



FIT KIDS = HAPPY KIDS  
MATERIALS EVALUATION  
*EDUCATING COMMUNITIES ON  
HEALTHY OPTIONS*

December 2005



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**FIT KIDS = HAPPY KIDS**  
**STAFF AND CLIENT EVALUATIONS**  
**EXECUTIVE SUMMARY**

**INTRODUCTION**

SUMA/Orchard Social Marketing (SOSM) Inc. conducted an evaluation of the WIC Fit Kids = Happy Kids flipchart, a new educational tool launched by the ECHO group. This new learning tool was piloted in five WIC clinics, including two Indian Tribal Organizations (ITOs), in New Mexico, Texas and Oklahoma. The evaluation consists of several components.

- 1) Findings from interviews conducted with the Educating Communities on Healthy Options group (ECHO). A group comprised of WIC state staff representatives from the Southwest Region of WIC Nutrition Services which includes Oklahoma, New Mexico, Texas, Louisiana, and Arkansas.
- 2) An evaluation of the staff training and the dissemination of the Fit Kids = Happy Kids Materials.
- 3) An evaluation of the materials based on interviews with WIC clients
- 4) A primarily quantitative survey completed online by a large number of staff in New Mexico

This component of the report presents findings from interviews with staff and clients.

**METHODOLOGY**

Researchers interviewed eight WIC nutrition educators and 42 clients from WIC clinics in Oklahoma, Texas and New Mexico, including two Indian Tribal Organizations. Sites included Hobbs, New Mexico; Oklahoma City, Oklahoma; and, Caldwell, Texas. The two ITOs were Pueblo of Isleta, New Mexico and Chickasaw Nation, Oklahoma. Staff respondents were asked a series of questions pertaining to the flipcharts to determine the level and manner of usage, training received, response from clients and effectiveness of the flipchart as an educational tool.

**STAFF FINDINGS**

The flipchart presents a new interactive tool targeted at stemming the spread of obesity in children. The flipchart contains 14 lessons covering a range of healthy lifestyle practices including the following: Healthy Habits, Routines, Meals, Snacks, Milk, Drinks, Serving Sizes, Cups, Fruits and Veggies, Choosiness, New Foods, Food Bribes, Activities, and TV-Free Time. Researchers observed the large flipchart being used in the classroom and the small flipchart being used in individual counseling.

Staff members were trained on usage of the flipchart through one of the following training delivery systems: instructor-led training, IDL (distance learning), or PowerPoint presentation. (One staff member who was interviewed received no training for using the flipchart.) The flipchart was created in two sizes: a large size for use in classroom lessons, and a smaller size for use in individual counseling.

Staff trained through an instructor-led program found the flipchart easiest to use as an interactive educational tool, especially in the classroom. These same instructors use all or most of the flipchart lessons on a regular basis. Staff respondents who received distance learning, the PowerPoint presentation or no training were less likely to use the flipchart as an interactive tool or to feel comfortable using the flipchart as an interactive tool. Based on responses to interview questions, researchers discovered these same staff members also were more likely to use fewer lessons in the flipchart.

Staff respondents indicate the flipchart works well in the classroom as an educational tool. Staff and clients alike remarked the flipchart helped to stimulate conversation, reinforce information and to keep the lesson on track. They like the bright, warm colors that they describe as “eye-catching.” The flipchart provides a focal point in the classroom to help ground the lesson. It also provides an additional medium for sharing important information. Participants distracted during the discussion can read the information being presented “at-a-glance” and not miss out on the essential message of the lesson.

Staff respondents were mixed in their evaluation of the effectiveness of the flipchart as an educational tool for individual counseling. While some felt comfortable integrating the small flipchart into their individual meetings with clients, others felt that it diminished the quality of the meeting. In smaller clinics where staff members know clients by name, a few remarked that the presence of the flipchart in an individual counseling session felt artificial or contrived. Instead of working as an interactive educational tool, the flipchart created a barrier between the counselor and the client.

Selection of flipchart lessons to be used in classroom or individual counseling is determined by the instructor/counselor in most clinics. The most popular lessons (those used in the highest number of clinics) are TV-Free Time and Serving Sizes. Lessons are selected to complement the current classroom curriculum schedule or to address an individual issue with a client. In clinics with a more flexible schedule, instructors initially selected lessons that they were most comfortable teaching.

As counselors became more comfortable with the flipchart, they invited clients to select a lesson. Some counselors selected two-to-three tabs and invited the client(s) to choose one. Some clinics were observed using the flipchart in both classroom and individual counseling. Other clinics were using it only for individual counseling or only for classroom counseling. At two clinics researchers observed group lessons that used the flipchart as a background element. The instructors’ lessons were actually focused on other elements,

such as brochures or measuring cups. One of the trainers had not received any training on the flipchart. The other received her training before the chart or training manual was available. According to respondents in all clinics, they plan to use the flipcharts for both individual and classroom sessions in the future.

Staff members provided positive and constructive feedback on the flipchart. The value of the flipchart as a visual aid is recognized by many of the respondents. They like the warm colors, real-world photographs, and easy-to-understand messages. They also like its portability, especially if they have satellite offices. It is easy to take on the road with them to use in different locations. Instructors approve of the format of the flipcharts with instructor information on the back and the same information on the front for the client. The flipchart provides an easy and quick selection of topics for classes. Instructors can decide that day which lesson they will teach.

Staff respondents were asked if they had any suggestions for improving the flipchart, and offered the following feedback:

- ◆ Provide handouts for each lesson.
- ◆ Change the arrangement of topics so they are grouped by topic to allow a more natural flow, making it easier for instructors to go from one lesson to the next without shuffling through the flipchart.
- ◆ Put tabs on both the large and small flipchart and move the tabs to the side with writing on both sides.
- ◆ Use risk codes on each lesson.
- ◆ Include more information from the training manual on each flipchart.
- ◆ Rewrite the talking points to help counselors in individual counseling sessions.
- ◆ Create a flipchart geared for infants.

## **CLIENT FINDINGS**

The majority of clients responded positively to the Fit Kids = Happy Kids flipcharts. Out of a total of 42 clients interviewed, 28 clients (67%) remembered the flipchart from their class or individual counseling session. They liked the warm colors and large photographs. They appreciated the simple presentation of material using bullet points. Of the 28 clients who remembered the flipchart, 22 clients retained information learned from the flipchart and applied it at home with their families. Changes made at home included watching less TV, exercising more, changing the amount and kind of milk their child drinks, not forcing kids to eat, eating healthy snacks (apple slices instead of chips), and eating at home instead of going out. They also said the flipchart fueled discussion during nutrition education, making the classroom sessions livelier and more interesting. Also, of the 28 clients who remembered the flipchart, 16 said they shared information learned from the flipchart with their families and friends. They had seen their husbands and parents and friends make changes based on this new information.

## **CONCLUSIONS**

Fit Kids = Happy Kids flipcharts are an effective new educational tool. The flipcharts provide instructors with an interactive tool that allows them to engage the client and to share new information through discussion and active review. They are a valued aid for instructors, especially in the classroom. The flipcharts present information in a cogent, easy-to-understand format that allows clients to learn quickly. Clients like the variety of topics: nutrition information, portion control and lifestyle options. Staff and clients enjoy having a fresh educational tool that reflects their lifestyles and offers new information that is important to the health and well-being of their families. Based on this research, the most effective staff training is instructor-led training, ideally with hands-on use of the flipchart.

**FIT KIDS = HAPPY KIDS**  
**STAFF AND CLIENT EVALUATIONS**  
**FULL REPORT**

**INTRODUCTION**

Fit Kids = Happy Kids is a health, nutrition and activities-based program launched by the Southwest Region (SWR) Educating Communities on Healthy Options (ECHO) group. Inspired by the success of their April 2003 WIC Fit Kids = Happy Kids teleconference, which focused on prevention of childhood obesity, ECHO decided to compile the key concepts from this learning event into a set of educator- and client-focused educational tools.

The Fit Kids = Happy Kids flipcharts were created as a part of this tool kit. These flipcharts, available in two different sizes—8 ½" by 11" for individual counseling and 16" by 20" for group presentations—are the basis for this multi-site study. The goal of the study is to determine the effectiveness of the flipchart as a teaching and learning tool. Researchers met with staff and clients to evaluate the flipchart's ability to engage clients, teach new information and inspire positive lifestyle changes.

The Fit Kids = Happy Kids pilot encountered some logistical challenges related to production, which may have affected the study findings. Training delivery systems varied from site to site. One site has not yet received training. Dissemination of the flipcharts to nutrition educators was inconsistent. One respondent received the flipcharts two months after going through distance learning. Another staff respondent initially received the large flipchart only. She also did not receive the training manual in time to use as a reference before delivering a PowerPoint training presentation. Respondents who attended the instructor-led training and received their flipcharts within a month after the training class were most likely to use both flipcharts and to use all of the flipchart lessons.

**METHODOLOGY**

Researchers interviewed eight nutrition educators from clinics in Oklahoma, Texas and New Mexico, including two Indian Tribal Organizations (ITOs). Pilot sites included Hobbs, New Mexico; Oklahoma City, Oklahoma; and Caldwell, Texas. The two ITOs were Pueblo of Isleta, New Mexico and Chickasaw Nation, Oklahoma. Researchers visited the pilot sites twice, the first time to observe the flipchart used in both classroom and individual counseling sessions, and the second time to meet with staff respondents individually or in small groups. Staff respondents were asked a series of questions pertaining to the flipcharts to determine the level and manner of usage, training received, response from clients and effectiveness of the flipchart as an educational tool.

Clients initially came into contact with the Fit Kids = Happy Kids flipchart in a class lesson or during individual counseling sessions. At the end of each session, instructors/counselors invited clients to fill out a release form to voluntarily participate in individual interviews targeted to evaluate the effectiveness of WIC educational tools and materials. Clients were not told specifically that the interview would involve the flipchart.

Clients were contacted by phone, and six-to-ten interviews per location were scheduled in half-hour increments at local libraries, civic centers and other public venues. Clients received a stipend at the end of each interview.

A total of 42 client interviews were conducted to evaluate the flipchart's effectiveness as an educational tool. Clients were asked a series of questions related to their unique experiences with the flipchart, including what they remembered about the general experience, what they learned and what changes they had made in their families' lifestyle.

Lines of inquiry included:

- ◆ Client's last visit to WIC and details of that visit
- ◆ Educational tools used during that visit
- ◆ Memory of the Fit Kids = Happy Kids flipchart and new information learned from the flipchart
- ◆ Importance of the flipchart to clients' daily lives
- ◆ Changes they intend to make or had made to their lives based on information learned from the flipchart
- ◆ Rating the flipchart lessons based on importance to their lives
- ◆ Flipchart information shared with family and friends
- ◆ Comparison of the flipchart to other WIC educational tools
- ◆ Memorable WIC educational tools
- ◆ Other sources of information in the community about healthy weight for healthy children.

## EVALUATION OF STAFF EXPERIENCE

### STAFF TRAINING

#### TRAINING DELIVERY SYSTEMS

**Methods used for training staff varied from location to location.** Training for Fit Kids = Happy Kids is available through multiple training delivery systems, including live training sessions, PowerPoint presentations, Distance Learning (IDL), a manual, and/or CD Rom. Staff from two of the five sites attended the daylong, instructor-led training class. A staff member from a third location received training through IDL (distance learning), and in the fourth pilot site, staff used the PowerPoint presentation. The final site had not yet received training.

#### EFFECTIVENESS OF THE TRAINING

**Staff members who attended the instructor-led sessions were most comfortable and confident using the flipchart.** Interview findings support that staff who attended the instructor-led training sessions were more likely to use the flipchart to engage the client(s) in discussion, especially in the classroom. Staff who received one of the alternative trainings was less likely to use the flipchart as an interactive tool. It might be propped up in the classroom, but it would not be used to stimulate class discussion.

Staff respondents were asked questions to determine their comfort level using the flipchart. They also were observed using the flipchart in individual counseling and group classes. Based on information gathered, it appears that staff members who were not trained using the instructor-led training delivery system were less comfortable and confident using the flipchart.

*"I wasn't exactly sure how I was going to use it because I integrated it into a lesson I was already going to use, but it worked really well."*

*"I was confident, but there is always a little apprehension with change. The more we learn it the better it goes. I don't like feeling like I am reading off of something."*

One staff member expressed concern that the training did not adequately cover how to integrate Fit Kids = Happy Kids into individual counseling.

*"I understand the key concepts, but I'm not clear how to pick which one is most appropriate to use with my clients. I would like to see recommended nutritional risk codes on each of the lessons. Put that information right on the back. The conversation starters are irrelevant and do not come off well. I would like more background on certain points to drill home. The*

*training manual has good background information. Sometimes I don't know where to go. For example, anemic children (which foods are high in iron, how to prevent anemia) or children who need to go from the bottle to the cup, what are the appropriate steps? I don't know which lesson to use in these situations."*

**Late arrival of the flipcharts for instructor-led training sessions and at pilot sites diminished effectiveness of training.** Training instructors felt that their training sessions would have been even more effective if they had been able to demonstrate the flipcharts in their training classes. Fit Kids = Happy Kids flipcharts did not arrive in time to be used during the training sessions. Not having the flipcharts at the training impacted even basic understanding such as how to prop up the flipchart. The researchers observed staff who did not know how to set up the flipchart.

Also, staff members who attended the training classes said that it would have been helpful to have the flipcharts before or soon after their training. For many staff members, it was difficult to maximize the full benefit of the training because a gap in time existed between the training and the time they received their flipchart(s).

*"I received the training two months prior to receiving the materials to start the field test. If I'd been able to use the training in a timely way that would have been more effective."*

The timing on distribution may impact the use of the flipchart. States often complete scheduling for the entire next year by August, and if an item such as the flipchart arrives after the schedule has been created, it may be stored until the next year. One state did not have any firm plans for training on the flipchart. Research and historical experience on similar WIC projects support the idea that without training, the flipchart may not be used.

Technology proved to be an issue for another staff member. The training DVDs did not work in the system in her office.

**The length of the instructor-led training classes was just right for some but too long for others.** Staff members who attended the instructor-led training were divided in their views on the length of the training. One staff group thought that the training was an appropriate length, while another thought the training was too long and that it covered material they already knew.

*"It was just right. It covered everything. We went through all of the material. (Three-day trainings are too long.) There was plenty of time to get questions answered. It was taught at our level ( not above). The training acknowledged our skill set. It wasn't above or below our level. It was taught by women who had worked in clinics. It helped that they had worked in clinics and knew our challenges."*

*"It was too long because of the repetitive information. We got a lot of customer service stuff. We felt like we were already doing it. We heard what we should be doing and it was what we are doing, so that was good to hear."*

**Staff respondents were asked to provide feedback on Fit Kids = Happy Kids individual training modules.** Modules are listed below with staff feedback.

- ◆ **Myths and Realities:** Of the seven staff members interviewed, four respondents remembered this section. Three did not remember this section. Three of the respondents said they did not find the information helpful for preparing them to use the flipchart. One staff respondent found this section helpful in preparing her to use the flipchart, especially the information on weight loss and the food pyramid.
- ◆ **Healthy Feeding:** Of the seven staff members, five remembered this information. They found it helpful in preparing to use the flipchart, especially the questions on growth and asking the right questions.
- ◆ **Be a Person of Influence:** All of the staff respondents remembered this section and felt that it was helpful in preparing them to use the flipchart. Staff respondents agreed that you need to "walk the talk" and "you need to do what you are saying." One respondent suggested it would be helpful to have the training include an example of someone using the flipchart as a person of influence in both a class and individual counseling.
- ◆ **Physical Activity:** One staff respondent did not complete this section of the distance learning. The rest of the staff respondents remember this section of the training. They stated that it helped to prepare them to use the flipchart. One staff respondent commented that she thought it was helpful to have it broken down into quick and easy activities, and she approved of the use of the term "Physical Activity" instead of exercise. She said "exercise" has a negative connotation. Another staff respondent found it helpful to see how a counselor can use best practices from their personal lives to help their clients -- "so that you see yourself as an example."
- ◆ **TV Free Time:** One staff respondent did not complete this section of the distance learning. The rest of the staff respondents remember this section of the staff training. They stated that it helped to prepare them to use the flipchart. One of the respondents said she found the "tidbits of information" interesting and has used them in her classes. Another respondent commented that she liked the way the training "placed an emphasis" on this information. It helps the staff to feel more comfortable talking about this to parents, and to encourage parents to actively manage the amount of time their children watch TV. Another staff respondent appreciated having a fresh topic, complementary to nutrition, to present to clients.

- ◆ Research to Practice: Staff members did not remember this section from the training. One respondent said that she does use this information but does not remember this module from the training.

## **FLIPCHARTS**

### **FLIPCHART DISSEMINATION**

Staff received the flipcharts unevenly throughout the months of September and October. One staff respondent received the large flipchart and, at a later date, received the small one. The large flipchart is used most often in a classroom setting, and the small one is generally reserved for individual counseling. One instructor likes to use both flipcharts at the same time in the classroom setting. She positions the big flipchart in a highly visible part of the classroom but uses the small one as her primary interactive teaching tool. She is more comfortable working with the smaller size.

*"I like to use the smaller one better because I don't feel like I'm hiding behind it."*

### **USAGE IN INDIVIDUAL COUNSELING**

A staff respondent at one pilot site uses the flipchart only in individual counseling sessions. Her classes for the immediate future are already scheduled, and the flipchart lessons do not fit in with the subjects being taught. She plans to use the flipchart in future classes. In individual counseling sessions, she goes over the height and weight chart with the client, answers any health-related questions and then gives the client a choice of two-to-three tabs. She preselects the tabs based on their conversation and any health or lifestyle issues she's identified for the client.

*"I prescreen my clients. If they tell me that they are drinking too much milk or juice, not eating any fruits or veggies or plot over 85<sup>th</sup> percentile, I will select the Healthy Habits lesson to go over with them."*

Instructors at two pilot clinics use the flipcharts in both the classroom and individual counseling. Some instructors prefer using the flipchart in the classroom to using it in individual counseling sessions. Especially in smaller clinics where the instructors know the clients well, using the small flipchart in a one-on-one meeting can feel stilted or artificial. The instructors worry that the client knows they are reading the material off of the back of the flipchart, which one instructor says makes her feel uncomfortable because it seems to diminish the close bond established previously between counselor and client. Clients who have been to the clinic previously know that the flipchart is a new tool being used for the first time. This knowledge can make it difficult for the counselor to seamlessly integrate the flipchart into the session.

*“It is the primary tool we are using. We use with one-on-ones and class. We think it works better with more than one person. When it is just the one person it seems like it takes the attention away from the client, and with a group it doesn’t feel that way. We know peoples’ names when we see them, so if they think we are reading off of something, it takes away from the interaction because we have close relationships.”*

## **CLASSROOM USAGE OF FLIPCHARTS**

A majority of respondents felt the best use for the flipchart is in the classroom. Initially, topics for classroom lessons were selected according to the instructors’ comfort level with the particular topic. As they became more comfortable using the flipchart, instructors would try different lessons or let the clients select a lesson for the class.

*“I had a lesson written before that dealt with physical activity, and I tried to work it into what I had already planned on asking. Or, I would say, ‘This chart has some ideas, but what are your ideas?’ ”*

Another staff instructor found the flipchart topics very flexible with her classroom schedule. She was able to find a lesson complementing most of her classes. Until recently, she had only the larger sized flipchart. Recently, she received the small flipchart and plans to use it in her one-on-one counseling sessions.

*“I use it in classes. Our sites just got the smaller flipchart last Friday. Yes, I plan to use it in our individual counseling sessions because I think it fits in so well with the questions we are asking on the assessment.”*

## **SELECTING A LESSON**

Methods for selecting a lesson from the flipchart vary from clinic to clinic, depending on the individual clinic’s class schedule, recertification process and counseling procedure. In some clinics, staff preselects the lesson for a class or individual counseling session. In others, they ask the client to choose. Sometimes, a counselor asks the client to choose from two-to-three tabs. The counselor selects the lessons thought to be most beneficial to the client, based on information provided by the client earlier in the session.

*“Based on age and category and parents concern (certifications)”*

*“It depends. If I get the feeling they aren’t very talkative, then I choose a lesson based on that. Or, sometimes I ask some questions and, based on what they say, I pick the lesson. We use the flipchart with all of our recertification’s.”*

*“Since I already had my lessons worked out, I am just working it into what I am doing. Next month I am doing a lesson on snacks so I will use the flipchart with my lesson and I will use*

*the questions on the back – I like the questions on the back – I think they generate good conversation.”*

*“It fit in well. We just used it. We’d already had the recertification classes for a while, but it fit in perfectly. It really has the same questions as the ones we were asking in the recerts. So now instead of writing questions down we have them.*

*“I have just been using it for all of them. It just worked out that way.”*

Staff respondents at each site were asked which lessons they had used. Tabulating which lessons had been used versus the number of lessons available on the flipchart, researchers arrived at a percentage of flipchart lessons used per site. The percentage of lessons used at each of the five sites follows: 13%, 25%, 50%, 63% and 100%. The nutrition educators working in the clinics using the highest percentage of lessons attended the instructor-led training sessions, while the instructor using the fewest lessons had not yet received training. This further reinforces the importance of having all nutrition educators attend the instructor-led training session.

Lessons most frequently selected related to TV-Free Time and Serving Sizes. Each had been taught at four of the clinics. Three clinics had used the lessons on Healthy Habits, Snacks, Drinks, Fruits and Veggies, Choosiness, New Foods, and Activities. Two clinics had used lessons on Meals, Cups, Milk, and Food Bribes. The lesson on Routines had been taught at one clinic only.

## **INDIVIDUAL LESSONS**

Staff respondents were asked to review each flipchart lesson and were then asked if the lesson gave them a greater comfort level delivering the information to clients. The use of specific flipchart lessons varied from clinic to clinic. Some staff respondents had used very few lessons, and some had used all of the lessons. One respondent consistently said that the flipchart lessons “enhanced” what she was already doing. Another respondent reiterated that she was already teaching this information, and the flipchart provided an additional means of support. Several respondents stated that it raised their comfort level by providing them with positive information that they could use to engage the client. One respondent said that the lesson on Drinks raised her comfort level in delivering the information because having the amounts in writing gives credence to what she is telling the client.

One respondent approved of the use of “wise mom and dads” and “loving parents” on the flipchart. She felt that showing clients engaged parents helped them to see that they have to take charge in a positive way for the sake of their children’s health and well-being. Another staff respondent did not like the usage of these terms. She thought it was demeaning to clients because it suggested that if they were not engaging in the correct

behavior they were not a “wise mom” or “loving parent.” She said it created a negative image.

### **BEST USE OF FLIPCHART**

Although some staff members are comfortable using the flipchart in one-on-one counseling, the majority of staff identified the classroom as providing the best venue for use of the flipchart. As previously mentioned, some educators worried that the flipchart could undermine their close relationship with their clients, lessening the likelihood they would use it in a closed setting. However, in the classroom situation, educators described how the flipchart acts as a catalyst for conversation and exchange of information.

For example, one instructor said it allows her to engage clients who typically do not participate in the discussion. She asks them to read information from the chart, thereby allowing clients to participate in the classroom lesson without going too far outside of their comfort zone. Also, instructors mentioned that they liked the way the flipchart provides a focus for the lesson. If the conversation veers off of the subject, the flipchart provides a way to refocus on the topic.

*“The classroom is the best place to use it because of different styles of learning. It’s a very interactive tool. I have one of the clients read it out aloud. It keeps parents from giving wrong information, which happens sometimes. It provides a tactful way to correct false information parents may be sharing.”*

*“When you have a group that doesn’t want to say anything at all, the trigger questions really open up the conversation.”*

### **STAFF FLIPCHART FEEDBACK**

Staff respondents were asked to provide feedback on the flipchart. Based on their experiences of using the flipchart in individual counseling and class lessons, they were asked to identify strong points and suggestions for improvement. Staff response included comments on the color and format, portability of the small flipchart, classroom use of the large flipchart, and greater flexibility of lesson planning. Suggestions for improvement covered a broad area of response, including classroom logistics, flipchart lesson order, and flipchart tab design and relocation.

### **STRONG POINTS**

*“I like the pictures.”*

*“I like that it’s bright and colorful and easy to understand. It has big pictures and less words.”*

*"I like its portability. I can take it to the satellite offices."*

*"I like the fact that they (clients) can read it, and it is visual. Visuals are easier for a classroom situation."*

*"I like the tabs."*

*"I can decide which class I want to do that day. I don't have to brainstorm. Typically, I do the same lesson for one month."*

*"I'm very comfortable with the Serving Size one."*

*"I like the fact that the information is on the back for the instructor, and the same information is on the front for the client."*

*" I like the colors."*

## **SUGGESTIONS FOR IMPROVEMENT**

Staff offered a wide range of comments about the challenges of using the flipchart, and suggestions for future improvements. For crowded classrooms with little space, finding a place to put the flipchart is a challenge.

*"The hardest part is where to put it when it is a packed class. Maybe, they could turn it into a small book or have a few to pass around. I would like to have something for them to take home. Perhaps, make copies of lessons, but we don't have a color printer."*

Some instructors said they found it awkward to use the large flipchart. Particularly in a classroom situation, one lesson often leads to another, making it desirable to have the lessons organized one right after another. They did not think the lessons were organized by topics making it difficult to move from lesson to lesson. They said this was further complicated by the lack of tabs. Currently, some educators were observed using Post-It notes to mark the pages they would be using in class.

*"The subjects don't flow. It's awkward to flip back and forth."*

*"Some lessons go well. Would be helpful to have these lessons one after another."*

*"Create sections for several topics that relate."*

In addition, instructors would like to see tabs on the large flipchart, also. They suggested putting the tabs on the side of the flipcharts with the lesson titles on both sides, so that both the client and the instructor could use the tabs more easily for selecting a lesson.

*"The big one is just more awkward because you don't have the tabs to flip from one tab to another.*

*"The tabs should face instructor."*

*"I don't like the fact that the big one doesn't have tabs."*

One instructor would like more information on the lessons. She finds much of the information in the training manual to be helpful and would like to see this incorporated into the flipchart. She thinks her clients would find this information helpful and compelling.

*"Give more background information from training manual. Give risk codes that correlate with lessons or risk factors. Actually show a person using the flipchart in both an individual training session and/or group class."*

She also finds the talking points to be awkward in an individual counseling setting.

*"I don't like the conversation starters. The Veggie in particular. What do you remember about eating fruits and veggies as a child? Nothing."*

For some, the Fit Kids = Happy Kids flipchart is too new to know how to improve it at this point.

*"I can't think of anything I would do to change it. A year from now I may have an idea."*

One instructor suggested creating additional flipcharts focused on specific age groups.

*"I would like a flipchart for infants."*

Instructors suggested that it might be helpful to have a handout to go along with the flipchart lesson. This would provide a reference piece for mothers to take home with them. It would provide an additional method for learning the information.

*"Maybe, have a handout to go with it. Other than that, I can't really think of anything. They have good pictures. I like the idea of the double-sided tabs. In some classes, I use more than one lesson. Maybe, they could put it in alphabetical order."*

*"I would add a take home to go along with it. It touches on all of the subjects that we need. Maybe, create a videotape to go along with it."*

## COMPARISON WITH OTHER EDUCATIONAL MATERIALS

When asked to compare the Fit Kids = Happy Kids flipchart to other WIC educational materials, the majority of staff said they appreciated having a new and different tool to help them reach their clients.

*"I haven't ever had anything like this before. We didn't use flipcharts before. I am not a fan of videos. We don't do that. That is not a class. I like the flipchart because it is more human -- you have to talk to people. It is interactive."*

Staff respondents find the colors and layout of the flipchart to be new and refreshing -- a different approach to an ongoing challenge.

*"It's something you can always go back to. Fresh, has a new approach. New age approach. Went along with a lot of the themes going on in the world today -- childhood obesity, dental care. Reflects current concerns of parents. Not a '70s look."*

*"Probably the best one we've had. We were already doing this but we didn't have pictures -- eye-to-eye -- it is good. They didn't seem to have a lot. We used to use videos but we didn't feel they were useful at all. This involves the client. The client is the main focus. It still gives them involvement. The big one seems a little big. That looks long. Am I going to be here one-half hour? The small one is less intimidating."*

One staff member felt that the flipchart needed to be better defined, but that it was still a good educational tool. This nutrition instructor has used the flipchart in individual counseling only. She is not sure how to use it with every client, and the talking points have not been helpful for her. (She received distance learning.) She requested that the training include a video of a nutrition instructor using the flipchart in individual counseling and another one of the counselor using the flipchart in the classroom.

*"It's a good tool, but it needs to be better defined. Now that I've had it in the clinic for one month, I am able to use it better. It provides a focus for the information and reinforces the message. I would rework certain brochures to go along with the flipchart (examples): Toddler Play and Baby Play, new Tips for Offering Fruits and Vegetables, Ten Ways to Get Your Children to Eat More Fruits and Vegetables."*

## STAFF PERCEPTIONS OF CLIENT RESPONSE TO THE FLIPCHART

Staff described client response to the flipchart as largely positive. The flipchart presents important information in a direct and simple way allowing clients to easily incorporate the information into their daily lives.

*"It was simple. Things that clients can easily do in their daily life. Clients responded well. They were open and talkative. The colors of the flipchart are warm and caring."*

Some staff were unsure of the client response to the flipchart, especially in clinics where it was used as a display and not as an interactive tool..

*"I don't know. I haven't had something in the background before."*

One staff member felt the flipchart had limited use for those who are not visual learners.

*"For certain clients who are not visual learners, it has no meaning."*

Staff remarked the flipchart helps to engage the client and to support open and active discussion in the classroom.

*"Yes, there aren't too many points on each page. It opens up the conversation to other things."*

*"Most of this is everything that we stress. Having a visual on Serving Size is helpful."*

Specific lessons were highlighted as presenting new information to clients.

*"Some of the stuff like the TV and physical activity weren't being covered like they should be. It seems like it is new information for some people. It is a different method for reinforcing messages. I think they are more likely to remember because of the involvement and the pictures. Also, it validates what we are saying."*

*"This is at their level. Some tools are not at their level. Some of the brochures are good information but outdated. The Routine lesson is new. Many parents do not include the child in a routine. TV lesson is new. Directs at parents being in control. Smart moms do such and such. Because of you, your child is healthy."*

*"Written information backs up nutritionists. The clients will write down information. It reinforces the feeding relationship. Clients see the flipchart. It gives credibility to the information, more likely to believe information and to follow routines."*

*"If clients see it in writing, they are more likely to believe it. For example, milk per centage, they may not believe it if we tell them, but if they see it in writing, they'll believe it."*

## **STAFF PERCEPTIONS OF CHILDREN'S RESPONSE TO THE FLIPCHART**

The majority of staff did not see a response from children to the flipchart. In one clinic, however, children were very drawn to the flipchart. The instructor at this clinic uses the

flipchart in one-on-one counseling with individuals. She has noticed a greater response on the part of children than their parents to the flipchart.

*“Children love it. They play with it. Flip through it. They’re drawn to the colors. They just pick it up off of the desk and walk away.”*

## EVALUATION OF THE CLIENTS EXPERIENCE

### CLIENT INTERVIEW SELECTION PROCESS

WIC clients came into contact with the Fit Kids = Happy Kids flipchart through a classroom lesson or during individual counseling sessions. The instructor/counselor selected lessons to complement a lesson plan. If the flipchart was used in an individual session, the counselor selected a specific lesson based on the evaluation that the client filled out. WIC counselors also asked the clients to select a lesson from the flipchart in certain situations.

At the end of each session, instructors passed out release forms for clients to volunteer to participate in individual interviews. Participants were told the interviews would involve evaluating WIC educational materials. Clients were not told specifically that the interview would involve providing feedback on the flipchart.

Clients were contacted by telephone, and six-to-ten interviews per location were scheduled at local libraries, civic centers, and other locations. Clients were paid a stipend at the end of the interview. A total of 42 interviews were conducted using a questionnaire created to gather information on the flipchart's effectiveness as a learning tool.

### RECALL OF THE FLIPCHART

Of 42 clients interviewed, 28 participants (67%) remembered the flipchart without being prompted. Some clients had a very concrete memory of the flipchart, including format, color and content. They were able to describe in detail the way the instructors used the flipchart.

*"They used a flipchart. I liked the fact that you could see things. The instructor held it on her lap. I liked this class better than the others because people were very participative. Everyone wanted to talk."*

*"It was easy to understand."*

At the other end of the spectrum, some clients had little or no memory of the flipchart, even when the interviewer showed it to them.

*"I don't remember much because I was busy taking care of my baby. She used it right at the beginning of the class. She had us introduce ourselves and our babies, and she showed the chart for just a minute. It was either a flipchart or a paper stand, and I don't remember what it was about. She held it up for a short time at the beginning of class."*

## CLIENT RESPONSE

Clients liked the presentation of information on the flipchart. The bright colors and appealing photographs helped catch the attention of the class or client.

*"The colors were eye-catching."*

*"It was new. She had to flip through it a lot to find the page. There were brightly colored pictures. They were good pictures."*

The flipchart also served as a focal point during the discussion and allowed instructors to refocus the discussion if it got off track. It also served as a catalyst for discussion, by providing bullet points of information that could be discussed.

*"I liked the bullet points with explanations. It showed me what kids should eat and how much they should drink."*

*"All of it is of interest. In every class, I learn something new."*

*"It stated simply what they (the instructors) were discussing."*

Clients appreciated having a new learning tool that was "fresh" and "modern" in its appearance and approach. They liked the photographs of children, parents and grandparents. The photographs were described as being representative of the "real world" – individuals who could be WIC clients and/or their families. They liked seeing fathers and grandparents in the pictures. Although WIC clients expressed an appreciation for WIC brochures, they enjoyed having this new "interactive" tool.

*"It was kind of neat. The instructor held it up. On the back, it had questions. On the front, it had a picture with a TV. Usually, they have brochures. This is more interactive. It's more related to kids. Most of the stuff on the brochures, I already know."*

*"The pictures were bigger. Also, I was able to read the words even though I was sitting across the room."*

*"It all looked interesting. I would like to have taken it with me."*

## RETAINING AND USING FLIPCHART INFORMATION

**A majority of clients learned new information from the flipchart lessons.** Clients were asked a series of questions to identify specific information they remembered from the flipchart. Also, additional questions for clients focused on determining the importance of the information contained in the individual lessons, how the information in the flipchart related to their daily lives, who they shared the information with, and whether the information received that day was new.

New mothers were most likely to say that they had learned new information from the flipchart. First-time mothers of children two years old or younger comprised a group of 12 (29%) out of 42 total client participants. Of these first-time parents, ten (83%) learned new information in the lesson using the flipchart. Of the remaining 30 parents, 21 (70%) learned new information taught in the lesson using the flipchart.

Anecdotal information suggests that clients who had been coming to WIC for an extended period of time or had older children were less likely to say that they had learned new information. However, even if they did not learn new information, clients said that they found the lesson beneficial. The lesson served to reinforce important information they already knew or had learned at WIC previously.

Flipchart lessons specifically mentioned by clients included TV-Free Time, What Drinks Are Best for My Family, Cups, Choosiness, Serving Sizes, Healthy Habits, Fruits and Veggies, and Activities. Although some clients were not able to identify specific information learned from the flipchart, many learned new information or “tips” from their fellow classmates or instructor during that class. The flipchart served as a conversation starter, creating a forum for clients to share challenges and best practices for raising healthy children. When asked to share new information they had learned from the flipchart, clients provided the following feedback.

*“The flipchart tells you what to feed kids, how to nourish them, how to keep them healthy, and how to play with them.”*

*“Don't force your child to eat. Eat the food with your child.”*

*“I learned that you should sit down to have family dinners, putting everything aside. If you are introducing new foods to your child, make it fun for her. The instructor encouraged me to eat in front of my daughter, to try different things. She said let your child decide if she likes something. Don't decide for her.”*

*“It helped me to know the right way to serve meals.”*

*"The flipchart lessons made me feel good. They made me realize that I should not be giving my son junk food just because it was convenient. It gave me new ideas on what to give him for snacks -- cereals, fruits instead of chips. It taught me to plan for snacks. It's helped me. Now, I try to schedule more."*

*"Some of the information was new -- how much milk my child should be drinking."*

*"I did not know the amount of milk and juice I should be giving my child. I always heard growing up that kids need lots of milk. He had gained seven pounds. in three months. I was giving him three-to-four glasses per day. He only needs two-to-three."*

*"It helped me to switch my child from whole milk to 2%. The less fat the better."*

*"I learned that I need to give my daughter more water."*

*"It was helpful to see the serving sizes in black and white."*

*"I didn't know that new babies eat small amounts. It takes very little for them to get full. Don't force-feed them."*

*"My little girl eats a lot more than she should. The instructor said to give her small portions of fruits and vegetables. I have tried it. She told me to cut little fruits or carrots, and I try to give her that and it is going better. She said it is good for a child to eat a lot but in a healthier way."*

*"I did not know how important it was for him to eat fruits and veggies and to let him make his own decision on what to eat. I did not know what veggies did."*

*"I didn't know that he was only supposed to have two cups of juice and that he was not supposed to have anything in a sippy cup except water."*

*"I did not know what my child's eating habits should be, that she should stick to one food for a while."*

*"If the baby does not want to try something, mom should try it first in front of them."*

*"The amount of TV was new information. I did not know that he wasn't supposed to watch TV at all until he was two."*

## **BEHAVIOR CHANGE**

Clients made changes to their lifestyles and their children's lifestyles based on the information they learned from the flipchart. For many, simply coming into contact with the information for the first time served as a catalyst to make changes in their families'

lives. Clients were asked what new information they had learned from the flipchart and whether they had made changes based on this new information. Of the 42 clients interviewed, 22 clients (52%) learned new information from the flipchart and made changes to their lifestyles based on this new information.

*"I don't let my child drink out of a sippy cup. With the new baby, I will know not to put her on a sippy cup for long. I won't feed my children as much fast food. I'm giving them more water, vegetables, fruits and healthy snacks."*

*"I've changed how much milk I give my child, and now I sit down and have snacks with my kids. It allows me to eat less at each meal."*

*"I'm giving my child less sweet stuff. I'll give her a little candy and she will eat the rest in fruit. For snacks, I am giving her dried fruit instead of cookies and chips."*

*"I'm giving my son more of a variety so that he grows to like healthier foods."*

*"I've changed the amount of intake for my grandson. I'm also giving both of my grandchildren more water."*

*"Since then, I have tried to turn off the TV and spend more time outside."*

*"We do more reading than we used to."*

*"I've cut back on the fatty foods, and we don't eat out as much. We try to cook at home. We use leaner meat."*

*"We've changed from whole milk to 2%, and we're trying to get to 1% but haven't gotten there yet."*

*"I won't try to force my daughter to eat. I will try something first and not make a funny face."*

*"I don't give him as much milk. He eats more vegetables."*

*"We play the color game. It's gotten one of her kids to eat green beans. My child changed a little bit."*

*"I give my kids more vegetables."*

## **SHARING INFORMATION WITH FRIENDS AND FAMILY**

When asked if they had shared information from the flipchart with friends and family, 16 clients (38%) out of a total of 42 clients interviewed said they had shared information with

family members and friends. They have confidence in the validity of the information they learned at WIC and want others to have the benefit of this important information. Clients encourage others to make changes based on what they've learned.

*"My daughter-in-law has an obese son. I encouraged her to give him fruit and vegetables instead of potato chips. He eats whatever he wants. I told her not to fry a lot, to bake instead. Eat peanut butter with apple. Instead of fried eggs, boil them. I try to share healthy ways to prepare foods for healthy children."*

*"I share information with my husband. I tell him that it's OK for our daughter to be doing what she is doing. I encourage him to try different things, try different foods with her."*

*"I shared the information on milk with my mother. She takes care of my son."*

*"I shared the information on food-sizing with a friend."*

*"I shared with my husband and mom how much milk and juice my son should have. And I told them to give him water."*

*"I shared information with my mother. She is raising her great grandchildren. I told her not to give them so much cheese and milk."*

*"I share information with my parents. I live with them. When I change, they change."*

*"I share information with my husband. I told him about serving sizes and unhealthy snacks."*

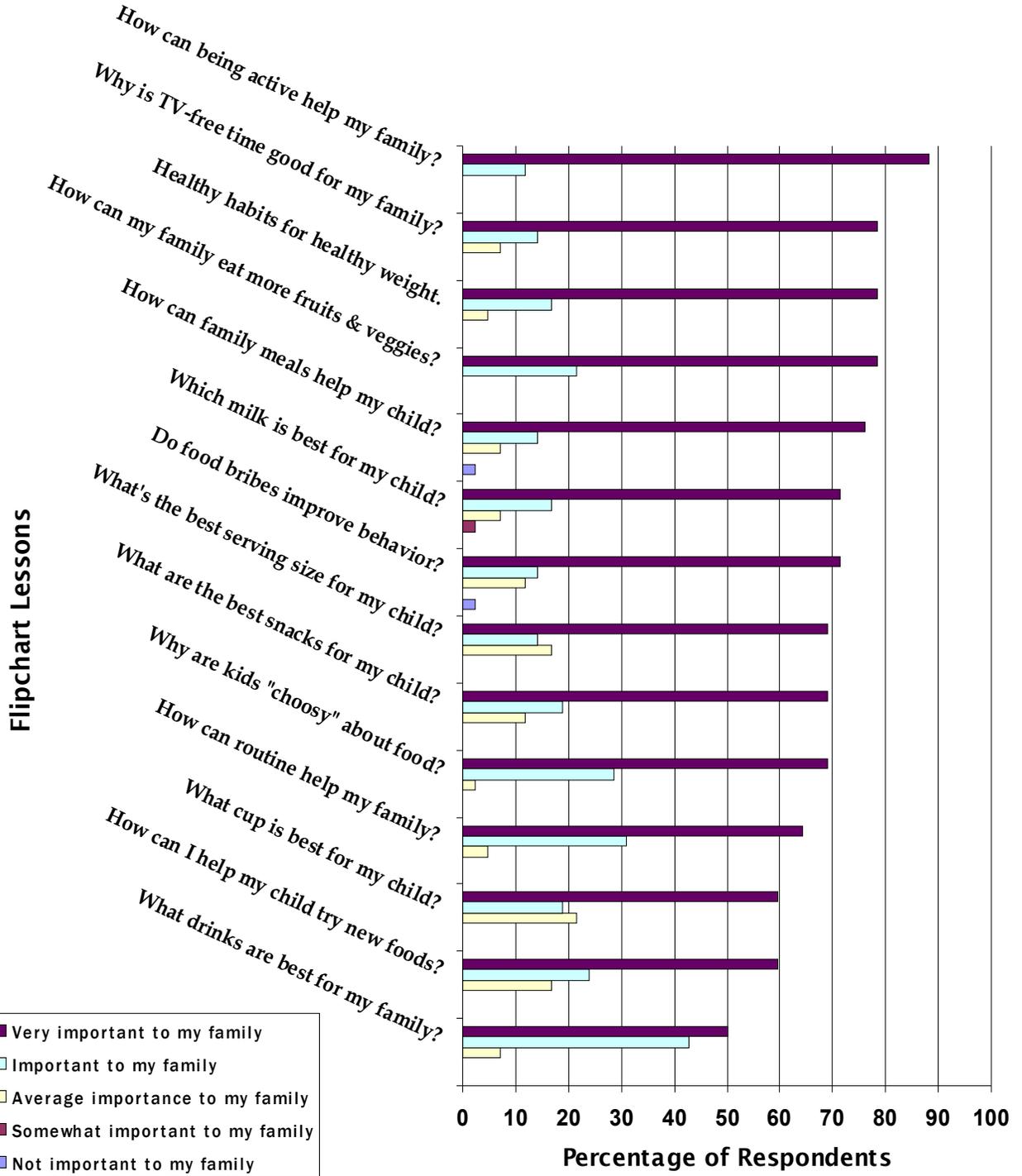
*"I share information with my sister-in-law and my pregnant niece. I told them that they need to play more with their kids. They need to bond more with them."*

*"I told my mother that we need to eat away from the TV. No TV in the dining room."*

## **FEEDBACK ON INDIVIDUAL FLIPCHART LESSONS**

Clients were asked to review each of the lessons in the flipchart and to rate each one of them on a scale of 1-5 (with 1 being "information that is least important for my family" and 5 being "information that is most important for my family"). Attached is a chart showing each lesson ranked from most valuable to least valuable and the percentage of clients selecting that value on the 1-5 scale (Chart 1).

**Chart 1**  
**Fit Kids = Happy Kids Flipchart Lessons**  
**Rated by Clients on Importance to Family**



## LESSONS CONTAINING NEW INFORMATION

Clients also were asked if the lesson contained information that they were learning for the first time. All of the lessons contained new information for many of the clients. The greatest number of clients indicated that they learned new information on the following lessons: Routines, Milk, Drinks, Serving Sizes, Choosiness, and TV-Free Time.

The following flipchart points were cited most often as being new information for clients. The name of the lesson and the percentage of clients who identified this information as being new follow the key point.

- ◆ Children need to eat often, like every two-to-three hours, but not in-between times. (Routines) (43%)
- ◆ Plan for five-to-six child-sized snacks a day. (Routines) (21%)
- ◆ Help children grow and glow with: whole milk from one-to-two years, low-fat or fat-free milk from two years and up (Milk) (45%)
- ◆ Most kids need: 16 ounces of milk per day, four-to-six ounces of 100% juice per day (Drinks) (33%)
- ◆ Offer about one tablespoon of each food for every year of life (Serving Sizes) (45%)
- ◆ Patience helps with pickiness – sometimes a child needs to try a new food seven-to-fifteen times before he/she accepts it. (Choosiness) (45%)
- ◆ Aim for less than two hours per day. (TV-Free Time) (26%)

## EFFECTIVENESS OF THE FLIPCHART COMPARED TO OTHER WIC EDUCATIONAL MATERIALS

Overall response of clients to the flipchart is positive. All clients find it to be comparable to or prefer it to other WIC materials. Clients like the interactive nature of the flipchart, especially in the classroom setting. They like the focus the flipchart provides during a group discussion, and they like the way information is divided into sections. Other clients prefer handouts because it is something they can take home with them and use as a reference.

*“In other classes, you would get handouts and no one would talk. The flipchart makes people interact and participate. The flipchart is a better tool. I want to bring my kids because I want them to see the flipchart and have the opportunity to talk. If they do decide to give handouts, they should do it at the end of class.”*

*“It is really good, better than a lot of the stuff I see. It has more variety of information.”*

*“I think it is comparable. It is short enough that most people would read it. I think it is eye-catching.”*

*"I like having the flipchart in the classroom. It provides a focal point, something you must look at."*

*"I like the flipchart better. It has more explanations. It allows you to compare what you are doing at home. It heightens your awareness. The program wants the best for the children."*

*"The flipchart is the best educational tool I've seen. I like the lessons on Food Bribes, Routines and turning off the TV."*

*"The flipchart is bigger and has more information. It might help obesity rates decline. The purpose of the flipchart is to start children with healthy habits so that they won't become obese."*

*"I like the flipchart. It has good pictures, and they tell you the way to do things. I like having information on how to keep kids from getting overweight."*

*"This is the only flipchart that I've seen. Handouts you can take home. The flipchart has to be read at the session. I like to take home stuff."*

*"I like the flipchart. It has important information that parents need to know. The format is good. I like the separation into separate lessons."*

*"This is written down versus verbal. I think it is an effective tool. If you read something, it will stick in your head more."*

*"I like it because it gives both information you know and don't know. It gives you choices. If you are in a class and they're going really fast, you can read over it for yourself."*

*"I'm a very visual learner so the flipchart works well for me. It gives you different ways to look at things, things you don't think of. It also refreshes my memory. The bright colors are eye-catching."*

*"The flipchart has more information. The pamphlets give you more specific information. I like the flipchart because it answers big questions in small ways. You have to use your imagination on some things (example: playing with your kid), but it makes you understand that it is important to play with them."*

## JUMP FOR JOY

In addition to being asked about flipcharts, staff respondents were asked to provide feedback on the children's book *Jump for Joy* and to describe how they are using it.

Two of the clinics had received one copy of the book the week before. One of the staff members had not read it yet, but liked the cover of the book. The other staff member read it with her child. Her older child read it in Spanish. She wanted to know why the main character's name had been changed from the English version to the Spanish version.

Three of the clinics had been giving out the book to clients. They said it was a great tool for breaking through children's fear of the nutrition counselors. Being given a book seemed to allay the children's apprehension about being at the WIC clinic. Staff respondents commented that the length of the book was appropriate—not too long and not too short. One of the instructors mentioned how excited her Spanish-speaking clients were to receive the book. She has not read the book, but plans to use it for children's story time at the clinic.

### OTHER WIC EDUCATIONAL MATERIALS

WIC clients were asked which WIC brochures, educational tools or classes were the most memorable. Some of the respondents were new to the program and had only been to one class or counseling session. The flipchart was the only educational tool with which they had come into contact. Clients who had been with WIC longer often remembered specific pamphlets or classes.

*"I remember a blue brochure on how to reward children, how to praise them. It was one of the most touching ones. I did not know this information. I did not know to say 'well done.' I did not do this with my own children. I'm doing this with my grandchildren, but I did not do this with my own grown children. I also remember brochures on growth and development and the class on protein, vitamins and minerals. I did not know the source of vitamins and minerals."*

*"I remember the brochure on how your baby should act, motor skills and how they should act at a certain age. I also remember the class on child growth."*

*"I remember the class on veggies with the crossword puzzle."*

*"I like the recipes. I tried them at home. Also, they make you feel special if you breastfeed."*

*"I liked the brochure on what to do with WIC stuff, like make peanut butter cookies."*

*“Health classes. They gave out pamphlets on using vegetable juice.”*

*“Book -- I Would Never Eat a Tomato.”*

*“How to use the breast pump one-on-one with the nurse.”*

*“I really liked the breastfeeding groups. I want to attend one of the cooking classes. I’ve read many brochures from the WIC office. Self-esteem brochure, communication brochure.”*

*“There are so many of them. I remember the charts on the wall that tell you about smoking around your children, about heart disease, obesity, different foods you’re supposed to eat, the chart where you match the fruit to the name.”*

*“The videos on newborn baby care, how to bathe, when they’re teething, when they’re first walking. I liked the teething video. When my second daughter was born, it made it easier. I already knew what to expect.”*

*“The books -- caterpillar book, vegetables book. My son’s favorite book is the caterpillar book. It turns into a cocoon and then a butterfly. The most memorable classes are the prenatal classes. We watched movies.”*

*“Tools -- cooking book with recipes, color charts I keep in my purse when I go to the grocery store.”*

*“Healthy weight video, how to be more involved with your kids, play with them.”*

*“Breastfeeding class, nutrition and healthy eating habits class. Interview where I received information on drinks -- how much water, how much juice, don't give them too much to drink because they won't eat. “*

*“Book of vegetables in English and Spanish. My daughter still likes to use. It taught her daughter to know vegetables in English and Spanish.”*

## **OTHER SOURCES OF INFORMATION ABOUT HEALTHY WEIGHT FOR CHILDREN**

Clients were asked where else they received information about healthy weights for children. Some respondents said they had not heard about healthy weights for healthy children as a topic outside of WIC. Others said they had been hearing a lot about the obesity problem in children.

Respondents cited television as one of the primary sources of information regarding healthy weight for children. Television shows they mentioned include the following: *Dr. Phil, Oprah, Maury Povitch, cooking shows, Fat Camp show, Barney, Dora, and Sesame Street.*

Respondents also mentioned children's television networks like Nickelodeon and the Cartoon Network.

Additional sources of information on the topic include newspaper articles, radio shows, books, *Parent* magazine and *Baby* magazine. Materials mentioned are sometimes found at the doctor's office, the lounge at work, a state funded program called HELP (Home Education Livelihood Program teaching about nutrition and child development), Head Start, and health clinics.

## CONCLUSION

The Fit Kids = Happy Kids flipchart is an effective educational tool. In the classroom, instructors are able to use the flipchart to engage clients and stimulate discussion and conversation. In individual counseling, counselors are able to target specific challenges for clients and address those issues using a flipchart lesson. Clients remember the flipchart from recent visits to WIC and are able to share information they learned and positive changes they have made to their families' lifestyles.

They remarked that the format is effective in the way it presents information. Breaking information down into individual lessons and emphasizing key learning using bullet points helps to focus the delivery of the information. Clients are able to easily learn and remember the information. The flipchart acts as an interactive tool in the classroom, stimulating conversation and discussion. It also provides a focal point, and the instructor can use the flipchart to keep the conversation on track. The flipchart provides another medium for learning key information. It provides an at-a-glance opportunity to learn key information. Clients are able to read information on the large flipchart across the classroom.

Instructors enjoy the flexibility provided by the availability of two sizes of flipchart. The larger size is handy for the classroom. The smaller one is portable and appropriate for individual counseling. Instructors seem most comfortable using the flipchart in a group setting. Several staff respondents mentioned that they found the flipchart awkward to use in individual counseling. This was especially true in smaller clinics, where staff members know their clients by name. The flipchart seemed to create a barrier, rather than encourage interaction. For some instructors, the large flipchart seems imposing. They prefer to work from the small flipchart, and have the large flipchart displayed in a prominent spot in the classroom.

Training is a key component to successful use of the flipchart. WIC counselors receive the greatest benefit from instructor-led training versus other training delivery systems. Instructors who received no training or limited training used the flipchart as a display piece in their classroom. The six-hour live training class covers the philosophy behind the Fit Kids = Happy Kids flipchart and also provides very practical information for using the flipchart in a clinic setting. The live training class would be enhanced if the actual flipcharts were present and were shown being used either in a video or by the training instructor.

The Fit Kids = Happy Kids flipcharts were created to help address the issue of childhood obesity. The flipchart lessons, with their conversation starters, help to support staff as they counsel clients or conduct nutrition classes. While they do provide support in the educational process, they were not cited by staff as specifically making it easier to speak

with their clients about the issue of obesity in children. The flipcharts are regarded as interactive educational tools, providing positive information about easy lifestyle changes clients can implement to enhance and improve their families' health and well-being.

## QUANTITATIVE FINDINGS FROM NEW MEXICO ONLINE STAFF SURVEY

The dissemination and training process for the Fit Kids = Happy Kids flipchart varied among the three states receiving the materials: Texas, Oklahoma and New Mexico. Production complications delayed the dissemination of the product and factored into each state's decision about how to train staff to use the flipchart. Of the three states, New Mexico was the one state offering a live training presentation for local staff nutritionists and clerks. In some cases staff received the flipcharts at the training; in other cases the flipcharts arrived after the training. New Mexico's approach to training offered the opportunity to conduct an evaluation on a significant number of WIC staff. Therefore, a survey was conducted to evaluate the training method and content, and the initial response to the Fit Kids = Happy Kids flipchart.

The following report presents the findings from the survey conducted in October 2006. The survey was sent to the state Nutrition Education Coordinator, who then disseminated it to 125 nutritionists and clerks who received the Fit Kids = Happy Kids training. Eighty-five (85) nutritionists and clerks responded to the survey. The majority of the survey questions were quantitative, although a few qualitative questions were also included.

### SUMMARY OF QUANTITATIVE FINDINGS

- ◆ The largest number of respondents (43%) worked for WIC between one and five years and about one-quarter (24%) had worked for WIC between six and ten years (Table 1).
- ◆ Just over half (58%) are nutritionists and 38% are clerks (Table 2).
- ◆ The majority (76%) received the Fit Kids = Happy Kids flipcharts at the training (Table 3).
- ◆ Most (75%) received live training at a session presented by the state agency (Table 4).
- ◆ Most (71%) identified the live-trainer-led training session as an effective training method (Table 5).
- ◆ When participants were asked if the six-hour training session presented in a day was too long, too short, or about right, the majority (88%) responded that it was about right (Table 6). Furthermore, when participants were asked what would be the ideal amount of time for training to use the Fit Kids = Happy Kids materials, many (63%) responded with one day (Table 7).

- ◆ A Likert scale from 1 to 5 was used to measure participants’ excitement to use the Fit Kids = Happy Kids materials (5 = very excited, 1 = not excited). The largest number (44%) rated their excitement as a 4, indicating they were “excited” to use the materials, while 28% rated it 3, indicating neutral excitement, and 20% rated their excitement as 5, or “very excited to use.” The combined findings suggest the staff is excited about the product (Table 8).
- ◆ Almost half (45%), indicated the flipchart would be most useful when conducting facilitated discussions (Table 11).
- ◆ The training covered several topics offering background information to prepare staff for using the Fit Kids = Happy Kids products. The survey asked participants to rate the usefulness of the information on a Likert scale from 1 to 5 (1 = not useful, 5 = very useful) in helping them educate WIC participants. The largest number in each category rated the information as very useful (Table 12).

47% rated Myths and Realities as very useful  
 65 % rated Healthy Feeding as very useful  
 47 % rated Becoming a Person of Influence as very useful  
 68% rated Physical Activity as very useful  
 60% rated TV-Free Time as very useful  
 41% rated Research to Practice as very useful

- ◆ The large majority rated the usefulness of each key message presented in the Fit Kids = Happy Kids flipchart as either useful or very useful (Table 13).

	Useful	Very Useful
Play together inside or outside everyday	39%	37%
Share regular meals and snacks together	39%	48%
Make family meals a special time to eat and talk together	38%	52%
Enjoy a delicious rainbow of fruits and veggies together	40%	45%
Drink milk and water at your meals and snacks	31%	52%
Turn off the TV and snuggle up to read together	37%	43%

- ◆ The largest number of respondents (39%) rated the concept of the flipchart during nutrition education sessions as a “good idea; may help people understand the messages,” closely followed by (24%) who rated it as an “excellent idea; useful and easy to use” (Table 14).
- ◆ Most found the “starting the conversation” tips on the back of the flipchart pages as either very useful (34%) or useful (32%), and the persuasion tips as moderately useful (37%) or useful (32%) (Table 15).

- ◆ The vast majority (97%) of respondents would recommend the flipchart to their colleagues (Table 16).

Table 1

How long have you worked with WIC?	# of respondents	% of respondents
< 1 year	9	11
<b>1-5 years</b>	<b>36</b>	<b>43</b>
6-10 years	20	24
11-15 years	10	12
> 16 years	9	10

Table 2

What is your role in the WIC clinic?	# of respondents <sup>1</sup>	% of respondents <sup>2</sup>
<b>Nutritionist</b>	<b>49</b>	<b>58</b>
Nurse	1	1
Clerk	32	38
Other	3	4

Table 3

How did you receive the Fit Kids = Happy Kids flipchart?	# of respondents	% of respondents
The clinic manager gave it to me.	7	8
<b>I attended training and received it at training.</b>	<b>64</b>	<b>76</b>
It came directly in the mail to me.	4	5
I have not received it.	4	5
Other	5	6

<sup>1</sup> Not all questions were answered by respondents.

<sup>2</sup> Percentages may not equal 100 due to rounding.

Table 4

How did you receive training on how to use the Fit Kids = Happy Kids flipchart? Please check all that apply.	# of yes respondents	% of yes respondents
<b>Live training session by state agency</b>	<b>56</b>	<b>77</b>
Live training session by local staff	4	6
Live training session by regional staff	12	16
PowerPoint Presentation	34	47
Distance Learning (IDL)	-	-
Manual	7	10
CD-ROM	1	1
None	2	3

Table 5

On a scale of 1 to 5, how effective would you say the following methods were for you? <sup>3</sup>	% Least effective				% Most effective	N/A
Live Training Session	1 (1)	4 (3)	10 (7)	11 (8)	<b>71 (50)</b>	1 (1)
PowerPoint Presentation	3 (2)	6 (4)	17 (11)	<b>37 (23)</b>	32 (20)	5 (3)
Distance Learning (IDL)	2 (1)	11 (5)	9 (4)	4 (2)	9 (4)	<b>64 (29)</b>
Manual	8 (4)	6 (3)	10 (5)	17 (8)	17 (8)	<b>42 (20)</b>
CD-ROM	13 (6)	4 (2)	11 (5)	7 (3)	7 (3)	<b>59 (27)</b>

Table 6

In general, would you say the Fit Kids = Happy Kids training sessions were:	# of respondents	% of respondents
Too short	3	4
Too long	6	8
<b>About right</b>	<b>64</b>	<b>88</b>

<sup>3</sup> A Likert scale is used with values assigned to 1 and 5.

Table 7

In your opinion, what would be the ideal amount of time for training to use the Fit Kids = Happy Kids materials?	# of respondents	% of respondents
1/2 day	11	15
3/4 day	1	1
<b>1 day</b>	<b>46</b>	<b>63</b>
1 1/2 days	8	11
2 days	6	8

Table 8

Please rate the following on a scale of 1 to 5.	% Not interested in using				% Very excited to use
How excited were you to use the materials after the training?	3 (2)	6 (4)	28 (20)	<b>44 (31)</b>	20 (14)

Table 9

Please rate the following on a scale of 1 to 5.	% Not prepared				% Very well prepared
After training, how well prepared did you feel to use the flipchart?	1 (1)	8 (6)	30 (21)	<b>37 (26)</b>	24 (17)
How well prepared did you feel when using the flipchart for the first time?	3 (2)	9 (6)	34 (22)	<b>39 (25)</b>	14 (9)

Table 10

Please rate the following on a scale of 1 to 5.	% Not useful				% Very useful
How useful do think the Fit Kids = Happy Kids flipchart is overall?	-	1 (1)	16 (11)	39 (26)	<b>43 (29)</b>

Table 11

I find the flipchart most helpful when I conduct:	# of respondents	% of respondents
Individual counseling	11	17
Group classes	13	20
<b>Facilitated discussion</b>	<b>29</b>	<b>45</b>
Other	12	19

Table 12

Training to use the Fit Kids = Happy Kids materials covered several topics. For each topic area listed below, please rate on a scale of 1 to 5 how useful the information is in helping you educate WIC participants. (If you did not attend the training please check "N/A".)	% Not useful (# of respondents)				% Very useful (# of respondents)	Don't remember	N/A
Myths and Realities	1 (1)	-	9 (6)	35 (24)	<b>47 (32)</b>	3 (2)	4 (3)
Healthy Feeding	1 (1)	-	4 (3)	25 (17)	<b>65 (44)</b>	1 (1)	3 (2)
Becoming a Person of Influence	3 (2)	-	10 (7)	35 (24)	<b>47 (32)</b>	1 (1)	3 (2)
Physical Activity	1 (1)	-	6 (4)	21 (14)	<b>68 (46)</b>	-	4 (3)
TV-Free Time	1 (1)	1 (1)	13 (9)	21 (14)	<b>60 (41)</b>	-	3 (2)
Research to Practice	1 (1)	4 (3)	13 (9)	24 (16)	<b>41 (28)</b>	12 (8)	4 (3)

Table 13

On a scale of 1 to 5, how useful is the flipchart in presenting the following key messages?	% Not useful				% Very useful
Play together inside or outside everyday.	1 (1)	1 (1)	21 (14)	<b>39 (26)</b>	37 (25)
Share regular meals and snacks together.	1 (1)	1 (1)	10 (7)	39 (26)	<b>48 (32)</b>
Make family meals a special time to eat and talk together.	-	-	9 (6)	38 (25)	<b>52 (34)</b>
Enjoy a delicious rainbow of fruits and veggies together.	1 (1)	-	13 (9)	40 (27)	<b>45 (30)</b>
Drink milk and water at your meals and snacks.	1 (1)	-	15 (10)	31 (21)	<b>52 (35)</b>
Turn off the TV and snuggle up to read together.	1 (1)	-	19 (12)	37 (25)	<b>43 (29)</b>

Table 14

Please rate the concept of using the flipchart during nutrition education sessions:	# of respondents	% of respondents
Excellent idea; useful and easy to use.	24	37
Good idea; may help people understand the messages.	39	60
Fair idea; may not help people understand the messages.	1	2
Poor idea; will not be useful.	1	2

Table 15

Please rate the following on a scale of 1 to 5.	% Not useful				% Very useful
How useful do you find the “starting the conversation” tips located on the back of the flipchart pages?	-	6 (4)	28 (18)	32 (21)	<b>34 (22)</b>
How useful do you find the “persuasion tips” found at the bottom on the back of the flipchart pages?	3 (2)	5 (30)	<b>37 (23)</b>	32 (20)	24 (15)

Table 16

Would you recommend the Fit Kids = Happy Kids flipchart to your colleagues?	# of respondents	% of respondents
Yes	65	97
No	2	3

## QUALITATIVE FINDINGS FROM NEW MEXICO ONLINE STAFF SURVEY

All of the qualitative responses are included. If questions included similar responses, the number of times a similar response appears is noted. The vast majority of responses were positive.

### **What if anything did you like about the Fit Kids = Happy Kids flipchart training you received?**

*"Everything was good."*

*"I enjoyed all aspects of the training; I really liked the 'tag' team approach with two presenters, Kerry Sparks and Carol Byers Garcia."*

*"I liked the training."*

*"Nothing to dislike."*

*"We had break-out sessions where we practiced using the flipchart." (5 respondents)*

*"I thought the training was overall very informative. It's been awhile. I will need to refer back to the information."*

*"Everything I learned is very helpful in clinic."*

*"Short and to the point presentation."*

*"I like role playing."*

*"I liked the sense of humor that was presented along with the training."*

*"I liked practicing the methods on each other."*

*"Examples of how to use this chart effectively in facilitated training in the WIC clinic."*

*"The trainers did a good job on letting us understand the materials."*

*"Time for interaction and role playing."*

*"Excitement portrayed by presenters."*

*"I really liked the flipchart. I usually don't like role playing but it worked well with the flipchart training."*

*"The trainers were thorough, energetic and very pleasant. The information was very valuable."*

**What do you like least about the Fit Kids = Happy Kids flipchart training you received?**

*"It felt like a repeat on facilitated training."*

*"The PowerPoint presentation seemed to be a repeat of other Fit Kids Training."*

*"There was not a lot of new material to be presented."*

*"The presenters just read from their notes the things they did not memorize. Some material was dry."*

*"Too brief."*

*"Conference room was too small."*

*"Repeat of the WIC Fit Kids conference that I have already attended."*

*"The room was too small and crowded."*

*"Could have gone into more detail."*

**What do you like best about the Fit Kids = Happy Kids materials?**

*"Easy to read and use" (16 respondents)*

*"Colorful" (7 respondents)*

*"Helped facilitate group discussions and stay on track." (7 respondents)*

*"I really liked the flipchart in both English and Spanish." (2 respondents)*

*"Info for client on front, same info for staff member on the back." (1 respondent)*

**What do you like least about the Fit Kids = Happy Kids materials?**

*"Takes too much time/client time is very short." (3 respondents)*

*"Having room for it on the desk/I would like a different size to do group sessions." (2 respondents)*

*"More in-depth information." (1 respondent)*

*"Same size flipcharts in both languages." (1 respondent)*

*"Side tabs that can be read from the back." (1 respondent)*

*"Include tabs on the small flipchart." (1 respondent)*

*"Needs to be in Spanish." (1 respondent)*

*"Having enough charts for all areas of the clinic." (1 respondent)*

**Please feel free to comment on the "starting the conversation" tips.**

*"Prompter/starter/draw them out/ice-breaker." (8 respondents)*

*"Would like more added or in a book." (1 respondent)*

**Please feel free to comment regarding "persuasion tips."**

*"Good idea/facilitate discussion/stimulating conversation" (4 respondents)*

*"Unnecessary." (1 respondent)*

**Please explain why you would recommend this teaching tool to someone else.**

*"Easy" (12 respondents)*

*"Useful" (4 respondents)*

*"Colorful" (3 respondents)*

*"Helps to keep the flow of the class/don't lose track" (3 respondents)*

**Please explain why you would not recommend this teaching tool to someone else.**

*"It is not very effective in the busy clinic setting. It would be more useful in a clinic that wasn't so busy. I don't think I would recommend it in any clinic just because I think it is yet another waste of government money on something that a half-way intelligent person could teach just as effectively without using a big ugly waste of space!" (1 respondent)*

*"No particular reason I would recommend it as a teaching tool." (1 respondent)*

**Tell us what you think about the children's book titled *Jump for Joy*.**

*"OK concept but the graphics are ugly and it isn't eye-catching. It would be easier to read if the English was in one color and the Spanish in another."*

*"I like it. Felt it contained too many words, thus making it hard to maintain children's attention."*

*"Cute but too 'girlie' for the boys – I really like the bilingual nature though."*

*"It is a cute book. It is a nice way to start a conversation about what exercise really is and how much fun it can be. The kids enjoy it. Thicker paper would be better. The book is easily ruined."*

*"I am glad to have a tool to promote reading with children. I also like the Spanish/ English version in the same material. I have many moms to teach both languages to their children and I believe this aids their effort."*

*"Excellent"*

*"It was great and the clients' parents just loved it."*

*"Good for trying to get families to stay active."*

*"It's OK."*

*"It's good because it brings the family together for reading and that they are bilingual."*

*"This is a great idea for parents that read to their children."*

*"It seems to be a great book and the clients really like it."*

*"A good idea to use to reinforce the ideas presented in training and flipchart."*

*"Great"*

*"Excellent resource book for children"*

*"Very useful. I know children have enjoyed parents reading them the book, because they are bilingual and colorful."*

*"Good book"*

*"Cute!"*

*"It's a great book, love that it's in Spanish and English."*

*"I thought it was great to use and reach out to the children."*

*"Good book"*

*"I think that this book really helps families to have a time so they may read together and learn how to be active. I also like the fact that it also comes in Spanish."*

*"Great, the kids love it."*

*"It is a good book to get kids up and moving."*

*"It's geared towards kids and it attracts their attention."*

*"It was very interesting and enjoyable."*

*"I really like it. I think kids need to hear more about this subject more often."*

*"The children love it and enjoy being able to take it home with them."*

*"I love it! It is a real family with a child in a messy room, not a plastic silicon family! I like that it is in English and Spanish."*

*"That it is in two different languages and it promotes healthy eating, grooming and exercise. It is easy to read and affordable for the WIC programs to give. Plus it promotes reading and hopefully will help the child to love books."*

*"The kids really seem to enjoy it."*

*"Very interesting."*

*"Good idea!"*

*"Makes getting the message across fun and interesting"*

*"I love that they are bilingual."*

*"Very cute. Clients seem to love it, especially the kids."*

*"The children really enjoy getting a book. I really stress to them to have mom and dad read it with them. It is a great model for children to see that the children in the book play all day and have fun without the TV."*

*"I like it and the children enjoy it."*

*"Wonderful"*

*"It's cute."*

*"I love. Our clients have enjoyed receiving it. I especially like that it's in two languages."*

*"Clients love it and we are happy to have it in both Spanish and English."*

*"So far clients have really enjoyed it."*

*"I think that it is a fun and wonderful book to share with children."*

*"I hope that our clients read them to their children, or maybe an older sibling can read to toddlers."*

*"It's very attractive."*

*"Good"*

*"I like that it's bilingual."*

*"I enjoy that it's bilingual."*

*"The children really enjoy it."*

## **How are you using the children's book titled, *Jump for Joy*?**

*"Presently we are giving these to children over one year old and encourage mom to make it a practice to read to their children; use this as an idea to explore the library facilities for other suitable books for children and read to them."*

*"I am giving it to mothers to read them and find the words in other language. I also instruct mothers to ask children to identify or find pictures."*

*"I just browsed at it, unable to use because our building in Anthony is going under construction."*

*"In my nutrition ed classes, so the children have something to read or view while the parents are talking."*

*"Discuss ways to get families active together."*

*"As a free handout."*

*"They are given after a child cert."*

*"In facilitated ed classes as a handout to whom would like to have it. It will only be given out to Spanish speakers at certification if there is a need and there is no means of translation."*

*"I give it out when I am one-on-one with a parent and the child, and mention physical activity and its importance in our lives."*

*"Yes, with classes."*

*"Giving to clients."*

*"Classes/ nutrition"*

*"After certification"*

*"Giving to clients after certification is done."*

*"Give to parents so they can read it to their kids."*

*"Giving to all children of clients."*

*"Distributing to clients at WIC appointments and encouraging the parent to read to their child and the benefits of reading."*

*"Handing them out to clients with children."*

*"Facilitated discussion and one-on-one in certifications."*

*"We are giving out in our classes; also at certification for one-to-four- year olds."*

*"Encourage parents to sit and read with their children."*

*"I feel I'm going to use it as reading, and kids move like they're moving in a book."*

*"I gave it out in the classes mostly, while encouraging the parents to read to their kids, with a side note we also want to encourage PA and this book is about jumping!"*

*"Giving it to parents for their kids when I make a presentation."*

*"We are discussing the ideas with clients and handing them out to them."*

*"I've just begun to use it, and I've only given it to a few clients on one-to-one education."*

*"Giving it to the child and parent and talking about it as I give it."*

*"Haven't used as yet"*

*"Giving it to all children."*

*"In different presentations and discussions, especially after showing the video "Feed Your Child's Future," which showcases healthy eating and reading early to children. I have also just used the book in a round robin, everyone reading a page and discussing the foods, family and exercise. Especially like the tips for parents reading to their children on the book back."*

*"Giving the book to our WIC clients and on the next visit discussing the book. I like to see how the family enjoyed the book and the learning lessons in the book."*

*"Giving it to all children"*

*"Nutritionist is using it to have and give away during her classes."*

*"Have not discussed it yet"*

*"Group discussions."*

*"During counseling"*

*"Handing out to the kids, especially when they have weight issues, or like to read books."*

*"I give it to the children when we finish a certification and we are talking about healthy foods and physical activity. Then I say to the children, we will talk next time on how much you jump and play between now and the next appointment."*

*"Giving to the children after certification"*

*"After one-on-one sessions"*

*"Giving to children and explaining about encouraging exercise."*

*"I offer it to the children to 'keep them busy' while we get ready for class. Mom asked to read it quite often. It is a great conversation starter."*

*"As a tool for parents to use to encourage their children to eat healthier and make exercise fun for their children."*

*"We are distributing the book at both nutrition ed and at certifications. We encourage parents reading to their children."*

*"Giving it to parents and asking them to read it with their children."*

*"Educational tool to educate parents."*

*"We will give them when we have our activity/ obesity classes."*

*"Handing out at classes to reinforce physical activity"*

*"I just hand it out to all the children. Kids love it when you give them things."*

*"I haven't really given many out. I forgot they are there."*

*"As a handout during a certification."*

**Please share any other comments about the Fit Kids = Happy Kids materials or training.**

*"I have enjoyed using this tool to promote good parenting and family togetherness."*

*"It is a good tool and can be used with great flexibility."*

*"It is nice to have this kind of material for clients."*

*"This was a very good training and a lot of good information. Thank you for the flipcharts."*

*“GREAT!!!”*

*“Very useful training and materials.”*

*“I feel it will be a good tool for classes.”*

*“It was a great training. Trainers were well prepared and presented materials clearly.”*

*“Great resource.”*

*“Reading about jumping is not the same as actually jumping yourself. A PA challenge geared toward kids would be fun. Something like how many jumps can YOU do in a minute? If you practice jumping for a week, can you do more? Something like this could be an easy handout/game to give to kids.”*

*“I enjoyed the training. Any training for us is always very important to me. Thank you for all your help.”*

*“I think it is great that we are given new tools to work with.”*

*“I especially find these materials and training very helpful as a basis for discussion. I facilitate nine classes a week, and sometimes it helps to have new materials to work with, especially when the clients have a difficulty in speaking up or do not feel like attending class that particular day. I feel that these trainings just help to make me a better facilitator of these classes.”*

*“It was an excellent training, and the trainers did a great job presenting.”*

*“I will use it in my classes.”*

*“Fit Kids materials are more user friendly than most; colorful and fun.”*

*“Seems like good, useful materials, and I look forward to using them in a child session.”*

*“Many thanks to Kerry and Carol for a job well done.”*

*“Great presentation and very needed!”*

*“Most of the topics I use and talk about already. This helps to get clients talking more.”*

*“This was for nutritionists only. As a clerk, I don’t use the charts at all. The chart isn’t used at all in our clinic.”*

# THE ECHO GROUP REPORT

## INTRODUCTION

Seven members of the Educating Communities on Healthy Options group (ECHO) were interviewed by telephone to evaluate the process of working together as a regional group to produce Fit Kids = Happy Kids materials. Chief among the materials were health and nutritional messages on a flipchart designed as an educational tool for use in WIC classes to help prevent obesity in children. Lines of inquiry to ECHO members sought to generally explore the following:

- ◆ Perception of the ECHO process
- ◆ Perception of the final Fit Kids = Happy Kids materials
- ◆ Suggestions for process improvement in the future

## COMMONALITIES AND DIFFERENCES AMONG STATE WIC NUTRITION EDUCATION PROGRAMS IN USDA REGION VI

Generally, respondents perceive the chief differences among the states and Indian Tribal Organizations to be the size of the agencies, financial and human resources available to create new materials, and delivery of nutrition education. Delivery of nutrition education may differ according to the level of expertise of the person presenting the information and the size of groups receiving it. In addition, a few respondents acknowledge they may have more or fewer complementary materials available to use when delivering nutrition education or information.

However, respondents all share a concern about the epidemic of childhood obesity, and think WIC, Women, Infants, and Children, should combat it through nutrition education. They largely agree that aside from the shared obligation to follow federal guidelines from the USDA, they also want to deliver high quality nutrition education to WIC participants, and to provide staff at whatever skill level with the tools to comfortably deliver messages about childhood obesity.

## INTRODUCTION OF FIT KIDS = HAPPY KIDS INITIATIVE

All participants agreed that the needs of their nutrition educators were discussed at the time the project was initiated. All perceived that the project was initiated because of a nutrition in which state agency directors of nutrition education roundly expressed deep concern about childhood obesity. All discussed the idea that their local agency staffs were uncomfortable broaching the subject with their clients, often because they themselves suffer from obesity-related problems.

A few respondents added when they came into the project the process already had been launched, and a few really did not know how it started, only that they had “inherited” the project.

### **PERCEIVED TARGET AUDIENCE**

With one exception, all respondents said there were two intended audiences for the Fit Kids = Happy Kids materials. From their perspective, the flipcharts are targeted to clients, and the training is targeted to staff. The one exception mentioned only the flipchart.

### **PERCEIVED GOALS OF THE FLIPCHART**

When asked, “How would you describe the goal of the flipchart?” respondents offered a variety of answers, as seen below.

*“Add visuals and prompts to the education being provided and to give a consistent message. Sometimes you may not have a professional delivering the message and you need guidance.”*

*“I think that all WIC clients are the audience for the materials.”*

*“I think the goal is to have a tool for the educator to use to facilitate discussion...to make counseling easier, to prompt her. “*

*“The ultimate goal is to change behavior. Before that, a change in knowledge and motivation.”*

*“It’s promoting the messages to help families to be more active and watch less TV.”*

*“We have a variety of goals. One is to continue conference momentum from the original Fit Kids conference. We wanted to follow up with a quality product that provided education and caught the attention of who was watching.”*

*“One is to provide consistent messaging in participant friendly environment and ... aid the educator in providing open-ended questions to start the conversation about a particular issue.”*

### **PERCEIVED AUDIENCE FOR FIT KIDS = HAPPY KIDS TRAINING**

All respondents agreed the audience for Fit Kids = Happy Kids training was frontline staff delivering nutrition education, regardless of whether the staff members were a paraprofessional, clerk, nutritionist or dietitian.

### **FEEDBACK FROM THE FIELD**

Because the materials had only recently been distributed at the time of these interviews, most respondents said they had not yet received much feedback from staff in the field about the materials. However, a few had received feedback from those who had used the materials, and said that so far, feedback had been positive.

### **OPINION OF FINISHED MATERIALS**

With the exception of one respondent who had not yet seen the materials, all respondents agreed the final product either met or exceeded their expectations, even though the graphic design had changed over time. Overall, respondents were highly satisfied with the finished product.

### **THE DEVELOPMENT PROCESS**

The ECHO group met periodically by telephone, conducting much business by electronic mail and only occasionally saw one another face to face. The primary facilitator or leader of the group was from the USDA; however, Texas and one Oklahoma Indian Tribal Organization (ITO) took responsibility for contracting the design and the evaluation of the toolkit. Thus, the responsibility for reporting developments in subcontracted areas, such as evaluation research and graphics design, fell to two different agencies. A few group members had joined after the work was in process, and did not receive a report of previous events, which meant they often did not know who the “leader” was, and perceived it to be the person who was simply reporting on a contract. Hence, leadership and responsibility were not clear to all participants, and several mentioned they were “by default.”

### **ADVANTAGES AND DISADVANTAGES OF THE REGIONAL PROCESS**

All respondents agreed that the process of developing materials together was positive for the most part. All mentioned the “synergy” of effort, the enjoyment of hearing diverse opinions, learning about how other states conduct nutrition education, and the combination of talents and perspectives. Without exception, all would participate in a similar process again.

Differences in the way local and state agencies handle nutrition education were addressed in the development of materials by providing templates that could be changed to adhere to the requirements of any state. Flexibility in training was also built into the materials development. This was seen as an advantage by the majority, and a few felt that they would take the option to change the materials in the future.

Respondents from smaller agencies expressed the greatest benefit from the process, in that they do not usually have the financial resources or staff available to them to create materials of the quality of Fit Kids = Happy Kids. For them, the ability to participate in the development of these materials was unique.

No “unpleasant” experiences were reported by respondents; however, several disadvantages to the process were noted, primarily in the logistics of the project.

There were differences in state and federal fiscal years, for example, and contracting with subcontractors also was seen as an unavoidable impediment to getting work done in a predictable time frame. Organizing periodic telephone meetings for so many busy people was seen as difficult by most. E-mail communications were sometimes unreliable, particularly with the size of some of the graphic files or when electronic problems occurred. These difficulties led a few respondents to feel as though they had missed a meeting or a file, and that decisions were made which they may not have been aware, or with which they may not ultimately have agreed. Yet, there was little recourse seen, because decisions were made by committee. While these complaints were mild by comparison to the positives noted above, they were voiced by several respondents.

Because the Texas state agency took the strongest role in subcontracting, some respondents who joined the committee later seemed to have the impression that the Texas nutritionist was a co-leader with the USDA facilitator, leading to some confusion about who the leader or facilitator was.

In the final analysis, however, all respondents expressed a willingness to participate again in a similar process because in the end, the advantage of the group synergy of materials development among so many talented peers outweighed the disadvantages, which most felt could be overcome with more advance planning and better organization of the group process.

## **RECOMMENDATIONS**

Most of the disadvantages expressed by the respondents in the ECHO group can be addressed by a more refined process of communications. Some of their recommendations include:

- 1) An intranet web site to view materials at any time or simultaneously; alternately, a web-based way to have conference calls.
- 2) Introduction and background information on the project for those members who replace others or join the process midway.
- 3) Regularly scheduled meetings well in advance.
- 4) Clear leadership with role delineation.
- 5) Realistic timelines based on the fiscal uncertainties faced by state and federal agencies.

**APPENDIX A**  
**Qualitative Flipchart Evaluation**  
**Staff Questionnaire**

Questions for WIC Staff at Pilot sites in Oklahoma City, Chickasaw Nation, Pueblo of Isleta, Hobbs and Caldwell, TX

1) How long have you worked for WIC; and what is your role?

2) When did you begin using the flipcharts?

July                  August                  September                  October                  November

3) How often do you use them?

4) What do you think is the purpose of this flipchart?

5) How are you using it?

6) How did the arrival of the flipchart fit in with your educational schedule for the year?

7) How do you decide which client or class to use it with?

8) How do you decide which lessons to use?

9) Are there any situations in which you think it would be most useful?

10) What do you like most and least about it?

11) How would you improve it?

12) Tell me about the training you received for the flipchart.

13) In which of the following format(s) did you receive the training? (circle all that apply)

- a) Live training session
- b) Power Point Presentation
- c) Distance Learning (IDL)

- d) Manual
- e) CD Rom
- f) Other, please describe

- 14) How helpful was the training?
- 15) How confident did you feel the first time you used the flipchart?
- 16) Was the length of the training too long, too short, or just right? What makes you say that?
- 17) How excited were you to begin using the Fit Kids = Happy Kids materials?
- 18) During the Fit Kids training several topics were covered. Please tell me how useful each of the following sections were in preparing you to use the flipchart.

Myths and Realities

Healthy Feeding

Be a Person of Influence

Physical Activity

TV-Free Time

Research to Practice

- 19) How would you compare this tool to other WIC educational tools that you've used?
- 20) How do your clients respond to the flipchart?

**Probe:** Does it introduce them to new information and concepts?  
How does it reinforce concepts you already teach?

- 21) How do children respond to the flipchart?
- 22) Review each page of the flipchart and ask...

- a) Do you already teach this lesson in a classroom or one-on-one situation?

- b) How does the chart help raise your comfort level or reduce challenges when teaching this?
- c) (If a new lesson) How might this help engage the client in this subject?

23) How do you like the format of the flipchart?

**Probe:** What do you think about the talking points on the back?

What do you think about the 2 sizes of the flipchart?

Which size do you prefer and why?

24) Tell me what you think about Jump for Joy and how you are using it?

25) What advice would you give to the WIC staff creating and disseminating this flipchart about: the usefulness of the flipchart, dissemination, or training to make the flipchart as successful as possible?

26) Would you recommend the Fit Kids = Happy Kids to others?

**APPENDIX B**  
**Qualitative Flipchart Evaluation**  
**Client Questionnaire**

- 1) Tell me about your last visit to WIC. (**Probe:** class or individual counseling?)
- 2) What kind of materials or things did the counselor/teacher use?  
**Probe:** Pamphlets or booklets? Cups or spoons? Charts? Toys? Videos? Other?
- 3) Was the information you received during your last class new information?
- 4) Do you remember seeing a flipchart? (**Describe a flipchart**)  
If **no**, then show flipchart.  
If **yes**, is this the flipchart you remember?
- 5) What do you remember most about the flipchart?  
**Probe:** What do you remember about its appearance?

What, if anything, did you see on the chart that interested you?

How did the chart relate to the discussion that day?

How did the chart relate to your daily life?

- 6) What did you learn during that class?
- 7) Has anyone ever talked to you about your child's or someone else's child's weight? If so, who? What did they say? How did it make you feel?
- 8) The Fit Kids = Happy Kids materials talk about how to help children achieve a healthy weight. How did these make you feel?
- 9) What changes have you made or intend to make as a result of hearing the information presented in Fit Kids = Happy Kids?
- 10) What information from Fit Kids = Happy Kids have you shared with your friends or family?

11) Please review each of the lessons in the flipchart. Please rank them on a scale of 1 to 5 (1 *This information IS NOT important to my family*, 5 *This information IS VERY important for my family*.) Please list which lessons shared new information with you.

	IS NOT important for my family			IS VERY important for my family		Shared new information
	1	2	3	4	5	
Healthy habits for healthy weight	1	2	3	4	5	
How can routines help my family?	1	2	3	4	5	
How can family meals help my child?	1	2	3	4	5	
What are the best snacks for my child?	1	2	3	4	5	
Which milk is best for my child?	1	2	3	4	5	
What drinks are best for my family?	1	2	3	4	5	
What's the best serving size for my child?	1	2	3	4	5	
What cup is best for my child?	1	2	3	4	5	
How can my family eat more fruits and veggies?	1	2	3	4	5	
Why are kids "choosy" about foods?	1	2	3	4	5	
How can I help my child try new foods?	1	2	3	4	5	
Do food bribes improve behaviors?	1	2	3	4	5	
How can being active help my family?	1	2	3	4	5	
Why is TV-free time good for my family?	1	2	3	4	5	

12) How does this flipchart compare to other educational tools you've seen at WIC?

**Probe:** What are the most memorable WIC tools or brochures? Which classes do you remember the most?

13) One of the areas of health WIC is really concentrating on is healthy weight for children. Where else in your community do you hear about healthy weight for children? Please tell me about it. (**Probe:** school, doctors office, TV, newspaper)

**APPENDIX C**  
**Online Staff Questionnaire**

1) How long have you worked for WIC?

< 1 year      1-5 years      5-10 years      10-15 years      >15 years

2) What is your role in the WIC clinic?

Nutritionist	Nurse
Nutrition Educator	Clerk
WIC Specialist	Other, please describe

3) How did you receive the Fit Kids = Happy Kids flipchart?

- a) The clinic manager gave it to me
- b) I attended training and received it at the training
- c) It came directly in the mail to me
- d) Other, please describe

4) How did you receive training on the Fit Kids = Happy Kids flipchart?  
**Please check ALL that apply.**

- a) Live training session by state agency
- b) Live training session by local staff
- c) Live training session by regional staff
- d) Power Point Presentation
- e) Distance Learning (IDL)
- f) Manual
- g) CD Rom
- h) None
- i) Other, please describe

5) On a scale of 1- 5, how effective would you say the following training methods were for you?

(1=least effective, 5= most effective)

Live training session	1	2	3	4	5	NA
Power Point Presentation	1	2	3	4	5	NA
Distance Learning (IDL)	1	2	3	4	5	NA
Manual	1	2	3	4	5	NA
CD Rom	1	2	3	4	5	NA

6) Would you say the training session was:

- a) Too short
- b) Too long
- c) About right

7) What would be the ideal amount of time for the training?

½ day                      1 day                      1 ½ days                      2 days                      Other

8) What did you like or dislike about the Fit Kids = Happy Kids flipchart training?

9) On a scale of 1 to 5, after the training how excited were you to start using the materials?

(1 = not interested in using, 5 = very excited)

1                      2                      3                      4                      5

10) On a scale of 1 to 5, after the training how prepared did you feel to use the flipchart?

(1 = not prepared, 5 = very well prepared)

1                      2                      3                      4                      5

11) On a scale of 1 to 5, the first time you used the flipchart how prepared did you feel?

(1 = not prepared, 5 = very well prepared)

1                      2                      3                      4                      5

12) On a scale of 1 to 5, how useful would you say the Fit Kids = Happy Kids Flipchart is?

(1 = not useful, 5 = very useful)

1                      2                      3                      4                      5

13) I find the flipchart most useful when I do (please check answer):

- a) Individual counseling
- b) Group classes
- c) Facilitated discussion
- d) Other, please describe

14) During the Fit Kids = Happy Kids training several topics were covered. On a scale of 1 to 5 how useful for helping you educate WIC participants would you say the following information was? (If you did not attend the training please check NA).

(1 = not useful, 5 = very useful)

Myths and Realities	1	2	3	4	5	NA
Healthy Feeding	1	2	3	4	5	NA
Be a Person of Influence	1	2	3	4	5	NA
Physical Activity	1	2	3	4	5	NA
TV-Free Time	1	2	3	4	5	NA
Research to Practice	1	2	3	4	5	NA

15) How useful was the flipchart in presenting the following key messages?

(1 = not useful, 5 = very useful)

Play together inside or outside every day.	1	2	3	4	5	NA
Share regular meals and snacks together	1	2	3	4	5	NA
Make family meals a special time to eat and talk together.	1	2	3	4	5	NA
Enjoy a delicious rainbow of fruits and veggies together.	1	2	3	4	5	NA
Drink milk and water at your meals and snacks.	1	2	3	4	5	NA
Turn off the TV and snuggle up to read together.	1	2	3	4	5	NA

16) Please rate the concept of using the flipchart during nutrition education sessions:

Excellent idea; useful and easy to use

Good idea; may help people understand the messages

Fair idea; may not help people understand the messages

Poor idea; will not be useful

17) What do you like best and least about the Fit Kids = Happy Kids materials?

18) How useful do you find the “starting the conversation tips”?

(1 = not useful, 5 = very useful)

1                      2                      3                      4                      5

Comments:

19) How useful do you find the “persuasion tips”?

(1 = not useful, 5 = very useful)

1                      2                      3                      4                      5

Comments:

20) Would you recommend this teaching tool to someone else and why?

Yes

No

Why?

21) Tell me what you think about Jump for Joy and how you are using it?

22) Other comments (please share any other comments about the Fit Kids = Happy Kids materials or training):

## **APPENDIX D**

### **Qualitative ECHO Group Questionnaire**

**Name:**

- 1) What do the Texas, OK, ARK, LA and NM agencies have in common when it comes to nutrition education? How are you different?
- 2) Did the ECHO group sit together and talk about the needs of their nutrition educators before they created this idea? If yes, tell me about that conversation.
- 3) Who is the intended audience for the Fit Kids materials?
- 4) How would you describe the goals of the Fit Kids flipchart?
- 5) Which staff is the intended audience for the training?
- 6) What kind of feedback are you getting from your educators and/or counselors about the materials?
- 7) What did you like or enjoy about the experience of being in the ECHO group?
- 8) What did you find difficult or unpleasant?
- 9) How did the group make decisions? How could the process be changed or made more effective?
- 10) How did the group decide on leadership?
- 11) How did the group decide on the topic?
- 12) Moving forward, how do you plan to train about Fit Kids and use it in your state?
- 13) In your opinion was this process a better or worse way to develop a product than doing it at a state level? Please explain your answer.
- 14) How closely does the Fit Kids flipchart match your vision of the product?
- 15) How closely do the training materials match your vision of the product?

- 16) If any of the materials do not match your vision of the final product what group decisions were made that influence the divergent of the final product from your vision?
- 17) Describe your level of satisfaction with the end product which includes the flipchart and the training.
- 18) What do you see as the advantages of this process for developing materials?
- 19) What do you see as the disadvantages of this process for developing materials?
- 20) What suggestions do you have to address the disadvantages?