIC:

> "I have worked in WIC for three years... I learned early on that group education was not working and that the individual counseling sessions did not seem to be effective. Parents were dreading to meet with me and were tuning me out once they got there. I had to fine-tune my methods to gain job satisfaction, learning how to keep my clients happy, interested and listening. I feel that both for groups and for individual counseling, focusing the direction of the session on what they want to talk about works. Since I learned to do that, I have had a great amount of success keeping clients interested and almost looking forward to the next visit. Just asking them what they wanted to talk about to start the groups made a difference. Incorporating the required topics into the session happens on its own, and if it doesn't, it can always be presented before they leave. Giving clients the lead has improved our rapport tremendously."

What is your reaction to the idea of giving the participant the lead? Do you think you might be ready to try it in a more focused way in your own setting? Are you ready to start with a question like, "How's it going with feeding?"

This nutritionist came to the conclusion that facilitated group discussion works. Are you ready to try it yourself? (For resources on facilitated group discussion, see *Selected Resources.)*

■ We can help families build on their strengths by reinforcing what they already do well. Consistently doing this can overcome resistance and barriers, and help build a sense of partnership. How do you build on what a parent is already doing well? What are some specific things you say or do?

■ Adult learners will be more likely to learn or apply information or ideas that directly pertain to their personal interests or concerns. They are more likely to be interested in nutrition education if it is something

they can use in the context of their own lives. Estimate what percentage of the time in nutrition education is spent discussing the clients' interests and concerns in your clinics. Do you think you might be more effective if that percentage was higher? Would you be willing to try it and see?

■ Besides letting the client take the lead, how can you listen more or better to parents in your WIC clinics? Do you have a suggestion box? Do you do participant surveys, even when you don't have to?

■ The largest WIC agency in the country is the Public Health Foundation Enterprises, Inc. WIC Program. It serves over 300,000 participants every month in Los Angeles and Orange Counties, California. Their mission statement is, "To nourish, educate, support and empower our clients and ourselves."

What do you think of that mission statement? Do you have a personal mission statement? Does your WIC agency have a mission statement? Is it time for you to have a positive mission statement that inspires both you and your clients to develop trust, communication and partnerships?

Bright Futures for WIC NUTRITION SERVICES

3.

Exploring the Bright Futures Definition of "Desired Outcomes"

Introduction and excerpts from *Bright Futures in Practice: Nutrition*

A table at the end of each of the Nutrition Supervision chapters outlines some "desired outcomes' for the infant, child, or adolescent, and the role of the family. The text of each chapter supports the "desired outcomes." In fact, the "desired outcomes" tables are somewhat of a summary of both the *Bright Futures in Practice: Nutrition* guiding principles and the content of each chapter.

Most nutrition educators who work in WIC will be interested in all of these outcomes, and will naturally compare them to the outcomes already targeted in WIC nutrition services. Of particular interest, might be the first column, the "educational/attitudinal" outcomes. Some of these desired outcomes may offer new horizons for WIC nutrition services.

Bright Futures in Practice: Nutrition

Table 1. ***Desired Outcomes for the Infant, and the Role of the Family***

Infant

Educational/Attitudinal	Behavioral	Health
• Has a sense of trust • Bonds with parents • Enjoys eating	• Breastfeeds successfully • Bottle feeds successfully if not breastfeeding • Consumes supplemental foods to support appropriate growth and development	• Develops normal rooting, sucking, and swallowing reflexes • Develops fine and gross motor skills • Grows and develops at an appropriate rate • Maintains good health

Family

Educational/Attitudinal	Behavioral	Health
• Bonds with the infant • Enjoys feeding the infant • Understands the infant's nutrition needs • Acquires a sense of competence in meeting the infant's needs • Understands the importance of a healthy lifestyle, including healthy eating behaviors and regular physical activity, to promote short-term and long-term health	• Meets the infant's nutrition needs • Responds to infant's hunger and satiety cues • Holds the infant when breastfeeding or bottle feeding and maintains eye contact • Talks to the infant during feeding • Provides a pleasant eating environment • Uses nutrition programs and food resources if needed • Seeks help when problems occur	• Maintains good health

(p. 50)

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

Bright Futures in Practice: Nutrition

Table 1. ***Desired Outcomes for the Child, and the Role of the Family***

Child

Educational/Attitudinal	Behavioral	Health
• Tries new foods • Enjoys a variety of health foods • Enjoys active play	• Gradually increases variety of foods eaten • Eats healthy foods • Participates in active play	• Improves motor skills, coordination, and muscle tone • Grows and develops at an appropriate rate • Maintains good health

Family

Educational/Attitudinal	Behavioral	Health
• Understands that each child's growth and development are unique • Has a positive attitude toward food • Understands the nutrition needs of the growing child and the importance of scheduled healthy meals and snacks	• Understands that parents are responsible for what, when, and where the child eats, and that the child is responsible for whether to eat and how much • Serves developmentally appropriate foods • Serves scheduled healthy meals and snacks • Offers a variety of foods • Eats meals together regularly to ensure optimal nutrition and to facilitate family communication • Provides positive role models by eating healthy foods and participating in regular physical activity	• Maintains good health

(p. 75)

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

Exploring the Bright Futures Definition of "Desired Outcomes"

Commentary

Barbara Mayfield, MS, RD, an experienced WIC nutrition educator, has studied *Bright Futures in Practice: Nutrition* and comments that one of the most valuable aspects of the guide is how the "desired outcomes" tables provide a fresh perspective for nutrition education and counseling in WIC. She says:

> "It's not that we haven't known these things, but when you see them organized like this, you realize that in counseling we are simultaneously working on outcomes for the infant or child, and outcomes for the family. You also realize how important and basic the 'educational/attitudinal' outcomes are."

She adds:

> "I am pleased to see that trust and bonding are included as outcomes for infants. This is so important. Recent research on infant attachment is very compelling. Trust and attachment set the groundwork for the feeding relationship—and, in fact, for the entire relationship—between the parent and child."

Bright Futures in Practice: Nutrition underscores how trust and bonding develop as infants are nurtured and fed. *Bright Futures in Practice: Nutrition* says:

> "Feeding is crucial for developing a healthy relationship between parents and infants. A parent's responsiveness to an infant's cues of hunger and satiation and the close physical contact during feeding facilitate healthy social and emotional development." (p. 26)
>
> "Physical contact during feeding enhances communication between the parent and infant because it provides the infant with essential sensory stimulation, including skin and eye contact, and strengthens the psychological bond between the parent and infant." (p.26)

Nutrition educators know that it's a challenge to communicate how important feeding is to parents' emotional connection with their baby. It's a challenge to help parents understand that you can't spoil a young baby by attending to his or her needs. It's a

challenge to help parents know that physical contact during feeding provides the infant with sensory stimulation necessary for growth and development. It's a challenge to help parents understand that their young baby is able to communicate how much is enough at each feeding, if the parent tunes in to the baby's signals.

Bright Futures in Practice: Nutrition brings attention to the fact that, despite the challenges, addressing these developmental topics can contribute to positive outcomes for infants.

The guide also addresses the fact that as an infant becomes a child, the relationship of the child and the parent around food—the feeding relationship—reflects and is a part of the more complex relationship between them. The ramifications of helping parents have good relationships with their children around food may go far beyond a positive nutritional status.

Bright Futures in Practice: Nutrition offers an expanded view of the desired outcomes of nutrition services. As nutrition educators respond to the challenges of revitalizing nutrition services in the WIC program, this resource can help them target and achieve increasingly positive outcomes for infants, children and families.

Exploring the Bright Futures Definition of "Desired Outcomes"

Discussion Questions

■ Visualize this desired outcome of nutrition services: an infant and parent bonding. What sweet picture comes to your mind? Does your mental picture include a baby in the parent's arms, held close, with eye contact, and lots of love and affection? It probably does. In nutrition education, how can you help a parent understand that this picture should happen at every feeding?

■ Take another look at the "Desired Outcomes" tables from the Infancy and Early Childhood chapters. Take a close look at the column of "educational/ attitudinal" outcomes. Make a check mark by each outcome you feel your efforts in nutrition education currently address. What 's left? Now choose one of those outcomes that you would like to address more directly in your work. What can you include or change in your nutrition education efforts to make that outcome happen for families?

■ This is a time of assessment and innovation in WIC nutrition services. There is "permission" to evaluate outcomes and explore new avenues to achieve them. For instance, Pam Estes, MS, RD, and colleagues in the Marion Co. Health Dept., Indianapolis, IN, have decided to target some new outcomes. Among other things, they are targeting the desired outcome of positive attitudes about food and eating, and the outcome of pleasant family meals, based on the division of responsibility in feeding. They are piloting a "Feeding Assessment Tool" that can be used for certification instead of a 24 hour recall. They have developed new client education materials to go along with this approach. They have done this without any special funding or support.

What do you think of this? What outcomes do *you* want to target in *your* clinics? *Bright Futures in Practice: Nutrition* may help you target outcomes that your population could benefit from.

■ How about promoting continued reading and discussion of *Bright Futures in Practice: Nutrition* in your staff meetings? There are lots of topics of interest! You can either buy the guide or download it for free from *www.brightfutures.org*. Why not volunteer to facilitate a discussion at a staff meeting on one of the chapters that interests you?

Selected Resources

More on the Bright Futures Materials

The *Bright Futures* project was initiated in 1990, at the National Center of Education in Maternal and Child Health (NCEMCH) at Georgetown University, through a cooperative agreement with the Maternal and Child Health Bureau of the Health Resources and Services Administration, and program support from the Medicaid Bureau of the Health Care Financing Administration, both in the Department of Health and Human Services.

In 1994, NCEMCH published *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.* This was revised in 2000. Various other materials have been developed at NCEMCH as well, including an implementation guide on oral health in infancy, childhood and adolescence. The second implementation guide, which is the focus of these training materials, is *Bright Futures in Practice: Nutrition*. Upcoming implementation guides include one on physical activity and one on mental health.

Besides being a resource in itself, *Bright Futures in Practice: Nutrition* has "Resources for Health Professionals and Families" at the end of each of the nutrition supervision chapters, as well as "References" and "Suggested Reading" at the end of each of the "Nutrition Issues and Concerns" chapters.

Bright Futures in Practice: Nutrition costs $28, which includes shipping. The foundation document, *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* costs $35, which includes shipping. The complete text of both documents can be downloaded at no charge from the *Bright Futures* website at *www.brightfutures.org*.

Ordering information for all of the *Bright Futures* materials is available at *www.brightfutures.org*. To talk with someone about the materials, call the National Maternal and Child Health Clearinghouse at 1-888-434-4624. The Clearinghouse accepts purchase orders.

The Food and Nutrition Service has purchased a limited number of copies of *Bright Futures in Practice: Nutrition* to provide to WIC staff who attend a training inservice on it. To request copies of *Bright Futures in Practice: Nutrition* for attendees at a training inservice, trainers are asked to contact Anne Bartholomew at *anne.bartholome@fns.usda.gov* or fax a request to her at 1-703-305-2196.

If trainers use or adapt this set of inservice materials, *Bright Futures for WIC Nutrition Services*, trainers are requested to fill out the attached feedback sheet after completing the inservice. This feedback will help the Food and Nutrition Service assess the usefulness of this training material.

More resources for training or writing nutrition education materials

■ *Training Materials in the National Agricultural Library*

WIC staff can borrow many training materials and videos *at no cost* through the National Agricultural Library (NAL). View the list of offerings and order through the NAL website (*www.nal.usda.gov/*) or address requests to:

National Agricultural Library
Document Delivery Services Branch,
6th Floor
10301 Baltimore Avenue
Beltsville, MD 20705-2351

Documents and videos can also be requested from NAL through your local library using Interlibrary Loan, but there may be a small shipping fee if you go this route.

■ *Zero To Three*

Zero To Three is an organization that focuses on both infant and child development and on building effective partnerships between families and health professionals. They publish a bulletin for health professionals that focuses in each issue on a different topic. Their website at *www.zerotothree.org* offers resources for both parents and professionals, including complete listings of the contents of all their bulletins.

■ *Ellyn Satter, training and materials*

Ellyn Satter, RD, MS, CICSW, BCD is a dietitian, social worker and family therapist who has published extensively in professional journals as well as for the general public. Her three books, available in bookstores, include *Child of Mine*, revised in 2000; *How To Get Your Kid To Eat...But Not Too Much*, 1987; and *Secrets of Feeding a Healthy Family*, 1999.

Ms. Satter's "Feeding With Love and Good Sense" training package (1995) focuses on the dynamics between parent and child during feeding and uses information on infant and child eating behavior as a vehicle for helping parents understand their children. This training (video and trainers manual) can be borrowed from the National Agricultural Library, using the procedure noted on page 22, or can be purchased.

Ms. Satter's website is *www.ellynsatter.com* and telephone number is 1-800-808-7976.

■ *Barbara Mayfield, training*

Barbara Mayfield, MS, RD, produced the Kids Club materials used in many WIC programs. She works in a local WIC agency, teaches nutrition at Purdue University, and does trainings nationally on a variety of subjects.

One of her trainings is "Feeding the Young Child." The training description reads: "Feeding is more than nutrition. It also meets developmental, emotional, and social needs. This session for nutrition educators tackles the challenges of feeding from infancy to age five, focusing on creative solutions to common problems." Another training is "Nutrition Education: A Fresh Approach." The description reads: "An updated perspective can help staff provide effective, client-centered nutrition education that overcomes barriers, helps people solve problems, and motivates lifelong behavior change."

Ms. Mayfield's website is *www.funwithfood.com* and telephone number is 1-800-305-4167.

Videos

■ *The First Three Years: Guide to Selected Videos for Parents and Professionals*

This guide, developed by the Families and Work Institute was researched by KIDSNET, and produced with support from The Commonwealth Fund in 1998. The 64 page guide includes reviews of videos in three categories: child development, health and safety, and parenting and family. The research methods used in the video review are explained thoroughly.

The full text of the guide is available online at *www.cmwf.org*. Single copies are available for free from The Commonwealth Fund at 1-888-777-2744 or 1-212-606-3840.

■ *"The First Years Last Forever" video*

This excellent half-hour video on infant and child development by the I Am Your Child Campaign is favorably reviewed in the guide above. Each segment begins with current theory on child development and ends with practical tips for parents. This video or segments of it would provide a good overview introduction to an inservice on development, especially in the area of infant development and feeding.

A free copy of the video is available to WIC staff by addressing your request on agency letterhead to the I Am Your Child Campaign, P. O. Box 15605, Beverly Hills, CA 90209. You can also visit the I Am Your Child website at *www.iamyourchild.org* or call them at 1-310-285-2385.

■ ***"Ingredients for a Good Start" video***

This 25 minute video, produced by the California Department of Education in 1994, with the input of many nutritionists, is intended for a child care provider audience but could also be used in an inservice for WIC professionals and paraprofessionals. The video (1) explains how children's food and mealtime needs change through the stages of early childhood; (2) gives information about foods to offer infants and introduces the Food Guide Pyramid as a guide for planning meals for children over two years of age; and (3) suggests ways to help children acquire lifelong habits of pleasurable and healthful eating.

The video and booklet come as a set and are available for $16 (plus sales tax for California residents) by calling 1-916-445-1260. Additional copies of the booklet can be ordered in sets of 50 for $15.

Books available in bookstores

Many publications for the general public include information on the impact of development on feeding behaviors. Solid approaches to the subject are included in these books:

- ***Guide to Your Child's Nutrition, Making Peace at the Table and Building Healthy Eating Habits for Life***, a publication of the American Academy of Pediatrics, edited by William H. Dietz, MD, PhD, FAAP and Loraine Stern, MD, FAAP. 1999, $17.95.

- ***Your Baby and Child, From Birth to Age Five***, by Penelope Leach. Alfred A. Knopf, New York, 1997, $20.

- ***Touchpoints***, by T. Berry Brazelton, MD. Addison-Wesley, Reading, Mass., 1992, $16.

- ***What to Expect The First Year*** (1996) and ***What to Expect The Toddler Years*** (1996) by Arlene Eisenberg, Heidi E. Murkoff, and Sandee E. Hathaway, BSN. Workman Publishing, New York, $13.95 each.

Facilitated Group Discussion Resources

■ ***California WIC Program Study of Effectiveness***

"Facilitated group discussions (FGD) are a participant-centered, interactive form of education wherein learners share their problems, knowledge, and experience with other group members through discussion," according to page one of the 1999 Executive Summary of a report on a three year research project focused on FGD.

The study was conducted by the California WIC Program in conjunction with Pennsylvania State University, the University of California, Davis, and the New Mexico WIC Program. The project, underwritten by a USDA/FNS Special Projects Grant, is called the "Training and Evaluation of Nutrition Education for the Special Supplemental Nutrition Program for Women, Infants and Children in California Project." The executive summary of the report is available by contacting Nancy Crocker at *ncrocker@dhs.ca.gov* (or calling 1-916-928-8529) or Carol Chase at *cchase1@dhs.ca.gov* (or calling 1-916-928-8888.)

The study focused on nutrition education for the caregivers of infants. The report states, "The nutrition topics discussed are similar to those addressed in conventional nutrition education lectures. The basis for the the FGD technique, however, is that the educator (who becomes the group facilitator), rather than lecturing, encourages participants to discuss freely problems posed during the session and answer each others' questions to the fullest extent possible. In FGD, nutrition educators move from a directive leadership style to a supportive leadership style, but correct misinformation as needed, and guide the discussion process and outcomes." (p.1)

The study collected baseline data in every California WIC local agency and then chose twenty-four WIC clinic sites to represent a cross-section of the population. Twelve treatment sites were matched with twelve control sites.

The executive summary states, "The most important finding is that facilitated group discussions or FGD's are at least as effective as other forms of nutrition education used by WIC clinics in California regardless of clinic size or location, and regardless of differences in clients or educators." (p.5) The qualitative data indicated that the clients enjoyed FGD's more and appreciated the opportunity to talk themselves, to share their experiences with others, and to suggest topics for discussion. (p.6) Nutrition educators surveyed indicated that the session allowed for more participation from clients, that participants get useful information and enjoyed the groups, and that content focused on what the participants wanted to know. (p. 7) California plans to implement training on FGD statewide.

■ *Training from The Pennsylvania State University*

In conjunction with the California study, The Pennsylvania State University developed a distance education course on FGD for WIC staff, through a joint venture with another USDA funded project. This course, which is a part of Penn State's dietetic technician program, allows for sustainable, comprehensive training of new WIC staff via distance learning. To get more information on "Facilitated Discussion in Community Dietetics," course number DSM 281, log onto their website at *www.worldcampus.psu.edu*. Go to the course catalog to get a cost sheet.

Penn State has also repackaged the information in a workshop format for training nutrition staff in groups. This has been used with the California and Maine WIC Programs. For more information, call Penn State at 1-800-252-3592 and ask for Dietetic Programs.

■ *New Mexico WIC Program Training Materials*

Facilitated group discussion was pioneered as a nutrition education method by the New Mexico WIC Program. A process evaluation was completed by Penn State. New Mexico WIC uses facilitated group discussion for all secondary nutrition education contacts, targeting specific program categories. Their training manual entitled "Facilitator's Guide for Nutrition Education, Listen, Share and Support" is available by calling 505-476-8500. It costs $16. They have also developed a 10 minute video which is available for $3.00. Staff from the New Mexico WIC Program have gone to a number of other states to do training on facilitated group discussion. These training sessions usually require 1-2 days.

■ *Facilitated Group Discussion in Practice: A Review Article*

See the following issue of the Journal of the American Dietetic Association for a review of facilitated group discussion in practice:

AbuSabha, R., Peacock, J., and Achterberg, C. Facilitated group discussions in nutrition education. J. Am. Diet. Assoc. 1999;99 (1):72-76.

Bright Futures for WIC NUTRITION SERVICES

Presenter's Guide

Bright Futures in Practice: Nutrition lends itself to many different kinds of training. A "guided tour" overview of the book itself could be a training. The chapters in this inservice material could be a part of such an overview or could be used as a separate training.

The *Bright Futures in Practice: Nutrition* guide could also be used for subject-focused training, such as training on obesity, physical activity, iron-deficiency anemia, vegetarian eating practices, cultural awareness, pediatric undernutrition, and many other subjects. Material from the guide could also be integrated into training manuals, web-based training modules, and other existing or new training.

An overview of
Bright Futures in Practice: Nutrition

If an overview of the *Bright Futures in Practice: Nutrition* guide is desired, there are many ways training could be approached. Factors affecting the approach will include whether or not the actual guide, *Bright Futures in Practice: Nutrition* will be in attendees' hands during the training. Other factors will be variables such as the trainees' training needs, the educational backgrounds of the trainees, the trainer's goals and objectives, the training venue (for example, local staff meeting or statewide conference), the time available for training, and the opportunities for doing multiple short trainings.

If trainees have an actual *Bright Futures in Practice: Nutrition* guide in their hands, a presenter might want to do an introductory chapter-by-chapter overview. Additional training using these inservice materials could follow that overview. However, these inservice materials can also be used as a "stand alone" overview, as they include excerpts from the guide, making it unnecessary to have guides in the trainees' hands.

These inservice materials can be used whether or not any additional training on *Bright Futures in Practice: Nutrition* is planned.

These inservice materials can be used "as is" or adapted to meet the training needs of the audience and the objectives of the presenter. If it is used "as is," this packet provides material for either three approximately one-hour trainings or one longer session.

These inservice materials provide an overview of three themes in *Bright Futures in Practice: Nutrition*. They are (1) a developmental approach to nutrition services, (2) the importance of family partnerships, and (3) desired outcomes of nutrition services for infants and children.

This training is suitable for use with both professional and paraprofessional nutrition staff. Support staff might also benefit from the trainings, because the training is not technical. In fact, this training might provide a preliminary step for a WIC agency that wants to develop a mission statement. However, the activities on the next page pertain to nutrition educators. The trainer would need to adapt the activities if all WIC staff participates.

Suggested inservice using these materials "as is"

These inservice materials were designed so that they could be used "as is" in a local WIC agency that does inservice sessions as a part of nutrition staff meetings. Each chapter could be material for one staff meeting.

Prior to the staff meeting:

Two or three weeks before a scheduled staff meeting, all of the written material for each chapter (all three parts: excerpts, commentary and discussion questions) could be distributed to trainees with a cover note asking them to read the material before the staff meeting and be prepared for a discussion of the questions. Each trainee could also be asked to bring one story with them that illustrates the theme of the chapter, such as some real-life situation or example which makes the theme of the chapter "real." They could also be encouraged to try some new activities while providing nutrition services.

Here are some examples of what trainees could do before the discussion group. Decide if these activities are appropriate for your group. If they are not, you will want to develop activities that are more appropriate.

Chapter 1, Developmental Approach:

- Staff member tries some new approach that helps incorporate development into nutrition counseling and shares it with the group. (For instance, includes anticipatory guidance on how children typically behave at mealtime at age 2.)
- Staff member asks parents what they expect their infants to be able to do in terms of self-feeding between the current WIC visit and the next WIC visit. Reports to group how parents respond, how aware parents are of development.
- Staff member shares an example of a parent who comes into clinic who is not letting an infant or child do something developmentally appropriate like suck on fingers, feed herself, eat with fingers, etc. What approach does the staff member take?

Chapter 2, Family Partnerships:

- Staff member shares an example of how a parent and the staff member built a bond and sense of partnership around a nutrition concern or issue.
- Staff member shares one positive example of letting the parent take the lead in nutrition counseling or nutrition education, despite an obvious need for nutrition guidance in a specific area. Staff member relates how and where the session went from there.
- Staff member tries a new approach to counseling that is more focused on what is going on in the family around feeding, rather than on dietary intake. Reports on the results to the group.

Chapter 3, Desired Outcomes:

- Staff member chooses ONE of the desired outcomes in the "educational/attitudinal" column and thinks about how to target that outcome, by doing something new and different. Staff member reports to discussion group on how this goes. Is there anything a parent says or does that tells the staff member that this is a helpful approach?
- Staff member pursues the desired outcome of infant/parent bonding, emphasizing the importance of holding the infant during feeding, talking and cooing with baby, responding quickly to signals of hunger, watching for signals that baby is full. If this is not what the staff member usually talks about with parents, how does this fit in with the usual nutrition counseling? Is there any story to share that illustrates how parents reacted to this approach?
- Staff member encourages the desired outcomes in early childhood of "enjoys active play" and "participates in active play." Reports to discussion group on how this goes with specific parents. What issues come up?

During the staff meeting:

To begin the inservice session in a staff meeting (perhaps at the beginning of the staff meeting when staff is fresh), the facilitator could review the highlights of the assigned chapter for the group, so that staff are reminded of what they read. The facilitator could add any material to that review that might be pertinent to the group and any of the facilitator's views and experiences that relate to the theme of the chapter.

The facilitator could then initiate a discussion of the material, using either the questions at the end of each chapter or by sharing actual examples of what the facilitator herself has done differently or has observed as a result of the questions or exercises.

The facilitator's job then becomes moving the discussion along at a good pace for the remainder of the time period, using questions and asking for examples when needed, but essentially letting staff explore these issues and ideas on their own, with no right or wrong answers. If the staff is large, the discussions might be better in small groups of 6 to 8 staff members. (Optimum group size is 6 to 8 people. Groups over 10 people are less than ideal in terms of group dynamics.)

This kind of exploratory and experience-based learning requires no slides, overheads, or handouts. However, if a summation of the main points brought up in the session were put together by a recording secretary and later distributed, this could reinforce learning.

A feedback sheet at the end of the session could ask:

- What is your opinion of this session overall?
- What is the main idea you are taking away from the reading and the discussion?
- Would you like to do more sessions like this?
- What would you suggest to improve this kind of session in the future?

Advance preparation checklist:

Here are some things you may want to do prior to your staff meeting inservice session.

- ☐ Schedule date and time for session.
- ☐ Decide who will participate.
- ☐ Decide how you will adapt or expand the inservice.
- ☐ Optional: order copies of the *Bright Futures in Practice: Nutrition* guide, if desired.
- ☐ Prepare a cover letter with suggested activities, either ones you develop yourself or the ones suggested in this Presenter's Guide.
- ☐ Send out the cover letter and written material at least 2 weeks in advance. (3 weeks would be ideal.) Include *Selected Resources* with the first chapter.
- ☐ Decide on a facilitator and ask the facilitator to participate in this role.
- ☐ Plan a room set-up that allows for small group discussion around tables, if possible.
- ☐ Ask a staff member to be the recording secretary, if desired.
- ☐ Locate flip chart and markers, if desired.
- ☐ Type up and make copies of a feedback sheet.
- ☐ If you can think of something that would make the session casual, fun and different, do it!

After the training is complete:

- ☐ Complete and return the Trainer Response Form.
- ☐ Pat yourself on the back! Good job!