



Southwest Region Teleconference

April 26-27, 2001

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Introduction

Welcome!

This teleconference is a special one for all WIC staff involved in nutrition education. It identifies various phases of behavior change and highlights ways to recognize these in your clients. You'll learn techniques such as relationship-building, recognizing and removing barriers, and using motivational messages to help clients receive nutrition information and change their lifestyles.

In order to assess the efficacy of the telecast, an evaluation component of the activities and material has been planned. Your facilitator will be asking you to participate fully in the activities. You'll record your own answers as you work individually, and the facilitator will record answers as you work in small groups. A sampling of these activity sheets will then be collected and sent to an evaluation team at the University of Nevada- Reno.

Your attention and support are essential for us to collect accurate and complete data. The data collected will be used to assist future nutrition educators and classroom teachers of all disciplines in the development of messages geared to the audience participants and their readiness to change.

We thank you for your help and hope you enjoy the teleconference.

Pack your bag and come with us as we travel "On the Road to Excellence."

**Southwest Region Teleconference Itinerary
April 26-27, 2001**

April 26 Thursday

Times are all Central Standard

- 1:00 – 1:10 Welcome
- 1:10 – 1:30 Purpose/Mission of Teleconference
- 1:30 – 1:50 **ITO- CHICKASAW**
Rest Stop
WIC Program
Developing a Comic Vision- Preview – Tim Gard
- 1:50 - 2:40 **OKLAHOMA**
Rest Stop
WIC Program
Readiness to Change: Changing for Good – Madeleine Sigman-Grant
- 2:40 – 2:50 Stretch Break
- 2:50 – 3:45 **LOUISIANA**
Rest Stop
WIC Program
The Role of Self-Efficacy in Achieving Health Behavior Change –
Rayane AbuSabha
Evaluation as a Means to Success – Robin Dochen Atwood
- 3:45 – 3:55 Break
- 3:55 – 4:45 **TEXAS**
Rest Stop
WIC Program
Learning to Swim Upstream: What Works in Today's World? – Pam McCarthy
- 4:45 – 4:55 Q & A
- 4:55 – 5:00 Wrap-up

**Southwest Region Teleconference Itinerary
April 26-27, 2001**

April 27 Friday

- 9:00 – 9:15 Introduction
- 9:15 - 10:15 **ARKANSAS**
Rest Stop
WIC Program
The Adult Learner – Buddy Lyle
- 10:15 - 10:30 Stretch Break
- 10:30 - 11:20 **NEW MEXICO**
Rest Stop
WIC Program
Getting Clients to Participate – Deanna Torres
- 11:20 - 11:35 Break
- 11:35 – 11:45 **ITO - ZUNI**
Rest Stop
WIC Program
- 11:45 – 12:15 Questions and Answers
- 12:15 – 12:45 Making NE Fun
Humor in the Workplace – Tim Gard
- 12:45 – 1:00 Wrap-up

Objectives of the Conference

1. Demonstrate increased awareness of motivational factors in delivering nutrition education.
2. Acquire skills to provide meaningful nutrition education to clients.
3. Develop skills to evaluate behavioral changes related to nutrition education.

Principles

SWR Nutrition Services Program Integrity Workgroup Mission Statement

Ensure program integrity by defining effective nutrition education practices through available models, activities and resources. Recommend best use of practices defined in order to achieve improved nutritional outcomes.

Philosophy of Nutrition Education

We believe that any type of nutrition education used within the SWR will embrace the following principles to help ensure effectiveness and quality. These principles are as follows:

1. *Interaction* - Nutrition education will involve some type of meaningful interaction with the WIC participant.
2. *Flexibility* - Nutrition education will be able to be used in a variety of settings because all WIC programs are not uniform in size, clientele or physical location.
3. *Relevance* - Nutrition education will be scheduled to provide appropriate and relevant education for the participant.
4. *Supportive Environment* - Nutrition education will be offered in a client-friendly environment for learning, and staff will be supportive of the participant's needs.
5. *Trained Staff* - Nutrition education will be facilitated or taught by qualified, well-trained and equipped staff.
6. *Culturally Supportive* - Nutrition education will acknowledge and support differences in cultures and be sensitive to cultural food choices when possible.
7. *Targeted Concepts* - Nutrition education will limit the content of the programs to cover a few relevant messages. This principle will allow clients to learn a few things well, rather than being overwhelmed with too much information.
8. *Acknowledged Challenges* - Nutrition education will recognize and develop strategies to address challenges such as: space, time constraints, language, staff experiences, participant's experiences and scheduling conflicts.
9. *Empowerment* - Nutrition education will be based on a "power with" model, not a "power over" model, thus basing our education on experiences, community wisdom, and respect for our participants.
10. *Client Involvement* - Nutrition education will involve participants in self assessment and goal setting moving towards enjoyment of their desired level of wellness.

Overview of Nutrition Services Program Integrity (NSPI) Workgroup

At the USDA Southwest Regional State Directors meeting in June 1999, discussions regarding ways to enhance WIC program integrity in the core area of nutrition education inspired the USDA regional office to move forward with a nutrition services integrity initiative. Texas agreed to host and fund a meeting for State agencies to have an opportunity to share nutrition education resources. The Southwest Regional Director requested a registered dietitian to act as coordinator for the initiative. Through a special contract, an RD from the Dallas local agency was assigned to the regional office on a part-time basis.

In September 1999, Texas hosted a 3-day regional nutrition education conference. At the conclusion of the conference the Nutrition Services Program Integrity (NSPI) Workgroup was formed. The NSPI workgroup consists of regional staff, State directors and nutritionists, and local WIC staff. The workgroup developed a mission statement and philosophy of nutrition education principles to meet the goal to improve nutrition education within the WIC program in the Southwest Region.

In order to achieve their goal, the workgroup felt the need for an expert advisor on health/nutrition education. The expert would help determine which teaching methods were most effective to meet their nutrition education principles. The NSPI workgroup contracted with Penn State University to provide a 5 year literature review of nutrition interventions and teaching effectiveness and to conduct intensive training for the workgroup on nutrition education theory, best practices in nutrition education, and evaluation of nutrition education. Penn State also provided a nutrition education ideas resource manual and evaluation resource package, a matrix of good practices for nutrition education in a WIC setting, and a final report with their recommendations for improving nutrition education effectiveness within the Southwest Region.

As a result of the three intensive training sessions, the NSPI workgroup decided to conduct a region-wide 2-day (8 hr) training teleconference to improve the nutrition education skills for all Southwest Region nutrition educators.

One of the recommendations from the Penn State report stated that “nutrition education programs must be evaluated.” The workgroup agreed that to determine the effectiveness of the training event and to measure our success in achieving the goal of improving nutrition education, a thorough evaluation should be accomplished. Discussions with the Penn State Team regarding an in-depth, long-term evaluation of this nutrition education event resulted in the selection of an evaluation team from the University of Nevada at Reno. Dr. Madeleine Sigman-Grant, an expert in the stages of change model as it relates to nutrition interventions and nutrition education, will head the evaluation team. This team will conduct pre-conference evaluations to determine staff level of understanding of topics prior to the teleconference, follow with a post- evaluation at the conclusion of the teleconference, and at later time intervals as specified by the evaluation staff. Additionally, several planned follow-up methods will be examined and evaluated to assess the efficacy of the teleconference training and follow-up activities in improving the skills of WIC nutrition educators and staff. Another evaluation goal is development of a model for recruiting, selecting, training, and sustaining WIC nutrition educators. The workgroup feels that through continued collaboration among the State agencies and Indian Tribal Organizations (ITOs), to share best-practice ideas, the motivation and momentum to implement new nutrition education techniques can be sustained.

The NSPI workgroup recognized the need for change in nutrition education techniques to improve teaching outcomes, became informed of the successful teaching approaches used in other educational arenas, developed a staff training event to teach our staff these techniques, and incorporated an extensive evaluation process to validate the effectiveness of their efforts. Results of their findings will be available later this year.

Introductory Speakers

Ruthie F. Jackson

*Regional Administrator, Southwest Region
Supplemental Food Programs, Food and Nutrition Service
U. S. Department of Agriculture*

During her years of federal service, Ms. Jackson has committed her talents and energies to creating positive change in programs which serve our nation’s most vulnerable citizens.

Jackson began her career with the U. S. Department of Health and Human Services (HHS) where she focused her early efforts on civil rights and child support enforcement. Later, as HHS Deputy Regional Administrator for Children and Families in Seattle, Washington, she developed and directed unique and effective programs which served pregnant and parenting teens.

Jackson has served as Regional Administrator of the USDA Food and Nutrition Service, Southwest Region, in Dallas, Texas since 1992. She oversees fourteen health and nutrition programs – including the Food Stamp Program, the school lunch program, and WIC – that make a daily impact on the lives of needy Americans—millions of children, mothers, families and elderly in Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

In 2000, she was awarded the highest award given to civil servants, the Presidential Rank Award.

Patricia N. Daniels

*Director, Supplemental Food Programs Division
Food and Nutrition Service
U. S. Department of Agriculture*

Patricia N. Daniels is the Director of the Supplemental Food Programs Division of the Food and Nutrition Service (FNS), U. S. Department of Agriculture (USDA). She is responsible for the administration of the WIC and Farmers’ Market Nutrition Programs.

Patricia was most recently the Director of the Nutrition and Technical Service Division at FNS. She is a registered dietitian and has had a distinguished 23-year career providing nutrition and nutrition education support services to all 14 of the Federal food and nutrition assistance programs administered by FNS and managing the Nutrition Education and Training (NET) Program.

Patricia has made many valuable contributions to the improved quality and coordination of nutrition services in FNS programs. She and her staff initiated training and technical assistance to program cooperators in the areas of educational materials development and evaluation, breastfeeding promotion, writing for low-literacy audiences, and cross-cultural nutrition and health counseling.

Patricia has had diverse professional experiences in community nutrition, nutrition education, program administration, food service management, research and education. She is a native of Sumter, South Carolina. She received a B.S. degree in foods, nutrition and institutional management from Florida A&M University and an M.S. degree in Community Nutrition from the University of Maryland.

Sondra Ralph

*Regional Director, Southwest Region
Supplemental Food Programs, Food and Nutrition Service
U. S. Department of Agriculture*

Sondra Ralph is the Regional Director for the Supplemental Food Programs in the Southwest Region. She is responsible for the administration of the WIC and Farmers' Market Nutrition Programs and, most recently, the Senior Farmers' Market Nutrition Pilot Program throughout the Southwest Region, which includes five geographical states, as well as 16 Indian Tribal Organizations. She has been in her current position in Dallas, Texas, for ten years.

Prior to serving in her present position, Sondra worked in the Little Rock, Arkansas field office and the National office. In addition to WIC, she has worked for a variety of food and nutrition programs in her 20 years of Federal service.

Most recently, Sondra served on a coordination initiative, Partnership for Change. The project received the Administrator's Award, the Department's Award for Excellence, and the Vice-President's Hammer award.

Content:

1. Promoting Interaction
2. Allowing Flexibility
3. Ensuring Relevance
4. Building a Supportive Environment
5. Providing Trained Staff
6. Being Culturally Supportive
7. Designating Targeted Concepts
8. Acknowledging Challenges
9. Empowering Participants
10. Encouraging Client Involvement

Oklahoma Tribal Rest Stop

There are nine WIC programs administered by Oklahoma Tribes. The nine tribal programs are divided by areas of tribal jurisdiction, yet are co-located within the counties served by the State of Oklahoma WIC Program, creating a unique opportunity for partnering together to better serve the WIC population within our state.

Cherokee Nation of Oklahoma
 Brenda Carter, WIC Director
 WIC caseload: 6038

WCD Enterprises, Inc.
 Carol Jared, WIC Director
 WIC caseload: 2004

Chickasaw Nation
 Melinda Newport, Director of Nutrition Services
 WIC caseload: 3013

Osage Tribal Council
 Cindy Willard, WIC Director
 WIC caseload: 1288

Choctaw Nation of Oklahoma
 Kim Shawhart, WIC Director
 WIC caseload: 2262

Indian Tribal Council, Inc.
 Shirlye Bass, WIC Director
 WIC caseload: 317

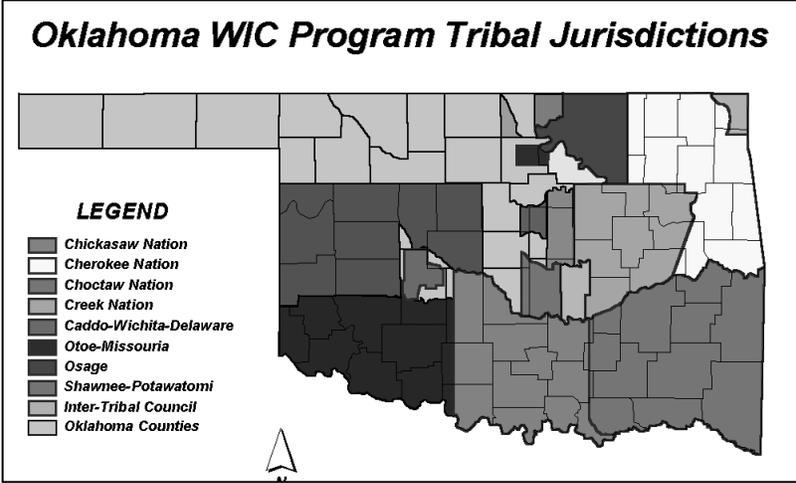
Muscogee (Creek) Nation
 Joy Flud, WIC Director
 WIC caseload: 1533

Citizen Potawatomi Nation
 Shelley Schneider, WIC Director
 WIC caseload: 1436

Otoe-Missouria Tribe
 Leslie Rimer, WIC Director
 WIC caseload: 538

WIC Program:

The Chickasaw Nation Nutrition Services Department includes a broad range of nutrition programs- the WIC program, Farmer’s Market Nutrition Program, Food Distribution Program, and the clinical nutrition and food service components of the Health System. The goal of coordinating services is to provide consistent nutrition messages which will enhance the quality of life for our families.



Oklahoma ITO Speaker

Tim Gard

Tim Gard, CSP is a nationally recognized humorist and authority on stress reduction through humor. During the last decade, Tim has delivered his entertaining and informative lectures before federal, state, county, civic and professional groups attending conferences both nationally and internationally. He has written several articles on stress reduction through humor, his seminars have been televised in several states and he has been a guest on TV talk shows.

While working with the Montana Department of Social and Rehabilitation Services, he began to develop training to help fellow eligibility workers deal with stress, burnout and compassion fatigue inherent to their jobs.

He discovered in those early training sessions that sharing his own good humor and enabling the group to develop a Comic Vision of their own proved to be a very natural, effective and fun way for people to deal with, and even avoid, the sometimes intense personal and professional stress encountered every day. Tim's audiences quickly discovered that using his methods at work and at home enabled them to use humor as a skill.

Tim subsequently moved from Montana to join the staff of USDA's office of the Food and Nutrition Service in Denver, Colorado. While with FNS, he continued to lecture and consult at local and national conferences. In February, 1994, Tim resigned from the federal government to devote all of his time to seminars and training.

Today, Tim is a highly-sought-after speaker both inside and out of the human services field. He has a down-to-earth style and easy manner that results in a quick rapport with his audiences. Tim continues to concentrate on imparting very relevant information in a highly humorous format. Whether he is helping a group develop a Comic Vision or build a strong team through humor and juggling, the audience should be prepared for a fun, informative and fast-paced session.

Tim is a Navy veteran who served tours in San Francisco and aboard the U.S. aircraft carrier Midway based in Japan. He majored in communications at Flathead Valley Community College and Montana State University in Bozeman.

Objectives

- Learn about the physical and emotional benefits of laughter.
- Ways to “Step Away” to renew yourself quickly and easily throughout the day.
- How to use humor without telling jokes.
- Techniques for using ordinary things in extraordinary, fun ways.
- Skills to insulate yourself from stress and toxic people.

Notes

Oklahoma Rest Stop

Oklahoma became the 46th state on November 16, 1907. Oklahoma is a land of riches, vast horse and cattle ranches, and has a Native American heritage like no other. Sixty-seven tribes call Oklahoma home today. The name “Oklahoma” comes from the Choctaw words “okla” meaning people and “humma” meaning red, so the state’s name literally means “red people.” Oklahoma's unspoiled beauty features more man-made lakes than any other state and four mountain ranges. It is steeped in tradition and a great place to visit!

WIC Program:

The Oklahoma State Department of Health WIC Service provides leadership in developing programs that offer nutrition education, health care referrals, breastfeeding support and healthy foods for Oklahoma mothers and their children. Being part of the WIC program is like having your own nutritionist and health care advisor. WIC works for families in this great state!



Oklahoma Speaker

Madeleine Sigman-Grant

Madeleine comes to us with a wide array of experiences—from a clinical dietitian, to a WIC Coordinator in California, to a faculty member. She has spent the last 30 years working with moms, students and health professionals to facilitate behavior change. As she has struggled to improve her skills, she has gathered information from personal experience and research endeavors.

She is a frequent speaker at meetings and conferences for health professionals, academicians and scientists. Her publications have appeared in such diverse journals as the Nutrition Today, Pediatrics, the Journal of the American Dietetic Association and the American Journal of Clinical Nutrition. While her primary area of interest focuses on nutrition guidelines for feeding children, she works with families from different cultural and economic backgrounds to help facilitate behavior change in food selections. Besides being a speaker in this teleconference, she is part of the evaluation team.

She is well qualified to work with us today as we try to improve our skills and understanding of the process involved in motivating and sustaining behavior change.

Objectives

Participants will:

1. be able to describe the stages of change.
2. increase their comfort level in discussing the clients' real and perceived barriers to change.
3. demonstrate understanding of the processes of change.
4. identify determinants of change (enhancers of and barriers to change).

Presentation

1

The body, mind, and soul

What will this mean for me?

For my family?

For my personal relationships?

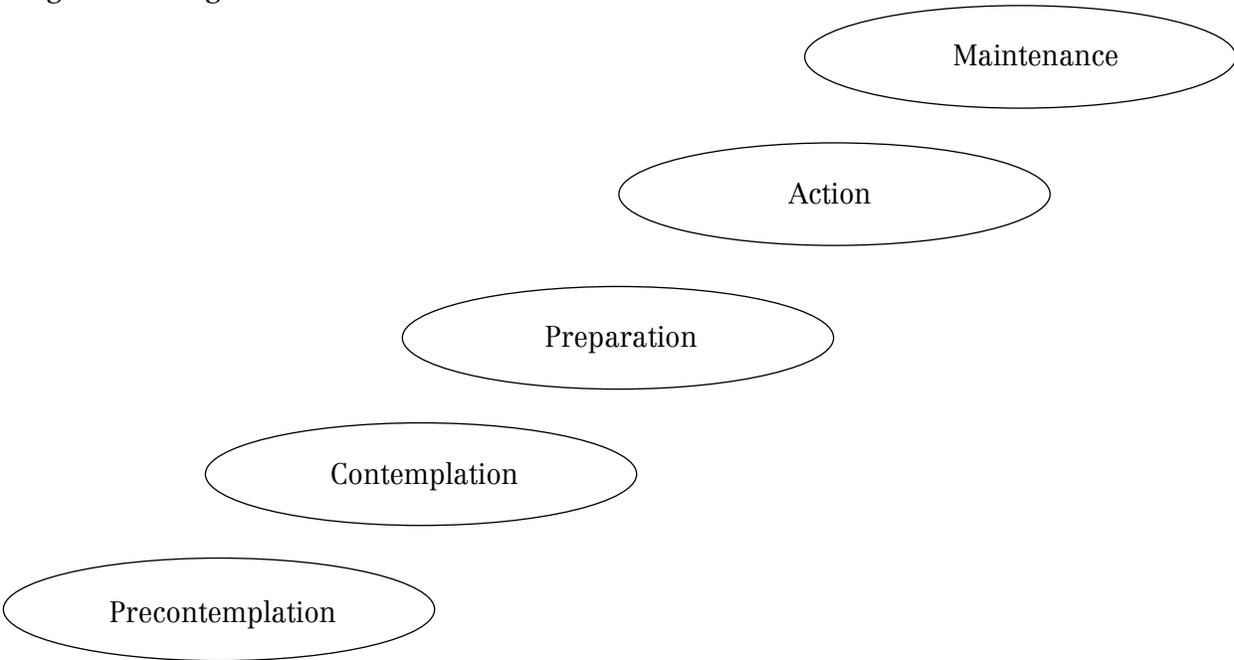
How does the suggested behavior meet my core needs?

Will I need to give up something? What will I gain in exchange?

Does it conflict with or complement who I am?

2 → 7

Stages of Change



13

Thinking and Action Processes

Stimulus control

14

**Processes of Change –
Thinking and Feeling**

> Consciousness raising

15

**Processes of Change –
Thinking and Feeling**

> Consciousness raising
> Dramatic relief

16

**Processes of Change –
Thinking and Feeling**

> Consciousness raising
> Dramatic relief
> Self-reevaluation

17

**Processes of Change –
Thinking and Feeling**

> Consciousness raising
> Dramatic relief
> Self-reevaluation
> Environmental reevaluation

18

**Processes of Change –
Thinking and Feeling**

> Consciousness raising
> Dramatic relief
> Self-reevaluation

- > Environmental reevaluation
- > Social Liberation

19

Processes of Change-
Doing and Reinforcing

- > Self liberation

20

Processes of Change-
Doing and Reinforcing

- > Self liberation
- > Helping relationships

21

Processes of Change-
Doing and Reinforcing

- > Self liberation
- > Helping relationships
- > Reinforcement management

22

Processes of Change-
Doing and Reinforcing

- > Self liberation
- > Helping relationships
- > Reinforcement management
- > Counter-conditioning

23

Processes of Change-
Doing and Reinforcing

- > Self liberation
- > Helping relationships
- > Reinforcement management
- > Counter-conditioning
- > Stimulus control

24

Stages of Change

Thinking and Feeling
Precontemplation
Contemplation
Maintenance

Doing and Reinforcing
Preparation
Action
Maintenance

25

What will this mean for me?

For my family?

For my personal relationships?

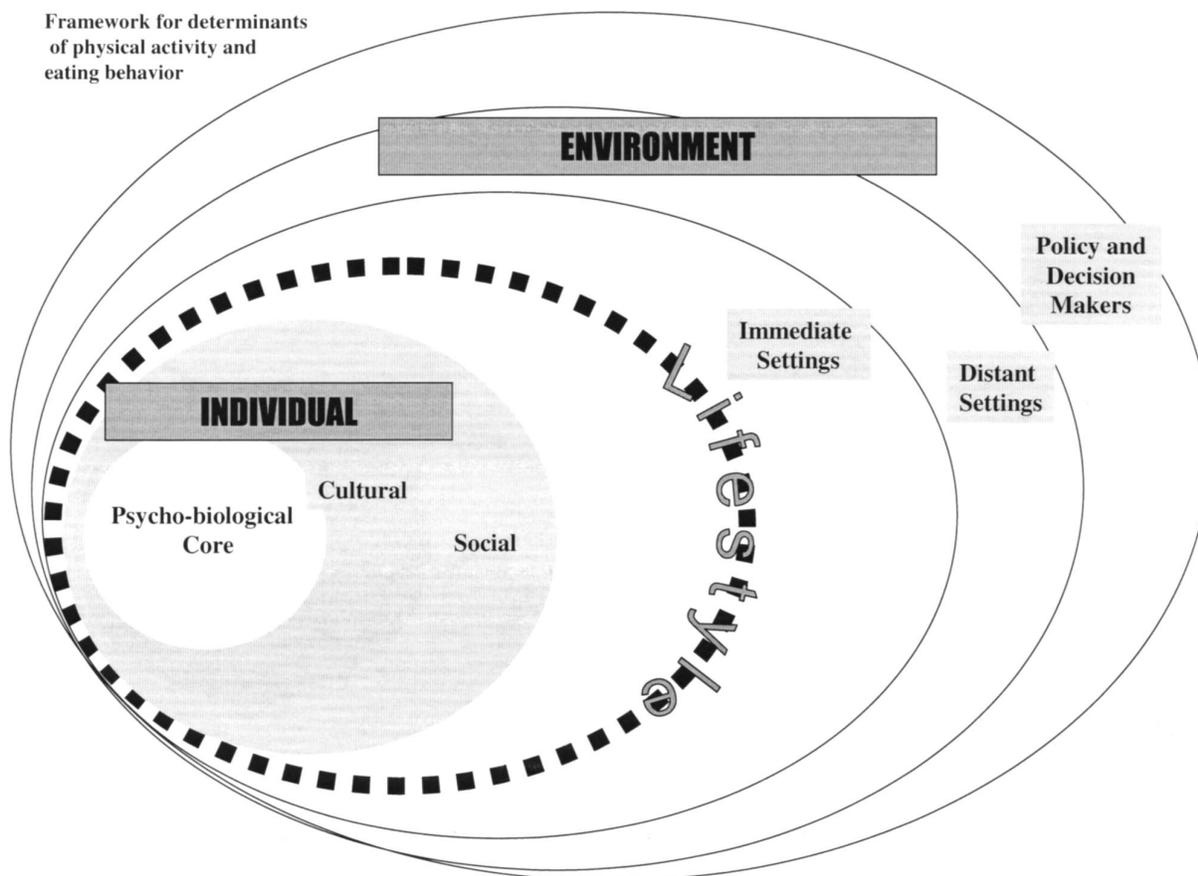
How does the new behavior meet my needs?

Will I need to give up something?

What will I gain in exchange?

Does it conflict with or complement who I am?

Framework for determinants of physical activity and eating behavior



26

Framework for determinants of physical activity and eating behavior

Individual

- > Psychological & Biological
- > Cultural
- > Social

LIFESTYLES

Environment

- > Immediate Settings
- > Distant Settings
- > Policy and Decision Makers

27

Activities Two and Three

Internal and External Influences
Supports/Barriers

28

Core Needs & Values

- > Physiology, biology, genetics
- > Pleasure
- > Basic human needs

29

Cultural and Personal Life Experiences

- > Values, beliefs
- > Life events
- > Habits
- > Ethnic identities

30

Social Roles and Relationships

- > Social roles
- > Life stages
- > Interpersonal relationships
- > SES, educational attainment

31

Barriers and Enhancers: examples

- > Knowledge, time, safety
- > Convenience, cost, access
- > Emotional states
- > Situational context
- > Seasonality
- > Social trends, sources of information

32

Immediate Behavioral Settings

- > Home
- > Workplace
- > Neighborhood
- > Day care
- > Local schools
- > Food stores
- > Restaurant
- > Shopping malls
- > Park
- > Rec centers

33

Distant Behavioral Settings

- > Extended family
- > Employer
- > Health care provider
- > Community
- > Property owners
- > Developers
- > restaurants and food outlets
- > national food chains
- > non-governmental organizations
- > non-profit organizations
- > school districts
- > shopping mall

34

The situations we face are so complex that no one could possibly be expected to get them right all the time.

*If we are afraid to make a mistake...
we will never learn; we will never grow.*

Harold Kushner

“How Good Do We Have To Be”
1996

35

To achieve readiness to change:

- > Set realistic expectations for change
- > Enhance your listening skills
- > Learn all you can about your client

Activities

ACTIVITY ONE

Find Your Stage of Change

Madeleine Sigman-Grant

1. Conference attendees will pair off.
2. Each will have an opportunity to be a questioner and a respondent.
3. Because we will evaluate this activity we would like both questioners to keep a written record of all responses.

4. Questioner 1 will ask,

“On a scale of 0-10, how interested are you in using the stages of change model when working with WIC clients?”

0 1 2 3 4 5 6 7 8 9 10
not at all moderately extremely

5. Once that question has been asked and the respondent provides a number, then Questioner 1 will ask, *“Why didn’t you respond with a lower number?”*

Respondent 1 will provide an answer.

That answer describes respondent one’s enhancers to change.

Questioner 1 will then ask *“Why didn’t you respond with a higher number?”*

Respondent 1 will provide an answer.

That answer describes respondent one’s barriers to change.

Questioner 1 and Respondent 1 change roles.

Respondent 1 becomes Questioner 2, and Questioner 1 becomes Respondent 2

Questioner 2 will ask, *“On a scale of 0-10, how confident are you in trying new nutrition education techniques with your WIC clients at your WIC site?”*

0 1 2 3 4 5 6 7 8 9 10
not at all moderately extremely

Once that question has been asked and respondent 2 provides a number, then

Questioner 2 will ask, *“Why didn’t you respond with a lower number?”*

Respondent 2 will provide an answer.

That answer describes respondent two’s enhancers to change.

Questioner 2 will then ask *“Why didn’t you respond with a higher number?”*

Respondent 2 will provide an answer.

That answer describes respondent two’s barriers to change.

6. Discuss in small groups how well these questions helped each questioner to identify the respondent's enhancers or barriers to change in the two scenarios.
 - a: using the stages of change model when working with WIC participants
 - b: trying new nutrition education techniques with WIC participants.

ACTIVITY TWO

Internal and External Influencers of Change

The purpose of this activity is to familiarize you with possible internal and external factors that could influence the changes you want to make in an eating behavior. For this activity, we will consider reducing fat in our diets.

AREAS OF INFLUENCE	FACTORS
Psychological	
Biological	
Influences	
Cultural	
Influences	
Social	
Influences	
Immediate Environmental	
Setting	
Distant Environmental	
Setting	
Influence from Policy/Decision-Makers	

1. For each area listed on the flip chart, work independently to list one factor that could influence willingness to reduce fat.

Take about 5 minutes.

STOP AT THIS POINT BEFORE GOING ON

ACTIVITY THREE

Supports/Barriers to Change

1. Go back to the chart and form another column labeled: SUPPORTS/BARRIERS.

AREAS OF INFLUENCE	FACTORS	SUPPORTS/BARRIERS
Psychological Influences		
Biological Influences		
Cultural Influences		
Social Influences		
Immediate Environmental Setting		
Distant Environmental Setting		
Influence from Policy/Decision-Makers		

1. Determine whether the factors listed would support change or be a barrier to change.
2. Note: some factors might be perceived as being both supportive and unsupportive!!

References

Selected publications pertinent to my presentation on behavior change:

Sigman-Grant, M. "Feeding Preschoolers: Balancing nutritional and developmental needs." *Nutrition Today* 27:13-17, 1992.

Peterson S, Kris-Etherton PM, and Sigman-Grant, M. "Perceived barriers to family implementation of a low-fat diet." *J. Home Econ.* 86:5-12, 1994.

Sigman-Grant, M. "Stages of Change: A framework for nutrition interventions." *Nutrition Today* 31:162-170, 1996.

Peterson, S. and M. Sigman-Grant. "Impact of adopting lower-fat food choices on nutrient intake of American children." *Pediatrics* 100(3):E41 1997.

Keenan DP, AbuSabha R, Sigman-Grant M, Achterberg C and Ruffing J. "Factors perceived to influence dietary fat reduction behaviors." *J Nutr Educ.* 31:134-144. 1999.

Schmidt M, M Sigman-Grant. "Perspectives of low-income father' support of breastfeeding: An exploratory study." *J Nutr Educ.* 31:31-37. 2000

Notes

Louisiana Rest Stop

No other state has a more varied or colorful past than **Louisiana**. The state has been governed under 10 different flags, beginning in 1541 with Hernando de Soto's claim of the region for Spain, followed by LaSalle's claim of and naming the lands drained by Mississippi Valley for King Louis XIV of France, and concluding with its statehood as the 18th state on April 30, 1812.

There is a rich diversity in Louisiana. Its ancestry includes the original Indian inhabitants, plus the descendants of a variety of settlers, among whom were the aforementioned French, Spanish, English, Germans, West Indians, Africans, Irish, Italians and the Acadians whose mass exile was immortalized in Henry Wadsworth Longfellow's poem "Evangeline." Louisiana's rich musical heritage and cuisine, along with many of its annual festivals, are in large part celebrations of the particular ethnic contributions to the "cultural gumbo" of this unique state.

WIC Program:

LA's WIC Program services are delivered in an integrated public health setting, typically in parish health units, all of which are equipped with functional kitchens. In an effort to ensure that the nutrition education message, so crucial to WIC's success, is received, the LA WIC Program's nutritionists and nutrition educators provide food demonstrations to its participants showcasing recipes that use an array of WIC approved foods. Please enjoy an example of one of Louisiana's unique food demonstrations taped at the Lafourche Parish Health Unit located at



Thibodaux, Louisiana deep in the heart of bayou, Cajun country. The demonstration is introduced by the Regional Administrator, Fred Duplechin, and features our nutrition educator, Ms. Ernestine Washington, our regional nutritionist, Ms. Pamela Breaux, and Chef Carol Gunter of the Chef John Folse Culinary Institute at Nicholls State University (Thibodaux, LA).

Louisiana Speaker

Rayane AbuSabha

United States Department of Agriculture
Food and Nutrition Service
3101 Park Center Drive, Room 525
Alexandria, VA 22302-1500
(703) 305-2874

Education

Ph.D. Pennsylvania State University, 1994
Major: Human and Community Nutrition, Minor: Statistics
R.D. Registered Dietitian. Internship Hershey Medical Center, Hershey, PA, 1991
M.S. Pennsylvania State University 1989
Major: Clinical Nutrition
B.S. The American University of Beirut, Beirut, Lebanon 1989
Major: Food Technology and Nutrition

Professional Experience

Nutritionist, USDA, Food and Nutrition Service, Nutrition Education, Program Evaluation.
Senior Nutritionist, Westat,. Area: Dietary Assessment 1999-2002
Research Associate, Pennsylvania State University, Area: Nutrition Education Research.
Post-doctoral Student, Pennsylvania State University, Area: Nutrition Education Research.
Assistant Researcher/Data Analyst, Pennsylvania State University, Area: Nutrition
Education, Dietary Behavior.
Graduate Research Assistant, Pennsylvania State University, Area: Dietary Assessment,
Graduate Teaching Assistant, Pennsylvania State University.

Awards

Innovator Award in the field of Dietetics, Central Pennsylvania Dietetic Association, 1999.
Award, Journal of Nutrition Education best article award for 1999-2000, 2000.

Memberships

American Dietetic Association, Pennsylvania Dietetic Association, Central Pennsylvania Dietetic
Association, Society for Nutrition Education Division of Communications, Reviewer for:
Journal of Nutrition Education

Objectives

At the end of this session, meeting attendees will be able to:

1. use a self-efficacy questionnaire to evaluate their program participants' nutrition self-efficacy.
2. understand the value of self-efficacy in changing eating behavior.

Presentation

1

The Role of Self-Efficacy in Achieving Health Behavior Change

Rayane AbuSabha, Ph.D., R.D.

USDA, Food and Nutrition Service

2

What Is Self-Efficacy?

Self-efficacy is one's confidence to perform a specific behavior in a specific situation

3

How Was Self-Efficacy Introduced?

Introduced by Bandura as a key concept in Social Cognitive Theory

"..it is concerned not with the skills one has, but with the judgments of what one can do with whatever skills one possesses."

(Bandura, 1986, p.391)

4

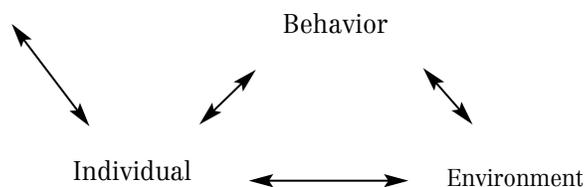
In other words

When it comes to changing a behavior, what we think or believe about our ability to change can be more important than our real skills

5

Bandura's Social Cognitive Theory

Self efficacy or belief
in ability



The person, the person's environment, and her thought and emotional processes all interact to determine behavior.

6

Belief in One's Ability, or Self-Efficacy, is Behavior Specific

- > Belief in ability is not like self-esteem; it is highly behavior specific
- > Each person has a wide range of beliefs about their different abilities
- > Depending on the behavior, some beliefs may be strong and others weak

7

Self-Efficacy and Behavior

Judgments about our own abilities influence choices of behaviors we try to master, such as

- > starting new behaviors - e.g., eating one extra serving of vegetables every day
- > stopping old behaviors - e.g., not eating ice cream every day

8

Self-Efficacy and Behavior

Our belief about our own ability also affects:

- > The amount of effort we will expend when adopting a new behavior and
- > Our persistence in the face of obstacles

9

Predicting Health Behavior

Our belief in our own abilities has been shown to be a powerful predictor of health behaviors:

- > Smoking
- > Contraceptive use
- > Exercise
- > Weight loss
- > Food and nutrition

10

Self-Efficacy in Nutrition Counseling

Applied to nutrition, self-efficacy may predict:

- > which eating behaviors we feel capable of changing
- > how much effort we will expend while trying to adopt the new behavior
- > how long we will persist in the face of obstacles

11**Self-Efficacy (SE) and Eating Behavior**

Eating Behavior Is Complex	Belief in Ability(SE) to Change Is Specific
<ul style="list-style-type: none"> • Chocolate • Liver • Apples • Vegetables • Cabbage • Skim Milk 	<ul style="list-style-type: none"> • Chocolate SE • Liver SE • Apples SE • Vegetables SE • Cabbage SE • Skim Milk SE
Multiple Eating Behaviors	Multiple Beliefs About Our Own Abilities

12**Assessing Self-Efficacy with a Likert scale**

Ask people to circle the number that shows how certain they are that they can do a task.

1 2 3 4 5
 Not at all Slightly moderately very completely

13**Activity 1****14****Assessing Self-Efficacy**

Design questions to assess self-efficacy for increasingly difficult behaviors or under increasingly difficult conditions

15

Q1. *How sure are you that you could eat less cake while at work?*

1 2 3 4 5
 Not at all sure Moderately sure Extremely sure

Q2. *How sure are you that you could eat less cake while at a birthday party?*

Q3. *How sure are you that you could eat less cake during the Holidays?*

16

Activity 2

17

Using Self-Efficacy in Nutrition Counseling

- > Choose a specific behavior for counseling
- > Take steps to increase the participant's confidence in her ability to master that behavior

18

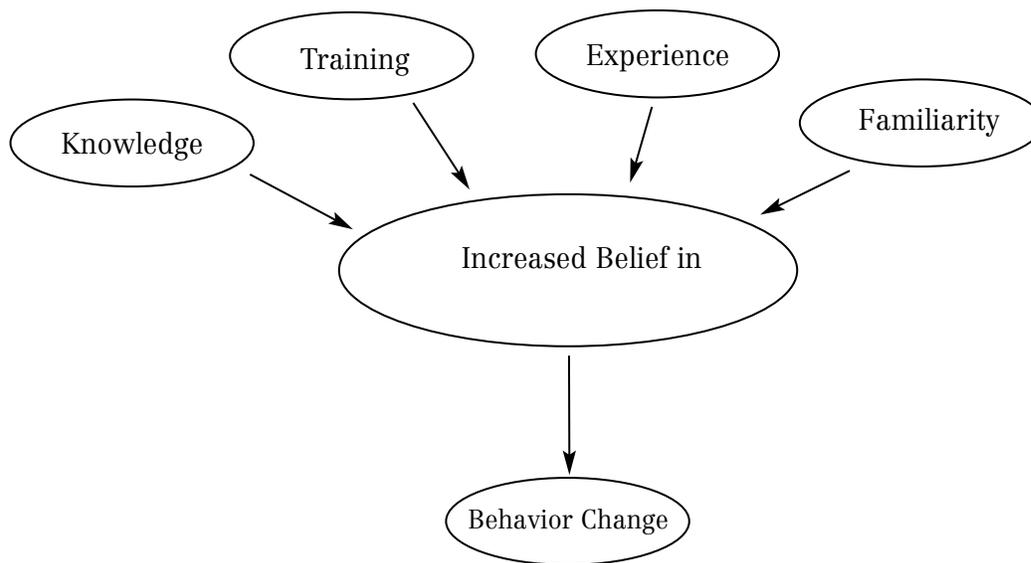
For Example

You help a participant to eat more vegetables by:

- > Increasing her confidence in her ability to purchase fresh vegetables
- > Increasing her confidence in her ability to prepare vegetable dishes
- > Increasing her confidence in her ability to eat more vegetables

19

Factors That Strengthen Client Belief in Her Ability to Change



20

Steps to Strengthening Client's Belief in Ability to Change

- Step 1. Break the target behavior into smaller, easier behaviors or tasks.
- Step 2. Arrange the tasks from easiest to most difficult. Start with the easiest task.
- Step 3. Provide encouragement every time she masters a task.

21

For Example: Handling Chicken

Learn techniques for:

1. Washing hands
2. Cleaning kitchen counter
3. Washing cutting board
4. Proper defrosting
5. Minimizing contamination

Activity 3

22

On Your Own

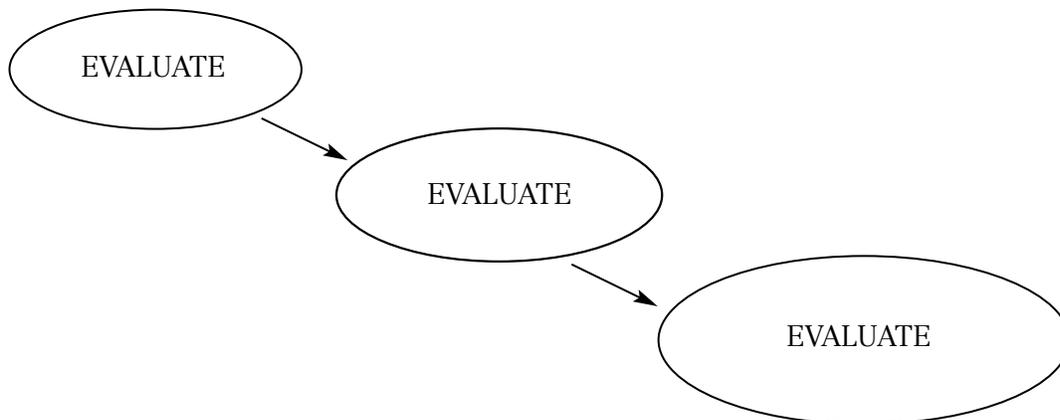
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Using Self-Efficacy in Practice

- > Treat lapses as opportunities to discover its causes
- > Based on causes seek strategies to prevent relapse

24

Don't Forget to Evaluate for Belief in Ability and Changes in Behavior



Activities

MEASURING and INCREASING SELF-EFFICACY IN A WIC SETTING

MEASURING SELF-EFFICACY

ACTIVITY ONE

TEST YOUR SELF-EFFICACY

CUTTING BACK ON FAT, INCREASING SERVINGS OF VEGETABLES DAILY

The purpose of these activities is to give you an opportunity to practice using a test of self-efficacy.

You will be asked to pair up. One of you will pretend to be a WIC CPA. The other will pretend to be a WIC participant. Try to think of yourselves in the role and respond as you think your character would.

“On a scale of 1 to 5, circle the number that best describes how confident you are about your ability to reduce the amount of fat in your diet.”

1 2 3 4 5
not at all somewhat extremely

Now change roles.

WIC participant 1 becomes WIC CPA 2

WIC CPA 1 becomes WIC participant 2.

WIC CPA 2 asks WIC participant 2 to

“Circle the number that best describes how confident you are about your ability to increase the number of servings of vegetables you will eat daily.”

1 2 3 4 5
not at all somewhat extremely

Keep these results because we will use your information in our next activity.

Measuring self-efficacy

ACTIVITY TWO

Let's find out more about the strength of your self-efficacy with regard to cutting back on fat or increasing the servings of vegetables daily.

With your same partner, for cutting back the fat, playing the same WIC CPA 1, and the same partner playing the WIC participant 1.

Cutting back the fat
WIC CPA 1, WIC participant 1

WIC CPA 1 asks WIC participant 1

"On a scale of 1 to 5, circle the number that best describes how confident you are about your ability to reduce the amount of fat in your food when

cooking for yourself?"

1	2	3	4	5
	not at all	somewhat		extremely

making refried beans for your family?"

1	2	3	4	5
	not at all	somewhat		extremely

you take your children out to eat at a fast food restaurant?"

1	2	3	4	5
	not at all	somewhat		extremely

Now change roles.

WIC participant 1 becomes WIC CPA 2
WIC CPA 1 becomes WIC participant 2.

WIC CPA 2 asks WIC participant 2 to

"Circle the number that best describes how confident you are about your ability to

buy vegetables at the store."

1	2	3	4	5
	not at all	somewhat		extremely

store vegetables at home."

1	2	3	4	5
	not at all	somewhat		extremely

prepare vegetables so your family will eat them."

1	2	3	4	5
	not at all	somewhat		extremely

Keep your results to use when you do Activity Three on your own.

ACTIVITY THREE

HOW TO INCREASE SELF-EFFICACY ON YOUR OWN.

Work this activity on your own following the teleconference. Check possible responses on the next 2 pages. Use with clients to increase their self-efficacy.

Cutting back the fat.

Step 1

Break the target behavior, cutting back the fat, into smaller tasks that are easier to master. Think about the different steps in the behavior so you and the WIC participant can divide it into smaller skills and actions.

Smaller Tasks

Cutting back the fat by drinking fat-free milk

Step 2

Help participant arrange the tasks from the ones easiest for her to the hardest.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Step 3

Provide encouragement with every step that leads to the desired behavior.

Increasing Servings of Vegetables You Eat to 3 - 5 A Day.

Step 1

Break the target behavior, eating 3- 5 vegetables a day, into smaller tasks that are easier to master. Think about the different steps in the behavior so you and the WIC participant can divide it into smaller skills and actions.

Smaller Tasks

Increasing the servings of vegetables daily by learning buying skills

Step 2

Help participant arrange the tasks with the easiest tasks for her first and the hardest last.

Learning Buying Skills

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Step 3

Provide encouragement with every step that leads to the desired behavior.

Possible responses to Activity Three

ACTIVITY THREE

Some Possible Responses

Cutting back the fat.

Step 1

Break the target behavior, cutting back the fat, into smaller tasks that are easier to master. Think about the different steps in the behavior so you and the WIC participant can divide it into smaller skills and actions.

Smaller Tasks

Cutting back the fat by drinking fat-free milk

buy 1% and mix with 2%

drink 1%

use fat free milk, instead of whole milk, when making casseroles etc.

use chocolate with 2% milk

buy fat-free milk and mix with 1% milk

mix whole milk with fat-free milk

buy 2% to mix with whole milk

drink fat-free milk

pour 1% milk from 2% milk carton

drink 2%

pour 2% milk from whole milk carton

Step 2

Help participant arrange the tasks from the ones easiest for her to the hardest.

1. use fat free milk, instead of whole milk, when making casseroles etc.
2. buy 2% to mix with whole milk
3. pour 2% milk from whole milk carton
4. use chocolate with 2% milk
5. drink 2%
6. buy 1% to mix with 2%
7. pour 1% milk from 2% milk carton
8. drink 1%
9. buy fat-free milk and mix with 1% milk
10. pour fat-free milk from 1% milk carton
11. drink fat-free milk

Step 3

Provide encouragement with every step that leads to the desired behavior.

“You’ve been able to do all of your cooking with fat-free milk and your family likes the flavors or hasn’t noticed? That’s great. You are making great progress.”

Increasing Vegetables You Eat to 3 - 5 A Day.

Step 1

Break the target behavior, eating 3 - 5 vegetables a day, into smaller tasks that are easier to

master. Think about the different steps in the behavior so you and the WIC participant can divide it into smaller skills and actions.

Smaller Tasks

Increasing the servings of vegetables daily by learning buying skills

Learning Buying Skills

When on sale or if you have coupons, plan to buy canned, frozen, and fresh vegetables that your family has not tried

Ask produce staff how to store, clean, and prepare that fresh vegetable

Learn how to use unit pricing to get the best value

Check unit prices to make sure you get the best value

Find out which fresh vegetables that your family likes are in season

When on sale or if you have coupons, buy canned, frozen and fresh vegetables that your family likes

Ask produce staff at store to show you how to select a ripe and undamaged, fresh vegetable.

Look for store coupons for vegetables

Plan to purchase just enough fresh vegetables to be able to eat them before they spoil, then plan to eat the canned or frozen

Buy fresh vegetables in season when they are at their best prices

Step 2

Help participant arrange the tasks with the easiest tasks for her first and the hardest last.

Learning Buying Skills

1. Look for store or product coupons for vegetables that your family likes

2. Find out which fresh vegetables that your family likes are in season

3. Buy fresh vegetables in season when they are at their best prices

4. When on sale or if you have coupons, buy canned, frozen and fresh vegetables that your family likes

5. When on sale or if you have coupons, plan to buy canned, frozen, and fresh vegetables that your family has not tried

6. Ask produce staff at store to show you how to select a ripe and undamaged, fresh vegetable that you've never tried

7. Ask produce staff how to store, clean, and prepare that fresh vegetable

8. Plan to purchase just enough fresh vegetables to be able to eat them before they spoil, then plan to eat the canned or frozen

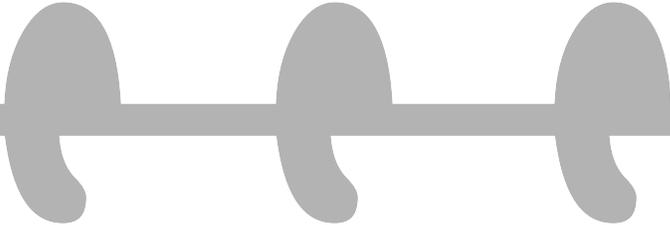
9. Learn how to use unit pricing to get the best value

10. Check unit prices to make sure you get the best value

Step 3

Provide encouragement with every step that leads to the desired behavior.

"It's so exciting to see that you bought two fresh vegetables in season that your family likes. What are their prices in season compared to when they're not in season? That's great. Look at how much money you saved while offering your family healthy food."



Make Ahead Breakfast

1 lb. Bulk Sausage
2 Slices of Bread (1/2 inch cubes)
1 Cup Shredded Sharp Cheddar Cheese
6 Eggs
2 Cups Milk
1/2 Teaspoon Salt
1/2 Teaspoon Dry Mustard

Crumble sausage in a medium skillet. Cook over medium heat until brown, stirring occasionally. Drain Well. Spread bread crumbs in a buttered 12" x 8" x 2" baking dish; top with sausage and cheese. Combine eggs, milk and seasonings; beat well and pour over cheese. Cover and refrigerate overnight. Bake at 350 degrees for 30 to 40 minutes or until set.

Yield: 6-8 Servings

Tips for Reducing the Fat Content of Make Ahead Breakfast

- Substitute Turkey Sausage for Bulk Sausage
- Place browned sausage in colander and run under cold water
- Substitute Low-Fat Cheese for Sharp Cheddar Cheese
- Substitute Low-Fat or Skim Milk

Louisiana Speaker

Robin Atwood

Robin has her doctorate in Health Education and Gerontology. She currently works for the University of Texas at Austin and is the director of the Walk Texas! Project - a physical activity and nutrition intervention aimed at improving the health of adult Texans. In addition to her academic work, Dr. Atwood has over 20 years experience in the fitness industry including work in corporate fitness, fitness consulting, YMCA's and personal training. As the Walk Texas! Project Director she has been working with the Texas Department of Health in the development of behavioral assessment and counseling guides for health providers. These guides are being developed to provide health providers with efficient, standardized assessment and counseling tools for physical activity, fruit and vegetable intake, and tobacco cessation among adult clients.

Education

B.S. University of Texas at Austin, 1978, Physical Education
M.S. University of Arizona - Tucson, 1979, Exercise Physiology
Ed.D. University of Texas at Austin, 1999, Health Education and Gerontology

Objectives

Participants should be able to:

1. list at least 3 purposes of evaluation in the public health setting.
2. describe the concept of stages of change as an evaluation tool for WIC clients.
3. list at least three behavioral stages and describe at least one stage-matched counseling technique for each.

Presentation

1

Evaluation as a Means to Success

Robin Dochen Atwood, Ed.D.
The University of Texas at Austin

2

What is Evaluation?

Determining the value or worth of an object of interest against a standard of acceptability

3

Why Evaluate?

To measure achievement of objectives related to health status*
To improve program implementation*

4

“Why” continued

To provide accountability
To increase community support
To inform policy decisions
To contribute to scientific base

5

Research suggests that:

- > Adopting a healthy lifestyle behavior follows a staged process
- > Movements through stages can be used as an indicator of intervention effectiveness

6

Predictable Stages of Change

- > Precontemplation
- > Contemplation
- > Preparation
- > Determination
- > Action
- > Maintenance, Relapse, and Recycling

7

Maintenance, Relapse and Recycling

ACTIVITY

- > In your syllabus
- > “What is Your Health Status?”
- > Circle the number that best represents your current behavior
- > Interpretation
- > Assessing participant progress

8

Evaluating Clients Using Stages of Change

- > Predictable stages
- > Assessment of current stage
- > Effective counseling for each stage
- > Success = movement

9

Using a Stage-Based Assessment Tool

- > Walk Texas! Clinicians' Guide for Health Behavior Counseling
- > Stage-based assessment
- > Stage-based counseling protocol
- > Stage-based education materials

10

Stage-Matched Counseling

Precontemplation

- > Provide client with information about negative consequences
- > Provide understanding

11

Contemplation

- > Ambivalence is normal
- > Try to produce a confrontation of values
- > Balance sheet may help

12

Action

If patient is involved in this stage:

- > increase self efficacy
- > reaffirm decisions

13

“Action” continued

- > focus on successful activity
- > anticipate and prepare for relapse situations

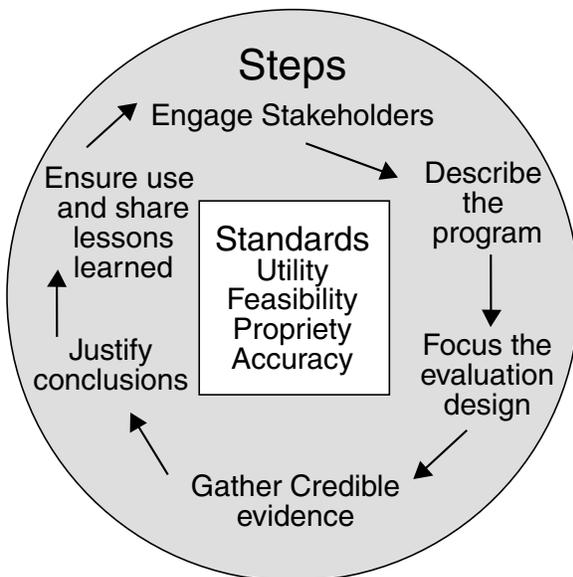
14

Implications of Using Stage-Based Evaluation

- > Provide health behavior counseling according to stage
- > Tailored messages
- > Action and maintenance stages: the time for strategies for continuing healthy lifestyle choices
- > Use to track movement through stages

If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.
 – Johann Wolfgang von Goethe

CDC Framework for Program Evaluation in Public Health (CDC, 1999)
<http://www.cdc.gov/eval/index.htm>



Decisional Balance Sheet			
Continuing to eat as before		Making a change in the way I eat	
Pros	Cons	Pros	Cons

A serving equals:

- 1 piece of fruit such as a medium apple, banana or orange
- 1 cup leafy raw vegetables
- 3/4 cup 100% fruit or vegetable juice
- 1/2 cup cooked or raw vegetables
- 1/2 cup canned, cooked, or dried soup or casserole
- 1/2 cup dried fruit

Do not count fried vegetables, such as chips and French fries or juices unless they are 100% fruit or vegetable juice.

Current Fruit And Vegetable Intake

Circle only one number

1. I always eat 5 or more servings of fruits and vegetables daily. I have for more than 6 months.
2. I try to eat 5 servings of fruits and vegetables daily. I don't always do it.
3. I eat fewer than 5 servings of fruit and vegetables daily. I have been thinking about eating more.
4. I eat fewer than 5 servings of fruit and vegetables daily. I don't plan to eat more in the near future.

Notes

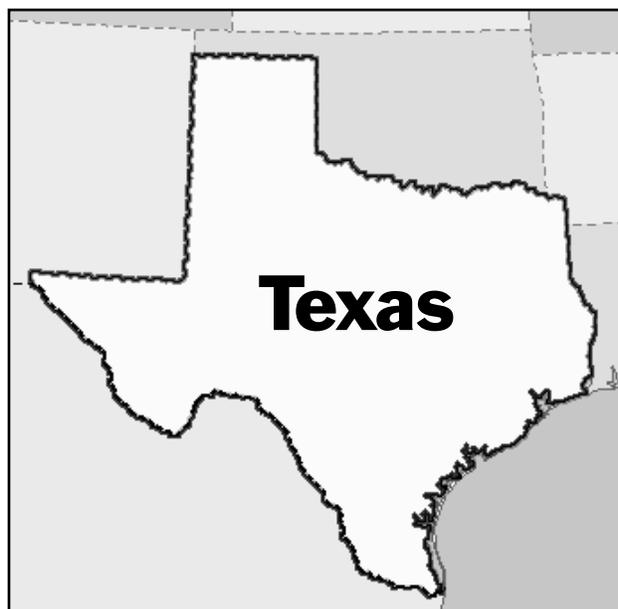
Texas Rest Stop

When people think of **Texas** they think of wide open spaces – more than 260,000 square miles of them. Traveling east to west, visitors journey first through acres of pine forests and wetlands unique to East Texas. Rolling hills with spring-fed rivers and lakes make up the Central Texas Hill Country, while cool mountains and sun-bleached deserts await travelers to West Texas. Heading further north, the panhandle plains – better known as cattle country – offer big skies, sweeping sunsets and breathtaking vistas. Then there’s the coastal playlands of its southeastern border. But Texas isn’t just about her land – though there’s a lot of it. Her cities hold a beauty all their own. Here, history and tradition go hand in hand. Today, landmarks of times past still echo fierce battle cries for independence. Texas. The Lone Star state. Proud. Independent. It’s like a whole other country.

WIC Program:

Like everything else in Texas the WIC Program is big! With almost 750,000 participants, 85 local agencies and 750 individual clinic sites, Texas WIC nutrition education is as varied as the state itself. Some clinic sites are small, open only 1-2 days a month, while others serve up to 7,000 participants each month. Nutrition education is planned and provided according to the characteristics of the local agency, the community’s nutrition and health needs and input from participants. Generally, individual counseling is provided at certification and group class at voucher issuance. Since Texas WIC includes a large number of Spanish-speaking participants, almost all our materials are available in Spanish, as well as English.

The Laredo Health Department WIC Program, led by Mrs. Beatrice Duarte, RD, featured in this video segment, is providing the state-agency developed physical activity lesson to many of their WIC participants. Through the use of posters and discussion, participants are encouraged to increase their family’s level of activity, and are given a progress chart to take home to complete during the next 2 to 3 months. When the chart is completed and returned, participants receive a certificate acknowledging their commitment to physical activity and healthy families. This is one of the many important nutrition and health messages that the WIC Program promotes in all its nutrition education activities.



Texas Speaker

Pam McCarthy

BA: St. Olaf College, Northfield, MN 1973 Home Economics Education

MS: Mississippi University for Women, Columbus, MS 1976 Home Economics Education with concentration in Nutrition

Registered Dietitian

Pam has two degrees in education and is also a registered dietitian. Her presentation introduces basic message strategies commonly used in marketing and applies them to nutrition education.

“I am not content with nutrition education as it is currently being delivered because I feel it has little impact. I am always ‘stirring the pot’ and looking for bigger and better ways to make a difference in the lives of the people we serve. Therefore, I have spent years researching marketing and advertising research to find out how they effectively impact lives and have attempted to apply their findings to nutrition education and public health. The presentation integrates marketing principles into nutrition education.”

Objectives

At the end of the session, the trainee will be able to:

1. know that health and facts are not primary reasons why clients make changes in their lives.
2. understand that adding emotion to their messages and discussion will make them more effective in communicating health related information to clients.
3. believe they can be effective change agents when they target emotions rather than facts when talking with clients.

Presentation

1

“Learning to Swim Upstream: What works in today’s world?”
Pam McCarthy

2

“Only dead fish swim with the stream”

3

Health is the primary reason why my clients make changes in their lives.

4

Straightforward messages are most effective in communicating health-related information to my clients.

5

Facts are effective in convincing my clients to make changes in their lives.

6

Activity one: Only dead fish swim with the stream

7

10 minutes

8

The LOGICAL reason
The REAL reason

9

Credibility (ethos)

10

Emotion (pathos)

11

Logic (logos)

12

Activity Two:

“People don’t want fertilizer. They want green lawns.”

13

Three minutes

14

TRUE or FALSE: Straightforward messages are most effective in communicating health-related information to my clients.

15

TRUE or FALSE: Facts are effective in convincing my clients to make changes in their lives.

16

Straightforward message:

Breastfeed your baby for 6 months or longer.

17

Emotional message:

It’s a bond beyond belief. Breastfeed your baby 6 month or longer.

18

Emotional Message:

Bond with your miracle. Breastfeed your baby for 6 months or longer.

19

Emotional Message:

Cherish the memories. Breastfeed your baby for 6 months or longer.

20

Do not drink alcohol, smoke or do drugs.

21

For the greatest love of all—stay away from drugs, alcohol, and smoking.

22

Get addicted to love.

Ditch the drugs, alcohol, and smoking.

23

Examples of standard and emotional messages: failure to thrive

24

Examples of standard and emotional messages: Overweight child

25

“It’s a ‘roll your eyes’ message.”

26

“It’s boring.”

27

“It was just too blah.”

28

“It was like a little lecture.”

29

“No one’s going to listen.”

30

“Same old, same old.”

31

“It gets the point across, but it’s just there.”

32

“It’s just basic.”
“Anytime anyone tells you something, that’s what they tell you.”

33

“It just grabbed my attention.”

34

“There’s something about boost your brainpower. It kind of does it for me.”

35

“I don’t know how to explain it. I just liked the way it kind of went together.”

36

“I like the one...bond with your miracle. I just think of all my kids as being miracles.”

37

Because when I hold her I can feel that she loves me because she just looks at me and touches me. I can feel that she loves me.

38

<http://www.vahealth.org/wic>

39

“Operation Big Ears”

40

Encourage staff to submit at least one practice, policy or belief each week for discussion.

41

Scrutinize the submitted practices, policy or belief as a group.

42

Ask questions like “Why are we doing it this way?”

43

Avoid “group think.”

Handouts

CHOOSE MESSAGES WITH EMOTIONS TO IMPACT BEHAVIORS!

Listed below are straightforward, clever and emotional messages tested with Virginia WIC clients in focus groups. They usually preferred emotional and clever messages to standard messages. Read the entire report at this website: <http://www.vahealth.org/wic>. (Click on “Operation Big Ears.”)

Eating Pattern Messages for Pregnant Women

STANDARD	CLEVER	EMOTIONAL
Eat 3 meals and 2 snacks every day	<i>Have you had enough?</i> Eat 3 meals and 2 snacks each day.	Love to love your baby? Eat enough food to keep your baby healthy – 3 meals and 2 snacks every day.
Eat 5 fruits and vegetables each day.	Give yourself 5 – Eat 5 fruits and vegetables every day.	Your baby is counting on you. Eat 5 fruits and vegetables a day.
Have 3 servings of Milk , yogurt or cheese every day	<i>Get milk!</i> Or yogurt or cheese. Eat 3 servings a day.	Make your baby strong. Choose milk, yogurt or cheese 3 times a day.
Every day, take a vitamin supplement that contains folic acid.	Good things come in little packages. Take a vitamin pill that contains folic acid each day.	Make a big difference in your baby’s health. Take a vitamin pill with folic acid in it. OR Contribute to your baby’s health. OR Have a healthy baby.
Drink 8 cups of water each day.	Water yourself. Drink 8 cups of water every day.	It’s energy in a glass. Drink 8 cups of water every day.
Do not drink alcohol, smoke or do drugs.	Get addicted to love. Ditch the drugs, alcohol and smoking.	For the greatest love of all – Stay away from drugs, alcohol and smoking. OR Pledge your love...

EATING PATTERN MESSAGES FOR MOTHERS OF CHILDREN UNDER AGE ONE

STANDARD	CLEVER	EMOTIONAL
Breastfeed your baby for 6 months or longer.	Get hooked on a feeling. Breastfeed for at least 6 months.	It's a bond beyond belief. Breastfeed your baby for 6 months or longer. OR Bond with your miracle. OR Time for just the 2 of you. OR Cherish the memories.
If you bottle feed, hold your baby during feeding.	Snuggle in for a little together time. Hold your baby while he or she takes a bottle.	It's paradise. Cuddle your baby while he or she takes a bottle. OR Feel your baby's love.
If you bottle feed, use an iron-fortified formula until age one.	Pump in some iron. Use iron-fortified formula until age one. OR It's strength in a bottle.	Give your baby the best. Use iron-fortified formula until age one.
Offer solid foods only after your baby is 4 to 6 months old.	Take it slow Flo - Wait to offer solid foods until your baby is 4 to 6 months old.	Do right by your baby. Offer solid foods only after your child is 4 to 6 months old.
Introduce new foods one at a time.	Nice and easy does it. Introduce new foods one at a time.	Watch them grow healthy. Introduce new foods one at a time. OR It's a time of discovery.
Offer juice and water in a cup after your baby is 4 months old.	Step-by-step your baby grows. Offer juice and water in a cup at 4 months of age.	You're in charge of how your baby grows up. Start by offering juice and water in a cup after 4 months.

Pam McCarthy and Associates, January 2001

EATING PATTERN MESSAGES FOR MOTHERS OF CHILDREN AGE 1 TO 2

STANDARD	CLEVER	EMOTIONAL
Encourage drinking from a cup.	Help your baby drink up – and grow up. Teach them how to use a cup.	Your baby depends on you to learn new things. Encourage drinking from a cup. OR You're your baby's best teacher.
Let your child decide how much food to eat.	How much food should your baby eat? You provide, your baby decides.	You and your baby know best. You provide the food, let your baby choose how much to eat.
Offer 5 fruits and vegetables a day.	It takes 5 to be alive. Offer 5 fruits and vegetables a day.	Your baby deserves the best foods possible. Offer 5 fruits and vegetables a day.
Give your child whole milk until age two.	Boost your baby's brain power. Give your child whole milk until age two.	Give your baby's brain Extra smarts. Have your child drink whole milk until age two. OR Give your baby's brain an advantage.
Offer cheese, cereal and fruit for snacks.	Say cheese. Say cereal and fruits for snack time too.	Watch your baby grow and glow. Offer cheese, cereal and fruit for snacks.
Cut foods into pieces smaller than a dime to prevent choking.	Every little bit matters. Cut foods into little bits to prevent choking.	Your baby needs you to feel safe. Make sure foods are cut into pieces smaller than a dime.
Eat meals together and talk.	Make meals memorable. Take time to eat together and talk.	Celebrate your life together. Take time to eat together and talk.

Pam McCarthy and Associates, January 2001

EATING PATTERN MESSAGES FOR MOTHERS OF CHILDREN AGE 2 TO 5

STANDARD	CLEVER	EMOTIONAL
Offer 1% and 2% milk.	Give your child more with less. More nutrition/less fat. Offer 1% or 2% milk to drink.	Pour good health into your child. Offer 1% and 2% milk to drink.
Let your child decide how much food to eat.	How much food should your baby eat? You provide, your baby decides.	You and your baby know best. You provide the food, let your baby choose how much to eat.
Offer 5 fruits and vegetables a day.	It takes 5 to be alive. Offer 5 fruits and vegetables a day.	Your baby deserves the best foods possible. Offer 5 fruits and vegetables a day.
Offer cheese, cereal and fruit for snacks.	Say cheese. Say cereal and fruits for snack time too.	Watch your baby grow and glow. Offer cheese, cereal and fruit for snacks.
Cut foods into pieces smaller than a dime to prevent choking.	Every little bit matters. Cut foods into little bits to prevent choking.	Your baby needs you to feel safe. Make sure foods are cut into pieces smaller than a dime.
Encourage physical activity throughout the day.	Get fresh.... air. Take a walk every day with your kids.	Give the gift of health. Take time to take a walk with you child.
Eat meals together and talk.	Make meals memorable. Take time to eat together and talk.	Celebrate your life together. Take time to eat together and talk.

Pam McCarthy and Associates, January 2001

EATING PATTERN MESSAGES FOR BREASTFEEDING MOMS

STANDARD	CLEVER	EMOTIONAL
Have 3 servings of milk, yogurt or cheese every day.	<i>Get milk!</i> Or yogurt or cheese. Eat 3 servings a day.	Make your baby strong. Choose milk, yogurt or cheese 3 times a day.
Eat 5 fruits and vegetables each day.	It takes 5 to be alive. Offer 5 fruits and vegetables every day.	Your baby deserves the best foods possible. Eat 5 fruits and vegetables a day.
Drink 8 cups of water each day.	Water yourself. Drink 8 cups of water every day.	It's energy in a glass. Drink 8 cups of water every day.
Every day, take a vitamin supplement that contains folic acid.	Good things come in little packages. Take a vitamin pill that contains folic acid every day.	Make a big difference in your baby's health. Take a vitamin pill with folic acid in it. OR Contribute to your baby's health. OR Have a healthy baby.
Walk a total of 30 minutes a day.	Get energized. Put some miles on those shoes. Walk a half an hour every day.	Feel good – feel in control. You will if you walk a half an hour every day.
Do not drink alcohol, smoke or do drugs.	Get addicted to love. Ditch the drugs, alcohol and smoking.	For the greatest love of all – Stay away from drugs, alcohol and smoking. OR Pledge your love...

Pam McCarthy and Associates, January 2001

EATING PATTERN MESSAGES FOR MOMS WHO CHOOSE NOT TO BREASTFEED

STANDARD	CLEVER	EMOTIONAL
Eat 5 fruits and vegetables each day.	Give yourself 5 – Eat five fruits and vegetables every day.	Your baby is counting on you. Eat 5 fruits and vegetables a day.
Have 3 servings of milk, yogurt or cheese every day.	<i>Get milk!</i> Or yogurt or cheese. Eat 3 servings a day.	Make your baby strong. Choose milk, yogurt or cheese 3 times a day.
Every day, take a vitamin supplement that contains folic acid.	Good things come in little packages. Take a vitamin pill that contains folic acid every day.	Make a big difference in your baby's health. Take a vitamin pill with folic acid in it. OR Contribute to your baby's health. OR Have a healthy baby.
Walk a total of 30 minutes a day.	Get energized. Put some miles on those shoes. Walk a half an hour every day.	Feel good – feel in control. You will if you walk a half an hour every day.
If you bottle feed, hold your baby during feeding.	Snuggle in for a little together time. Hold your baby while he or she takes a bottle.	It's paradise. Cuddle your baby while he or she takes a bottle. OR Feel your baby's love.

Pam McCarthy and Associates, January 2001

Activities

“Only dead fish swim with the stream”

ACTIVITY 1:

1. Read the following statements and decide if you think they are true or false.
 - ... Health is the primary reason why clients make changes in their lives.
 - ... Straightforward messages are most effective in communicating health-related information to clients.
 - ... Facts are effective in convincing clients to make changes in their lives.
2. Ask participants to share their responses and state why they think each is true or false.
3. Discuss as a group if our actions as health educators suggest that the statement is true or false.

Example:

- ... Do health educators usually or always give health reasons for making food-related changes? Breastfeeding recommendations? If health isn't a primary reason for making life changes, why do we highlight health?
- ... Do health educators usually or always provide straightforward messages? If we don't feel that's effective, why do we do it?
- ... Do health educators usually or always provide facts to convince their clients to make changes in their lives? If facts aren't effective, why do we do it?

“To paraphrase the Hallmark greeting card commercial, do we educators ‘care enough to do the very best’ or are we bound by convention, culture, and professional indoctrination to proceed in our ineffectual ways?”

Annals of Internal Medicine
Vol 134 Num 2

“People don’t want fertilizer. They want green lawns”

ACTIVITY 2:

1. Think back to an action or change you have made in your life. It can be any action—buying a car, deciding to walk everyday, or choosing a movie. Tell the group—or the person sitting next to you—what action you took and why you took it. Dig deep and share the REAL reason for the action, not just the logical, rational reason. Which reason was the most important?

2. Can’t think of an action or change you’ve made? Consider what each of the following successful companies are selling:

> McDonald’s: Are they selling hamburgers OR fun, family values and togetherness?

> Volvo: Are they selling a car OR family security?

> DeBeers diamonds: Are they selling diamond rings OR romantic, loving and caring relationships?

> WIC: Is WIC selling nutrition education and nutritious foods OR

(Fill in the blank—what do WIC clients really value? Examples: Being recognized for being a great mom? Doing “right” by their child? Being in control of their life? Starting over and giving their child the best start in life?)

“The need for change bull-dozed a road down the center of my mind.”
Maya Angelou

References

- Book: *Marketing Straight to the Heart: From Product to Positioning to Advertising—How Smart Companies Use the Power of Emotion to Win Loyal Customers*
Barry Feig. 1997 American Management Association
- Article: David, D and Greer, D. “Social Marketing: Application to Medical Education.”
American Society of Internal Medicine, Jan 16, 2001. Volume 134: 2. Page 125-127.
- Website: <http://www.vahealth.org/wic>.
(Click on “Operation Big Ears.”) Gives the survey and focus group results of our project in Virginia with WIC moms related to emotional messages, innovative nutrition education approaches and customer service issues.

Notes

Arkansas Rest Stop

Traveling **Arkansas** can be an experience of pleasure, wonder and beauty. The state is very diverse with history, culture, art, camping, fishing and much more. The people are friendly and as colorful as the seasonal changes. You can take a vacation here year round. The hometown relaxed atmosphere and variety of scenery provides the traveler many opportunities to “take a day off and rest for health.”

It is our pleasure to bring you a little taste of Arkansas, both in sights and sounds. Enjoy your trip with us. We look forward to having you come and visit the State and the State Health Department. For your own Vacation Planning Kit for Arkansas, visit their web site at http://www.arkansas.com/vacation_kit/default.asp or <http://www.arkansasstateparks.com>

WIC Program:

The Arkansas Department of Health lives up to its slogan “Keeping Your Hometown Healthy” by providing many services at the local level through a statewide network of 132 local health units and satellite clinics. Health services include family planning, child health, maternity, immunizations and WIC. WIC nutrition assessment for certification is done primarily by nurses. Registered dietitians provide high risk nutrition counseling. Home economists, and in some clinics health educators, WIC Specialists and Extension nutrition paraprofessionals provide nutrition education.



Arkansas Speaker

Buddy Lyle

Buddy is the Graduate Coordinator for the Department of Vocational and Adult Education at the University of Arkansas. His Doctorate, from Texas A&M, is in the area of Adult and Extension Education. Lyle has worked in adult education since 1965. His experience includes working in adult education at the local, state, and university levels. He has been a presenter at numerous state, national and international conferences and workshops. Lyle's current areas of research include Economic, Social, and Personal Impact of Adult Basic Education programs in Arkansas, and on the need for educational programs for incarcerated women. Although much of his time is devoted to administrative tasks, he feels that his most important, and most self-fulfilling activity is working with students both in the classroom and individually.

Objectives

After participating in this session on Adult Learning, the participant will be able to:

1. identify and explain some common barriers to the adult as a learner.
2. describe an environment where learning may be maximized.

Presentation

1

THE ADULT LEARNER

Presented by Buddy Lyle, Ed.D.
Department of Vocational and Adult Education
University of Arkansas

2

Adults learn more and better if they are active learners

2.5

First Find Your Partner(s)

Instructions

Get together with one or two people you would like to partner with for the different activities during this session.

3

“The person who grabs the cat by the tail learns about 44% faster than the one just watching.”
— Mark Twain

4

Roles of the Teacher/Facilitator

1. Remove barriers to learning
2. Create an environment where learning can be maximized

5

MAJOR TOPICS

1. Knowledge of the Adult as a Learner
2. Principles and Conditions that Maximize Learning
3. Teaching/Content/Learning
4. Knowledge of Self
5. Helper Behavior

6

Activity One

Write one thing you would like to cover in this session

7

Topic 1

The Adult as a Learner
may be threatened by learning situation
may not trust ability to learn
brings a body of experience to learning situation
learns naturally in every day settings

8

As Adults age, physical limitations may influence learning.

9

With Increasing Age
Hearing reaches its peak somewhere by 14 years, then declines
Vision is at its best through early twenties.
Reaction time increases (react slowly)
Rate of speech slows down

10

Activity Two

Responding to physical limitations to learning

11

- > Doesn't hear well
- > Doesn't see well
- > Reacts slowly
- > Speaks slowly

12

Topic 2

Principles and Conditions that Maximize Learning

13

Barrier to Learning

If the learning situation threatens the Adult learner

14

Activity Three

Reducing barriers to learning

When the adult learner is threatened by the learning situation, what can you do to reduce this as a barrier to learning?

15

Examples

Make learner feel welcome

Immediately say what will be covered

Find out their expectations

Give encouragement and positive feedback

16

Not,

“Here is what you are doing wrong.”

But,

“You do these things very well. Here are some ways to improve in other areas.”

17

Activity Three

Reducing barriers to learning, continued

If the adult learner does not trust their ability to learn, what can the facilitator of learning do to lessen or remove this barrier?

18

Examples

Provide an early opportunity for success

Give immediate and positive feedback

19

Topic 3

Teaching

Content

Learning

20

Teaching

21

An Act Which Has Five Elements
The Teacher
The Learner
And The Content
Interrelating In An Environment
And In A Particular Time Period

22

“FACTS OF LIFE”
R. Felder, North Carolina State Univ

23

#1 How Much A Student Learns Is Determined By:

24

Natural Ability
Background
The Match Between Learning And Teaching Styles

25

#2 You Can't Do Anything About Natural Ability, Background, Or Learning Style

26

#3 Conclusion
An Instructor Has Only One Variable Under Control
Teaching Style

27

Teaching Style

28

a set of identifiable classroom behaviors, which are consistent, though the content may change Conti/Welborn

29

It is how you present yourself and the content to the learner.

30

Activity Four

Review Reflection

31

1. Fill in the blank:

Adults learn more and better if they are _____ learners.

32

2. Fill in the blanks

Facilitators of adult learning should try to accomplish two important goals.

> Remove _____ to learning.

> Create an _____ where learning can be maximized.

33

3. If the adult learner is threatened by the learning situation, what is one thing that the teacher can do at the first meeting with the learner, to lessen this threat?

34

4. T or F:

Physiological changes as the adult learner ages may have implications for how the teacher will teach.

35

5. List two potential barriers that may need to be addressed before learning can be maximized.

36

6. T or F:

In creating an environment where learning may occur, the teacher must give consideration to the physical as well as the social and psychological environments.

37

7. How much a student learns is determined by natural ability, background, learning style, your teaching style. The teacher will have control over which of these variables?

38

8. Why is pre-assessment important to teachers of adult learners?

39

9. Give one suggestion for selecting appropriate materials for the adult learner.

40

10. In a teacher/learner interaction, who has greater control over how much learning will occur?

41

Responses

1. Adults learn more and better if they are *active* learners.

42

2. Facilitators of adult learning should try to accomplish two important goals:
Remove *barriers* to learning.
Create an *environment* where learning can be maximized.

43

3. If the adult learner is threatened by the learning situation, what is one thing that the teacher can do at the first meeting with the learner to lessen this threat?
Answers may vary. Warm greeting; positive feedback; etc

44

4. Physiological changes as the adult ages may have implications for how the teacher will teach the adult learner. True

45

5. List two potential barriers that may need to be addressed before learning can be maximized.
Answers will vary. students self concept; fear of the classroom; belief that they cannot learn; etc

46

6. In creating an environment where learning may occur, the teacher must give consideration to the physical as well as the social and psychological environments. True

47

7. How much a student learns is determined by his/her natural ability, background, learning style, and your teaching style. The teacher has more control over which of these variables.

Teaching Style

48

8. Why is some means of pre-assessment important to the teacher of adult learners.

Answers will vary. This will allow the teacher to gain valuable information about the individual learner; aids in using appropriate materials; etc.

49

9. Give one suggestion for selecting appropriate materials for the adult learner.

Answers will vary. check readability; select materials oriented to mature learners; etc.

50

10. In a teacher/learner interaction, who has greater control over how much learning will occur. *Learner!!!*

51

Topic 4

Knowledge of Self

52

Activity Five

Characteristics of Exemplary Teachers

List three characteristics of teachers you consider important.

Discuss these with your partner(s).

53

Exemplary Instructors of Adult Learners

....Jerold W. Apps

54

Are more concerned about learners than things and events
Know their subject matter
Are confident instructors
Are open to a variety of teaching approaches
Create a positive atmosphere for learning

55

Topic 5
Helper Behavior

56

a facilitator and leader
positive rather than negative
patient
gives learner a reason to come back
enthusiastic and creative

57

THANK YOU FOR YOUR PARTICIPATION!!!
And good luck as you do your important work with Adult Learners

Activities

ACTIVITY ONE: What I Want To Cover

Instructions

Write down one thing that you would like to cover in this session, for example, a problem or an observation you've experienced with adult learners. We will come back to this later.

I want to cover:

ACTIVITY TWO: Responding to physical limitations to learning

Background about the physical limitations that may influence learning

1. Auditory acuity reaches its maximum peak somewhere between the ages of 10 – 14 years. Thereafter, a general progressive decline is noted with increasing age.
2. Visual acuity is at its best somewhere between the middle teens and early twenties.
3. With increasing age, the reaction time increases.
4. With increasing age, the rate of speech tends to slow down

Instructions

For each of the following limitations work with your partners to come up with one solution that you as teachers can do to accommodate the learner who:

doesn't hear well:

doesn't see well:

reacts slowly:

speaks slowly:

Name a barrier to learning that an adult learner at a WIC clinic may experience and how you can help reduce it or even overcome it.

ACTIVITY THREE: Removing barriers to learning

Instructions

Work with your partner(s) to come up with three ways that we, as facilitators of learning, can lessen the two barriers to learning listed below.

A. The adult learner is threatened by the learning situation.

1.

2.

3.

B. The adult learner does not trust his/her ability to learn.

1.

2.

3.

ACTIVITY FOUR: REVIEW/REFLECT

Instructions

This page has spaces for 10 items that require brief responses. As I give you each item work with your partner(s) and record your responses. When we have completed the ten items, we will review them.

1. Fill in the blank: _____

2. Fill in the blanks:

a. _____.

b. _____.

3.

4. T or F

5.

6. T or F

7.

8.

9.

10.

Activity Five: Important Characteristics Of Teachers

Instructions

List three characteristics of teachers you consider important then discuss them with your partner(s).

References

- Apps, J. W. (1991). *Mastering the teaching of adults*.
Malabar, F.L., Krieger Merriam, S. B. (1991). *Learning in adulthood*.
San Francisco; Jossey-Bass.

Notes

New Mexico Rest Stop

New Mexico is the Land of Enchantment. Here you will find amazing beauty, ancient cultures, outdoor recreation, delicious multi-cultural cuisine, and warm hospitality. The landscape is rich with diversity from mountains to desert to lakes and forests. You will also find spectacular canyons and of course the Rio Grande River which runs right through the center of this beautiful state. From springs to lava flows to rock formations in various mysterious shapes, New Mexico's landscape is all-encompassing.

WIC Program

The New Mexico WIC Program provides services to 54,460 women, infants and children through a quality leadership process. The development and implementation of facilitated nutrition education has been one of this program's greatest accomplishments. It was developed by local, district and state level staff and we are currently working on incorporating feeding relationships into this program. The New Mexico WIC Program has trained 21 states across the country on facilitated nutrition education. Other New Mexico WIC Program highlights include: WIC EBT smartcard project, WIC Santa Fe Community College Nutrition Grant, Vista Volunteers, and the Colonias Project which provides services to WIC clients along the Mexico-New Mexico border.

The New Mexico WIC Program is delighted to be a part of the Southwest Region Nutrition Education Teleconference.



New Mexico Speakers

Mary E. Meyer, M.P.A., R.D.

Mary has been working with the New Mexico WIC program for 16 years. Currently, she is the Nutrition Program Manager in District I, serving Albuquerque and the surrounding counties. She is very involved in innovative hands-on nutrition education and working within the community to take nutrition education beyond the WIC classroom.

Jeanne Gallegos, M.S., L.M.T.

Jeanne is the director of one of the largest contract agencies in New Mexico. She has been with the WIC program for 9 years and was instrumental in the development of Facilitated Nutrition Education and has presented this program to many state WIC Programs. She is very committed to improving nutrition education across the country.

Jennifer Maestas, B.S.

Jennifer supervises the WIC clinics in the northern part of the state. She has also spent many years working in WIC clinics. Jennifer's specialty is nutrition education and training.

Deanna Torres, M.P.A.

Deanna is the State Nutrition Coordinator. She coordinated the development of facilitated nutrition education and has trained 21 states across the country on facilitated nutrition education. Deanna has worked for the WIC Program for 15 years and is part of the Southwest Region Nutrition Services Program Integrity workgroup.

Presentation

1

Social Marketing: First Step
Name the Problem

2

Second Step
People Research

3

Key Questions
1. What benefits do people get from what they are doing now?

4

Key Questions
2. What do they dislike about the way they do things now?

5

Key Questions
3. What barriers do they see in changing?

6

Key Questions
4. What benefits would they enjoy about doing this differently?

7

Key Question
5. Who would they believe most about changing this aspect?

8

Third Step
Plan a Program

9

Fourth Step
Test the Plan

10

Fifth Step
Go full scale.

11

Sixth Step
Monitor Responses

12

Seventh Step
Keep at it.

13

Social Marketing
Name the Problem
People Research
Plan a Program
Test the Plan
Go Full Scale
Monitor Responses
Keep at it.

14

Suggestions for how to Use Principles

15

Build group from within.

16

Ground rules.

17

Icebreaker

18

Ask open-ended questions.

19

Focus the discussion.

20

Encourage participation.

21

Active listening.

22

Handling erroneous information.

23

Validate client's contribution.

24

Have fun.

25

Summary

26

Questions?

Social Marketing

Social Marketing is a program planning process that promotes voluntary behavior change based on:

- offering benefits people want
- reducing barriers people face; and
- using persuasion, not just information

The basic idea is that people are pretty smart. Even people who seem to be doing foolish things like smoking a cigarette, avoiding exercise, forgetting to take their medicine, or not using valuable, free health care services, have their reasons for doing these things. Unless we understand their reasons, we are not going to help them make better choices.

Social Marketing is management process so it has several basic steps.

Step 1.

Identify the problem in terms of behavior. What is it people are not doing that is in their best interest? Usually this is just a broad statement like “People are not using our services”...”People don’t take their medicine”..etc.

Step 2.

People Research. Depending on time and money research can be quick and dirty or serious and comprehensive. Like most things in life you get what you pay for. But the key is to answer several basic questions: What benefits do people get from what they are doing now (the thing we want to change)? What is it they dislike about what they are doing now? What barriers do they see in adopting our new approach (is it strange, is it difficult to do, do their friends and family think they ought to do this?) What would it take for them to continue doing it?

Good people research should combine observation, conversations and interviews.

There are many fancy and proven ways to do this.

Step 3.

Plan a program that gives people benefits they want in return for doing what we think is best for them. This almost always means that information alone is not enough. Using social marketing approach help improves the planning process of an existing program and informs people about the improvements persuasively.

Step 4.

Pilot the program on a small scale and fix your mistakes.

Step 5.

Implement the program. Put the revised plan into action.

Step 6.

Evaluate the program that really matter. Be honest with yourself about what is not working and make the adjustments.

Step 7.

Keep at it, but make changes to keep it fresh an exciting. Meet the changing needs of your constituency-people are always a moving target.

Social Marketing: The ESP of Behavior Change

Ultimately, social marketing is about behavior change – or about supporting a good behavior that is already in place. But what’s different about social marketing? Social Marketing has “ESP.”

E is for Exchange.

The problem is not what to “tell” people, but what to offer people in order for them to want to change. Exchange leads program planners to look for new services, easier, access, as well as clearer and more appealing messages.

S is for Segmentation.

People are different in many ways. Some people value camaraderie and community; others are individual competitors who enjoy personal victory. Segmentation is a way to find out what differences matter for a particular behavior. After segmenting, people with similar attitudes about the barriers and benefits can be grouped.

P is for Persuasion.

Persuasion ties into the heart as well as the head. It amuses and entertains as well as educates and informs. Persuasion is memorable and it reaches out to where people live.

Example #1.

Social Marketing helps immunize children by making services and information more mother-friendly. We were working with mothers of children under five who were not getting their children immunized. We thought these mothers cared most about “health” and did not know about immunization. But our consumers research showed that mothers did not know when to come back and cared more about the hassles they faced in getting an immunization. Mothers had long waits at health care centers, under poor conditions. Many mothers believed a child under 2 was too weak to get a shot. We also found health workers were demoralized and talked very little to mothers. We “segmented” mothers in to two groups – working women near health centers and rural woman far from health centers. We also targeted the demoralized nurses. We had three tracks program (rural mothers, urban mothers, and health workers). For the mothers we introduced a “Crystal Bell” radio campaign to remind all mothers when to come back for their second and third shot. We used TV to thank the nurses for their work publicly but more importantly changed the rules so that it was easier for them to immunize children. Immunization coverage increased by 30% in one year.

Example #2.

Social Marketing identifies unlikely targets of opportunity for recycling behavior. Some behavior change means changing a routine ordinary behavior. Where do I throw my plastic cup when I am in a public park? Using social marketing we did a study at the foot of the Lincoln Memorial in Washington DC where the Park Service had installed beautiful educational signage and designated recycling bins. The soda cups were clearly labeled. We recorded people’s behavior for four hours on two separate days. The results were amazing. The signage was rarely looked at even though it was prominently displayed and very attractive. There were so many different kinds of garbage bins that people could not figure out where to put the cups and the cups went unrecycled. The marketing research also identified an unanticipated target of opportunity.

In addition to simplifying the kinds of receptacles, the concession stand vendors were great salespeople for recycling. They could easily remind visitors as they handed them their soda cups

to “please help us recycling these cups in the yellow containers you will find almost everywhere... Thank you for helping the Park Service.”

FACILITATING WIC DISCUSSION GROUPS

Guidelines, Concepts And Techniques Which Encourage Clients To Participate In WIC Nutrition Education Discussions

Providing discussion sessions for WIC participants is an attempt to provide them with a more meaningful nutrition education experience that involves interactive learning. As the WIC Nutritionist or paraprofessional, you will be the facilitator and moderate a group conversation style discussion.

The WIC participants take on an active role in this learning process by letting you know what information they need at this stage of their life (or their childrens’), and by sharing with you and other members of the group what they have experienced. Learning becomes more effective when they learn from each other as well as from the information you can share with them, especially since it is information relevant to their needs. Sessions will vary in content and style, depending on the session objective(s), the specific topics that the participants bring up, and personalities of the participants involved.

Here are some specific guidelines and techniques to help your facilitation of WIC Discussion Groups:

Build Your Group From Within.

Assure the members that this is their group, and that it will be structured to fit their needs and concerns.

Establish Group Norms or “Ground Rules.”

For example, set the time, agenda and length of sessions; establish rules on confidentiality and sharing of group responsibilities; and clarify procedural issues, especially listening to others and respecting ideas or comments of others. Allow the group to establish its own norms, which need to be acceptable to all members of the group.

Begin Each Session with an Icebreaker.

This is not a rigid rule, but often useful in many groups. For example, you could use an “icebreaker” where every member of the group shares—perhaps a brief statement of who you are, the child’s name and age, any special needs of the child, and anything new that has happened over the last month. The main objective is to help participants feel comfortable and safe in expressing their concerns.

Delivering the Opening Question.

Silence and hesitancy are normal in the early stages of a discussion. Before or after delivering your first open-ended question (see below), you can prepare the group for this usual period of silence by telling them it’s okay to take a moment to think of their response. If the silence continues past what you would consider to be normal, you can ask or guess aloud about what it may mean. Also, you can voice the fact that “it’s sometimes hard to be the first to respond,” or pick someone you know will be comfortable answering the question.

Ask Open-Ended Questions.

This is a skill that gets people involved in describing their own experiences as they relate to the session objective(s). A conversation should then develop that flow naturally and spontaneously. Asking open-ended questions is the most direct way to find out what is that particular WIC participants need to talk about. These questions must be worded so that people do not feel they are being interrogated, yet should enable you to find out important and specific information.

An open-ended question is one that cannot be answered by a “yes” or “no” which would only give you only minimum of information and close the conversation. There are no right or wrong answers to open-ended questions. Open-ended questions require more informative answers and are the same questions a good news reporter asks: Who, What, When, Where, Why, How, How Much, How Often.

In asking open-ended questions, you must take care not to pose too many questions in sequence which can make people feel they are being interrogated. If you set up a friendly atmosphere from the beginning, this will encourage participants to talk on a conversational level rather than just answering a series of questions. Also, balance your use of open-ended questions with the other facilitating skills such as clarifying or focusing.

Guide the Discussion.

To facilitate means to allow things to happen and make them easy. The facilitator is moderator, allowing others to speak and then bring topics to a conclusion. At the same time, you must stay in control of the discussion and avoid it becoming a “free for all.” If that happens, the quieter people will not have the opportunity to be heard, and no one will learn anything. Here are some specific points to bear in mind when guiding the discussion:

Guide the discussion by suggesting topics to be discussed, so that it doesn't lose momentum, and keep the topic focused on the session's objective(s).

Actively encourage participants to give more information and better define their situations, as well as focus on specific concerns. The conversation will need to be “directed” in order to better pinpoint issues and feelings on which the participants would like to concentrate.

Recognize fears, prejudices, and disagreements, and bring them out into the open.

Look for feedback – yawns, stretching and other feedback, which indicates whether or not people are listening.

Avoid letting group members monopolize “air time.” To someone dominating the discussion, you can say “your points are really interesting, but we also need to discuss some other issues. Why don't you catch me after the session, or call me tomorrow, and we can talk some more” – or however you can say this with out embarrassing the person.

Avoid strong agreement or disagreements over a subject that leaves the impression that there's no sense discussing it.

Find ways to limit continual complaining or blaming of others.

Encourage Participation.

Ways to reinforce the importance of each participant's contribution and encourage him or her to take part are:

Focus on the person who is speaking; pay close attention to her (or him).

If someone speaks too softly, repeat their question and/or comments to the group before replying.

Give positive reinforcement and feedback to every person who speaks; a nod of the head or word of praise will encourage that person to speak again.

Watch for non-verbal signs that may indicate someone else's desire to respond or ask a question.

Use words that are familiar to everyone; avoid technical or medical terms.

Check the seating arrangement to make sure the circle will include everyone.

Focus On Topics.

Focusing emphasizes a particular subject that you think would be helpful to the group to explore (or rather, the group has made it obvious to you that they want it to be further explored). Commonly, a specific topic (or topic area) repeatedly surfaces in the flow of the conversation, in which case it may seem natural to further discuss and clarify it. This may happen spontaneously, or as the facilitator, you may need to ask more open-ended questions relating to the specific issue. The purpose of focusing the conversation in this case would be to help everyone better understand then further express their feelings about an issue that they have shown is relevant to them.

Another reason to focus the discussion would be to help make sense of conversation that has ended up rambling, jumping from topic to topic without any sense of clarification, or has become unrelated to the session's objective(s). When the conversation seems to have confused both yourself and the participants, it is time to get things back in focus. To do this, you could select one particular point to repeat or condense a number of points into a selective summary in order to concentrate on how the participants are feeling, how their babies or children have been acting, etc.

Focus On Feelings.

Place primary emphasis on the feelings or experiences of each group member. Avoid debating ideas; this is a place for support and information sharing.

Practice Active Listening.

Some people tend to speak more than listen. Listening is a technique that can be developed beyond the everyday practice we are all familiar with. It means that you must be silent and allow the participants to talk. We are all guilty of sometimes listening with half an ear to the speaker while busily figuring out what to say next, or how to change the subject to something we would rather talk about.

However, in order to help someone, you must listen carefully to what they are saying and avoid the temptation to intervene with your own thoughts and interests. Many times someone has mixed feelings or several concerns, and may need more time to talk before you can be sure of how they really feel. Listening skills can give you this time. Encourage group members to listen to and understand what other group members are saying.

Clarify.

This simply means making a point clear. To do this, you will first need to use your listening skills to help gather enough information about what a person has said to clearly understand their message and to restate what you heard. This involves becoming an “active” listener, encouraging people to respond to your interpretation of their statements and then showing acceptance of what they have said.

Stay With the Speaker.

When one person is speaking, stay with that person until they are finished, rather than allowing other members to interrupt or take the floor. Discourage side conversations.

Accept People as They Are.

Effective learning and comfortable communication can only occur when there is an atmosphere of acceptance. The point here is to learn to accept and respect someone’s feelings without necessarily agreeing with their point of view. Respond to the feelings that are behind the comments being made; realize that you don’t have to “teach” something, but are here to listen to, talk with and learn something the participants and their experiences.

Dealing With Strong Feelings, Doubts and Disagreements.

Effective learning and comfortable communication can only occur when there is an atmosphere of acceptance. The trick here is to learn to accept and respect someone’s feelings without necessarily agreeing with their point of view. Respond to the feelings that are behind the comments being made; realize that you don’t always have to “teach” something, but are here to listen to, talk with and learn something from the participants and their experiences.

Dealing With Erroneous Information.

When someone’s input to the group discussion includes incorrect information, you can make a statement that emphasizes the worth of their experience and your respect for their decision, whether you agree with it or not. Some possible responses, which avoid embarrassing the person, are:

“I’m very glad that worked for you. Other people have found that _____ worked better for them.”

“I’m very glad that worked for you, but all the references we’ve seen do not recommend it”.

“I’m glad you brought that up. That used to be what was generally recommended, but new research has found that...”

You've brought up a really interesting issue. Let's look it up in _____ and see what they say about that.

"That's too bad. What could you have done differently if you had all the information we have talked about today?"

Summarize the Discussion.

As much as possible, bring ideas together, highlight certain conversations or repeat relevant points, and complete one topic before going on to another. Some groups find it helpful to end the session with each participant sharing what the session has meant to them, and what they learned or discovered during the session. This way, the group can see that their input and shared experiences helped everyone to learn something. It can be particularly valuable for them to realize that they even helped you, the facilitator, learn something new!

Assist Members in Gaining Resources.

Provide sources of additional information such as pamphlets, videos, or by referral.

Above All – Have Fun!

Remember that it takes time for a group to grow and develop trust. Be patient and never define success by the number of people attending the session. Enjoy yourself and the group members, and encourage them to do the same.

Notes

New Mexico Tribal Rest Stop

There are seven WIC Programs administered by New Mexico Tribes. Most of these tribal programs are located along the Rio Grande corridor through Northern and Central New Mexico except for Zuni, which is located in west central New Mexico along the Arizona border. These ITO WIC Programs provide culturally specific WIC services to members of nineteen Indian tribes on their native lands. The mostly Native directors of these ITOs often collaborate in designing nutrition education materials which meet the needs of their unique Pueblo populations.

ACL WIC Program
Director: LaRue Medina
Caseload: 532

San Felipe WIC Program
Director: Mary Lucero
Caseload: 334

8 Northern Indian Pueblos Council Inc
Director: Betty Atencio
Caseload: 439

Santo Domingo WIC Program
Director: Rita Pacheco
Caseload: 280

Five Sandoval WIC Program
Director: Carol Rose
Caseload: 300

Zuni WIC Program
Director: Ruby Wolf
Caseload: 810

Isleta WIC Program
Director: Mary Dominguez
Caseload: 825

WIC Program

The Pueblo of Zuni WIC Program is involved in collaborations with agencies throughout the community who serve an overlapping population of families with young children. In Zuni, the extended family traditionally shares the same home. Featured are events involving Head Start, Senior Citizen, Child Care providers and WIC mothers and children participating in activities promoted by the Zuni WIC Program.



New Mexico ITO Speaker

Tim Gard

Tim Gard, CSP is a nationally recognized humorist and authority on stress reduction through humor. During the last decade, Tim has delivered his entertaining and informative lectures before federal, state, county, civic and professional groups attending conferences both nationally and internationally. He has written several articles on stress reduction through humor, his seminars have been televised in several states and he has been a guest on TV talk shows.

While working with the Montana Department of Social and Rehabilitation Services, he began to develop training to help fellow eligibility workers deal with stress, burnout and compassion fatigue inherent to their jobs.

He discovered in those early training sessions that sharing his own good humor and enabling the group to develop a Comic Vision of their own proved to be a very natural, effective and fun way for people to deal with, and even avoid, the sometimes intense personal and professional stress encountered every day. Tim's audiences quickly discovered that using his methods at work and at home enabled them to use humor as a skill.

Tim subsequently moved from Montana to join the staff of USDA's office of the Food and Nutrition Service in Denver, Colorado. While with FNS, he continued to lecture and consult at local and national conferences. In February, 1994, Tim resigned from the federal government to devote all of his time to seminars and training.

Today, Tim is a highly-sought-after speaker both inside and out of the human services field. He has a down-to-earth style and easy manner that results in a quick rapport with his audiences. Tim continues to concentrate on imparting very relevant information in a highly humorous format. Whether he is helping a group develop a Comic Vision or build a strong team through humor and juggling, the audience should be prepared for a fun, informative and fast-paced session.

Tim is a Navy veteran who served tours in San Francisco and aboard the U.S. aircraft carrier Midway based in Japan. He majored in communications at Flathead Valley Community College and Montana State University in Bozeman.

Objectives

1. Learn about the physical and emotional benefits of laughter.
2. Ways to “Step Away” to renew yourself quickly and easily throughout the day.
3. How to use humor without telling jokes.
4. Techniques for using ordinary things in extraordinary, fun ways.
5. Skills to insulate yourself from stress and toxic people.

Handouts

Introduction:

There was a time when everyone believed our earth was flat and the sun revolved around the earth. It took leaders like Christopher Columbus to take a stand and prove everyone wrong by sticking to his convictions and taking risks.

Along the same lines, there was also a time in the working world when everyone believed if you were laughing or having fun, you weren't working. Until recently, humor had no place at work. It took leaders like Norman Cousins, C.W. Metcalf, and Patch Adams to prove "everyone" wrong again.

Especially in the last 10 years, only cave dwellers could have missed learning how humor helps people physically and psychologically. Humor is known to improve morale, self-esteem, and productivity in the workplace. There are a few "dinosaur" thinkers who still believe the earth is flat....or dispute the positive influences of humor in today's workplace. It is a leader in today's workplace that moves to the next step and works to improve their humor skills along with their business skills. Excerpt from : Motivational Leaders, Leadership: The Tao of Humor at Work, by Tim Gard.

What Is a Sense of Humor?

Humor is the ability to find something funny in your predicaments and not take yourself so seriously—a sense of humor is an attitude or a different way of looking at things. Simply put, humor is the unexpected combination of thoughts and things not normally associated with one another. It can be jokes, but it is not limited to joking; it is more often as C.W. Metcalf defines it. "Humor is the ability to laugh at ourselves and laugh not with ridicule, but the acceptance of it."

No Joke! Use Your Own Comic Vision

Hear a joke, and the laughter lasts only for the moment—discover how to use your own Comic Vision and the laughter lasts a lifetime.Tim Gard

Humor is not limited to telling jokes. In fact, in many cases at work jokes can be very inappropriate. Having a Comic Vision is choosing to see and appreciate the humor all around you. It provides a balance to the stress we encounter every day.

"We cannot always control the little irritations that occur to us and around us everyday, but we can control our perception of those irritation if we develop, use, and share our Comic Visions." Tim Gard

The Tao of Humor: 10 Steps to Enlightenment!

Step 1: Have fun.

Step 2: Identify you humor strengths. I am visual, auditory, combination. (circle one).

Step 3: Identify you humor weakness: (can't tell a joke to save your life?)

Step 4: Experiment with different humor options; use what works best for you.
Accept that you don't have to tell jokes to use humor.

Step 5: Do it first for yourself. Use humor that works for you.

Step 6: Share it with others. Teach others how to use good humor.

Step 7: Establish good humor traditions at work.

Step 8: Be a good humor leader.

Step 9: Be balanced. Discover when to use humor and when not to use it.

Step 10: Have fun.

Stress exists all around us. If you understand what stress is and know what causes your stress then you can work to lessen the situational stress factors in your life. Identify the things that cause you stress and work on them one at a time.

Humor As A Skill To Overcome Stress

Identify the stressor.
Choose a humor option.
Try other options.

"I don't teach people how to think, but I can show you how to better notice and benefit from the humor all around you...that is your Comic Vision." Tim Gard

Humor Options:

Let Stress Go: Bummers and Hoo! Hoo!'s

Every day we encounter good and bad things. The bad things I lament as "bummers" and I make a funny face when I say it or think it. The good things I celebrate by saying (or thinking) very loudly Hoo! Hoo!

Visual: Toys and smile generators
Auditory: Stories and jokes.
Mental Magic.
Baseline.
Planned Spontaneity.
Distract.
Defuse.
Exaggerate.
Office Traditions
What else?

Humor and Meetings: Use Your Comic Vision

Meetings don't have to be boring: "Once you get people laughing, they're listening, and you can tell them almost everything..." Herbert Gardner

Meetings are an excellent format for good humor traditions. Start each meeting with an “open mic” question like: “What is the funniest thing that happened to you this week.” Or “What was the best thing that happened this week?” Award a prize. Each answer is met with laughter and applause (critical point).

Serve ice cream or treats at least once a month at a meeting.

Humor and the Workplace

Humor at work Vs. Humor at home AND Inappropriate Humor Vs. Appropriate Humor

Simply choosing to bring any and all humor to work is not the way to harness humor as a work skill. Most people bring cartoons, jokes, or Internet humor to work simply because they find it funny and they want to share that laughter with others. Problems may arise when the very same items that allow one person to laugh may be offensive to others at work. Used properly, humor can have a very positive impact on morale, productivity, self-esteem, and employee job satisfaction. However, humor may also be misused causing equally negative reactions.

Absence of Malice Philosophy: “We work to establish a workplace where communication mistakes may occur, but no one ever intentionally uses humor to hurt or cause stress to another person at work.”

Humor Factors

At Home:

If a friend or family member says something we don’t like, we can simply walk away, choose to avoid that person or choose to stop seeing them socially.

At Work:

We do not always have the ability to “walk away,” avoid the person or choose to not be around them.

Do you have the right of free speech at work? The answer is yes, but we also have the responsibility for our speech and the understanding that our free speech rights do not supercede local or federal work laws.

What Is Your Screening Criteria At Work?

Should I or should I not tell that joke at work, or bring that cartoon to work? Ask yourself... “What is your screening criteria in this decision?”

Types of Humor at Work:

1. Good Humor: Good humor bonds us together. It may come from pain, but it does not cause pain or stress at work.

2. Bad Humor: Bad humor divides us from one another and causes pain or stress at work.

Good/Bad Humor Screening Factors to Consider:

When in doubt, leave it out.
Accidental audience.
Diversity.
Funny does not always equal appropriate.

Note: If you have to rationalize that it is not bad humor....it probably is.

Develop Your Humor Plan:

Talk about humor, its uses and misuses at work to create an atmosphere of “Absence of Malice” from the intentional use of bad humor.

Managers: Periodically notify employees not to post cartoons or sayings that may be offensive.

Prudent Person decision: When in doubt, leave it out.

Pick one humor option to try, see how it goes, get feedback, and then either keep it or toss it and try something else.

I will add more humor to my life by:

Tim’s T.I.P.’s for Good Humor

Timing:

This is the number one area where humor is used or misused as a skill. As with any humor, how and when the humor is used is critical to how positive or negative that humor is perceived.

Intent:

Sigmund Freud, the father of Psychoanalysis said, “Jokes are sometimes a way for the speaker to express potentially socially unacceptable information in a format where the speaker may not be held accountable for their words; i.e.”...can’t you take a joke?”

Impact:

In most complaints about humor it may not be the intent to create bad humor, but it may be the impact on those that populate our diverse workplace.

Parties Involved:

Is the humor directed at an individual or at a shared frustration? For example

Sarcasm—comes from the Greek word sarkazo—”To tear the flesh like a dog.”

When aimed at a person, sarcasm is offensive and does little to enhance interpersonal relations. However, a sarcastic remark about a mutually shared problem, object or situation may be potentially useful. It can unify a group and pull people together.

Good humor is Good Medicine.....

Laughter Trivia:

Laughter is good exercise. Laughing 100 times a day is as good a workout as 10 minutes on a rowing machine, stimulating the heart, lungs, upper body and back. Laughter stimulates the production of the alertness hormone catecholamines. These hormones in turn cause the release of endorphins in the brain. Endorphins foster a sense of relaxation and well-being and dull the perception of pain.

Happy patients respond more favorably to treatment and recover faster than do cheerless and complaining ones.

During a laugh, the throat goes into uncoordinated spasms, sending blasts of air out of the mouth at 70 miles per hour. The body starts pumping adrenaline, the heart rate increases, the brain releases endorphins and enkephalins, natural pain killers, the lungs pump out carbon dioxide, the eyes cleanse themselves with tears, and muscles relax and lose their tenseness.
— Orlando Sentinel

Hearty laughter causes full action of the diaphragm, the main muscle of respiration, situated between the chest and the abdomen. The whole cardiovascular system benefits from robust laughter because the deep respiration that accompanies it increases the oxygen in the blood six fold...laughter exercises the lungs and stimulates the circulatory system.

Dr. Marvin E. Herring adds, "The diaphragm, thorax, abdomen, heart, lungs, and even the liver are given a massage during the hearty laugh."

Definition Endorphin

En-dor-phin (en dor fin) n. Any of a group of peptides occurring in the brain and other tissues of vertebrates, and resembling opiates, that react with the brain's opiate receptors to raise the pain threshold.

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Notes

Exit

We've come to the end of this part of our journey. And now comes the important part. We hope you'll take the information and "tools" you've collected back to your clinics and begin to use them.

For some of you, that means asking new questions of clients to see where they are in their stages of change. It also means looking at yourself to see where you are in the change process and determining how to move yourself along to the next step as you try new nutrition education teaching techniques.

For others, it means helping clients feel motivated to try new behaviors by setting small, achievable tasks. You may go back and try to eliminate barriers to learning for those adult learners who are threatened by the learning process or do not trust their ability to change. You may want to try facilitated discussion and involve even shy clients in the learning process or use nutrition messages based on feelings, not just facts. Whatever you try, you should constantly evaluate and re-evaluate your effectiveness and make revisions when you need to and share this information and these "tools" with other WIC staff members.

Some of you may want to participate in the follow up studies done by the University of Nevada-Reno staff as they evaluate the data collected today and plan activities for the coming year based on that data. This group of volunteers will be instrumental in determining what works best for WIC communities when delivering the nutrition education message.

So even though this part of the journey is complete, the road to learning is ongoing. For some of you, it's a West Texas dirt road. For others, it's a Louisiana country road with a lot of twists and turns. Or it could be a trail through the Arkansas pine trees, a New Mexico highway with a breath-taking vista, an interstate highway in Oklahoma, or a path through a field of wild-flowers in the Chickasaw Nation or Zuni pueblo. It doesn't matter what shape the road takes. The fun is in the trip.

Don't put your bag in the closet. Keep it out and ready for the next adventure "On the Road to Excellence."

