



# **Fit WIC**

**Programs to Prevent  
Childhood Overweight  
In Your Community**

**The Implementation Manual for the  
Fit WIC Childhood Overweight Prevention Project**

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## Chapter 10

### Resources for More Information and New Directions

#### 10.1 Resources Specific to the Five *Fit WIC* Programs

##### 10.1.1 Forms and Tools

All forms and tools described in the Implementation Manual, listed at the end of each Project Team's chapter, are available through the *Fit WIC* link on the *WIC Works* website: <http://www.nal.usda.gov/wicworks/> (accessed 4 Dec 2002).

##### 10.1.2 Published Papers from the Five-State *Fit WIC* Overweight Prevention Project

- Burdette HL, Whitaker RC, Kahn RS, Harvey-Berino J. The association of maternal obesity and depressive symptoms with television viewing time in low-income preschool children. *Archives of Pediatric and Adolescent Medicine*. In press.
- Chamberlin LA, Sherman SN, Jain A, Powers SW, Whitaker RC. The challenge of obesity prevention: perceptions of WIC health professionals. *Archives of Pediatric and Adolescent Medicine* 2002;156(7):662-8.
- Crawford PB, Gosliner W, Anderson C, Strode P, Bercerra-Jones Y, Samuels S, Carroll AM and Ritchie LD. Counseling Latina mothers of preschool children about weight issues. *Journal of the American Dietetic Association*. In press.
- Crawford PB, Gosliner W, Strode P, Samuels S, Burnett C, Crayoo L and Yancey A. Walking the talk: staff wellness improves counseling for childhood obesity. Submitted.
- Harvey-Berino J, Geller B, Dorwaldt A, Flynn K, Walfield L. A qualitative data analysis of parental attitudes towards preschool physical activity. *Annals of Behavioral Medicine* 2001;23:24S.
- Jain A, Sherman SN, Chamberlin LA, Carter Y, Powers SW, Whitaker RC. Why don't mothers worry about their preschoolers being overweight? *Pediatrics* 2001;107(5):1138-46.
- McGarvey EL. Non-randomized comparison study of enhanced versus standard services to prevent obesity through Virginia's Special Supplemental Nutrition Program for Women, Infants, and Children: *Fit WIC*. Submitted.
- Whitaker RC, Sherman SN, Chamberlin LA, Powers SW. Altering the perceptions of WIC health professionals about childhood obesity using video with facilitated group discussion. *Journal of the American Dietetic Association*. In press.



### 10.1.3 Published Abstracts from the Five-State *Fit WIC* Overweight Prevention Project

Burdette HL, Whitaker RC, Harvey-Berino J. Television viewing and outdoor time in low-income preschool children: relationship to depression, perceived stress, and BMI in their mothers. *Obesity Research* 2001;9 (suppl. 3):59S (abstract no. O28).

Burdette HL, Harvey-Berino J, Kahn RS, Whitaker RC. Maternal depression and obesity predict television viewing in low-income preschool children. *Pediatric Research* 2002;51:203A (abstract no. 1180).

Burdette HL, Kahn RS, Harvey-Berino J, Whitaker RC. The relationship of well-being in low-income mothers to emotional and social functioning (PedsQL™) in their preschool children. *Pediatric Research* 2002;51:197A (abstract no. 1144).

### 10.1.4 Other

An overview of the 5-State *Fit WIC* Overweight Prevention Project can be found on The Center for Weight and Health's website, <http://www.cnr.berkeley.edu/cwh/activities/fitwic.shtml>. There you will find a description of the project background, a synopsis of each of the five *Fit WIC* programs, some of the assessment findings, and Project Team member contact information.

## 10.2 Resources for Research Methods

### 10.2.1 Qualitative Research: General and Focus Groups

Creswell, JW. *Qualitative inquiry and research design: Choosing among five traditions*. Sage Publications, January 1998; ISBN: 0761901442.

Giacomini MK, Cood DJ. Users' guides to the medical literature: XXIII. Qualitative research in health care. A. Are the results of the study valid? Evidence-Based Medicine Working Group. *Journal of the American Medical Association* 2000;284:357-62.

Giacomini MK, Cood DJ. Users' guides to the medical literature: XXIII. Qualitative research in health care. B. What are the results and how do they help me care for my patients? Evidence-Based Medicine Working Group. *Journal of the American Medical Association* 2000;284:478-82.

Glaser BG, Strauss AL. *Discovery of grounded theory: Strategies for qualitative research*. Publisher: Aldine de Gruyter, June 1, 1967; ISBN: 0202302601.

Guidelines for preparing documents for research with human subjects.  
<http://www.cdc.gov/od/ads/hsrdocs.htm> (accessed 2 Dec 2002).

Miles MB, Huberman MA. *Qualitative data analysis: An expanded sourcebook*. 2nd ed. Sage Publications, February 1994; ISBN: 0803955405.

National Institute of Mental Health. *Qualitative methods in health research: Opportunities and considerations in applications and review*.  
<http://www.nimh.nih.gov/research/qualitative.cfm> (accessed 22 November 2002).

### 10.2.2 Demographic Information

Ameristat. Developed by the Population Reference Bureau and the Social Science Data Analysis Network, this website is a "one-stop source for US population data and summary reports. There are links to many family and household related articles as well."  
<http://www.ameristat.org/> (accessed 2 April 2003).

Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion; Nutrition and Physical Activity: Overweight and Obesity; Obesity Trends.  
<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/> (accessed 16 Dec 2002).

KIDS COUNT. A project of the Annie E. Casey Foundation, KIDS COUNT is "a national and state-by-state effort to track the status of children in the U.S. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children." Their website provides many valuable links to community-wide and national census information, summarized in a way that is helpful to those interested in children as a demographic group.  
<http://www.aecf.org/kidscount/> (accessed 2 April 2003).

Pediatric Nutrition Surveillance System (PedNSS) of the Centers for Disease Control and Prevention. PedNSS is a program-based surveillance system, using data (ethnicity/race, age, geographic location, birth weight, height/length, weight, iron status, breastfeeding) collected from health, nutrition, and food assistance programs for infants and children, such as WIC. <http://www.cdc.gov/nccdphp/dnpa/pednss.htm> (accessed 11 March 2003).

US Census Bureau. On the Census Bureau website, the Census 2000 Gateway is the spot where you can access census data by geography to the block level, get state and county “quick facts,” and Census 2000 highlights: <http://www.census.gov/main/www/cen2000.html> (accessed 1 April 2003). Another Census Bureau link, Local Sources for Census 2000, provides links to State data centers, which provide easy and efficient access to Census information: <http://www.census.gov/dmd/www/groupcnr.html> (accessed 1 April 2003).

### 10.2.3 Other

Searchable Bibliographic Databases. Several are listed on WIC Works (e.g., *Agricola*, *ERIC*, *Grateful Med*) and links are provided. Visit the WIC Works website: [http://www.nal.usda.gov/wicworks/Reports\\_Studies/Databases.html](http://www.nal.usda.gov/wicworks/Reports_Studies/Databases.html) (accessed 2 April 2003).



## 10.3 Accessible and Informative Resources for Making Changes

### 10.3.1 Community Coalition Building

#### ***Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets***

By John P. Kretzman and John L McKnight. This inspiring guide is packed with ideas to help communities transform themselves by developing a commitment to discovering their unique assets and capacities. Order from: ACTA Publications, 4848 North Clark Street, Chicago, IL 6640. Phone: (800) 397-2282.

#### ***Children and Weight: What Communities Can Do***

This kit provides step-by-step information about forming a community coalition or task force around the issue of childhood overweight. It includes meeting agendas, presentations about issues related to children and weight, and tips for succeeding in your efforts. It was developed by the *Fit WIC California* Project Team, in partnership with the Cooperative Extension and the Center for Weight and Health at the University of California, Berkeley (2002). See Chapter 4 of this manual for more information. Order from: Agriculture & Natural Resources, University of California Communication Services. Phone: (800) 994-8849 or (510) 642-2431; Email: [anrcatalog@ucdavis.edu](mailto:anrcatalog@ucdavis.edu); or, order on-line from DANR Publications: <http://anrcatalog.ucdavis.edu/merchant.ihtml?id=349&step=2> (accessed 1 Feb 2003).

#### **Community Initiative**

An alliance of professionals dedicated to creating healthy and sustainable communities wherever people live, work, and play. Helps organizations, corporations, and community collaborations shape change and accelerate results.

<http://www.communityinitiatives.com/home.html> (accessed 2 Dec 2002).

#### **The Community Toolbox**

Developed by the University of Kansas, this website has general information for developing community-based programs. You can find information on how to assess a community, form a community group, and how to evaluate and fund community programs.

<http://ctb.lsi.ukans.edu/> (accessed 2 Dec 2002).

#### **Healthy Communities/Healthy Youth Tool Kit**

This kit is written for anyone interested in unleashing the transforming power of a community to help nurture children and adolescents. Order from: Search Institute; 700 South Third Street; Suite 210; Minneapolis, MN 55415. Phone (800) 888-7828. [www.search-institute.org](http://www.search-institute.org) (accessed 2 Dec 2002).

### 10.3.2 Facilitated Group Discussions

Abusabha R, Peacock J, Achterberg C. How to make nutrition education more meaningful through facilitated group discussions. *Journal of the American Dietetic Association* 1999;99:72-6.



McKenzie J, Achterberg C, Kiel M. Facilitated group discussion study: New staff training manual. Pennsylvania State University, March 1998. Available from: Nancy Crocker, California State WIC Branch. Email: [ncrocker@dhs.ca.gov](mailto:ncrocker@dhs.ca.gov) Phone: (916) 928-8529.

McKenzie J, Achterberg C, Kiel M. Facilitated group discussion study: Follow-up training manual. Pennsylvania State University, March 1998. Available from: Nancy Crocker, California State WIC Branch. Email: [ncrocker@dhs.ca.gov](mailto:ncrocker@dhs.ca.gov) Phone: (916) 928-8529.

*Fit WIC* Intertribal Council of Arizona. WIC Discussion Groups: Guidelines, Concepts and Techniques Which Encourage Clients to Participate in WIC Nutrition Education Discussions. In: *Fit WIC Families: Activities for Learning about Nutrition and Physical Activity*. Available at the *Fit WIC* link on the *WIC Works* website: <http://www.nal.usda.gov/wicworks/> (accessed 4 Dec 2002).

### 10.3.3 Focus on Physical Activity in Your Programs

#### ***Active Play for Families***

Training session on physical activity for families with young children, developed by SPARK (Sports, Play and Active Recreation for Kids). Phone: (800) SPARK-PE.

#### **American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD)**

AAHPERD is the largest organization of professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion, education, and all specialties related to achieving a healthy lifestyle. AAHPERD and its associations publish more than 250 books, information materials, and supplementary products, which can be viewed and ordered on-line. [www.aahperd.org](http://www.aahperd.org) (accessed 2 Dec 2002).

#### **Division of Nutrition and Physical Activity**

Of the National Center for Chronic Disease Prevention and Health Promotion, Center for Disease Control and Prevention. This site offers a rich compilation of up-to-date resources on nutrition, physical activity, and school health. Includes comprehensive resource lists of national and health-related associations. <http://www.cdc.gov/nccdphp/dnpa> (accessed 25 Nov 2002).

#### ***Fit WIC Activity Kit and the Fit WIC Activities Guide***

*Fit WIC Activities*, an instructional book for parents, is divided into five, user-friendly sections that build on the theme of reducing barriers to, and increasing opportunities for, active play for families. Designed by the *Fit WIC Vermont* Project Team, the book can be downloaded from the *Fit WIC* website, along with instructions on how to compile an Activity Kit to accompany the Guide. See Chapter 7 of this Manual for more information. [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html) (accessed 7 Feb 2003).

#### ***Fuel Up, Lift Off LA***

Video developed by Los Angeles County Health Department about how to incorporate healthy eating and physical activity into the work site. Order from: Los Angeles County Department of Health Services, Physical Activity Program. Phone: (213) 351-7887.

#### **KaBOOM!**

This non-profit organization specializes in linking communities and corporations together to build much-needed playgrounds. [www.kaboom.org](http://www.kaboom.org) (accessed 2 Dec 2002)



### **National Association for Sport and Physical Education**

NASPE seeks to enhance knowledge and professional practice in sport and physical activity through scientific study and dissemination of research-based and experiential knowledge to members and the public. <http://www.aahperd.org/naspe> (accessed 25 Nov 2002).

### ***Playing with your Baby, Playing With Your Toddler, and Playing With Your 3 to 5 Year Old.***

These pamphlets can be purchased from the California WIC Program. They are available in English and Spanish. See Chapter 4 of this Manual for more information. To order, contact: Deanna Lester at (916) 928-8881 or [dlester@dhs.ca.gov](mailto:dlester@dhs.ca.gov). They can also be obtained from the *Fit WIC* link on: [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html) (accessed 7 Feb 2003).

### **President's Council on Physical Fitness and Sports**

PCPFS serves as a catalyst to promote, encourage, and motivate the development of physical fitness and sports participation for all Americans of all ages. This site offers downloadable, research-based publications for youth and adults. [www.fitness.gov/](http://www.fitness.gov/) (accessed 2 Dec 2002).

### **Project LEAN**

Project LEAN stands for Leaders Encouraging Activity and Nutrition. The two websites below offer tips and resources for eating well and being physically active. <http://www.dhs.ca.gov/lean> (general website; accessed 25 Nov 2002); <http://www.caprojectlean.org/> (teen website; accessed 25 Nov 2002).

### ***Promoting Physical Activity: A Guide for Community Action***

This is a resource guide for professionals and volunteers who wish to promote physical activity in almost any setting: a community, a workplace, a school setting, a health care facility, and agency or organization, or a religious institution. Order from: Human Kinetics, P.O. Box 5076, Champaign, IL 61825-5076. Phone: (800) 747-4457 [www.humankinetics.com](http://www.humankinetics.com) (accessed 2 Dec 2002).

### **SPARK (Sports Play and Active Recreation for Kids)**

An innovative elementary- and pre-school physical education curriculum and staff development program that focuses on building physical and social skills while promoting maximum activity during physical education class periods. The SPARK program evolved from a research study supported by the Heart, Lung, and Blood Institute of the National Institutes of Health. Order from: SPARK Physical Education, 6363 Alvarado Court, Suite 250, San Diego, CA 92120. Phone: (800) SPARK-PE <http://www.sparkpe.org/index.jsp> (accessed 7 Feb 2003).

### **Sportime**

A source of physical activity products. [www.sportime.com/](http://www.sportime.com/) (accessed 2 Dec 2002).

### **TV-Turnoff Network**

Created in 1995 to encourage adults and children to reduce television watching to promote richer, healthier, and more connected lives. [www.tvturnoff.org](http://www.tvturnoff.org) (accessed 2 Dec 2002).

### **VERB It's What You Do.**

**VERB** is a media campaign to encourage positive, healthy activity—both physical and social—among youth ages 9-13 years. It is sponsored by the Department of Health and Human Services' Centers for Disease Control and Prevention (CDC), as charged by Congress in December 2001. It aims to “get kids off the couch and into real life”. The website for



kids is: <http://www.verbnw.com/>. The website giving the campaign's background and approach is: <http://www.cdc.gov/youthcampaign/index.htm> (accessed 1 April 2003).

### 10.3.4 Nutrition, Health and Well Being

#### **American Academy of Pediatrics**

The academy's activities include advocating on behalf of children and youth, educating the public and professionals, conducting research, and advocating for the interests of pediatricians. The site contains AAP policy statements related to the topic of overweight. <http://www.aap.org/default.htm> (accessed 2 Dec 2002).

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

This video was created by the *Fit WIC Kentucky* Project Team and their collaborators to alter the perceptions of WIC staff about the problem of childhood obesity. The video is supplied with a discussion guide: when used together, they can help overcome the impasse in communication between WIC staff and WIC parents. See Chapter 6 of this Manual for more information. To order: [www.cincinnatichildrens.org/fitwic](http://www.cincinnatichildrens.org/fitwic) (accessed 3 Feb 2003).

#### **Centers for Disease Control (CDC) Division of Adolescent and School Health**

The site offers a rich compilation of up-to-date resources on nutrition, physical activity, and school health. Includes comprehensive resource lists of national and health-related associations. [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash) (accessed 2 Dec 2002).

#### **The Center for Weight and Health**

The Center at the University of California Berkeley facilitates interactions among researchers, policy makers and community-based providers from various disciplines and institutions who are concerned about weight, health and food security. It promotes collaboration on projects between professionals and members of diverse communities. The University of California, Berkeley, 101 Giannini Hall #310, Berkeley, CA 94720. Phone: (510) 642-1599; FAX: (510) 642-4612 <http://www.cnr.berkeley.edu/cwh/> (accessed 2 Dec 2002).

#### **Children's Books That Encourage Healthy Eating**

Developed by the Family Nutrition Education Program at the University of Missouri for educators, parents, and children. <http://outreach.missouri.edu/fnep/teaching.htm> (accessed 2 Dec 2002).

#### ***Children Growing Healthy and Just Move It***

Two wellness handouts for families developed by the Massachusetts WIC Program. Phone: (978) 851-7321 ext. 2306, or [www.wictlc.com](http://www.wictlc.com) (accessed 7 Feb 2003).

#### ***Fit WIC Families: Activities for Learning About Nutrition and Physical Activity***

This guide, developed by the *Fit WIC* Inter Tribal Council of Arizona Project Team, describes activities that can be done in a clinic or classroom setting, which encourage healthy eating and physical activity in preschoolers. It also features tips on working with caregivers of preschoolers, and some curricula for caregiver discussion groups on topics related to physical activity, and parenting skills affecting the feeding relationship. See Chapter 5 of this Manual for more information. The guide and supporting documents are available on at the *Fit WIC* link on: [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html) (accessed 7 Feb 2003).



### **The Food and Nutrition Information Center**

United States Department of Agriculture. Rich with information for health and educational professionals and parents. [www.nal.usda.gov/fnic/](http://www.nal.usda.gov/fnic/) (accessed 2 Dec 2002).

### ***Guidelines for Childhood Obesity Prevention Programs: Promoting Healthy Weight in Children***

Position paper developed by the Weight Realities Division of the Society for Nutrition Education (SNE). Guidelines to encourage a health-centered, rather than weight-centered, approach that focuses on the whole child. Berg F, Buechner J, Parham E. Guidelines for childhood obesity prevention programs: promoting healthy weight in children. *Journal of Nutrition Education and Behavior* 2003 Jan-Feb;35(1):1-4. Reprints can be ordered from Sheridan Press Reprint Department. Phone: (717) 632-3535.

### **Nutrition Central**

Contains excellent links for people of all ages. Also contains a list of recommended children's books focusing on healthy eating. [www.lib.vt.edu/subjects/nutr/Nutrition.Central/default.htm](http://www.lib.vt.edu/subjects/nutr/Nutrition.Central/default.htm) (accessed 2 Dec 2002).

### **Nutrition Education and Training (NET)**

Section of the California Department of Education. Provides comprehensive nutrition information and educational programs for children, teachers, child nutrition personnel, program administrators, and child care agencies. [www.cde.ca.gov/nsd/nets/](http://www.cde.ca.gov/nsd/nets/) (accessed 2 Dec 2002).

### **Nutrition.Gov**

This federal resource provides easy access to all online federal government information on nutrition, including specialized nutrition information for infants and children, adult women and men and seniors. The site also offers a comprehensive and reliable source of information on nutrition and dietary guidance with an extensive scientific reference section. <http://www.nutrition.gov/> (accessed 25 November 2002).

### **Nutrition for Kids**

Developed by Connie Evers, MS RD, this site has information for parents, teachers, and kids. Subscribe to the free electronic monthly newsletter. <http://nutritionforkids.com/> (accessed 25 November 2002).

### **Nutrition Navigator**

The first online rating and review of nutrition related sites to help people find accurate, useful nutrition information they can trust. Provides links to many websites, which provide nutrition information. <http://navigator.tufts.edu/> (accessed 4 Dec 2002).

### ***Parents and Children, Sharing Food Tasks***

Video and lesson plan kit developed by EFNEP, for parents and caregivers of young children; gives guidelines on feeding relationships. University of California, EFNEP. Phone: (510) 642-3080.

### **Team Nutrition**

The goal of USDA's Team Nutrition is to improve children's lifelong eating and physical activity habits by using the principles of the Dietary Guidelines for Americans and the Food Guide Pyramid. This site has extensive resource sections for teachers and students. <http://www.fns.usda.gov/tn/> (accessed 25 November 2002).





## 10.4 Potential Partners for Coalition Building and Community Activities

Here are some ideas for potential partners for your community coalition building activities. A community partner could contribute to your efforts with their ideas, time, energy and/or resources (perhaps by making contributions of money or supplies.)

Alternative transportation advocates (e.g., bicycles, public transportation)	Health centers (e.g., teen health centers)
American Academy of Pediatrics	Hospitals/medical centers
American Cancer Society	Hunger coalitions
American Heart Association	Junior Leagues
Art supply stores	Language clubs/classes
Athletic coaches	Libraries/librarians
Banks	Local athletes
Beauty stores/shops	Local media (e.g., radio, television, newspaper)
Botanical gardens/arboretums	Mini-marts
Boys/Girls clubs	Malls
Childbirth educators	National Gardening Association
Churches/synagogues	National Hispanic advertising agencies (e.g., Salud en Tus Manos)
Childcare centers	Police leagues
Clothing stores	Public figures/Elected officials (e.g., mayor)
Colleges/universities	Public transportation
Community centers	Recreational centers
Cooperative Extension Service	Restaurants
County health departments	Salvation Army/shelters
Culinary schools/chefs	Senior centers
Cultural centers	Shelters (e.g., battered women, homeless)
Dentists/dental students	Specialty ethnic food stores
Department of Parks and Recreation	Sports programs, such as Little League
Department of Public Health	Team Nutrition Schools/supporters
Department stores (e.g., Sears, JCPenney)	Thrift stores/Goodwill
Dietitians/dietetic interns	Tenant organizations
Drop-in service support centers	Trade associations
Expanded Food and Nutrition Education Program (EFNEP)	United Way
Farmers markets	Urban gardeners
Fire stations	Urban League
Fitness centers/health clubs	Variety stores
Food stamp offices	WIC agencies and sites
Garden clubs/associations	YMCA/YWCA
Grocery stores	4-H clubs
Head Start	





## 10.5 Places To Seek Funding

### **The Food and Nutrition Service, United States Department of Agriculture**

FNS typically has \$1-2 million available in Special Project grant money for WIC State agencies to conduct projects of regional or national significance. The *Fit WIC* grants were funded under this mechanism in 1999. Grant applications are mailed to all WIC State agencies each year. Contact Sheku Kamara at (703) 205-2130; Email: [sheku.kamara@fns.usda.gov](mailto:sheku.kamara@fns.usda.gov).

### **The Foundation Center's Guide to Proposal Writing (Revised Edition)**

This practical guide is filled with straightforward information, tips, and real-life examples from successfully funded proposals. By Jane C. Geever and Patricia McNeill. Order from: The Foundation Center; 79 Fifth Avenue; New York, NY 103-3076. Phone: (800) 424-9836 <http://fdncenter.org/> (accessed 2 Dec 2002).

### **California Management Assistance Partnership (C-MAP)**

C-MAP is a statewide partnership of 14 centers that provide resources (including classes on fundraising and grant writing) for nonprofit organizations. Because the sites receive grants from various funding sources and operate independently of one another, services vary from site to site. The main website contains links to each of the C-MAP resource centers. <http://search.genie.org/genie/cmap.lasso> (accessed 2 Dec 2002).

### **The Foundation Center**

One of the most difficult aspects of the grant-seeking process is selecting, from the more than 47,000 active U.S. private foundations and corporate giving programs, the grant-makers who might be interested in your project. The Foundation Center libraries make the best and most comprehensive information available to grant-seekers so that they can identify appropriate funders and develop targeted proposals. <http://fdncenter.org/> (accessed 2 Dec 2002).

### **Kaiser Permanente Community Service Fund Grants**

Kaiser Permanente made a generous donation to the Virginia Childhood Obesity Prevention Project to purchase educational materials. Kaiser Permanente California awards Community Service Fund grants and collaborates with numerous community organizations that share a commitment to community health. Call the Kaiser Permanente Regional Office in your area and ask about the "Small Grants Project." The website below has phone numbers for regional offices. [www.kaiserpermanente.org/locations/california/index.html](http://www.kaiserpermanente.org/locations/california/index.html) (accessed 2 Dec 2002).

### **National 4H Council Youth Grants Program**

Offers grants for youth in local communities, in counties, and on the state level. These grants provide opportunities for young people and adults to take action on issues critical to their lives, their families and their communities. Get updates on grant opportunities by subscribing to the list-serve: [grantsinfo-join@4hlists.org](mailto:grantsinfo-join@4hlists.org); Or, visit their website: [www.fourhcouncil.edu/](http://www.fourhcouncil.edu/) (accessed 2 Dec 2002).



## 10.6 References about Childhood Overweight and Related Topics

### 10.6.1 Assessment of Weight Status

Dietz WH, Robinson TN. Use of the body mass index as a measure of overweight in children and adolescents. *Journal of Pediatrics* 1998;132:191-2.

Frisancho AR. Anthropometric standards for the assessment of growth and nutritional status. Ann Arbor: University of Michigan Press, 1990.

Jackson J, Strauss CC, Lee AA, Hunter K. Parents' accuracy in estimating child weight status. *Addictive Behaviors* 1990;15:65-8.

Kraemer HC, Berkowitz RI, Hammer LD. Methodological difficulties in studies of obesity. I. Measurement issues. *Annals of Behavioral Medicine* 1990;12:112-8.

Poskitt EME. Defining childhood obesity: the relative body mass index (BMI). *Acta Paediatrica* 1995;84:961-3.

Rolland-Cachera MF, Sempe M, Guillaud-Bataille M, Patois E, Pequignot-Guggenbuhl F, Fautrad V. Adiposity indices in children. *American Journal of Clinical Nutrition* 1982;36:178-84.

### 10.6.2 Consequences of Overweight

Allison DB, Fontaine KR, Manson JE, Stevens J, VanItallie TB. Annual deaths attributable to obesity in the United States. *Journal of the American Medical Association* 1999;282:1530-8.

Bray, GA. Complications of obesity. *Annals of Internal Medicine* 1985;103(6[Pt 2]):1052-62.

Calle EE, Thun MJ, Petrelli JM, Rodriguez C, Heath CW. Body-mass index and mortality in a prospective cohort of U.S. adults. *New England Journal of Medicine* 1999;341:1097-105.

Dietz, WH. Childhood weight affects adult morbidity and mortality. *Journal of Nutrition* 1998;128:411S-414S.

Falkner MH, Neumark-Sztainer D, Story M, Jeffery RW, Beuhring T, Resnick MD. Social, educational and psychological correlates of weight status in adolescents. *Obesity Research* 2001;32:42.

Figuroa-Colon R, Franklin FA, Lee JY, Aldridge R, Alexander L. Prevalence of obesity with increased blood pressure in elementary school-aged children. *Southern Medical Journal* 1997;90:806-13.



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## CHAPTER 9

Lessons Learned and Recommendations for Action

By the *Fit WIC* Project Teams





## Chapter 9

### Lessons Learned and Recommendations for Action By the *Fit WIC* Project Teams

**WIC CAN AND SHOULD PLAY A KEY ROLE** in the national effort to prevent overweight in children. As an established, effective and respected program in the community, WIC is strategically positioned to make a significant impact on this public health epidemic. Its participants, new mothers and young children, are particularly receptive to new ideas and to change. The *Fit WIC* Childhood Overweight Prevention Project has provided innovative program models for implementation in State and local WIC agencies.

During the development and implementation of these models, the Project Teams learned important lessons about what worked and what didn't work in their respective settings. Their qualitative research, done in the initial phases of the Project, added important insights to the lessons they learned from the concrete experiences of their program implementations. On the bases of their common experiences and their qualitative research, the Project Teams compiled the following list of lessons learned and recommendations for actions.

**LESSON LEARNED #1: Many parents of overweight children did not perceive their child as overweight or did not feel that their child's weight was a problem. Parents were not, therefore, motivated to solve an unseen problem of overweight. There was a "disconnect" between the parent's perception and that of the WIC staff.**

*Recommendation:* Change the focus of participant education from *weight* to *healthy lifestyle*. Due to the disconnect between parent and WIC staff on the topic of overweight, discussions that focus specifically on weight are not likely to be productive. When the discussion centers on improving



health behaviors within the entire family, rather than on the child’s weight, nutrition education is likely to be more effective, and the whole family will benefit.

*Recommendation:* In the WIC setting, all children, regardless of current weight status, should be included in nutrition education protocols aimed at overweight prevention.

**LESSON LEARNED #2: Parents were eager to receive in-depth, how-to information on healthy lifestyle choices, even if they weren’t particularly concerned about their child’s weight. They especially wanted activities that involved the entire family, so that all family members could learn and provide support for a healthier lifestyle.**

*Recommendation:* Weave practical, how-to information and skill building activities into every aspect of WIC education. The Project Teams learned that the approaches listed below (or elsewhere in this manual) are well received by both participants and staff. The Project Teams have provided curricula and guidance for each of the following approaches in this manual:

- ◆ Conduct group discussions with parents, facilitated by staff, to help parents identify and share practical solutions to their common problems.
- ◆ Engage parents and children at the WIC site in planned, skill-building activities focusing, for example, on physical activity,<sup>1</sup> cooking, or meal planning.
- ◆ Provide specific suggestions for activities that parents can do at home with their children.

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<sup>1</sup> 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

**LESSON LEARNED #3: WIC staff were uncomfortable talking about weight issues with participants. They felt that more training and more time with participants was needed to build the rapport essential for addressing this sensitive issue.**

*Recommendation:* Training for WIC staff should include these specific areas and topics:

- ◆ The causes, prevention and treatment of pediatric overweight;
- ◆ Successful methods to open a discussion with parents about overweight;
- ◆ Successful intervention strategies, including dealing with resistant parents, helping families to identify barriers, and motivating participants;
- ◆ The barriers that WIC participants face in their everyday lives to achieving a healthy lifestyle for themselves and their families;
- ◆ Cultural issues related to the topic of childhood overweight;
- ◆ The differences in perception about overweight that exist between WIC staff and participants. Staff tend to perceive parents of overweight children as lacking motivation, and many parents feel blamed by WIC staff. These perceptions must be addressed for effective education to take place!

*Recommendation:* Encourage WIC staff to use a learner-centered approach in their nutrition education sessions. With a learner-centered approach, staff members are more comfortable talking with families and can individualize their approaches. To accomplish this shift in emphasis, WIC staff should:

- ◆ Assess what participants know and what they would like to learn, and involve parents and children in an active process of learning.
- ◆ Focus nutrition education on parental skills to provide

anticipatory feeding guidance and improve the parent-child feeding relationship and child eating behaviors.

- ◆ Educate parents about the importance of parental modeling of healthy behaviors for their children and assist parents in becoming better role models.
- ◆ Ensure that the educational materials available in the WIC clinic are behaviorally focused, easy to read, and meet participants' needs.

**LESSON LEARNED #4: WIC staff members were uncomfortable encouraging participants to lead healthy lifestyles if they were not happy with their own weight or health-related habits. When provided with wellness opportunities and activities, they felt more understanding of overweight participants, and better able to provide them support. Staff felt they could be more effective educators when they could provide *positive* modeling of healthy behaviors.**

*Recommendation:* Provide wellness opportunities at work for WIC staff. This could take many forms, from classes to healthy snacks to group walks and activity breaks. Encourage and support staff to become involved in these efforts.

*Recommendation:* Include all staff, even the “front-line” support staff, in wellness activities to maximize the benefit of these programs.

**LESSON LEARNED #5: Promoting physical activity as part of nutrition education in the WIC setting was well received by WIC parents, children and staff.**

*Recommendation:* Incorporate the promotion of physical activity (e.g. the “Aim for Fitness” message found in the “Dietary Guidelines for Americans”) as an essential element of the WIC approach to nutrition education.

- ◆ The concept of balancing physical activity with energy intake is integral to nutrition education; promoting physical activity will enhance WIC nutrition education.
- ◆ WIC staff can provide education about physical activity and energy balance, and their relationship to overall health. Staff can assist participants in identifying unhealthy sedentary behaviors and appropriate activity levels.
- ◆ Promoting physical activity in the WIC educational curriculum affords the WIC program an opportunity to incorporate local cultural traditions, such as children's games specific to a culture, into its services.
- ◆ WIC staff can facilitate increased physical activity among participants by providing referrals to, and enhancing coordination with, community agencies that offer activity programs.

**LESSON LEARNED #6: Community groups were responsive but often uninformed about WIC and/or about the problem of childhood overweight. Once WIC staff approached and educated appropriate community groups, they were ready and able to participate in a community-wide overweight prevention effort. They saw WIC as a natural leader and partner in that effort.**

*Recommendation:* Establish partnerships with community agencies to develop comprehensive, community-wide interventions.

- ◆ Intervening on multiple levels in the community will increase the impact of WIC's efforts.
- ◆ Community partnerships increase the likelihood that WIC participants will receive consistent messages from their various health care providers and other community groups, thus increasing the impact of WIC's efforts.

- ◆ Partnerships can help WIC strengthen its image and build a network of community groups and professionals with similar goals.

*Recommendation:* Provide training for staff to develop the leadership skills necessary for forming community task forces or work groups. Support staff in this effort - acknowledge them for going the extra mile and serving participants in a more comprehensive way.

The recommendations described above are based on the experiences of the *Fit WIC* Project Teams and on the results of their extensive qualitative research. Although based on rigorous research methods, the qualitative research findings may be limited in the extent to which they can be generalized to other situations and contexts. However, the clinical and research experiences of the Project Teams, both individually and collectively, in the field of childhood overweight prevention are extensive. The Project Teams propose that the recommendations listed above, if followed, will prove fruitful for the WIC program and other health care agencies implementing them.

**In conclusion,** by learning from the experiences of the Five-State *Fit WIC* Project Teams, the WIC program has great potential to positively influence the prevalence of childhood overweight in our communities. The authors of this manual and everyone else who contributed to the success of the Five-State *Fit WIC* Project sincerely hope that you and your staff find this manual to be a valuable tool in your efforts to prevent childhood overweight!

## CHAPTER 8

### An Anticipatory Guidance Model For Physical Activity and Nutrition

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

By

*Mena Forrester, Erin Williams,  
Elizabeth McGarvey and Relana Pinkerton*

- 8.1 The Rationale Behind *Fit WIC Virginia*
  - 8.1.1 The Conceptual Framework of *Fit WIC Virginia*
  - 8.1.2 *Fit WIC* Key Messages: The Thread Connecting All Phases
  - 8.1.3 The Complementary Roles of the Three Target Groups
- 8.2 The Heart of *Fit WIC Virginia*—How Does It Work?
  - 8.2.1 WIC Participants
  - 8.2.2 Staff Participation and Responsibilities
  - 8.2.3 In Your Community
- 8.3 The Impact of *Fit WIC Virginia*: Evaluation
- 8.4 Lessons Learned by the *Fit WIC Virginia* Project Team
- 8.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC Virginia*







## 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 guidance**<sup>1</sup> 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

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<sup>1</sup> 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.<sup>2</sup>

(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.

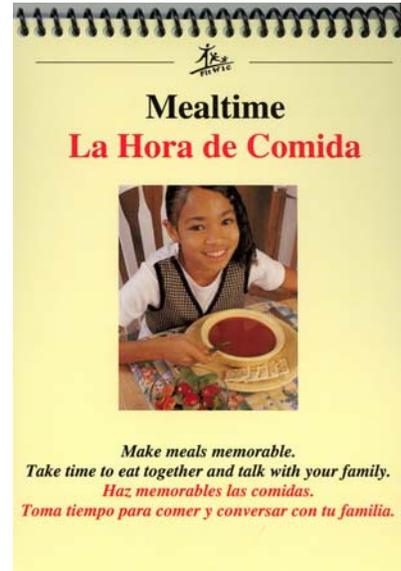
With the guidance of your site's protocols, the counselor, in consultation with the participant, will determine if the participant will attend the *Fit WIC* group education or individual counseling sessions on that visit. The goal setting and recording procedures are the same for both individual and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

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<sup>2</sup> 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*,<sup>3</sup> *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

<sup>3</sup> 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%<sup>4</sup> 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.

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<sup>4</sup> 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.<sup>5</sup> 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).

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<sup>5</sup> 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

Mena Forrester, MS, RD

Project Director, Virginia Dept. of Health  
1500 E. Main Street, Rm. 132, Richmond, VA 23219  
Phone: (804) 225-4462; FAX: (804) 692-0223  
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Elizabeth McGarvey, EdD

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Box 800623, Charlottesville, VA 22908  
Phone: (804) 924-5522; FAX: (804) 982-3764  
Email: [rel8s@virginia.edu](mailto:rel8s@virginia.edu)

### 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](http://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.

## CHAPTER 7

### The *Fit WIC* Activity Kit: Tools for Overcoming Barriers to Active Physical Play

#### How To Fit *Fit WIC Vermont* Into Your Community

By

*Karen Flynn, Linda Walfield, Lynne Hathaway-Bortree and  
Jean Harvey-Berino*

- 7.1 The Rationale Behind *Fit WIC Vermont*
- 7.2 The Heart of *Fit WIC Vermont*—How Does It Work
  - 7.2.1 What Is In the *Fit WIC* Activity Kit?
  - 7.2.2 Social Cognitive Theory: What Is It and How Does It Fit In?
  - 7.2.3 The Key Ingredient: *Fit WIC Activities*
  - 7.2.4 How To Distribute the *Fit WIC* Activity Kit
  - 7.2.5 Using Support Activities To Reinforce Your Message
- 7.3 The Impact of *Fit WIC Vermont*: Evaluation
- 7.4 Lessons Learned by the *Fit WIC Vermont* Project Team
- 7.5 Where You Can Get Tools, Assistance and More Information  
About *Fit WIC Vermont*





## Chapter 7

### The *Fit WIC* Activity Kit: Tools for Overcoming Barriers to Active Physical Play

#### How To Fit *Fit WIC Vermont* Into Your Community

##### 7.1 The Rationale Behind *Fit WIC Vermont*

WIC staff have observed that many parents of overweight children deny either that their child is overweight or that their child's overweight is a problem: There is a "parental disconnect" around the issue of childhood overweight. Focus groups conducted by the *Fit WIC Vermont* Project Team with WIC parents revealed that many think that physical activity is important for their preschool-aged children but they don't know what types or amounts are appropriate.

WIC staff indicated to the *Fit WIC Vermont* Project Team that they would like more positive counseling approaches that will not make parents feel defensive or hostile. They also would like more information and more effective educational materials on overweight prevention. Staff felt that all WIC participants could benefit from strategies that focus on movement and physical activity.

The *Fit WIC Vermont* Project Team designed an intervention that addresses the concerns expressed by their staff. The overall goal of *Fit WIC Vermont* is to increase active, physical playtime and decrease sedentary time for three- and



*The goal of Fit WIC Vermont is to increase active, physical playtime through a family-based intervention*

four-year olds through a family-based intervention. The Project Team developed a tool, the *Fit WIC* Activity Kit, to overcome barriers to, and increase opportunities for, active physical play. The *Fit WIC* Activity Kit allows WIC staff to bypass the parental disconnect around overweight and obesity and to address the issue in a manner that is received positively and does not engender defensiveness or resentment in overweight participants.<sup>1</sup> At the same time, it serves as a preventive measure for normal weight children.

Using the concepts of Social Cognitive Theory (*described later in this chapter*) *Fit WIC Vermont* educates parents about the importance of teaching physical activity skills to their children. The Kit provides them with the hands-on, self-directing tools to increase opportunities for, and reduce barriers to, active playtime.

Self-directed education outside of the WIC site is especially important for participants in a rural state like Vermont. Face-to-face visits for WIC certification occur only every 6 months; between visits, participants receive a quarterly newsletter and are asked to attend at least one interim nutrition education class. WIC food packages are home-delivered to participants four times per month in order to overcome food access problems (e.g., lack of transportation and only a few major supermarkets in many of Vermont’s rural villages and towns).

*Fit WIC Vermont* was designed to minimize disruption to the existing WIC site activities and requires no additional staff. The *Fit WIC* Activity Kit offers families an ongoing, in-home opportunity for continued and self-directed education.

In *Fit WIC Vermont*, the self-directed education provided by the Activity Kit is also reinforced at the WIC site, through the use of classes developed by the Project Team and described in the *Fit WIC Educator’s Guide*.

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<sup>1</sup> 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.

## 7.2 The Heart of *Fit WIC Vermont*—How Does It Work?

*Fit WIC Vermont*, the heart of which is the *Fit WIC* Activity Kit, is a family-based intervention that can stand alone. However, it can be strengthened by reinforcing messages given at the WIC site and in other community settings. This intervention would work well in conjunction with broader community-based interventions such as those described in other chapters of this manual (e.g., *Fit WIC California*, *Fit WIC Virginia*).

The *Fit WIC* Activity Kit, developed by the Vermont Project Team and described below, is a collection of items designed to lower a variety of barriers to physical activity that were revealed in focus groups with Vermont WIC mothers. These barriers included bad weather, lack of transportation, lack of knowledge of activity opportunities, lack of planning skills, and concerns about “hyper” behavior, safety and cost.

### 7.2.1 What Is In the *Fit WIC* Activity Kit?

The Activity Kit includes an instructional book, *Fit WIC Activities*, for parents. (This book can be downloaded from the *Fit WIC* website; see Section 7.5). It is divided into five, user-friendly sections that build on the theme of reducing barriers to, and increasing opportunities for, active play:

**Section 1: Parent’s Pages** describes what is appropriate physical activity for preschoolers and includes a preschoolers’ “Activity Pyramid”;

**Section 2: Quiet Times** describes ways to aid transition and settle children after they have played actively;

**Section 3: Everyday Activities and Play** offers ideas for unstructured playtime;

**Section 4: Skill-building Physical Play** outlines skill-building activities and games in five major categories that parents can use for more structured play;

**Section 5: Special Outings and Exploring** lists community facilities that families can utilize for active play.

Ideally, parents will read through all sections, but sections are designed so that each can stand alone. *Fit WIC Activities* has tabs for each section for ease of use, as well as attractive formatting and illustrations to make it inviting to read.

The Activity Kit also includes play items for children: a beach ball, a set of bean bags, a roll of masking tape to mark off play areas on the floor, a storybook depicting active family alternatives to television watching, and a cassette tape of children’s play songs. Other printed materials such as maps and bus



*Weather can be perceived by some families as a barrier to active, physical play.*

schedules were also included as part of the original intervention. All the play items and activities in the Activity Kit are developmentally appropriate for three- and four-year old children. The Project Team has provided a list of suppliers from whom you can order these items for you own kit production (*see Section 7.5*). A photo of the Activity Kit as it was used in the Vermont intervention project is shown on page 118.

### 7.2.2 Social Cognitive Theory: What Is It and How Does It Fit In?

The Activity Kit contents were developed and chosen based on Social Cognitive Theory concepts. This theory describes personal behavior as a dynamic interaction between environment, the behavior of others and personal factors.



According to Social Cognitive Theory, people learn not only through their own experiences but also by observing the actions of others and the results of those actions. This theory is often used as the backbone of behavioral interventions.

Table 7.2 outlines the concepts of Social Cognitive Theory and how the Vermont *Fit WIC* Activity Kit addresses each of them. For a more detailed explanation of the important concepts of Social Cognitive Theory, please see one of the references listed in Section 7.5.



**Table 7.2. Social Cognitive Theory Concepts and Vermont *Fit WIC* Materials**

Concepts	Objectives/Activities	Vermont <i>Fit WIC</i> Tools
Environment - Factors physically external to the person	Provide specific information and suggestions for activities for children in the community; support and encourage physical activity in the WIC sites	<ul style="list-style-type: none"> <li>• <i>Fit WIC Activities: Special Outings and Exploring</i></li> <li>• Vermont Map</li> <li>• WIC Quarterly Newsletter</li> <li>• Second Nutrition Contacts</li> <li>• Office Displays</li> </ul>
Situation - Person's perception of the environment	Promote physical activity as inexpensive and something that can be planned ahead or done at the spur of the moment, something that can be short or longer in duration, something that doesn't require special sport equipment	<ul style="list-style-type: none"> <li>• <i>Fit WIC Activities: Parent's Pages, Everyday Play, Skill-building Play, Special Outings and Exploring</i></li> <li>• <i>Playtime Favorites</i> music cassette tape</li> </ul>
Behavioral Capability - Knowledge and skill to perform a given behavior	Provide detailed descriptions of how to do age appropriate physical activity skills	<ul style="list-style-type: none"> <li>• <i>Fit WIC Activities: Skill-building Play</i></li> <li>• Masking tape, beach ball, bean bags</li> </ul>
Expectations - Anticipated results or outcomes of a behavior	Model positive outcomes of physical activity for active families	<ul style="list-style-type: none"> <li>• <i>Berenstain Bears and Too Much TV</i> book</li> </ul>
Expectancies - The values that the person places on a given outcome, incentives	Explain benefits and value of physical activity for young children; provide incentives	<ul style="list-style-type: none"> <li>• <i>Fit WIC Activities: Parent's Pages</i></li> <li>• <i>Children Growing Healthy</i> booklet</li> <li>• Participants keep all Activity Kit contents</li> </ul>
Self-control - Personal regulation of goal directed behavior or performance	Provide chart for planning and logging activities	<ul style="list-style-type: none"> <li>• <i>Fit WIC Activity Calendar</i></li> </ul>
Observational Learning - Adoption of a behavior that occurs by watching the actions and outcomes of others' behavior	Provide opportunity to see active kids in a positive light	<ul style="list-style-type: none"> <li>• Second Nutrition Contacts</li> <li>• <i>Fit WIC Educator's Guide</i></li> </ul>
Reinforcements - Responses to a person's behavior that increase or decrease the likelihood of reoccurrence	Promote self-initiated rewards and provide external reinforcement	<ul style="list-style-type: none"> <li>• WIC Newsletter</li> <li>• Second Nutrition Contacts</li> <li>• Office Displays</li> <li>• <i>Activity Calendar</i></li> </ul>
Self-efficacy - The person's confidence in performing a particular behavior	Increase parental confidence in teaching their children to be physically active	<ul style="list-style-type: none"> <li>• <i>Fit WIC Activities: Parent's Pages, Skill-building Play</i></li> </ul>
Emotional Coping Responses - Strategies or tactics that are used by a person to deal with emotional stimuli	Provide parents problem solving and stress management skills	<ul style="list-style-type: none"> <li>• <i>Fit WIC Activities: Parent's Pages, Skill-building Play, Quiet Times</i></li> </ul>
Reciprocal Determinism - The dynamic interaction of the person, the behavior and the environment in which the behavior is performed	Provide multiple avenues to behavioral change	<ul style="list-style-type: none"> <li>• The entire <i>Fit WIC</i> Activity Kit package</li> </ul>

For your project, you may choose to compile an Activity Kit just as it is presented here, or you may want to select your own contents to tailor it to your community. If you do choose to make changes in the Activity Kit contents, try to include items that address all of the concepts of the Social Cognitive Theory outlined in Table 7.2 to maintain its effectiveness.

The cost for this project is primarily that of purchasing the components of the Activity Kit. This cost will vary depending on the parts of the Activity Kit you choose to use or substitute, suppliers used, quantities purchased, etc. It may be helpful to note that the cost is nearly all in supplies rather than staff or space expenses. This may enhance the feasibility of getting additional funding via grants or other outside funding sources. For a more detailed discussion of cost, see Lessons Learned in Section 7.4.

### 7.2.3 The Key Ingredient: *Fit WIC Activities*

The most important component of the Activity Kit is the book, *Fit WIC Activities*, since it addresses most of the Social Cognitive Theory concepts, including environment, situation, behavioral capability, expectancies, self-efficacy and emotional coping responses. *Fit WIC Activities* can stand alone; however, providing the play items with the book increases the likelihood that the activities will actually be done. They are simple items that many families may already have or could afford to buy, but by including them as part of the Activity Kit, you are sending the message that they have a specific role in the child's skill-building play activities.

- ❖ **Best Practice:** If you build your own kit, be sure to include a component for each of the Social Cognitive Theory concepts in Table 7.2.



- ❖ **Best Practice:** Pilot test your activity kit with a small group of target participants for acceptance and effectiveness if you make substantial changes from the Vermont Activity Kit.

If you choose to use a physical activity intervention modeled after the one presented here, there are a few things that you should keep in mind:

- The Activity Kit was designed for use in Vermont, a largely rural state with distinct seasonal changes and snowy winters. You may want to amend some of the text in the book, *Fit WIC Activities*, to fit your community and climate. Since the book is available in electronic form on the Web, this can be easily done.
- If your WIC population has cultural groups that have indigenous children's games that promote physical activity, you may want to include these in the *Skill-building Physical Play* section of *Fit WIC Activities*.
- To write your own *Special Outings and Exploring* section for your *Fit WIC Activities* book, which helps parents seek out activities in their own communities, you will want to assess your community's resources for low cost, family-friendly physical activity opportunities. To help your staff conduct such a community assessment, refer to the work sheets provided (see Section 7.5). As an alternative, you may choose to make the *Special Outings and Exploring* section generic; a model for this is also provided (see Section 7.5).

#### 7.2.4 How To Distribute the *Fit WIC* Activity Kit

The manner in which the *Fit WIC* Activity Kit is distributed to WIC participants may impact its acceptance and utilization. For the *Fit WIC Vermont* intervention, *Fit WIC* staff distributed the Activity Kit at one-to-one WIC certification visits, after nutrition counseling. All WIC-eligible families with three- and four-year old children in the chosen sites were invited to participate in the

intervention, regardless of their child's weight status. Along with the Activity Kit, participants received a brief verbal explanation of its contents, purpose and use.

To replicate this program at your site, you could easily have WIC staff distribute the activity kits during the nutrition education portion of the certification interview. Including education on early childhood physical activity along with the nutrition education could enhance the use of the Kit by the participants. Other options for distribution include giving out the Activity Kit at second nutrition education contact classes or voucher pick-up education sessions.

- ❖ **Best Practice:** Distribute the Activity Kit to the families of all three- and four-year olds, not just those who are overweight or at risk of overweight.
  
- ❖ **Best Practice:** In order to help staff maximize their impact on participants when they distribute the Kit, provide involved staff with some training in early childhood physical activity, stages of development and learning styles. Several excellent resources for this information are given in Section 7.5. In order to plan an effective training program for staff, you might want to survey them about their attitudes, perceptions and training needs regarding preschool physical activity and overweight. A sample questionnaire is provided (*see Section 7.5*).

### 7.2.5 Using Support Activities To Reinforce Your Message

Support activities for the *Fit WIC* Activity Kit distribution were developed by the Project Team to reinforce the Social Cognitive Theory concepts of environment, behavioral capability and observational learning. Repeated exposure to positive physical activity messages is a key to sustainability and successful behavior change. For example, the Project Team developed and has provided a single page physical activity handout (*Fit WIC Activity Pyramid*), which reinforces material in *Fit WIC Activities*, for distribution to physicians, Head Start and



childcare providers and at health fairs (see Section 7.5). In participating sites, staff created waiting room bulletin board displays using the *Fit WIC* materials and developed a physical activity page featuring *Fit WIC* messages for the quarterly WIC participant newsletter (see Section 7.5).

To enhance education outside the WIC site, the Project Team also created the *Fit WIC Educator's Guide*, a series of physical activity lesson plans for teaching groups. The *Educator's Guide* is appropriate for WIC staff, Head Start, Expanded Food and Nutrition Program (EFNEP), childcare providers, and any other organizations involved in educating young children and their parents (see Section 7.5). The *Fit WIC* Project Team also sent letters to local pediatricians to inform them of the *Fit WIC* Project (see Section 7.5 for a sample letter).

- ❖ **Best practice:** Develop reinforcing messages that participants will be repeatedly exposed to through all your WIC venues, such as displays, second nutrition education classes, newsletters, websites, etc.

### 7.3 The Impact of *Fit WIC Vermont*: Evaluation

As part of the program development process, the *Fit WIC Vermont* Project Team did extensive pre- and post-testing in both control and intervention groups to assess factors that affect family physical activity. They included questions about outdoor play-time and TV watching time; mothers' attitudes and beliefs regarding various aspects of child physical activity; barriers to physical activity; parental perceptions of their child's level of physical play skills; and level of parental involvement in their child's playtime. In addition, the pre-test included items on children's social and emotional behavior and sleep patterns, and on maternal characteristics including stress and depression.

To evaluate the effectiveness of the *Fit WIC* Activity Kit, the Project Team assessed the use and acceptance of the Activity Kit and measured its effect on selected pre-test parameters. They analyzed data from the intervention site post-testing, and found that the Activity Kit was very well received by the participating families. Nearly all of the mothers reported using the Activity Kit when they first received it and planned to continue using it in the future. The rate of usage was very good during the first two weeks following distribution. Three to five months later, at the time of the post-test, usage had dropped somewhat, but the Kit was still used frequently.

Mothers reported improvement in their child's active play skills, such as jumping or throwing, during the several months of the test period. They also reported they had improved in their own ability to teach their child play skills. They also felt it was easier to settle their child down after active play.



*The Fit WIC Activity Kit  
as it was used in the Vermont intervention study.*

The responses to an open-ended request for comments about the Activity Kit demonstrated a broad scope of effect. Mothers responded that the Kit helped them connect with their child; inspired new ideas for activities to do with their child; and reminded them of the importance of physical activity and play. Weather was the only barrier to physical activity that was reported frequently, and study participants appreciated that the skill-building games could be played indoors or outdoors.

While the most common responses were that the Activity Kit was “great” or “wonderful,” a few mothers stated that the Activity Kit would have been more useful if they were not already doing most of the things suggested. This small group said that the Activity Kit would be more useful for “less-experienced” moms. However, other experienced mothers with several children said that the Activity Kit was useful for them because it was adaptable to big families with a wide range of ages and interests.

*It's great! I had been so concerned about him learning things that I forgot to make it fun. The kit helped.*  
Fit WIC Participant

*Just taking the time, and learning, just a few minutes a day helps improve their skills.*  
Fit WIC Participant

*It made my child curious and anxious to try new things....*  
Fit WIC Participant

The Project Team recommends that you include in your intervention an evaluation of Activity Kit usage and of the progress achieved by the child in play skills development. While the Project Team also attempted to measure outdoor playtime and TV watching time, readers should be aware that there were many inherent difficulties in trying to quantify data that is based on parents’ recollection of the amount of time their child spent in various activities. A suggested evaluation tool is provided (*see Section 7.5*).

## 7.4 Lessons Learned by the *Fit WIC Vermont Project Team*

- ❖ *If you make changes in the Fit WIC Activity Kit, be sure to pilot test the new kit before distributing it on a large scale.*

The *Fit WIC Vermont Project Team* found that pilot testing early in the development process was especially valuable. A test of the initial version of the Activity Kit with a small group showed that *Elmocize*, a children's exercise videotape originally included, was perceived by parents to be only marginally effective for preschoolers. Eliminating it afforded a cost savings, but it was difficult to select a replacement item that would model positive outcomes as recommended by Social Cognitive Theory concepts (see Table 7.2). The storybook, *The Berenstain Bears and Too Much TV*, was chosen to fill this role.

- ❖ *Keep an open mind and watch for unexpected benefits! Don't underestimate your participants!*

The *Fit WIC Activity Kit* presented a variety of strategies to overcome weather as a barrier to outdoor play. Nonetheless, post-test data indicated that weather remained the major barrier to outdoor play for families. Although *Fit WIC Activities* presented skill-building games as outdoor activities, indoor variations were also described and mothers reported that their children did more of the activities indoors rather than outdoors. Thus, an unexpected positive outcome of the project appears to have been to increase indoor active playtime. This may be especially beneficial since weather is a barrier to outside play in many regions of the country.

- ❖ *If time and resources allow, spend time with your participants going over the Activity Kit components, and demonstrating how to use them. It will pay off in positive results!*



The standard protocol in distributing the *Fit WIC* Activity Kit was to give only a brief explanation of the Kit and its contents, in order to minimize disruption to the normal flow of activities at the site. However, at one small WIC site, an extended demonstration of play skills was conducted with the children and mothers. An unexpected impact of this teaching and modeling was seen later, when these families reported much greater use of the Activity Kit than in other intervention families. Accompanying the distribution of the Activity Kit with a more extended demonstration of the Kit components will very likely benefit your participants.

- ❖ *Put Fit WIC everywhere! Develop supportive activities and team-up with other community agencies to offer as many reinforcing messages as possible.*

Because the Project Team was trying to test only the Activity Kit and minimize confounding effects from other sources, they purposely did not develop collaborative partnerships to help spread the *Fit WIC* messages and materials. In your program implementation, you could use as many partners and avenues for exposure as possible. Some of the other *Fit WIC* Project Teams have developed materials that might be helpful for working with the community.

- ❖ *Using your imagination and creativity, you can meet your goals and meet your budget.*

The *Fit WIC* Activity Kit as distributed in the intervention was very well received by participants. However, the Project Team recognized the need to minimize cost while continuing to include items addressing all of the Social Cognitive Theory concepts. For statewide distribution, a less expensive plastic mesh bag with a drawstring closure in place of the canvas tote bag was chosen. A less expensive wire bound book replaced the original, loose-leaf, *Fit WIC Activities*. The new, wire-bound format is smaller and easier to use.

Table 7.4 shows the cost of the Activity Kit's components. For statewide implementation of the program, Vermont was able to significantly lower the



original cost, just by making a few minor changes in packaging and printing, and by ordering in larger quantity. A list of the suppliers of these items is provided (see Section 7.5). If you choose to tailor the *Fit WIC* Activity Kit, you might find appropriate items in catalogs for preschool supplies and/or physical education equipment, and toy and music stores.

**Table 7.4 The Cost of the *Fit WIC* Activity Kit Components**

Component	Cost per item used in the Project Team’s implementation  (For 300 kits, as shown on p. 135)	Cost per item to be used in Vermont’s statewide implementation of <i>Fit WIC Vermont</i>  (For 7,500 kits, as shown on p. 59)
<i>Fit WIC Activities</i>	\$9.47 (full-sized pages in 3-ring binder)	\$3.71 (slightly reduced size, spiral-bound)
<i>Playtime Favorites</i> cassette tape	\$3.20	\$3.20
Beach ball imprinted with <i>Fit WIC</i> logo	\$1.57	\$1.09 (better price per piece by ordering larger quantity)
Carrying bag	\$2.69 (imprinted cloth tote)	\$0.26 (mesh bag)
Bean bags- set of three	\$1.50	\$1.60 (improved quality)
60 yard roll of 1” masking tape	\$0.92	\$0.92
<i>The Berenstain Bears and Too Much TV</i>	\$2.60	\$2.60
<i>Children Growing Healthy</i> booklet	\$0.59	\$0.59
<b>Total</b>	<b>\$22.54</b>	<b>\$13.97</b>





## 7.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC Vermont*

### 1. Program Specific Tools and Forms

The following tools will help you implement *Fit WIC Vermont* and are available at the *Fit WIC* link on *WIC Works* website: [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html) (accessed 10 Jan 2003).

- ❑ *Fit WIC Activities* book
- ❑ Activity Kit item suppliers
- ❑ Community assessment work sheets (3): Community assessment; Community assessment–Physical Activity (PA); Community assessment--facilities
- ❑ Generic *Special Outings and Exploring* section for *Fit WIC Activities*
- ❑ Staff training and attitudes questionnaire
- ❑ Sample letter to physician, describing *Fit WIC* program
- ❑ Sample of WIC newsletter and inserts
- ❑ Tool for evaluating the success of your project (Activity Kit evaluation form)
- ❑ The *Fit WIC Educator's Guide*, which provides physical activity lesson plans for WIC nutritionists and other educators
- ❑ *Fit WIC* Activity Pyramid (front and back)

### 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](http://www.nal.usda.gov/wicworks/index.html) (accessed 10 Jan 2003).

#### ***On Social Cognitive Theory***

Bandura A. *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall, 1986.

Baranowski T, Perry CL, Parcel GS. How Individuals, Environments and Health Behavior Interact: Social Cognitive Theory. In: Glanz K, Lewis FM, Rimer BK, eds. *Health Behavior and Health Education: Theory, Research and Practice*, 2nd ed. San Francisco: Jossey-Bass, Inc., 1997.

#### ***On Young Children and Physical Activity***

For journal references and helpful websites, see Chapter 10.6.7.

## CHAPTER 6

### Beyond Nutrition Counseling: Reframing the Battle against Obesity

#### How To Fit *Fit WIC Kentucky* Into Your Community

By

*Leigh Ann Chamberlin and Robert C. Whitaker*

- 6.1 The Rationale Behind *Fit WIC Kentucky*
- 6.2 The Heart of *Fit WIC Kentucky*—How Does It Work?
- 6.3 The Impact of *Fit WIC Kentucky*: Evaluation
- 6.4 Lessons Learned by the *Fit WIC Kentucky* Project Team
- 6.5 Where You Get Tools, Assistance and More Information  
About *Fit WIC Kentucky*





## Chapter 6

### Beyond Nutrition Counseling: Reframing the Battle against Obesity

#### How To Fit *Fit WIC Kentucky* Into Your Community

##### 6.1 The Rationale Behind *Fit WIC Kentucky*

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

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



*Many parents of overweight children feel blamed by health professionals.*

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

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

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

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

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

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

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

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

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

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



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



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

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

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

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

There are three steps to the recommended evaluation:

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

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

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

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



*The video's provocative content stimulates lively group discussion.*



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

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

If your intervention is successful, group members will:

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

### 6.3 The Impact of *Fit WIC Kentucky*: Evaluation

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

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

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

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

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

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

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



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

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

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

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

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

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

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

- ❖ *Focus the discussion on generating solutions.*

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





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

### 1. Program Specific Tools and Forms

The video, “*Beyond Nutrition Counseling: Reframing the Battle against Obesity*” can be ordered from the Project Team. Ordering information is given on their website:

[www.cincinnatichildrens.org/fitwic](http://www.cincinnatichildrens.org/fitwic) (accessed 3 Feb 2003) and at the *Fit WIC* link on the *WIC Works* website: [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html) (accessed 21 November 2002).

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

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

### 2. People to Contact

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### 3. Helpful References

#### ***For more details on methods and results from the Project Team***

For references to additional reports from the Five-State *Fit WIC* Project, see Chapter 10.1, *Resources Specific to the Five Fit WIC Programs*. Reports made after



the publication of this manual will be available or referenced on the *Fit WIC* link on the WIC Works website: [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html) (accessed 10 Jan 2003). of the *Fit WIC Kentucky* publications, and other *Fit WIC Kentucky* information, can be viewed on their website [www.cincinnatichildrens.org/fitwic](http://www.cincinnatichildrens.org/fitwic) (accessed 21 November 2002).

### ***On facilitated group discussion***

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

## CHAPTER 5

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

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

By

*Melinda Jossefides-Tomkins and Susan Kunz*

- 5.1 The Rationale Behind *Fit WIC Inter Tribal Council of Arizona, Inc. (ITCA)*
- 5.2 The Heart of *Fit WIC ITCA*—How Does It Work?
  - 5.2.1 WIC Staff
  - 5.2.2 WIC Caregivers
  - 5.2.3 WIC Children
- 5.3 The Impact of *Fit WIC ITCA*: Evaluation
- 5.4 Lessons Learned by the *Fit WIC ITCA* Project Team
- 5.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC ITCA*





## Chapter 5

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

#### How To Fit *Fit WIC ITCA* Into Your Community

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

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

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

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



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

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

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

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

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

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

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



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

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

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





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

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

### 5.2.1 WIC Staff

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

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



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

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



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

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

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

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<sup>2</sup> Please refer to "A Note for WIC Staff: The Use of Incentives in *Fit WIC* Programs" on page 40 for information on the use of incentives, awards or acknowledgments.

## 5.2.2. WIC Caregivers

### Individual Counseling Sessions in *Fit WIC ITCA*

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

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

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

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



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

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

### 5.2.3 WIC Children

The Project Team designed several detailed activity programs for older WIC children (3-4 years old) to introduce them to nutrition, food preparation and a variety of enjoyable physical activities, also described in the *Fit WIC Families* guide (*see Section 5.5*). In their implementation, the *Fit WIC ITCA* Project Team offered children's activities about twice a month. Examples of program titles are "I'm As Hungry As a Bear," "Vegetable Party," "I'm a *Fit WIC* Kid." Each session includes a story related to nutrition, a few enjoyable physical activities and the creation of a healthy snack. Story time includes a discussion section that addresses topics such as what it feels like to be hungry or full, new or different fruits and vegetables and how food is grown.

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



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



### 5.3 The Impact of *Fit WIC ITCA*: Evaluation

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

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

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

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

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



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

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

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

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

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

❖ *Start small and build from there.*

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

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

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

❖ *Involve all WIC staff in your program.*

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

❖ *Be patient.*

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



❖ *Plan for no-shows.*

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

❖ *Provide frequent contact.*

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

❖ *Support your staff.*

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

❖ *Celebrate success!*

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



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

### 1. Program Specific Tools and Forms

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

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

### 2. People to Contact

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### 3. Helpful References

#### ***For more details on methods and results from the Project Team***

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

#### ***On Young Children and Physical Activity***

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

## CHAPTER 4

### A Multilevel Community-Based Approach To Overweight Prevention

#### How To Fit *Fit WIC California* Into Your Community

By

*Pat Crawford, Wendi Gosliner,*

*Poppy Strode, Cindy Caffery*

*Claudia Burnett and Yolanda Becerra-Jones*

- 4.1 The Rationale Behind *Fit WIC California*
- 4.2 The Heart of *Fit WIC California*—How Does It Work?
  - 4.2.1 Intervening at Spectrum Levels in Your WIC Program
  - 4.2.2 Intervening at Spectrum Levels in Your Community Through a Coalition
- 4.3 The Impact of *Fit WIC California*: Evaluation
  - 4.3.1 Impact of the *Fit WIC* Program on WIC Sites
  - 4.3.2 Impact of *Fit WIC* Task Force Activities on Communities
- 4.4 Lessons Learned by the *Fit WIC California* Project Team
- 4.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC California*





## Chapter 4

### A Multilevel, Community-Based Approach To Overweight Prevention

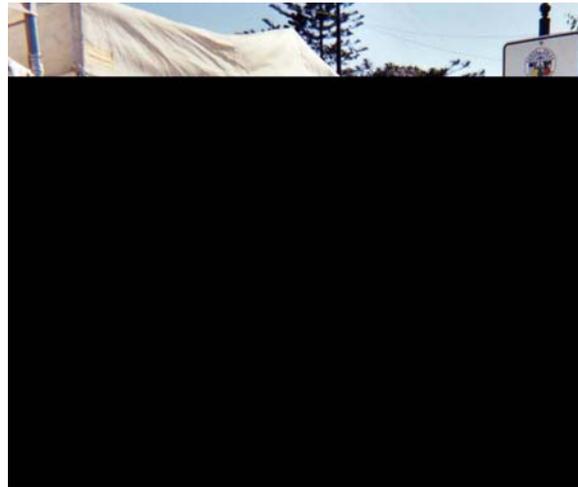
#### How To Fit *Fit WIC California* Into Your Community

##### 4.1 The Rationale Behind *Fit WIC California*

The *Fit WIC* program in California was shaped by insights gained from the assessment phase of the project, as described in Chapter 2. From that assessment, it was clear that WIC participants, WIC staff members, and community members were concerned about some of the same issues, including the difficulties involved in addressing overweight with very young children, community safety, and a lack of community resources for physical activity and healthy foods.

WIC parents and WIC staff members were interested in learning new techniques for preventing childhood overweight. Community partners felt that the issue of overweight in young children was not being addressed adequately in their community. About half of the community partners knew very little about the WIC program.

In order to address the breadth of these concerns, the *Fit WIC California* Project Team developed a multilevel intervention based on the theoretical framework of the *Spectrum of Prevention*.



*As a leader in a community coalition, you might bring a farmers market to your community.*



**The Spectrum of Prevention**<sup>1</sup> is a model, developed by the Prevention Institute in Berkeley, California, which outlines six levels on which to act in order to develop a comprehensive intervention:

1. Strengthening individual knowledge and skills;
2. Promoting community education;
3. Educating providers;
4. Fostering coalitions and networks;
5. Changing organizational practices;
6. Influencing policy and legislation.

When intervention activities are conducted simultaneously on multiple levels, the activities reinforce each other and can yield powerful results.

**Empowerment theory**<sup>2</sup> also guided the development of *Fit WIC California*. Empowerment theory suggests that when individuals and groups develop their own strategies for intervention, they take ownership and are therefore more likely to achieve success. In *Fit WIC California*, interventions build from the ground up. Local WIC organizations lead their staffs and communities to address the issue of childhood overweight in a locally appropriate, community-driven manner, while the State project team offers support, training, and technical assistance.

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<sup>1</sup> For more information, visit the Prevention Institute's website: [www.preventioninstitute.org](http://www.preventioninstitute.org) (accessed 4 Dec 2002).

<sup>2</sup> For a description of empowerment theory, see Empowerment Theory & Practice, University of Michigan, Winter 1996, Lorraine M. Gutierrez Critical Psychology Teaching Materials. <http://www.radpsynet.org/teaching/gutierrez.html> (accessed 7 Feb 2003).



## 4.2 The Heart of *Fit WIC California*—How Does It Work?

Intervening on many levels simultaneously, as guided by the Spectrum of Prevention, is the heart of *Fit WIC California*. The table below describes the six levels of the Spectrum of Prevention and provides examples of interventions at each level. The levels of the Spectrum build upon one another, so that activities at each level reinforce each other.

Spectrum Level	Definition of Level	<i>Fit WIC California</i> Activities
<b>1. Strengthening Individual Knowledge and Skills</b>	Enhancing an individual's ability to prevent illness and promote health and physical activity	<ul style="list-style-type: none"> <li>• Produce physical activity handouts for parents to take home.</li> <li>• Offer WIC classes that teach parents simple physical activities to do at home with their children and provide information about local activity resources.</li> <li>• Introduce WIC activities that involve children in cooking and planting gardens.</li> </ul>
<b>2. Promoting Community Education</b>	Reaching groups of people with information and resources to promote health and physical activity	<ul style="list-style-type: none"> <li>• Attend and host community events.</li> <li>• Work with community groups to ensure that healthful snacks and physical activity information are available at all community events.</li> <li>• Publish local newsletters with messages about healthful eating and physical activity.</li> <li>• Partner with other groups to teach classes in the community about nutrition and physical activity.</li> </ul>
<b>3. Educating Providers</b>	Informing providers who will transmit skills and knowledge to others	<ul style="list-style-type: none"> <li>• Invite community partners to WIC training events to encourage overlap of messages.</li> <li>• Adapt WIC staff training protocols to include staff wellness activities, training on physical activity for families and new approaches for talking with parents about feeding and weight issues.</li> <li>• Develop resource brochures and provide training for health care providers.</li> </ul>
<b>4. Fostering Coalitions and Networks</b>	Bringing together groups and individuals for broader goals and greater impact	<ul style="list-style-type: none"> <li>• Develop <i>Fit WIC</i> community task forces, composed of community leaders, health professionals, WIC staff and participants, political representatives.</li> <li>• Meet regularly with task force groups to determine locally appropriate strategies for preventing childhood overweight.</li> </ul>
<b>5. Changing Organizational Practices</b>	Adopting regulations and shaping norms to improve health	<ul style="list-style-type: none"> <li>• Introduce WIC as a community leader in preventing overweight.</li> <li>• Incorporate physical activity into all aspects of WIC practice.</li> <li>• Encourage WIC sites and community partners to model healthful nutrition and physical activity behaviors at staff meetings and during workdays.</li> <li>• Initiate staff wellness programs.</li> <li>• Introduce hands-on, participant-centered education at WIC sites.</li> <li>• Provide safe play areas for children in WIC sites.</li> </ul>
<b>6. Influencing Policy and Legislation</b>	Changing laws and policies to influence outcomes in health and well-being	<ul style="list-style-type: none"> <li>• Certify a local farmers market and implement the WIC Farmers Market Nutrition Program in a new community.</li> <li>• Advocate for a state bill to improve school nutrition programs.</li> <li>• Work with city to allow vacant land to be used for a community garden project.</li> <li>• Advocate for adopting physical activity as an essential element of WIC nutrition education.</li> </ul>



As you implement *Fit WIC California*, you will intervene at some or all of these levels in two venues: (1) in your WIC program and (2) in your greater community through a community coalition. Even if your time and resources don't allow you to intervene at all levels simultaneously, your efforts will be strengthened if you are able to include more than one level in your intervention.

## 4.2.1 Intervening at Spectrum Levels in Your WIC Program

### Spectrum Level 1: How WIC Can Strengthen Individual Knowledge and Skills

The WIC program should ensure that the limited individual and group education time available is spent in the most effective way possible. Moving toward learner-centered group sessions can enhance the effectiveness of WIC education.

Learner-centered education involves assessing the needs of the learner and carefully designing the learning activities to support the principles of respect and safety, immediate usefulness of the learning, and engagement of the learner in the learning process. Activities are provided for different learning styles, and many activities are done in pairs or small groups. In a learner-centered classroom, learners should be speaking at least 50% of the time. Attitudes and skills gained are as important as knowledge. The California WIC program's efforts toward learner-centered education for participants and staff have been strengthened through application of the approach developed by Jane Vella in Learning to Listen, Learning to Teach (see Section 4.5).

Samples of learner-centered lesson plans are available on the *Fit WIC* link on the *WIC Works* website (see Section 4.5) to help you implement a learner-centered approach to nutrition education. The *Fit WIC California* Project Team has designed a series of lesson plans on the topics listed below.

- ❑ Super-Sized! Facilitated Group Discussion About Fast Foods
- ❑ Fit Families Play: Hands-On Physical Activity With Children Using Home-Made Toys

- ❑ Making Snacks Count: Family-Centered Healthy Snack Activities
- ❑ Grow Your Own Garden: Family-Centered Gardening Activities
- ❑ What's On TV? Facilitated Group Discussion on Children and Television
- ❑ Maria's Problem: Facilitated Group Discussion Around Challenges in Providing Healthy Snacks for Children
- ❑ The Little Red Hen: Family-Centered Mealtime Activities.

Educational tools, like handouts, posters and bulletin board displays, can help reinforce your new participant education protocols. A series of pamphlets on physical activity for WIC families was developed by the *Fit WIC California* Project Team and is available in both English and Spanish (see Section 4.5).



*Lesson plans for Fit WIC California use items such as these to make learning more concrete for participants.*

## Spectrum Level 2: How WIC Can Promote Community Education

Consistent messages from different sources help to reinforce learning. While you work towards educating staff and participants in your WIC program, it is important to get involved with others to promote the same messages throughout the community. You may do this by participating in community events, like health fairs or festivals. You might contribute articles to local newsletters, or partner with other groups to teach classes in the community about nutrition and physical activity. You can ensure that community education events are effective and coordinated by leading or participating in a coalition or task force. Guidelines for developing a task force are given in Section 4.2.2.



### **Spectrum Level 3: How WIC Can Educate Providers**

In order to advance your goals for individual and group education of participants, and also your organizational goals for addressing the issue of childhood overweight (see Spectrum Level 5), you will want to consider providing additional training for your staff. Ensure that all your staff-training sessions and meetings reinforce and model the learner-centered approach that staff are using in their participant education sessions. Resources for the following staff training topics are available from the Project Team (*see Section 4.5*).

Training 1: Facilitated Group Discussion (FGD). Offer staff members an intensive workshop on using discussion-based methods for conducting group education sessions; more than one training session will be needed to fully develop skills in this technique. If your staff is already using FGD techniques, you might offer a refresher workshop focusing on *Fit WIC* topics. Resources for learning more about FGD are given in Chapter 10.3.2.

Training 2: Active Play for Families. Find an inspiring child development specialist to help your staff learn to motivate families to be more physically active. Training should include developmentally appropriate physical activities for young children, ways to incorporate physical activity into WIC education<sup>3</sup>, how to make low-cost toys and ideas to help WIC families become more active. Make this training session interactive, with the staff actually getting up and doing the physical activities that they will teach to WIC families. California's *Fit WIC* Project Team is working on a training video on this topic; check the *Fit WIC* link on the *WIC Works* website for availability (*see Section 4.5*).

Training 3: Staff Wellness Training. Provide your staff with a training session focused on ways they can incorporate physical activity and healthy eating into daily life. Find a local speaker who will motivate and inspire your staff. Include information about the importance of physical activity for adults and ways to begin an activity program safely. Take this opportunity to brainstorm about

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<sup>3</sup> Please refer to the text box, "WIC Principles on Physical Activity..." on p. 41 for further guidance on this topic.

ways to support your staff members, and about ways they can support each other, in developing and following through with their fitness and nutrition goals. Chapter 10.3.3 contains other resources on staff wellness training (see especially the video *Fuel Up, Lift Off LA*).

Training 4: Talking with Families About Weight, Parenting, and Feeding.

Staff members are likely to have many questions about how to talk with families about weight issues. A training session can help staff members to understand cultural differences in attitudes about weight and health, to learn to focus on health goals rather than on weight goals with parents of overweight children, and to understand why preventing overweight is an appropriate topic for all WIC families. Additionally, staff can learn to use open-ended questions with active listening, and to identify and build upon families' strengths when introducing new concepts about weight or feeding. It may be helpful for staff to be reminded of the stages of development of young children and how those affect mealtimes, so that they can offer strategies to parents who are struggling with developmental behaviors.

Training 5: Putting It All Together. Schedule a session devoted to reinforcement of skills. Find out ahead of time what techniques are working well and which need further review. During the session, allow staff members to share their successes and their challenges.

#### **Spectrum Level 4: How WIC Can Foster Coalitions and Networks**

Many of the barriers which WIC participants face in achieving a healthy lifestyle go beyond the scope of WIC services. WIC can play a leadership role in organizing a community task force or coalition to address some of these issues. Once a coalition is formed, it can use the Spectrum of Prevention to identify ways of improving opportunities for healthy living in the community. This process is described in Section 4.2.2.

## Spectrum Level 5: How WIC Can Change Organizational Practices

The relatively simple organizational changes described below can ensure that the prevention of childhood overweight becomes a priority in your WIC program. Before making changes, always assess your current practices: talk with staff members at different levels; establish organizational goals; and think about ways to implement your goals.

Organizational Change 1: Create a Healthy Work Environment. Support staff members in their personal efforts to eat well and be physically active, so that they can be role models for WIC participants and their communities. WIC participants will then be able to learn from individuals who personally understand the difficulties and rewards inherent in maintaining a healthy lifestyle.

You can support your staff in their efforts by creating a work environment characterized by healthy food choices and physical activity. Ensure that foods offered on-site for snacks, staff meetings, or potlucks are healthy and include fresh fruits and vegetables. Make sure that on-site vending machines offer healthy food choices. Include a physical activity break in any meeting or training session that lasts more than two hours. Celebrate special occasions with a lunchtime walk to a favorite location or the purchase of a health-promoting item. Make sure staff members have a safe place to store walking shoes and encourage group physical activities.



*Making physical activity a priority in WIC can mean involving staff in activity classes on site.*

Organizational Change 2: Institutionalize a Staff Wellness Program. A formal staff wellness program at your WIC site is an excellent way to support change to a healthy lifestyle. A kick-off event, regular reinforcement, and



incentives contribute to the success of your program. Incentive items<sup>4</sup> can be used strategically to encourage specific health-related behaviors, and can be given on a monthly or quarterly basis to promote a specific health goal. For example, in the California implementation, pedometers were very popular and effective incentive items. Counting daily steps taken and even competing in “step challenges” encouraged staff members to be more active. WIC participants noticed that staff were wearing pedometers and asked about them. Other incentive items used successfully in California included: reusable lunch bags to encourage bringing healthy lunches from home, water bottles to promote drinking water at work, and tote bags to encourage a trip to a farmers market or bringing an extra pair of shoes to work for walking. A variety of other wellness activities, like walking clubs, fitness training, and healthy lunch programs can be developed by local sites and supported by State agencies to benefit WIC staff members and, ultimately, WIC participants. Having an ongoing plan for wellness activities will ensure that staff members maintain their momentum.

Organizational Change 3: Make Physical Activity a Priority in WIC.

Integrate physical activity messages into all aspects of WIC services. Physical activity is an important part of maintaining a healthy weight and should be addressed by WIC. Physical activity messages can be promoted by staff, taught in group and individual education sessions, integrated into print materials, posted on walls and bulletin boards and modeled by staff members.

Organizational Change 4: Create a Learner-Centered Environment. Ensure that all education and training in WIC, both with staff members and with participants, is learner-centered. A learner-centered approach helps staff members gain new skills and confidence, enables them to work more effectively with participants and ensures that learning focuses on the needs and interests of both learners and teachers.

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<sup>4</sup> 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.

## Spectrum Level 6: Influencing Policy and Legislation

This spectrum level was not addressed within the WIC program by the *Fit WIC California* pilot project. See Section 4.2.2 for ways in which policy was addressed by community coalitions.

### 4.2.2 Intervening at Spectrum Levels in Your Community Through a Community Coalition

A community coalition or task force brings together individuals and organizations who can achieve broader goals and greater impact than might be gained by intervening in your WIC program alone. The *Fit WIC California* Project Team, in partnership with the University of California Cooperative Extension, developed a manual, entitled *Children and Weight: What Communities Can Do*, to help you form a community coalition to address the issue of childhood



*Intervening at many levels in Fit WIC California requires a group effort by cooperative partners.*

overweight. This manual has step-by-step instructions for organizing a coalition. It includes information about conducting a community assessment, ideas for whom to include in your task force, sample agendas for your meetings and a variety of other tools to simplify the task of community building. See Chapter 10.3.1 for information on how to order the manual. Depending on the situation in your community, WIC agency staff may help to organize the coalition, lead or co-lead the group, or participate as active members.

Your coalition can work to impact childhood overweight using the multilevel approach of the Spectrum of Prevention.



### **Spectrum Level 1: How a Community Task Force Can Strengthen Individual Knowledge and Skills**

Coalition member agencies are likely to be motivated to improve the direct services they provide to families as a result of their participation in your effort. They may change curricula to include more information about nutrition and physical activity or may offer new information and handouts to their clients. In this way, the consistency of health messages delivered by service organizations in your community will increase.

### **Spectrum Level 2: How a Community Task Force Can Promote Community Education**

Your coalition can be creative in its approaches to community education. Health fairs are a popular mechanism for sharing information. Your group can participate in health fairs planned by other organizations or it may decide to host one of its own. Other community events, like festivals and other celebrations, can also be good avenues for sharing health messages. Your group can work to ensure that healthful foods are served at these events, and that games for children are physically active and offer prizes that promote health.

Some of your coalition members may offer educational classes and information to families in your community. By sharing resources, you may be able to teach classes about nutrition and physical activity in new locations throughout your community.

### **Spectrum Level 3: How a Community Task Force Can Educate Providers**

Your coalition can identify providers of family services in your community and offer training and information in order to enhance their role in the prevention of childhood overweight. For example, your coalition may wish to offer training sessions to pediatricians and nurses about assessing children's risk for overweight and how to talk with families about promoting physical activity, healthful eating, and dealing with weight issues. Your group can provide training and resources to



your parks and recreation department to help them develop or improve activities for families with young children. Invite your coalition members to attend your training sessions with WIC staff (e.g., staff wellness or teaching families about physical activity); this will ensure that coalition members share consistent messages.

#### **Spectrum Level 4: How a Community Task Force Can Foster Coalitions and Networks**

Your coalition will bring together a variety of people to impact the issue of childhood overweight. Remember that each of these individuals is part of another community, organization, and/or probably at least one other coalition or network. Take advantage of the many relationships people bring with them. Make sure that all of your members have the opportunity to share their resources and expertise.

#### **Spectrum Level 5: How a Community Task Force Can Change Organizational Practices**

Once representatives from organizations are participating in a community-wide effort to address childhood overweight, it is likely that they will begin to make changes in their own organizations. Describe to task force members the changes you are making in your WIC program; they may begin to make similar changes. For example, staff wellness programs, improved food environments (offering healthful foods whenever meals or snacks are offered, improving vending machine selections, etc.), and including physical activity breaks in long meetings are changes that can be made in many community organizations. By bringing people together to work on this issue, you are also likely to see improved referrals to WIC and the inclusion of health-related topics in other groups' educational materials and curricula.



## **Spectrum Level 6: How a Community Task Force Can Influence Policy and Legislation**

An organized group of committed individuals and organizations can have a significant impact on local, state, and national policies. In many states, there is a great deal of interest in the issue of childhood overweight. Including political representatives on your task force will facilitate the group's policy efforts. Identifying and supporting legislative issues of interest to your task force group will enable your group to influence community wide health policies. For example, you may find that your local legislators are interested in making communities more bicycle and pedestrian friendly or in improving the foods available to children at school.

There may be other community policies that can be influenced to improve the health and nutrition of community members. For example, your city may own or control a number of vacant lots. By working with city officials, you may be able to use those lands for community gardens or farmers markets.



## 4.3 The Impact of *Fit WIC California*: Evaluation

*Fit WIC California* has had exciting results. WIC participants, staff members, and task force members all demonstrated positive changes in knowledge, skills, and behaviors leading to healthier living. The Project Team attributes the positive results to the use of a comprehensive, community-based approach. Because this approach focused on empowering local WIC staff and community members, the effects of this intervention are likely to grow with time as the local groups continue their efforts.

The impact of *Fit WIC* on WIC sites and on communities in the California intervention is described here. The results reported are based on pre- and post-surveys of *Fit WIC* community task force members, WIC staff members, and WIC participants, as well as quarterly reports prepared during the project period.

### 4.3.1. Impact of the *Fit WIC* Program on WIC Sites

#### Impact on WIC Site Procedures

WIC sites participating in *Fit WIC* made organizational changes to promote nutrition and physical activity for both staff and participants.

- ❖ *Fit WIC* sites integrated physical activity into all aspects of their program: they created or improved play-spaces for children; they encouraged staff members to be physically active; they developed new classes to teach participants about physical activity.
- ❖ *Fit WIC* sites ensured that healthy food choices were available at meetings and training sessions.
- ❖ More staff at *Fit WIC* sites felt that their worksites were supportive of their efforts to be physically active, compared to staff at control sites.

*"We ourselves, as employees, we are more active... we have more vegetables, fruits, water, and started walking on breaks..."*  
WIC staff member

- ❖ Nearly all staff members at *Fit WIC* sites felt that their workplace was “very supportive” in helping them make healthy food choices, while fewer than a third of staff members at control sites felt this way.

### Impact on WIC Staff Members

The effect of *California Fit WIC* on WIC staff members, as reported by staff members themselves, was overwhelmingly positive. The intervention improved staff members’ work skills, made them feel more successful with WIC families, and influenced their personal health habits.

- ❖ Nearly all *Fit WIC* staff members felt that they had changed the way they talk with parents about weight.
- ❖ They reported feeling more knowledgeable and better able to deal with weight issues with families.
- ❖ *Fit WIC* staff members were more likely than control site staff members to say that they were “very comfortable” talking about weight issues with parents of overweight children and comfortable encouraging parents to do physical activities with their children.
- ❖ Nearly all *Fit WIC* staff members felt that *they had success* helping parents with overweight kids.
- ❖ *Fit WIC* staff members were much more likely to view referrals to physical activity programs as an important strategy for working with families of overweight children.
- ❖ Eighty percent of *Fit WIC* staff members, compared to only 18% at control sites, reported making more referrals to community physical activity resources compared to the previous year.

*“I’m more sensitive. I address the problem in a way that I don’t make them feel bad.”*

*WIC staff member*

*“I’m more comfortable talking with participants about weight issues, and I have better materials and information to work with.”*

*WIC staff member*

At the end of the project, *all Fit WIC* staff members said that they are presently physically active on a regular basis. They were more likely than control

site staff members to say that they were trying to increase their physical activity and trying to eat more low fat foods, fruits and vegetables.

Overall, staff members resoundingly reported that *Fit WIC* was good for their worksites, for the WIC participants, and for themselves personally. They enjoyed the training sessions, felt better able to learn and use new skills, and felt more effective in their work with WIC families.

*"For me personally, Fit WIC has meant losing weight and actually keeping it off for a year now! I'm looking forward to more wellness challenges for the staff here..."*

*WIC staff member*

### Impact on WIC Participants

Parents who had contact with *Fit WIC* activities reported making positive changes. *Fit WIC* participants were:

- ❖ More likely than parents at control sites to think of WIC as a resource to help them find ways to be more active with their child;
- ❖ Significantly more likely to say that they had helped their child watch less TV in the past year;
- ❖ More likely to say that they had tried to help their child do more physical activity during that time period;
- ❖ More likely to say that they had helped their child eat less high fat food in the past year;
- ❖ More likely to say that they themselves were "almost always" regularly physically active.

*"Mothers loved it, the kids were super-involved, and I was excited to teach."*

*WIC staff member*

### 4.3.2 Impact of *Fit WIC* Task Force Activities on Communities

A powerful cooperative relationship was developed when WIC leaders initiated a community-wide task force to address childhood overweight. They became visible community leaders on this topic and at the same time they

enhanced their leadership in WIC with information, resources, and support from community partners.

The *Fit WIC* community task force groups in California brought together diverse people who have maintained their commitment beyond the time period of the project intervention. The task force groups have had the following impacts on the communities they serve:

- ❖ Development of local certified farmers market and distribution of WIC farmers market coupons in the community for the first time;
- ❖ Development of new community workshops for parents about nutrition and physical activity, which reached more than 130 parents;
- ❖ Receipt of a grant for more than \$300,000 to develop a community garden on a vacant city property;
- ❖ Development of new materials and resources for pediatricians, parks and recreation staff, childcare staff, local restaurants and parents;
- ❖ Development of training sessions on preventing childhood overweight and promoting physical activity which were attended by 47 pediatricians and nurses in pediatric offices, 33 parks and recreation staff members, and 12 childcare providers;
- ❖ Creation of a program whereby restaurants participated in a campaign to increase fruit and vegetable consumption by highlighting healthful menu items and using informational table tents;
- ❖ Adoption of a city council resolution to support the 5-A-Day campaign.

*"We try to provide better lunches and snacks during school breaks and summer programs."*  
Fit WIC task force member

*"Nurses are more aware about community programs, resulting in more referrals."*  
Fit WIC task force member

Community members reported that participating on *Fit WIC* task forces positively impacted their organizations and the work they do daily. Members reported:

- ❖ More referrals to and from community agencies;

- ❖ More information about nutrition and physical activity in organizational materials like lesson plans and training curricula;
- ❖ Improvement in the nutritional quality of meals and snacks served in the programs they administered, as well as at their own meetings;
- ❖ Renewed enthusiasm for promoting nutrition and physical activity in their organizations;
- ❖ Increased knowledge of the WIC program, other community resources and the issue of childhood overweight.

Most task force members said that they were pleased with the task force leadership and administration. Although some mentioned their frustration with the sometimes-slow pace of collaborative work, they felt that their expectations for the group had been met, that they had made a difference in their communities, and that they had grown both professionally and personally from their involvement. *All* task force members reported that their participation in the group was worthwhile and that they plan to *continue* their involvement.



## 4.4 Lessons Learned by the *Fit WIC California* Project Team

Among the rich array of findings from the project, a number in particular stand out. These findings provide a foundation for developing similarly successful programs in your community or state. The lessons learned in California can help you implement your own overweight prevention program in an efficient and effective manner.

❖ *Multilevel interventions in WIC are possible.*

Under the leadership of local agency managers and supervisors, comprehensive interventions which address childhood overweight can be successful in WIC. Conducting activities on various levels creates a positive institutional culture to prevent childhood overweight.

❖ *Local staff buy-in leads to empowerment.*

Empowering local managers to lead a program facilitates their “buy-in.” Once local managers are on-board, they can motivate their agency and site staff to support the effort.

❖ *WIC staff members feel empowered to work in childhood overweight prevention when they are supported in their efforts to make changes in their own health behaviors.*

Supporting WIC staff in making healthy lifestyle changes can have a profound effect on their confidence and on their ability to help WIC participants to make similar changes. Providing a supportive work environment for staff has wide reaching impact. Many changes are inexpensive and easy to make.



- ❖ *Ongoing reinforcement of training and wellness activities is necessary to maintain momentum.*

Training sessions need to have structured follow-up to ensure that staff members are utilizing their new skills. Staff wellness activities need to include regular reinforcement, support for healthy eating choices, and support for physical activity.

- ❖ *Teaching about physical activity in the WIC setting is well received by participants and staff members.*

Physical activity classes and activities are fast becoming a popular enhancement to the nutritional component of WIC.

- ❖ *State agencies can provide staff training sessions, lesson plans, and educational materials to support local staff in addressing the issue of childhood overweight.*

Providing local agencies with training workshops, curriculum and materials eases the time burden on local staff.

- ❖ *Community partners are anxious and ready to move on the childhood overweight issue and almost expect WIC to take the lead.*

Many community agencies recognize the urgent need to address the issue of childhood overweight, and everyone is waiting for someone else to take the lead.

- ❖ *Outside funding is available to community groups and helps support key activities. Seek funding for task force development and activities early in your efforts.*

Without funding, task force groups are limited in the activities they are able to conduct. If groups don't see the results of their efforts, enthusiasm is likely to dwindle. Finding a local resource for grant writing will help the group to move forward on their ideas and action plans.



- ❖ *Take the time to learn about community partners and their organizations before the task force meets for the first time.*

Make sure that members share your goals and don't have different agendas. Find out what each member can contribute to the group. As much as possible, learn about the history and relationships of agencies represented on your task force early on. Turf issues can cause barriers and stall progress. Taking the time to meet with each person individually in the beginning is helpful.

- ❖ *Community organizing is time consuming and can be overwhelming if additional resources are not available to do it.*

Bringing together a community group takes time. Using available resources to guide the process will help. Partner with other organizations early and share responsibilities.





## 4.5 Where You Can Get Tools, Assistance and More Information About *Fit WIC California*

### 1. Program Specific Tools and Forms

Some of the tools to help you implement *Fit WIC California* are available at the *Fit WIC* link on the *WIC Works* website: [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html) (accessed 21 November 2002).

- ❑ The *California Fit WIC* handouts on physical activity, “Playing with your Baby”, “Playing With Your Toddler”, and “Playing With Your 3 to 5 Year Old” (available in English and Spanish)
- ❑ Staff and participant questionnaires
- ❑ Staff training materials and learner-centered lesson plans

Other important materials for the program can be obtained from the sources listed here:

- ❑ *Children and Weight: What Communities Can Do!* A step-by-step manual for building a task force, developed by the *Fit WIC California* Project Team in partnership with the University of California Cooperative Extension. Order from: Agriculture & Natural Resources, University of California Communication Services. Phone: (510) 642-2431; Email: [anrcatalog@ucdavis.edu](mailto:anrcatalog@ucdavis.edu); or on-line: <http://anrcatalog.ucdavis.edu/merchant.ihtml?id=349&step=2> from DANR Publications (accessed 1 Feb 2003).
- ❑ The *California Fit WIC* handouts, “Playing with your Baby”, “Playing With Your Toddler”, and “Playing With Your 3 to 5 Year Old” can also be purchased from the California WIC program: contact Deanna Lester at (916) 928-8881 or [dlester@dhs.ca.gov](mailto:dlester@dhs.ca.gov).

### 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](http://www.nal.usda.gov/wicworks/index.html) (accessed 10 Jan 2003).

#### ***The Spectrum of Prevention***

For more information about the **Spectrum of Prevention** and ways to use it to brainstorm and prioritize intervention ideas, check the Prevention Institute's website: [www.preventioninstitute.org](http://www.preventioninstitute.org) (accessed 4 Dec 2002).

#### ***Learner-centered education***

For more information about the learner-centered education approach of Jane Vella, see the website: [www.janevella.com](http://www.janevella.com). Also, the following book is very helpful: *Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults, Revised Edition* by Jane Vella; Jossey-Bass, 2002.

#### ***Resources for community organizing***

Other resources to help you organize a task force in your community are listed in Chapter 10.3.1.

## CHAPTER 3

### Overview of the *Fit WIC* Programs: Innovative Solutions to a Complex Problem

- 3.1 A Multifaceted, Community-Based Approach to Overweight Prevention (*Fit WIC California*)
- 3.2 A Clinic-Based Approach to Overweight Prevention In American Indian Children (*Fit WIC Inter Tribal Council of Arizona, Inc.*)
- 3.3 Beyond Nutrition Counseling: Reframing the Battle Against Obesity (*Fit WIC Kentucky*)
- 3.4 The *Fit WIC* Activity Kit: Tools for Overcoming Barriers to Active Physical Play (*Fit WIC Vermont*)
- 3.5 An Anticipatory Guidance Model for Fitness and Nutrition (*Fit WIC Virginia*)





## Chapter 3

### Overview of the *Fit WIC* Programs: Innovative Solutions to a Complex Problem

**THE PREVENTION OF CHILDHOOD OVERWEIGHT IS A COMPLEX PROBLEM,** requiring innovative and thoughtful solutions. In the current WIC program, staff contact time with participants is an important vehicle for the nutrition education of at risk populations; but it is not by itself enough to overcome the multiple forces leading children on a path toward excessive body weight. New programs to reduce the onset of childhood overweight must address those multiple forces.

**The WIC program as a model.** WIC must ensure that its policies, practices and services at local sites are consistent with the messages of eating healthfully and increasing physical activity. WIC supports efforts to improve the health and fitness of program participants by providing nutrition education that promotes physical activity<sup>1</sup>, healthy supplemental foods and referrals to health care.

Messages encouraging healthy behaviors will be more powerfully communicated by staff who themselves are practicing those behaviors. The Five-State *Fit WIC* Project successfully demonstrated ways to more actively support WIC staff to serve as role models for participants. The Project also applied the known benefits of changing the focus of



*In Fit WIC California, knowledge and skills of both WIC staff and participants are enhanced.*

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<sup>1</sup> Physical activity promotion in the WIC clinic must be consistent with the principles described in the "WIC Principles on Physical Activity" text box on page 41.

nutrition education from foods and portions served to the parent-child feeding relationship.

**WIC agencies as leaders in the community.** In another innovative approach to overweight prevention, the *Fit WIC* Project showed that State and local WIC agencies can join forces and work effectively with other concerned members of the community. The WIC program serves a population targeted by many programs and organizations and is well respected in the community. WIC agencies are well positioned, therefore, to provide leadership among local groups and policy-makers to address the issue of childhood overweight. WIC agencies can help create locally appropriate educational campaigns and organizational, environmental and policy-related change. Interventions designed locally will have a greater impact and be more appropriate and sustainable than programs imposed from without.

The five *Fit WIC* childhood overweight prevention programs address the issues described above to different degrees and in different ways, but each program addresses the issues effectively and creatively. **In this chapter**, you will

**Table 3.1**  
**What You Will Learn in a**  
**Fit WIC Program Overview**

- ❖ What is the goal of this *Fit WIC* program?
- ❖ What are the characteristics of the population at the WIC sites where this program was developed?
- ❖ What is the overall design of this program?
- ❖ Are there special competencies or skills required of personnel?
- ❖ What are the tasks and time required of personnel?
- ❖ What resources are needed for this program?

find a brief description or overview of each program. Table 3.1 provides an outline of the information you will find in each program’s overview. After you



have reviewed the five sections of this chapter, you will have a better idea of which program will best help you reach your most immediate goals and best fit your population, resources and setting. You can then read the more detailed chapter describing the program that seems right for you at this time. Remember as you read the overview that the Project Team has made every effort to provide you with what you will need to implement a successful program: helpful tools, forms and references are listed in the detailed program descriptions in Chapters 4-8 and in Chapter 10. Keep in mind that this might be an iterative process; you might come back to this chapter and these five sections several times in selecting a program to implement first. You may find that you want to combine elements of several programs. After you have successfully implemented one program in your agency, you may want to come back to this chapter to decide which one to offer to your staff and participants next!

## A Note For WIC Staff: The Use of Incentives In *Fit WIC* Programs

### Incentives for Participants

Many of the *Fit WIC* programs encourage the use of program incentive items to reinforce healthy behaviors in WIC participants. These inexpensive items, such as water bottles or balls, are given for the accomplishment of specific tasks, or to reinforce learning in the nutrition education elements of the programs. WIC Policy Memorandum #95-5, issued 12-21-94, provides guidelines on purchasing such items with WIC funds.

### Incentives for Staff

In some *Fit WIC* programs, clinic staff may occasionally receive *the same items* as participants, because the staff may participate in cooperative functions with the WIC target population. According to WIC Policy Memorandum #95-5, "...it may occasionally be appropriate to distribute some types of program incentive items to program staff. The items must present a WIC outreach or nutrition education message as opposed to an agency logo, and must be ones which would be expected to be widely seen by the general population or the target population." For example, if a WIC participant sees a water bottle like the one she was just given (carrying a program message) in use by staff, she may have additional motivation to "jump aboard."

### Are Program Incentive Items Reasonable and Necessary?

Program incentive items for participants and/or staff are allowable if they are considered to be reasonable and necessary costs that promote the specific program purpose. It is of paramount importance, when considering the purchase of program incentive items, to determine if the cost is a priority expenditure relative to other demands on available nutrition services and administration resources.

### Need More Information?

The State agency should refer to WIC Policy Memorandum #95-5, as well as to OMB Circulars A-87 and A-122, and check with the Regional FNS office if it has any questions regarding the use of program incentive items. Local agencies should contact their State agencies for assistance.



## **WIC Principles On Physical Activity As a Component of Nutrition Education In the WIC Program**

### Goal

The WIC Program supports efforts to improve the health and fitness of our program participants consistent with the most current *Dietary Guidelines for Americans*, *The Food Guide Pyramid*, and *the Food Guide Pyramid for Children*. These include efforts to help participants improve nutritional status by providing nutrition education that promotes physical activity, healthy supplemental foods and referrals to health care.

### Principles

- ◆ Educational and program materials developed to promote physical activity as a component of nutrition education for the WIC target population should include messages that link nutrition and physical activity, such as Eat Smart. Play Hard.™
- ◆ Programming such as workshops, conferences and trainings that encourage physical activity should include a nutrition education component.
- ◆ WIC State and local agencies may use nutrition education funds to develop nutrition education materials that include physical activity promotion that are reasonable and necessary. Materials should include messages that link nutrition and physical activity.
- ◆ Food and Nutrition Service developed materials, such as Team Nutrition, and Eat Smart. Play Hard.™, should be used and or adapted to the WIC target audience whenever possible, rather than developing new materials. Purchase and use of successful model interventions developed by others, such as Bright Futures in Practice: Nutrition and Physical Activity would be preferable to developing new materials.
- ◆ WIC State and local agencies are encouraged to coordinate linkages - for referral purposes - with community, faith-based and youth organizations, and others that can make regular opportunities for physical activity accessible to pre-school and adult target populations.



### 3.1 A Multifaceted, Community-Based Approach To Overweight Prevention

#### *FIT WIC CALIFORNIA*

##### ***What is the goal of Fit WIC California?***

The goal of *Fit WIC California* is to increase the scope of WIC's impact on patterns of overweight in the communities that WIC serves, using a multifaceted, community-based approach. WIC staff plan activities following a model called the *Spectrum of Prevention*, developed by the Prevention Institute in Berkeley, California. The *Spectrum* outlines six levels of action on which to address complex public health issues such as

overweight. The model includes *individual and group or community education (levels 1 & 2)*, WIC's area of expertise, as important tools for change. But the model also includes the less used but critically important



*Community task forces established in Fit WIC California bring WIC leadership, expertise and goals into partnership with the community.*

steps of *educating service providers (level 3)*, *working with communities and coalitions (level 4)*, *changing organizational practices (level 5)*, and *advocating for local and legislative policies (level 6)* to improve the social and physical environments in which people live.

##### ***What are some of the characteristics of the WIC sites where this program was developed?***

California is home to the nation's largest WIC program, serving 1.27 million participants at 650 WIC sites managed by 81 local agencies. The

majority of California WIC participants (70%) are Hispanic, while the balance is a diverse mix of white, Asian American, African American, and Native American families. Nearly a quarter of participating children ages one through four are overweight. *Fit WIC* intervention sites were selected to reflect the statewide demographics and the diversity of California WIC communities: Included were a large urban area, a small rural area, and a mid-sized mixed urban/suburban area. Activities recommended in this program are not culture-specific and should be effective in all WIC populations.

### ***What is the overall design of Fit WIC California?***

In this intervention, activities are developed by WIC agency and site managers for the WIC site. A *Fit WIC* community task force, which WIC staff help to develop, designs intervention activities for the larger community. The State WIC agency provides training, and technical and financial support. In keeping with the Spectrum of Prevention, intervention activities occur at multiple levels (indicated by italics) at WIC sites and within the community served by WIC. Activities at one level support and reinforce efforts at other levels.

At WIC sites. Protocols for *participant education (level 1)* are revitalized to strengthen the knowledge and skills of WIC participants and to ensure that the protocols are learner-centered. WIC staff *promote community education (level 2)* to ensure that health messages are coordinated, consistent and reach a broad audience. *WIC providers are educated (level 3)* about issues related to childhood overweight, and staff training protocols are revitalized. *Fit WIC* staff *foster local coalitions and networks (level 4)* by leading or participating in efforts to organize the community around the issue of childhood overweight. *Organizational changes (level 5)* are made in WIC to support staff members in their efforts to adopt healthy behaviors, so that they can become role models for WIC

participants and their community. For example, changes are made at WIC sites to ensure a healthful food environment. Wellness programs are developed to help staff members meet their health goals. Physical activity is integrated into all aspects of WIC practice.

Within the community. Staff members at *Fit WIC* sites organize a community coalition or task force, which includes community leaders, organizations and other interested individuals. The task force follows the Spectrum of Prevention model to develop comprehensive approaches for increasing physical activity and improving the nutritional status of the community's children. Agencies in the *Fit WIC* task force *strengthen the individual knowledge and skills (level 1)* of their own members by revitalizing their training materials, thus taking steps to improve their staff's ability to be role models. The task force also *promotes community education (level 2)* by getting involved in local health fairs, festivals and celebrations. Task force groups *educate providers of health services (level 3)* by offering training, information and resources to update their skills. Groups within the task force *change their own organizational practices (level 5)* to promote nutrition and physical activity and *influence local and legislative policies (level 6)*.



*Helping children to become more active becomes a focus of education at Fit WIC California sites.*

***Are there special competencies or skills required of personnel?***

- ❖ WIC educators should have basic skills in a learner-centered approach to group and individual education.
- ❖ For the development of a community task force, WIC personnel with an interest in becoming community leaders are needed. Training

programs are available to help key personnel develop their leadership skills.

- ❖ By utilizing the expertise and resources in the community, most necessary skills can be found locally. Collaboration with a local community organizer, for example, will help staff learn more about local political and community resources.

***What are the tasks and time commitments required of personnel?***

- ❖ You may find it useful to assess the skills and interest of your staff members before beginning implementation of *Fit WIC California*.
- ❖ Depending on what you learn from staff in your assessment, you may want to tailor the staff training protocols provided to respond to their needs. The *Fit WIC California* Project Team provided 5 training sessions, each 1/2 day, in their own implementation of the program.
- ❖ Protocols for individual and group education already in use at your site might need to be modified to better address childhood overweight topics. You may wish to tailor the group education lesson plans provided by the Project Team for your use.
- ❖ The staff wellness component of *Fit WIC California* requires some time to develop and implement.
- ❖ Development of a community task force requires identifying and meeting with potential members, locating a meeting place, and informing people about the first meeting. Working with the community generally takes more time at the outset of activities.
- ❖ Task force meetings are likely to take about two hours. The amount of time spent on meeting preparation, follow-up, and implementation of activities depends upon the amount of leadership that is shared with other agencies.



***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ There may be some expense for the development and distribution costs of education materials and resources.
- ❖ Acknowledgements or incentives may be helpful to motivate staff to participate in wellness activities.<sup>2</sup>
- ❖ Special equipment is not required for task force or WIC site activities.
- ❖ Space needs will depend on specific site activities and task force activities. Meeting space may be provided by WIC or by a task force member.
- ❖ You can minimize any costs required for task force meetings (paper, pens, food) by asking task force members to contribute.

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<sup>2</sup> 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





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

*FIT WIC ITCA (Inter Tribal Council of Arizona, Inc.)*

### ***What is the goal of Fit WIC ITCA?***

Every WIC site or clinic is full of human resources, potential and talent. It is an ideal setting in which to mobilize resources toward the goal of reducing childhood overweight. WIC staff, WIC caregivers and WIC children can, and should, all be recruited in this effort. This program is designed to maximize the potential of the valuable resources available in WIC, in its staff, its caregivers, and children, to improve the health status of WIC children.

For WIC staff, *Fit WIC ITCA* aims to:

- ❖ Improve WIC staff members' own behaviors related to good nutrition and physical activity;
- ❖ Improve WIC staff members' ability to educate participants on healthy eating and physical activity.

For the WIC caregiver, *Fit WIC ITCA* aims to:

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

For the WIC child, *Fit WIC ITCA* aims to:

- ❖ Increase the opportunities for physical activity for preschoolers through caregiver education;
- ❖ Introduce children to good nutrition and the importance of enjoyable physical activity through group activities at the WIC site.

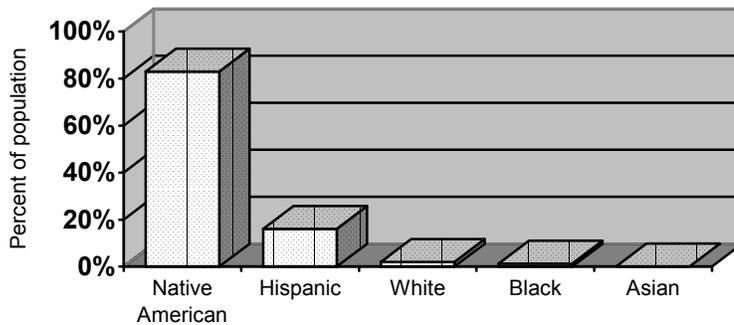
**What are some of the characteristics of the WIC sites where this program was developed?**

The Inter Tribal Council of Arizona, Inc. (ITCA) serves as a State WIC agency and provides services through tribal governments and one urban Indian health center. The *Fit WIC ITCA* program included two reservation-based WIC programs and one urban Indian health center. These clinics serve primarily American Indian participants, but are also serve a small percentage of other racial/ethnic groups (See Figure 3.2.1).

WIC certification, check distribution and nutrition education are

provided by paraprofessional staff. Nutrition services are directed by Registered Dietitians, who also provide high-risk counseling.

**Figure 3.2.1 Ethnicity of ITCA WIC Clients**



Nutrition education is provided in individual and group sessions.

This project was implemented with a predominately American Indian staff and participant population; however, the activities outlined would likely be appropriate for a diversity of racial/ethnic populations and in a variety of clinic settings.

**What is the overall design of *Fit WIC ITCA*?**

The *Fit WIC ITCA* program for overweight prevention is a multi-faceted intervention that includes components targeted toward WIC staff, WIC caregivers and WIC children.

WIC Staff. WIC staff members are important role models of good nutrition and physical activity habits for WIC participants, both because they are primary providers of nutrition education and because they are members of the communities they serve. The *Fit WIC ITCA* program is designed to take advantage of the high visibility, leadership positions of WIC staff. Staff set personal goals for nutrition and physical activity in an effort to adopt healthy lifestyle behaviors. Goals are monitored and monthly incentives<sup>3</sup> and letters of encouragement are provided to staff who participate. WIC staff gain valuable experience in setting goals and utilizing a variety of methods to produce success in meeting goals. Other health department staff, WIC participants and community members also benefit from the role modeling by WIC staff.

WIC Caregivers. Individual education focuses on the feeding relationship, the feeding environment and setting limits rather than on what and how much children are eating. Tools are provided to assist staff in assessing the feeding relationship and in delivering appropriate participant education. A care plan is also used to set goals and to outline ways in which the caregiver can achieve her goals.

Group facilitated education complements individual education by focusing on the feeding relationship and on physical activity. Facilitated discussion groups allow for an open conversation in which participants can



*Both children and staff enjoyed children's physical activity classes at Fit WIC ITCA sites.*

<sup>3</sup> 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.

learn from each other, and staff can learn how to address the needs of the group more effectively.

WIC Children. Activities designed for WIC three- and four-year olds introduce children to nutrition, food preparation and a variety of enjoyable physical activities. Each session includes a story related to nutrition, a few enjoyable physical activities and the creation of a healthy snack. Story time includes a discussion section that addresses topics such as: what it feels like to be hungry or full; new or different fruits and vegetables; and how food is grown. Snack preparation allows children to taste new, appealing foods and easily prepared foods. Most recipes include at least one WIC food item. Physical activities from the *Sport for All* program are used (see Section 5.5 for a reference). This program emphasizes enjoyable, developmentally appropriate activities for preschool children.

***Are there special competencies or skills required of personnel?***

WIC paraprofessional staff must be comfortable and skilled in educating participants on the feeding relationship, or must be provided with training in this area. Training for *Fit WIC ITCA* project staff can include lecture, video, text, role playing and facilitated discussion methods. Staff should also be trained on how to use tools currently available to them, such as care plans and materials. Follow-up discussion groups will also be useful to reinforce the concepts learned during the training and to discuss any problems that arise when implementing the new methods.

At least some staff must be skilled in facilitating discussion groups with WIC participants. Resources to aid in developing these skills are given in Chapter 10.3.2.

***What are the tasks and time commitments required of personnel?***

- ❖ Participation by staff in exercises to set personal goals for developing healthy behaviors;



- ❖ Staff training to reinforce and improve skills used in individual education of participants, and if necessary, to develop skills needed to lead facilitated group discussions;
- ❖ Facilitating discussions in groups of WIC participants;
- ❖ Conducting activities for children at the WIC site.

***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ For the children’s activities, equipment such as balls, beanbags and music tapes will enhance the physical activity sessions. Cooking equipment (toaster oven, blender, mixing bowls), utensils (knives, spoons) and other supplies (plates, napkins) are also necessary for the snack preparation in the children’s classes. Food for the snack preparation must also be purchased on a regular basis.
- ❖ Adequate space is essential for facilitated discussion groups and for children’s activities. The children’s activities require an open space large enough so the children can safely and freely move about.<sup>4</sup>
- ❖ Rewards to be given to staff when they meet their personal health goals for nutrition and physical activity may have to be purchased.

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<sup>4</sup> Local WIC agency personnel should construct or configure play or activity areas in a manner that minimizes the risk of injury to a child and that conforms to all applicable child safety laws and standards.





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

#### *FIT WIC KENTUCKY*

##### ***What is the goal of Fit WIC Kentucky?***

Despite the best efforts of WIC professionals to educate WIC participants, the vast majority of mothers with overweight preschool children enrolled in WIC do not identify their children as being even “a little overweight”.<sup>5</sup> Therefore, the *Fit WIC Kentucky* Project Team developed a video for training health professionals, entitled “Beyond Nutrition Counseling: Reframing the Battle against Obesity,” to help close the gap that exists between how mothers and health professionals define overweight. The video explores the complex issues surrounding childhood overweight and poignantly highlights the struggles that families face raising young children. The video is best used as a training tool in combination with a facilitated group discussion.

The goals of the video and facilitated group discussion are to increase the awareness by WIC staff: (1) of how WIC families perceive the problem of childhood overweight; (2) of the challenges faced by WIC families, particularly in the area of parenting, as they try to prevent or manage overweight in their children; and (3) of the methods they themselves currently use with participants in education sessions about this problem. Additionally, the training aims to elicit from WIC staff: (1) possible solutions to the barriers that exist in WIC to addressing the problem of childhood overweight; (2) specific ideas on how to best address the issue of childhood overweight during WIC education sessions.

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<sup>5</sup> Baughcum AE et al. Maternal perceptions of overweight preschool children. *Pediatrics* 2000; 106(6):1380-6.

### **What are some of the characteristics of the WIC sites where this program was developed?**

The Kentucky WIC program serves 113,000 participants, approximately 70% of whom live in rural areas. The participant population is



*Barriers to healthful living experienced by families are examined in Fit WIC Kentucky.*

predominantly white and non-Hispanic (85%); 11% is African American and 3% is Hispanic. The great majority of Kentucky WIC health professionals are white.

Although the video represents the non-Hispanic white and African American populations of the Kentucky WIC program, other WIC programs with

greater racial/ethnic and geographic diversity in their populations agreed that the themes portrayed in this video apply to the diverse populations served by WIC.

### **What is the overall design of Fit WIC Kentucky?**

The documentary style video, *“Beyond Nutrition Counseling: Reframing the Battle Against Obesity”*, depicts sensitively filmed “day in the life” segments with three low-income WIC families and highlights the struggles they face raising young children. The video is ideally used in conjunction with a discussion guide, developed and provided by the Project Team, for conducting a facilitated group discussion around the content of the video. The video and discussion guide together encourage dialogue among healthcare professionals to identify ways in which WIC can more effectively address the problem of childhood overweight.

Following a brief introduction about why and how the video was developed, the 20-minute video is shown. A facilitated group discussion follows to help the health professionals articulate (a) barriers to preventing

and managing overweight among children enrolled in WIC and (b) steps that might be taken to prevent and manage overweight among these children.

At the end of the discussion (approximately 40 minutes), the participants will have developed a specific list of counseling strategies, arising from the group that could be implemented immediately without structural changes in WIC. For example, one such strategy might be a list of specific open-ended questions to use with participants when discussing overweight. Such



*The Fit WIC Kentucky video depicts sensitively filmed "day in the life" segments with WIC families.*

questions would help bridge the gap that currently exists between the perceptions of provider and participant around the problem of overweight.

The video with facilitated group discussion may be used as a teaching tool for:

- New WIC health professionals;
- Existing WIC staff;
- Undergraduate nutrition students or dietetic interns;
- Health professionals outside of WIC.

### ***Are there special competencies or skills required of personnel?***

A successful facilitated group discussion requires a well-trained leader. Trained leaders will create a comfortable atmosphere for discussion while encouraging full participation of all members of the group. Other desirable characteristics of a facilitated group discussion leader include the ability to correct misconceptions without imposing his/her own opinions on

the group, and active listening skills, allowing the leader to summarize the discussion. Resources to aid in developing these skills are given in Chapter 10.3.2.

***What are the tasks and time required of personnel?***

- ❖ Showing the video and conducting the facilitated group discussion will require approximately 60 minutes.
- ❖ An additional 15 minutes should be allowed if the evaluation tools, described in Chapter 6.2, are used.
- ❖ If the evaluation tools are used, which is highly recommended, then staff time will be needed to review and integrate the results.

***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ A copy of the video entitled “Beyond Nutrition Counseling: Reframing the Battle Against Obesity”;
- ❖ A TV and video tape player, and viewing and discussion space;
- ❖ For groups of 10 or more, an LCD projector and a large screen are desirable.

### 3.4 The *Fit WIC* Activity Kit: Tools for Overcoming Barriers to Active Physical Play

#### *FIT WIC VERMONT*

#### *What are the goals of Fit WIC Vermont?*

The overall goal of this pediatric overweight prevention program is to increase active physical playtime and decrease sedentary time for three- and four-year olds, regardless of weight status, through a family-based intervention. Many WIC parents deny that their child is overweight or don't recognize that their child's overweight is a problem. *Fit WIC Vermont* bypasses that "disconnect" and instead addresses the issue of overweight in a manner that is received positively by participants.



*The Fit WIC Vermont Activity Kit*

*Fit WIC Vermont* addresses barriers to physical activity for the WIC child in a "tool kit" format. An "Activity Kit" was designed by the *Fit WIC Vermont* Project Team, using concepts from Social Cognitive Theory as guidelines (see Chapter 7.2.2), to increase outdoor playtime and decrease television-watching time by WIC families. WIC staff counsel participants on the importance of physical activity and give them the Kit to support behavior change at home.

The *Fit WIC* Activity Kit offers families an ongoing, in-home opportunity for continued, self-directed education. The written materials and play items in the Kit help parents to teach their child basic play skills; to practice those skills regularly with their child; and to improve their own confidence and abilities around teaching physical activity.

In addition, to the in-home, self-education approach, *Fit WIC Vermont* addresses barriers to physical activity for the WIC family with enhanced education in the clinic: the Educator's Guide was developed to assist WIC nutrition educators in offering classes on the topic of physical activity at the WIC site. The education provided at home through use of the Activity Kit is reinforced by exposure to positive physical activity messages in WIC classes.

***What are some of the characteristics of the WIC sites where this program was developed?***

The Vermont WIC population is predominantly white, non-Hispanic. Most participants live in rural areas, although some participants live in small urban centers. Vermont's climate has cold, snowy winters, which participants cite as a major barrier to outdoor play during that season. A desired outcome of using the Activity Kit is to increase outdoor play; however, indoor versions of skill-building activities are also included. These activities would be appropriate in most geographic regions and cultures; but, you should note that a few of the suggested activities are snow-related and may need to be altered for different climates.

***What is the overall design of Fit WIC Vermont?***

The *Fit WIC* Activity Kit, a collection of tools to increase physical activity levels and skills in young children, is distributed to parents of three- and four-year old children (regardless of weight) at WIC certification visits. Parents are given the Activity Kit during one-on-one nutrition education

time, with a brief verbal explanation of how to use it and how physical activity fits into the energy balance equation. The Kit could also be distributed at group-education classes. The *Fit WIC* Activity Kit includes an instructional book (*Fit WIC Activities*) and several play items to help families increase active physical play. The book is divided into five user-friendly sections that build on the theme of increasing active physical play: *Parent's Pages*, *Quiet Times*, *Everyday Activities and Play*, *Skill-Building Physical Play*, and *Special Outings and Exploring*. Ideally, parents will read through all sections, but each section is designed to stand alone.

The play items included are a beach ball, a set of beanbags (3), a roll of masking tape and a cassette tape of children's play songs. Printed materials, such as maps, bus schedules and a storybook depicting active family alternatives to television watching are also included. All the play items and activities are developmentally appropriate for three- and four-year old children.

A key to sustainability and successful behavior change is repeated exposure to positive physical activity messages. To enhance the education provided by the Activity Kit, the Vermont *Fit WIC* team also created the *Fit WIC Educator's Guide*, a series of lesson plans for teaching physical activity to groups at the WIC clinic. The *Educator's Guide* is also appropriate for WIC staff, Head Start and the Expanded Food and Nutrition Education Program (EFNEP), childcare providers and other organizations that are involved in educating young children and their parents.



*A roll of masking tape and some creative ideas from the Fit WIC Vermont Project Team allow kids to participate in active, indoor fun.*

***Are there any special competencies or skills required of personnel?***

Since one goal of the Project Team was to fit Vermont's intervention strategy into the existing WIC infrastructure, the Kit itself is really all that is needed to implement this program. However, the WIC staff members who will be distributing the Kit would benefit from receiving some training in preschool-age physical activity recommendations and skill development. It may be helpful to first assess staff knowledge and training needs in the areas of pediatric overweight and preschool physical activity.

***What are the tasks and time commitments required of personnel?***

- ❖ Distribution of the *Fit WIC* Activity Kit to families at their WIC certification visits or during group education classes takes minimal staff time.
- ❖ Some tailoring of the book, *Fit WIC Activities*, to your area might be desirable. The section detailing opportunities for family activity in the local community (*Special Outings and Exploring*) could be written specifically for your community or could be replaced with a non-geographic-specific version. There are references to seasonal outdoor activities that could be edited for your climate area. Moreover, the *Skill-Building Play* section could be tailored to include any culturally specific games or activities appropriate for your community.
- ❖ It is likely that the Kit would be even more effective if the healthy lifestyle choices encouraged in the Kit were reinforced both within and outside of the WIC clinic environment. Such support could take many forms, so corresponding tasks and time commitments are variable.



***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ Storage space is required for the kit components during their assembly and distribution.
- ❖ The cost of replicating *Fit WIC Vermont* is nearly all in supplies rather than in staff time. This may enhance the feasibility of funding *Fit WIC Vermont* through the use of WIC reallocation dollars, grants, donations or other sources. Primary costs will be in reproducing the *Fit WIC Activities* book with revisions for your area and in purchasing the other materials and play equipment contained in the kit.
- ❖ Your budget will determine the scope of your program. *Fit WIC Vermont* is flexible and scaleable. It can be implemented locally or statewide. There are many cost options for printing the *Fit WIC Activities* book. The other kit items could be modified within the Social Cognitive Theory model to meet budget constraints; a matrix to help you do this is included in Chapter 7.2. *Fit WIC Activities* also includes detailed instructions for making many simple, inexpensive, toys, thus giving alternatives to programs with limited financial resources.



### 3.5 An Anticipatory Guidance Model For Physical Activity and Nutrition

#### ***FIT WIC VIRGINIA***

##### ***What is the goal of Fit WIC Virginia?***

*Fit WIC Virginia* is designed to help parents prevent overweight in their children, by influencing their health-related knowledge, attitudes and behaviors. The focus of *Fit WIC Virginia* is the parent-child feeding relationship and other parenting skills related to the development of healthy eating and physical activity behaviors in children. *Fit WIC Virginia* helps parents understand and improve their feeding relationship with their children, by using the principles of “anticipatory guidance”<sup>6</sup> in individual and group education sessions: Parents are taught to prepare for, or *anticipate*, the developmental changes occurring in their children, and to use this understanding to positively influence their child's development through promoting healthy eating and physical activity.

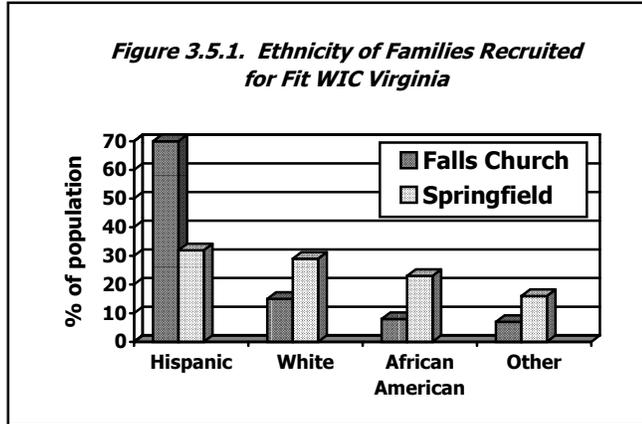
Changes in behaviors and skills are sought in six different content areas taught in individual and group education sessions through the use of six “Key Messages” developed by the Project Team: (1) Active Play; (2) Mealtime; (3) Limit Television; (4) Drink Water; (5) Fruits and Vegetables and (6) Family Activity. The Key Messages are delivered simultaneously to parents and WIC staff in order to encourage role modeling of healthy behaviors by WIC parents for their children and by WIC staff for WIC participants. By also communicating the Key Messages through community organizations, *Fit WIC Virginia* reinforces healthy behaviors in the community.

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<sup>6</sup> Story M, Holt K, Sofka D, eds. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health, 2000.

**What are some of the characteristics of the WIC sites where this program was developed?**

Two WIC clinics in the northern region of Virginia with high rates of ethnic diversity were chosen to participate in the project (Figure 3.5.1). The largest ethnic group participating in *Fit WIC* at each site was Hispanic, followed



respectively by white, African American and other (mostly Asian American). The *Fit WIC* intervention took place at the Falls Church site; Springfield served as the control.

The rate of overweight is higher in this region of Virginia than the state average (see Table 3.5.1). The Falls Church site has a lower-than-average percentage of children with poor eating habits (as assessed by food frequencies and reported consumption of fat, sugar, and junk food) but has the highest rate of childhood overweight in the state.

**Table 3.5.1. Rates of Overweight and Poor Eating Habits in Fit WIC Virginia Clinics**

<b>Nutrition Risk</b>	<b>State of Virginia (% of children)</b>	<b>Falls Church Site (% of children)</b>	<b>Springfield Site (% of children)</b>
Overweight	17.4	27.7	23.8
Poor Eating Habits	81.8	66.5	89.3

**What is the overall design of Fit WIC Virginia?**

WIC participants. Participants attend nutrition education classes developed specifically for each of the six *Fit WIC* Key Messages when they visit the clinic for their regularly scheduled voucher pick up (e.g. every

other month). Group classes are designed as facilitated discussions, in which participation is encouraged by a trained leader. Enhanced individual education sessions on each of the Key Messages are also provided as alternatives to the group discussions. In both formats, parent and child are asked to set a nutrition or physical activity goal relating to the class topic; e.g., “I will play actively with my child one time per week.” The goal is then recorded on a tracking form kept at the clinic for each participant, and on a goal sheet, which is given to the parent. There is a calendar on the goal sheet for the participants to record the days on which they meet their goals. The calendars are to be brought to their next appointment. At that time, if they have met their goal 75% of the time, as indicated on their calendars, they receive an acknowledgement related to the current topic.<sup>7</sup> A new goal related to the new topic is set at each class.

WIC staff. As the parent and child are setting and meeting goals to attain better lifestyle habits, so are the WIC staff members. Six Staff Challenges, consistent with the six Key Messages, are established to run concurrently with the group education classes. Staff are challenged to improve their nutrition and physical activity habits by participating in activities such as eating five fruits and vegetables each day, taking the stairs, limiting television viewing, etc. Staff-members who meet their goals are rewarded with better health and, when possible, an acknowledgement of their commitment to nutrition and physical activity. In this way, the staff are



*Fit WIC Virginia focuses on the parent-child feeding relationship.*

<sup>7</sup> 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.

modeling desirable behaviors to WIC participants as well as improving their own health-related habits. And, when a WIC participant sees a WIC staff member using an item (carrying a program message) similar to the item she just received as an acknowledgement, she will become aware that the staff is participating in the same program and will have additional motivation to “jump aboard.”

Community. The last aspect of *Fit WIC Virginia* involves the community. Members of community organizations can be invited to a community conference sponsored by *Fit WIC* or recruited to participate in *Fit WIC* through a mailed survey. Community members who agree to participate in *Fit WIC* will attend community task force meetings and receive six Community Kits throughout the intervention period. The Community Kits echo the Key Message currently being promoted at the WIC sites. The Community Kits contain publications and items relating to the relevant Key Message: *Suggested Activities, Ideas from the Community Conference* (if one is held), a *Community Report, Anticipatory Guidance/Ages and Stages, Discussion Points*, a newsletter of clinic activities, posters, an evaluation and other topic resources. Task force members meet on a routine basis with a WIC staff member to discuss issues related to childhood overweight and the *Fit WIC* program.

***Are there special competencies or skills required of our personnel?***

- ❖ At least one staff member must be skilled in facilitating discussion groups for the group education classes. Resources to aid in developing these skills are given in Chapter 10.3.2.
- ❖ An individual with leadership skills committed to developing a community task force and encouraging community participation is important to the community portion of the program.



***What are the tasks and time commitments required of personnel?***

- ❖ Planning, preparing and conducting the nutrition education classes held in the clinic;
- ❖ Planning and administering Staff Challenges;
- ❖ Planning the community conference (optional), recruiting community members and holding community meetings.

***What resources are needed for this program (other than materials provided on the Fit WIC website)?***

- ❖ A classroom space or an education room is needed in which to conduct the nutrition education classes at the WIC site.
- ❖ An overhead projector is useful to conduct the classes.
- ❖ Acknowledgement items or incentives to be given to staff and participants when they meet their personal health goals may have to be purchased.



## CHAPTER 2

### The Groundwork Leading to Program Development: Assessment of the *Fit WIC* Populations

- 2.1 Methodologies for Determining the Characteristics and Needs of the *Fit WIC* Populations
- 2.2 Assessment of *Fit WIC* Participants: Key Findings
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## Chapter 2

### The Groundwork Leading to Program Development: Assessment of the *Fit WIC* Populations

#### 2.1 Methodologies for Determining the Characteristics and Needs of the *Fit WIC* Populations

**AS GROUNDWORK FOR THE DEVELOPMENT OF THEIR OVERWEIGHT PREVENTION INTERVENTION**, each Project Team engaged in a methodical process of collecting information about the characteristics and needs of the people for whom they were to tailor their programs. The Teams conducted assessments of their populations, including the WIC sites and the communities of WIC participants, using a number of tools, briefly described here. Each Team designed its own assessment approach; each used unique tools designed by the Project Team for its own purposes. Their approaches are summarized at the end of the two sections in this chapter (“*Sources of the Above Information*”).

**The Assessment Tools Used.** The five *Fit WIC* Project Teams selected a rich variety of tools to use in their assessments, but there was also a strong consistency in their selections.

Project Teams organized ***focus groups***<sup>1</sup> of WIC participants and/or of WIC staff to assess their knowledge, attitudes and skills surrounding the issue of childhood overweight. Another assessment tool used by Project Teams was the ***written, individual questionnaire***. Questionnaires were used to solicit information regarding WIC participants’ or WIC staffs’ attitudes and knowledge regarding pediatric overweight and, in the case of WIC staff, perceived and real training needs. ***One-to-one interviews*** were used by one Project Team (*Fit WIC Kentucky*) to gather more in-depth information from both participants and professionals.

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<sup>1</sup> Focus groups are discussions, usually 1-2 hours long, by a small number of individuals guided by a skilled facilitator and focused on a well-defined topic.

Information was extracted from *WIC clinic records* and from previously conducted WIC, state and federal *population surveys* (e.g., the Pediatric Nutrition Surveillance System).<sup>2</sup> Literature searches of *published studies* were a valuable source of information. Some Project Teams had done relevant *prior investigations* on pediatric overweight, which were critical in the project design process. Information was also recorded from *detailed observations* of the WIC clinic and community environments and from *community canvassing and mapping*.

Assessment Tools
Focus groups
Written questionnaires
One-to-one interviews
Clinic records
Population surveys
Published studies
Prior investigations
Detailed observations
Community canvassing

**What They Found.** Because each Project Team approached the assessment process somewhat differently, the information collected was not completely standardized across Projects in a quantitative sense. However, the assessments revealed many similar characteristics among the *Fit WIC* populations in the five different State agencies. The next two sections of this chapter review important assessment findings. The abbreviations in parentheses following an observation indicate which State agency’s Project Team made that observation in their assessment; you will see that many observations were made by more than one Team. There were also some important differences among *Fit WIC* State agencies in some population characteristics evaluated. For those characteristics, results from each Project Team are presented in a separate section.

Implementation of most components of the *Fit WIC* programs can be accomplished without completing extensive assessments of the sort done by the *Fit WIC* Project Teams. These detailed assessments were important as part of the *Fit WIC* research projects for the development of the interventions described in later chapters. However, such assessments can provide valuable information about a WIC population and about WIC clinic operations prior to implementation.

<sup>2</sup>The Pediatric Nutrition Surveillance System is PedNSS is a program-based surveillance system, using data (ethnicity/race, age, geographic location, birth weight, height/length, weight, iron status, breastfeeding) collected from health, nutrition, and food assistance programs for infants and children, such as WIC.



In the event an assessment is advisable prior to implementation, the *Fit WIC* Project Team has included in their detailed “How To” chapters (Chapters 4-8) any tools or forms you may need to accomplish it. Project Teams have also provided references to their own and others’ publications, which describe in greater detail how to do use some of the assessment techniques described (*see Chapter 10*). You may also contact the Project Team members listed at the end of Chapters 4-8.

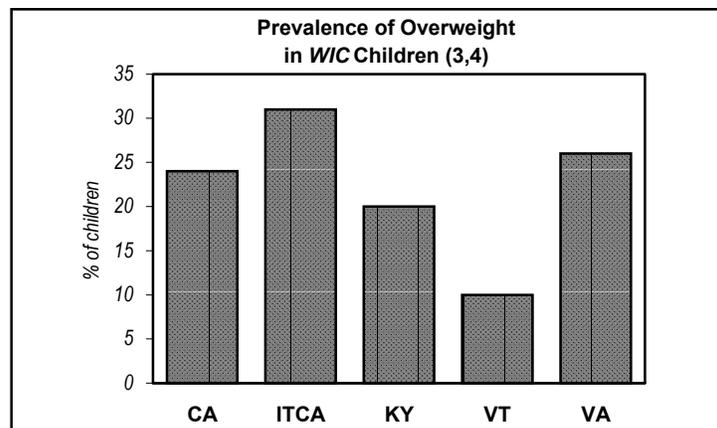


## 2.2. Assessment of *Fit WIC* Participants: Key Findings

### 2.2.1 Prevalence Of Overweight

Data on the prevalence of childhood overweight in their regions were examined by the *Fit WIC* Project Teams, but in somewhat different ways: Some looked only at their *Fit WIC* sites and others looked at information on overweight prevalence in their State WIC programs. Because of this difference, the age ranges of their populations were slightly different.<sup>3</sup> Also, because the data were collected at different times between 1998 and 2000, the definition of overweight also varied somewhat among the Project Teams.<sup>4</sup>

The prevalence of overweight in these populations as described was reflective of the high rate of overweight in the general population: rates ranged from about 10% in Vermont to slightly over 30% in the Inter Tribal Council of Arizona (ITCA).



<sup>3</sup>Overweight prevalence in *Fit WIC* participants was reported by VA (ages 2-4 years). Overweight prevalence in the entire State WIC agency was reported by CA (ages 12-60 months), ITCA (ages 1-4 years), KY (ages 24-60 months), and VT (all infants and children enrolled in WIC).

<sup>4</sup> Definition of overweight varied by Project Team: a weight for height >90<sup>th</sup> percentile for CA, > 95<sup>th</sup> percentile for VT and ≥90<sup>th</sup> percentile for ITCA and KY. VA defined overweight as a BMI greater than 95<sup>th</sup> percentile.

Two Project Teams reported overweight statistics for adult WIC participants. In Vermont, during the 1999 calendar year, 13.8% of WIC mothers were overweight (BMI of 26.1 to 29.0 kg/m<sup>2</sup>) and 27.2% were very overweight (BMI > 29.0) prior to pregnancy, for a total of 41.0%. In Kentucky, based on a retrospective birth cohort study of WIC mothers, 33% of WIC newborns had mothers who were obese (BMI ≥ 30 kg/m<sup>2</sup>) during the first trimester of pregnancy.

## 2.2.2 Attitudes Towards Childhood Overweight

*Fit WIC* assessments revealed that many parents believe overweight is a problem for preschoolers *only if* it is accompanied by other medical conditions, impairs the child's ability to be active or causes the child unhappiness (e.g., due to teasing) (CA ITCA KY VA). Mothers were most concerned that their children appear healthy, as judged from their face, hair and demeanor (CA VA). Many parents expressed the belief that a child's weight is a marker of the child's health and of a parent's skills (CA KY). They affirmed that good health in a child results from love and attention from family, as much as from good food and physical activity (CA).

*"My baby's very healthy...but he's not chubby...I want him to gain a little more pounds..."*  
*Fit WIC focus group participant*

Parents blamed inadequate physical activity, eating the wrong foods and eating too much food as the most common causes of overweight in preschool children (CA).

*"Their mother let them eat what isn't good, sort of the same as her, unhealthy food."*  
*Fit WIC focus group participant*

Other causes mentioned by parents included lack of self-control, poor parenting, stress in the family and inadequate attention from parents (CA). Many parents believed that another common reason for overweight in a child was genetics, or an inherited tendency to be overweight, which was likely to be expressed in the child regardless of other factors (CA KY VT VA).

*"Heredity...for example, in my house there are people who, from the time they are born, they are fat."*  
*Fit WIC focus group participant*

If a child reported being hungry despite having just eaten, it was emotionally difficult for mothers to deny additional food (CA KY). But, although they might not deny food, overweight mothers did not want their children to grow up overweight:

*"Well, I get scared because he doesn't want to eat...because he is very skinny, very skinny!"*

*Fit WIC focus group participant*

For instance, some mothers reported telling their children to watch what they ate, so as not to "be fat like mom and dad" (CA VT). Parents felt that their own weight and eating patterns had an impact on their relationship with their children as well as on the habits of their children (CA VT).

But a mother's perception of her own child's weight status was often inaccurate and underestimated: In the Kentucky Project Team's study, 80% of the mothers of overweight children did not feel their children were overweight, even "a little." Parents often disagree with an assessment by WIC staff that their children are overweight (CA KY VT). Moreover, parents often did not recognize moderate overweight even in *children of other families* (CA VT VA).

*"...If I had a chubby little kid, which I do...I don't put too much emphasis on it."*

*Fit WIC focus group participant*

*"This little girl, I know she is a little overweight, but I think that is just baby fat...they get really chunky and (then) they usually stretch out."*

*Fit WIC focus group participant*

### 2.2.3 Perceived Barriers to a Healthy Lifestyle

WIC parents struggle with a variety of issues that hinder their ability to promote healthy lifestyles within their families. Lack of time and energy and overextended schedules, usually with work outside the home, were barriers reported by parents (CA KY VT VA).

*"There (Mexico) one exercises three time a day; one goes to the river to swim during the day...and here the children don't do that. They just sit to watch TV and to eat..."*

*Fit WIC focus group participant*

Concern for the child's safety, a lack of appropriate play space or affordable recreation programs, and winter weather were obstacles to physical activity (CA VT VA). Sometimes parents were not aware

of what was available in the community (VT). Additionally, parents mentioned that overuse of television and electronic games kept their children from playing actively (CA ITCA).

Food insecurity contributed to participants' views of their options for a healthy lifestyle. Almost one-half of the participants surveyed in California reported being worried about running out of food during the month. Many participants reported that they didn't have enough money to purchase healthy foods (VT). Some did not have access to stores in which to buy the fresh and healthy food they wanted, either because stores were not convenient, or because they lacked transportation (CA).



*WIC families experience a variety of barriers to healthy lifestyles.*

Parents may not have the support of other family members or friends to change household meal or activity patterns (CA ITCA KY VT). Although they may try to shape their children's eating habits, mothers felt their control was limited and was challenged by others (CA KY VA). Because children came from a variety of family structures, many people influenced what their children ate. In general, the larger the household (i.e., the more people that the young child was exposed to), the less supportive the environment became for nutritious diets (ITCA). Influential adults in a child's life may have conflicting views as to what is "healthy" for him/her: Grandmothers in particular were noted as feeding unhealthy foods and sweets (ITCA VA). Many mothers said that the male adult in the family did not have good food habits and was not a good influence on family eating habits (CA VT). A family's unwillingness to try new foods was also cited as a barrier to change (VT).

*"I say that a child will want to be like his or her father...I tell them, 'The food that your father is eating isn't good for you; that's why your father is sick...if I give you that food, well, then it will do you harm too'."*

*Fit WIC focus group participant*

## 2.2.4 Knowledge of the Health Effects of Overweight and Nutrition

Many parents had a basic knowledge of nutrition and the importance of exercise; they were concerned about the health and welfare of their children (CA ITCA VT). Participants were knowledgeable about the WIC messages related to diet and nutrition (CA VA). They knew that it was important to establish good dietary habits in their children at an early age (CA). Many were also aware of the association between overweight and the occurrence of chronic diseases later in life (CA ITCA VA). Nevertheless, many caregivers were inconsistent in applying this knowledge to the daily activities of child rearing (ITCA). Preventing future “adult” health problems for their children did not appear to motivate parents to help their children avoid overweight (KY).

*“Not to cook with a lot of fat, not much salt, don’t give them many sweets, give them vegetables, fruits, beans, rice.”*

*Fit WIC focus group participant*

*“...It is bad to be overweight. It can give them asthma or make their hearts sick.”*

*Fit WIC focus group participant*

*“Then you must teach them since they are young. You must feed your kids vegetables...there are so many different things that are delicious.”*

*Fit WIC focus group participant*

## 2.2.5 Perceived Access to Services

Caregivers were generally satisfied with WIC services (CA ITCA VT). However, they complained of receiving conflicting health messages from doctors, WIC and other organizations (CA KY VT). Because WIC may sometimes be the only program or organization to which participants are connected, they were interested in having health-related classes and information and other social services available through WIC (CA ITCA VA). Participants requested more in-depth nutrition information, including strategies for how to implement specific dietary recommendations (CA ITCA) and

*“WIC has helped us in some way...but, it would be good to have more deep conversations about how important it is to be healthy.”*

*Fit WIC focus group participant*

greater access to a nutritionist (CA ITCA). Other respondents requested training in parenting skills (CA VA).

Adult WIC participants would like to see a greater variety of foods represented in the WIC food package, including more fresh fruits and vegetables (CA ITCA) and ethnic foods (CA VA).

### 2.2.6 Activity and Exercise

Children. Parents described children as being very active (ITCA VT) and most parents thought their children got enough exercise (CA VT). They felt that their preschoolers were “always doing something” or “always running around” (VT). Children were actively crawling, jumping on the bed, playing with pans, blocks, cars, ball, hide and seek, t-ball, walking, wrestling, dancing, and tricycle riding (ITCA). Children (of WIC age and older) in the more rural areas in ITCA participated in cultural and outdoor activities such as pow-wows, fishing, hiking and trampoline.



*About half of the Fit WIC Virginia parents reported playing actively with their children 3 or more days per week.*

Some parents said their children could use more exercise but had difficulty identifying just how much exercise would be sufficient (VT).

Parents. In Virginia, slightly more than half of the parents reported that they played actively with their child on 3 or more days per week. About one quarter of them said they played with their child only once a week or even less.

Between 40% and 50% of parents enjoyed physical activity at least once per week (CA VA) and felt their own level of activity was

*“I did a lot of sports...until we immigrated to this country: soccer, baseball, and football. Clubs like these are needed (here).”*  
*Fit WIC focus group participant*

“normal” compared to others (VA). In Virginia, 19% of parents at one site and 27% at another reported that they participated in physical activity *daily*. In California, the most common physical activity was walking, followed by aerobics/dance, ball sports, and jogging, biking or swimming. Parents enjoyed engaging in physical activity that involved the whole family, such as dancing and team sports, like soccer and baseball. In Vermont, virtually all parents participating in a focus group said they did *not* get enough exercise.

In thinking about reported activity and exercise, it is important to consider the accuracy or reliability of the reporting; no attempt was made to estimate accuracy of reporting in these qualitative studies. It is also important to think about the implications of the converse of these summaries; e.g., if approximately half of the parents report being active once a week or more, that means that the other half is active *less than once a week!*

### 2.2.7 Observations About Diet and Nutrition

- ❖ Families report regularly eating fast food and giving fast food to their very young children (CA).
- ❖ Some mothers felt that drinking too much soda was a nutritional problem for their children (ITCA).
- ❖ Fat intake was high to very high (by food frequency questionnaire) in the diets of the great majority of children: 82.3% and 90.4% of the children at two *Fit WIC* sites (VA).
- ❖ Foods from the vegetable group were low in the diets of 53.3% of participants (VT).





- ❖ About half the children had “excellent” fruit and vegetable intakes (54.8% and 50.7% of the children at the two sites) (VA).
- ❖ In Virginia, most *Fit WIC* families (about 80%) reported sitting down together for the evening meal.

As with reported activity, no attempt was made to quantify the accuracy of reporting dietary intakes.

### 2.2.8 Sources of the Above Information

**California (CA):** The Project Team conducted 8 focus groups with 45 WIC participants, primarily Hispanic. Five groups were conducted in Spanish, 3 in English. Focus group participants completed a short questionnaire, requesting minimal demographic information. Additionally, 205 participants completed questionnaires at 6 different WIC sites. More than half of the questionnaires (66%) were completed in Spanish. Except in rare circumstances, questionnaires were completed by interview.

**Inter Tribal Council of Arizona (ITCA):** The Project Team reviewed data from participating clinics and databases (e.g., Pediatric Nutrition Surveillance System). Eight focus groups were conducted with a total of 44 WIC participants. An annual WIC participant satisfaction survey was tailored for *Fit WIC* and questionnaires were administered to 1730 participants by WIC staff at local agencies.

**Kentucky (KY):** The Project Team analyzed available WIC data and feeding survey data. They conducted focus groups with approximately 45 biological mothers of WIC children 2-5 years of age and conducted 24 individual interviews at 4 WIC sites with participants.

**Vermont (VT):** The Project Team had access to results of two earlier WIC participant focus groups (one with 36 and another with 59 participants) on attitudes towards healthy eating, nutrition, weight and physical activity. The Project Team conducted one additional participant focus group, with 33 mothers, specifically on the topic of activity in preschool children in each of four project districts. The Project Team also developed and administered two questionnaires to participants, focused on issues related to preschoolers’ physical activity. Two hundred eleven participants completed one of those questionnaire; 13 participants completed the other.

**Virginia (VA):** Four participant focus groups were conducted, each of a different ethnicity (Caucasian, African American, Hispanic and Vietnamese), with 28 participants altogether. The focus groups were conducted in the native language of the participants. The Project Team also conducted a questionnaire-based survey of over 300 WIC participants at one *Fit WIC* site.

## 2.3 Assessment of *Fit* WIC Staff: Key Findings

### 2.3.1 Attitudes Towards Childhood Overweight

WIC staff recognized overweight as being a moderate (VT) to a significant (CA) nutrition problem facing WIC children. WIC staff identified inappropriate diet (too much food, junk or high fat food, fast food and soda), inadequate physical activity, and too much TV as factors contributing to overweight in children (CA ITCA VT).

Many staff believed that an overweight child usually has an overweight mother (CA ITCA VT). It is unclear to what extent the staff believed this relationship is related to genetics or to lifestyle. However, many staff mentioned poor parenting skills as being among the primary causes of childhood overweight (CA ITCA KY VT). Parents were seen as causing overweight in their children if they were unable to set limits around food, were unable to perceive and respond to their children's hunger/satiety cues, or if they used food as reward or punishment (ITCA KY VT). Nearly one-half (45%) of staff reported that children were overweight because parents encouraged them to eat too much (ITCA).

*"You sit them down and you beg them to eat."*

*Fit WIC focus group participant*

### 2.3.2 Comfort with Counseling the Caregivers of Overweight Children

In order to be successful in their efforts, WIC staff in Virginia felt that it was important to understand the participant's personal and cultural perspective as well as to have developed a good rapport. However, 45% of obese staff and 28% of



overweight staff in Virginia reported being uncomfortable discussing excess weight with WIC parents. In the Virginia *Fit WIC* sites, staff reported feeling more comfortable discussing weight issues with the participants if they themselves were at a healthy weight. Discomfort in talking with parents about their child's excess weight was reported by about one-third to more than half of the staff in all other *Fit WIC* State agencies (CA ITCA KY VT).

Staff felt that the biggest barrier to talking with parents about children's weight issues was the reaction of the parents (CA ITCA KY VT). Parents were perceived to be overly sensitive to the topic, hostile or in denial of the problem (CA ITCA KY VT). Staff expressed concerns about making a mother feel guilty or responsible for her child's

*"(Parents of overweight kids) feel like they failed somehow...when raising their kids."*  
*Fit WIC focus group participant*

overweight (CA ITCA KY VT). Staff also mentioned that some parents are not concerned with their child's weight or that parents were more concerned with a child being underweight than they were a child being overweight (CA ITCA KY VT). Some WIC staff felt that they were not good role models because they themselves were overweight (CA ITCA KY VT).

In ITCA, nearly 30% of staff reported that they only occasionally or never asked parents *how they felt* about their child's weight. A large percentage of ITCA staff said they rarely talked about feeding-related parenting issues with participants.

### 2.3.3 Perceived Potential for Success in Counseling for Overweight

The majority of staff surveyed expressed a sense of frustration and failure regarding their job of counseling families in which overweight is a problem, especially when both parents and children are overweight (CA ITCA VT VA). Some expressed the feeling that the problem is too complex and overwhelming to be adequately addressed during limited WIC nutrition education encounters (VT).

Empathy was often felt for overweight parents, but WIC staff felt powerless to help overweight parents make positive changes for themselves. They instead chose to focus on the child in the hopes of making a difference (VA).

WIC staff enumerated other obstacles to success in their counseling activities. They felt unable to counteract the nutrition messages kids and parents receive while they watch TV (VT). Others expressed the idea that the counseling approach was driven by protocols rather than the individual needs of participants (KY). Staff also cited a lack of support for their assessments and recommendations from medical practitioners and extended family or friends (KY VT).

Success at counseling for pediatric overweight is seen to be dependent on the parents' receptiveness and level of readiness to make lifestyle changes (KY VT). Once a parent is receptive, staff felt that messages about *increasing physical activity* are more likely to be successful than messages about *changing diet* (VT).

#### 2.3.4 Perceived Need for and Access to Training

Staff of one *Fit WIC* site in ITCA reported that their administration does very well in providing needed training. However, staff of the other two *Fit WIC* Projects reporting on the topic of staff training felt that they lacked adequate knowledge, skills and resources to deal with overweight effectively (CA VT). They felt they lacked training on how to deal with sensitive weight issues in a non-judgmental way (CA).

*"You want to ask questions (of WIC staff), but you are embarrassed that they might answer you in a rude way."*  
*Fit WIC focus group participant*

Specific training requests from seventy percent or more of responding professional staff in Vermont included the following topics: how to open a discussion about overweight; how to deal with resistant participants; how to identify family barriers to overweight prevention; how to motivate and empower participants; how to assess and discuss long term risks associated with early overweight; and how to discuss age-appropriate dietary and physical activity approaches. Many requested

technical information about the causes of and treatments for pediatric overweight, and about successful intervention strategies. Some staff requested better educational materials to give to parents to take home.

### **2.3.5 Self-Reported Overweight Among *Fit WIC* Staff**

At the outset of the *Fit WIC* Projects, some Teams asked the *Fit WIC* staff to classify themselves on a spectrum from underweight to overweight; actual weight status measures were not taken. About 39% of WIC staff in Virginia and about 50% of the staff in California reported being overweight. In ITCA, 64% of staff surveyed at one site and 47% at the other site classified themselves as at least “somewhat overweight.” At the Virginia *Fit WIC* sites, about 48% of the WIC staff reported that they were “not at all happy” or only “a little happy” with their current weight.

Since information on weight was self-reported, the degree to which this reflects the true percentage of overweight among staff at the various *Fit WIC* sites is not known. However, this qualitative information may in fact be a more important consideration than actual Body Mass Index measurements in understanding staff reluctance to counsel on issues surrounding overweight.

### **2.3.6 Activity and Exercise**

Summaries of the two State agencies reporting in this category are presented separately because of the substantial differences in results.

Most staff members in California reported that they were regularly physically active, but the amount of time people spent being active varied greatly. About one-fourth of the staff reported being active an average of 30 minutes or more per day. Among those who exercised, the most popular activity reported was walking.

Nearly all ITCA WIC staff reported trying to improve their health. At the outset of the *Fit WIC* Project, most staff members were aware of the benefits of physical activity as a way to improve health (80% and 59% of the staff questioned at the two sites). And, 20% of all staff reported being physically active on a daily basis, while 40% reported being physically active three times or less per week. The most common behaviors reported to improve health were eating less food, eating more low fat foods and watching less television. But, more than 50% of all staff reported watching television more than two hours per day.

### 2.3.7 Sources of the Above Information

**California (CA):** Questionnaires were completed by all staff members at *Fit WIC* intervention and control sites. A total of 51 questionnaires were completed at the six sites.

**Inter Tribal Council of Arizona (ITCA):** Focus groups with WIC staff were conducted and the 40 staff members (25 from control sites and 15 from intervention sites) were surveyed with a written questionnaire. Staff is 65% Native American and 35% Hispanic and non-Hispanic White.

**Kentucky (KY):** The Project Team examined the perceptions of WIC health professionals about challenges and solutions in preventing and managing childhood overweight. They conducted 3 focus groups with a total of 19 health professionals who provided nutrition counseling in the Kentucky WIC Program.

**Vermont (VT):** Seventy-five staff members statewide responded to a *Fit WIC* staff survey, which was sent to professional clinic staff (nurses and nutritionists) in each of the 12 district offices.

**Virginia (VA):** The assessment of WIC staff was done with focus groups and a questionnaire-based survey. The survey was not limited to the WIC clinics involved in the *Fit WIC* Project but involved 100 WIC staff from across Virginia. Two focus groups were done with the professional staff from the *Fit WIC* sites



# CHAPTER 1

## Introduction

- 1.1 Children and the Epidemic of Overweight
- 1.2 The Solution Is Prevention
- 1.3 WIC: Perfectly Poised To Help Children Achieve a Healthy Weight
- 1.4 The WIC Childhood Obesity Prevention Projects: The Goals of *Fit WIC*
- 1.5 How To Use This Manual
- 1.6 References Cited in Introduction





# Chapter 1

## Introduction

**Terminology.** *In this manual, the word “overweight” is used (as a noun) rather than “obesity” for the following reasons. For the professional, “overweight” refers to excess body weight, which includes all body tissues; “obesity” refers only to excess body fat. While the terms are often used interchangeably in the general population, “obesity” has a more negative connotation.<sup>1</sup> Until more accurate definitions and measures of obesity in children are available, we have chosen to use primarily the more neutral term of “overweight.”*

**AS A CONCERNED HEALTH PROFESSIONAL**, you are aware that overweight is a serious public health problem in the United States. You know that more and more children are becoming overweight at an earlier age. You also know that the current treatment methods for overweight are largely unsuccessful: once an individual becomes overweight, he or she will likely remain overweight and will suffer the associated health problems later on in life.

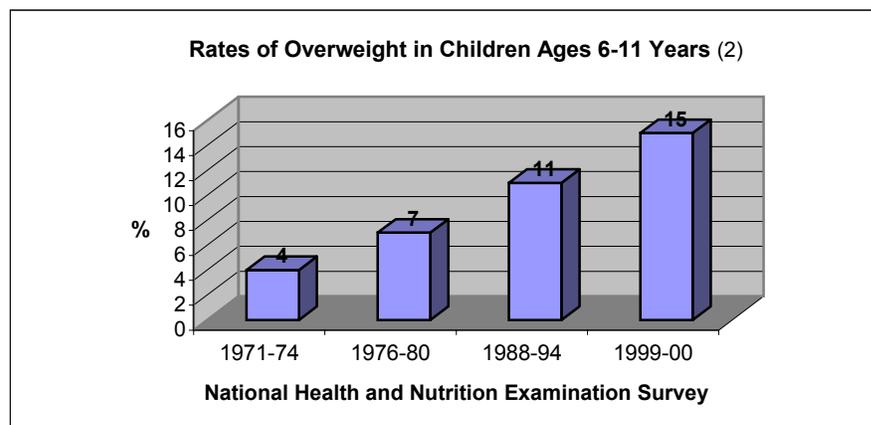
You know that *prevention of overweight is the best solution*. This manual can guide you in your efforts to help prevent the development of overweight in the children of your WIC community and in your larger community as well.





## 1.1 Children and the Epidemic of Overweight

Children have become the latest victims in what is now acknowledged as an epidemic of overweight. At no other time in history has overweight been so prevalent among children and it is still on the rise. The prevalence of overweight in children ages 6-11 years in this country has more than tripled in less than 30



years, increasing from 4% in the 1971-74 National Health and Nutrition Examination Survey (NHANES) to 15% in the 1999-2000 NHANES.<sup>2</sup> Between 1992 and 1998, overweight prevalence among children in WIC rose 20%, from 11% to 13.2%.<sup>3</sup>

**The prevalence of overweight  
in children ages 6-11 years  
in this country has  
*more than tripled*  
in less than 30 years.**

No racial or ethnic group is immune to the environmental influences responsible for the increases in childhood overweight. That said, low socio-economic status might be a risk factor for overweight in young children. An analysis of data from NHANES III (1988-1994) showed that the prevalence of high

weight for height was higher in low-income children (both WIC and non-WIC participants) (15.4%), than in higher-income children (8.8%).<sup>4</sup> Several studies of low-income preschool children attending Head Start programs have also found a high prevalence of overweight, ranging from 10%<sup>5</sup> up to 32%.<sup>6</sup>

**15% of U.S. children  
(6-11 years)  
are overweight (BMI $\geq$ 95%);  
another 15% are  
at risk of becoming overweight  
(85% $\leq$ BMI $<$ 95%)<sup>7</sup>**

The relationship between household income and childhood overweight is not simple, however: it may differ by gender, race, ethnicity and age.<sup>8 9 10</sup>

Why should we be concerned about overweight in young children?

Overweight children are more likely to be overweight as adults than are non-overweight children: an overweight 1- or 2-year old child is 1.2 times more likely to be an overweight adult; an overweight 15-17 year old child is 17.5 times more likely.<sup>11</sup> One review of the literature suggested that 26-41% of overweight preschool children become overweight adults.<sup>12</sup> Another study found that 50 percent of overweight children and teens become overweight adults.<sup>13</sup>

**Childhood Overweight:  
*Physical Health***

- **Increased likelihood of overweight in adulthood**
- **Increased risk of chronic diseases:**
  - **diabetes**
  - **heart disease**
  - **hypertension**
  - **some cancers and joint problems**
- **In extreme overweight:**
  - **respiratory problems**
  - **joint problems**
  - **sleep apnea**



But why be concerned about overweight in either adults or children? There are many reasons that overweight is one of the most troubling public health problems facing this country.

Overweight is associated with a myriad of health problems: high blood pressure, cardiovascular disease, diabetes, respiratory difficulties, joint and sleep problems, psychological and social problems.<sup>14 15 16 17 18 19 20 21 22</sup> These problems negatively affect the quality of life of the individual and

his/her family and place a burden on our public health system. In the WIC setting, overweight children are more likely to have multiple nutrition risks than are non-overweight children: 79.1 % of overweight WIC children have two or three nutrition risks, while only 48.2 % of non-overweight WIC children have the same number of risks.<sup>23</sup>

**Consequences of  
Childhood Overweight:**

***Social and Psychological Health***

- **Discrimination**
- **Low self-esteem**
- **Poor body image**
- **Overweight teen girls are less likely to:**
  - **attend college**
  - **be married**
  - **be economically well off as adults**

***Terminology.*** *The Body Mass Index (BMI) is the most widely accepted clinical measure of weight status and is calculated by dividing a child's weight in kilograms by his/her height in meters squared. A child who has a BMI at or above the 95<sup>th</sup> percentile of his/her age and gender group (using standards established with national surveys) is considered by health professionals to be overweight; if his/her BMI is at or above the 85<sup>th</sup> and below the 95<sup>th</sup> percentiles, the child is considered at risk of overweight.*



## 1.2 The Solution Is Prevention

Prevention of overweight among children is imperative for stemming the epidemic of overweight in the entire population.<sup>24</sup> Treatment of overweight is difficult, costly and less effective than preventing it in the first place. Early childhood is an especially critical period for overweight intervention because unhealthy behaviors are not yet established.<sup>25</sup> Weight modification is more successful with children than with adults and with younger than with older school-aged children.<sup>26 27</sup> We know that older children are acquiring potentially unhealthy dietary habits at alarming rates; these include: increased restaurant meals, resulting in a diet high in fat and calories;<sup>28</sup> fewer dinners with family, which translates to a lower consumption of fruits and vegetables and a higher consumption of fat, fried foods and soda;<sup>29</sup> increased breakfast-skipping;<sup>30</sup> and decreased consumption of fruit and nutrient-dense vegetables.<sup>31</sup>

It is especially disturbing that children as young as 6 years of age are becoming less physically active.<sup>32</sup> In these young children, sedentary behavior, measured by hours of TV watching, is a risk factor for higher weight.<sup>33</sup>

Most overweight interventions have been designed for adults; the relatively few prevention programs for children have targeted mainly older children and adolescents.<sup>34</sup> New,

**Treatment of overweight is difficult, costly, and less effective than preventing it in the first place!**

**The best time to intervene for overweight prevention is early childhood-- unhealthy behaviors are not yet established.**



innovative strategies to prevent overweight among young children must be developed in order to reach them before poor health habits are established. Research in the daycare setting has pointed program planners in some promising directions: the diet quality and food acceptance of children can be improved by increasing exposure to new foods and by modeling appropriate behavior by parents, teachers and peers.<sup>35</sup>

However, research has also contributed important caveats to be considered when planning overweight prevention programs for young children. Focusing on weight alone introduces the risk of weight-based stigmatization among children -- numerous studies have identified unfortunate consequences of the quest for ideal

**Promote Healthy  
Weight!  
(NOT weight loss!)**

weight among both children and adults.<sup>36</sup> Moreover, weight loss among young children may actually harm their health: they may experience retardation of linear growth,<sup>37</sup> increased risk of subsequent osteoporosis,<sup>38</sup> eating disorders, poor self-esteem, and even weight gain.<sup>39</sup> It is therefore recommended that children not be asked to lose weight, but instead be allowed to “grow” into their weight by reducing their rate of weight gain as they grow in height.<sup>40</sup>

New overweight prevention programs designed for young children could be incorporated into venues that are already institutionalized, in order to reach many children in a cost-effective way. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) offers an ideal venue for exploring ways to prevent overweight in preschool age children.



### 1.3 WIC: Perfectly Poised To Help Children Achieve a Healthy Weight

**Education in WIC should focus on healthy lifestyle choices for all families, not just those at risk of overweight.**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides supplemental food, nutrition education and referrals to other health, welfare and social services to its low-income participants. Potentially eligible participants include pregnant, postpartum and breastfeeding women and infants and young children up to 5 years of age. To provide these services, WIC uses primarily federal funds; in some states, some very limited state funds are used and some in-kind contributions are made at both the state and local level.<sup>41</sup>

Nationally, one in 3 new mothers participate in WIC.<sup>42</sup> WIC serves over 5.6 million infants and children less than 5 years of age every month.<sup>43</sup> In fact, WIC serves nearly 50% of all infants born in the United States!<sup>44</sup> Clearly, WIC is in a unique position to contribute to the effort to promote healthy weight for young children.

With this idea in mind, the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) made available \$1.8 million in fiscal year 1999 to fund a cooperative agreement between five State WIC agencies and FNS to develop new, innovative strategies to prevent overweight in children, specifically targeting WIC program participants. This project was called the WIC Childhood Obesity Prevention Projects.

**Parents tend to believe that overweight in preschoolers is not detrimental to their children's health.**

**Education that focuses on overweight will not motivate behavioral change.**





## 1.4 The WIC Childhood Obesity Prevention Projects: The Goals of *Fit WIC*

The overall goals of the WIC Childhood Obesity Prevention Projects funded by the FNS were:

- To identify changes that WIC State agencies and local WIC operations could make to become more responsive to the problem of childhood overweight;
- To produce this manual, based upon the State agencies' experiences in the Project, as a guide to other WIC agencies for incorporating the suggested changes into their own programs. The manual was to be useful to the diverse populations served by WIC and in the wide variety of WIC clinic settings across the United States.

The five WIC State agencies were selected through a competitive granting process. Applications were reviewed, scored, and discussed by a panel consisting of representatives from FNS, Centers for Disease Control and Prevention (CDC) and the National Association of WIC Directors (NAWD).<sup>a</sup> The panel's recommendations were presented to senior managers at FNS who made the final decisions.

The WIC State agencies selected for the Project were:

California (lead)<sup>b</sup>

Inter Tribal Council of Arizona, Inc. (ITCA)

Kentucky

Vermont

Virginia.

The agencies selected were required to collaborate with a social scientist to meet the goals of the WIC Childhood Obesity Prevention Projects, which the

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<sup>a</sup> NAWD is now known as the National WIC Association (NWA).

<sup>b</sup> The social scientist from the lead state worked closely with FNS representatives to provide coordination and oversight to the Five-State Project, including the planning of trainings, organization of meetings, and coordination and production of the Final Report and this Implementation Manual (both of which are available on the *Fit WIC* link at the WIC Works website: [www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html).)



Project members, with approval from FNS, decided to name *Fit WIC*. All funded State agencies worked closely with each other, FNS staff and CDC staff throughout the three-year period, holding regular telephone conferences and meetings.

The Project period was divided roughly into 3 one-year phases:

Year 1: Assessment of the current WIC environment and the development of an intervention or action plan;

Year 2: Implementation of the action plan;

Year 3: Evaluation of the action plan<sup>c</sup> and reporting of the results.

During the assessment phase, the funded State agencies looked closely at the resources and environment of each participating local WIC site and surrounding community. Action plans, evolving from the assessment phase, were expected to vary depending on the staff, resources and procedures within each participating local WIC site.

Each State agency developed a unique and innovative approach towards achieving the goals of the Project. You will see five very different programs described in this Implementation Manual, but each was implemented in the context of WIC, with WIC staff and participants and some with collaboration from other community groups.

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<sup>c</sup> The evaluation was focused primarily on process (feasibility of implementation, staff and participant satisfaction, etc), with limited outcome data.

## 1.5 How To Use This Manual

This manual presents, in a step-by-step format, five intervention programs that can be implemented in your WIC agency or in other community agencies. They differ in their approach and require somewhat different resources. They are similar in that they are directed toward the *prevention of overweight* in young children, through preschool age. This manual contains the experiences of the five *Fit WIC* Project Teams, their procedures, requirements, problems experienced, suggested solutions, outcomes, lessons learned and recommendations.

While this manual was designed as a guide for State and local WIC programs across the nation, it can also serve as a valuable resource for any health professional or organization serving preschool-age children<sup>d</sup> and their families.

It is hoped that the size of this manual will not discourage the approaching reader: this manual was not meant to be read from cover to cover. We suggest that the reader begin by reviewing Chapter 2, which describes what the *Fit WIC* Project Teams learned about their WIC participants, staff and communities in the first year's assessment, and what inspired them to develop the approaches they chose. Then review Chapter 3, which contains overviews of all five *Fit WIC* programs. You will then have a better idea of which intervention might fit your immediate goals and resources.

When you think you are ready to get into the nitty-gritty, Chapters 4-8 will give you details on how to make each program work in your community. Each Project Team has provided plans, tools, forms, curricula, guidelines and names of contact people to help ensure the success of your efforts. The tools and guidelines required are listed in each program's "how-to" chapter; most of what you will need is available on the *Fit WIC* link at the WIC Works website:

[www.nal.usda.gov/wicworks/index.html](http://www.nal.usda.gov/wicworks/index.html). References, websites and other valuable

---

<sup>d</sup> Some of the activities presented in the following chapters are appropriate and/or could be adapted for use with older children.

resources are listed in Chapter 10 to help you follow-up and make your ideas reality.

While similarities exist between the five *Fit WIC* programs, each adopts a unique approach to the goal of encouraging healthy lifestyle choices in WIC participants. Each program is uniquely adapted to the needs of the targeted community and to the interests and expertise of the WIC staff and the researchers. This Implementation Manual provides a rich menu of strategies: read about each program, get ideas, pick and choose. Follow the steps exactly as given, or just use parts. Several of the programs (*Fit WIC California, Fit WIC Virginia* and *Fit WIC ITCA*) have two or more distinct components, which, although most effective if implemented simultaneously, can also be done independently. You may also wish to combine elements from different programs.

In Chapter 9, the *Fit WIC* Project Teams have summarized insights they gained in the process of developing their programs. They had a unique opportunity to experiment with different approaches working within the WIC Program structure--the goal always being to incorporate effective, efficient and caring overweight prevention programs into WIC. Recommendations based on those insights are also offered in Chapter 9.

**One final note:** Caregivers of WIC preschool children can be mothers, fathers, grandparents or other legal guardians. For ease of presentation in this manual, we have referred to the WIC caregiver as “she,” since the vast majority are female, and also sometimes as “parent,” since that is the most common relationship of caregiver to WIC child. This is not intended in any way to slight the significant role that adult guardians other than mothers play in the role of the WIC preschooler. It is simply a logistic compromise.

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# **Fit WIC**

**Programs to Prevent  
Childhood Overweight  
In Your Community**

**The Implementation Manual for the  
Fit WIC Childhood Overweight Prevention Project**



***Fit WIC***

**Programs To Prevent  
Childhood Overweight In Your Community**

*The Implementation Manual  
for the  
Fit WIC Childhood Overweight Prevention Projects  
(1999-2002)*

Supported by  
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Center for Weight and Health**

# ***Fit WIC*** **Programs To Prevent Childhood Overweight In Your Community**

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# ***Fit WIC*** **Programs To Prevent** **Childhood Overweight In Your Community**

## **Preface**

As part of the response to the determination of a national obesity epidemic by the Surgeon General, USDA's Food and Nutrition Service (FNS) refocused the WIC Program Special Project Grant funding for Fiscal Year 1999 to launch WIC Childhood Obesity Prevention Projects. The competitive process resulted in cooperative agreements with five WIC State agencies – California, Kentucky, Vermont, Virginia, and the Inter Tribal Council of Arizona (ITCA) – with California receiving additional funding to serve as the lead state for the effort. Working individually within their jurisdictions, but sharing information and ideas in regular group meetings with FNS and a representative from the Centers for Disease Control and Prevention's Division of Nutrition and Physical Activity (CDC/DNPA), these projects evolved into "*Fit WIC*."

Prevention of childhood overweight is not an easy task. In America today many mothers and other adult members in the 4 million WIC households are overweight or obese. And though it is a food and nutrition program, many WIC service providers themselves are overweight. But, with direct involvement with 35 percent of the pregnant women, almost one-half of the infants and about one-fourth of all preschool children in the nation, WIC provides an excellent gateway to address the issue at those critical stages when eating patterns are first being established.

The problem of childhood overweight is a biological problem with complex social and behavioral roots. *Fit WIC* is not the cure for childhood overweight. Rather it is a mechanism for the nation's premier early childhood food and nutrition program to evolve and become a more important part of the societal solution. Specific quantifiable impacts of *Fit WIC* on eating behaviors, feeding interactions and, ultimately, healthy weight are yet to be studied. But *Fit WIC* provides a roadmap based on strong theoretical ground, for how WIC can improve services to this end in the variety of real settings found across the country.

We are grateful to all of those who assisted in making *Fit WIC* a successful partnership. This includes the State WIC representatives and social scientists from each

of the States (listed in Acknowledgments, Chapter 11 of this manual). Special thanks are extended to the staff of the Center for Weight and Health at the University of California, Berkeley, in particular Dr. Pat Crawford, Dr. Monica Schaeffer, Cindy Caffery, and Wendi Gosliner, for their firm but gentle efforts in leading the project and the development of this Implementation Manual. Their professionalism, good nature and dedication to quality were instrumental in orchestrating the efforts of the State WIC representatives and the social scientists.

We appreciate the initial and ongoing support of the FNS Grants Management Branch, without which these projects could not have been awarded and extended as needed to produce quality products.

We are also proud to recognize the outstanding contributions of our project officer, Edward Herzog of the FNS Office of Analysis, Nutrition and Evaluation and our WIC program liaison, Marta Kealey of the Supplemental Food Programs Division. Ed demonstrated his exceptional skill in project management both in guiding the project, and negotiating the complexities of grant technical management within the Federal system. We especially appreciate his ability to handle these tasks independently and keep us informed, while properly bringing to managerial staff only those issues that truly needed such consideration. Marta did an outstanding job of providing technical support on WIC policy and operations.

And finally, we extend our thanks to all of those others at the State, Tribal and local levels who participated in these special projects while continuing the daily work of providing quality WIC services to the women, infants and children in their communities. We hope that *Fit WIC* will in the long run, help you to better address the challenge of childhood overweight prevention in your communities.

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# CHAPTER 11

## Acknowledgements







## Chapter 11

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