Beyond Nutrition Counseling: Reframing the Battle Against Obesity

Discussion Guide

Version 1.01
September 2002

Table of Contents

	PAGE
Table of Contents	2
Purpose of Discussion Guide	3
SECTION 1. Discussion Guide	
1.1 General Overview of Video	4
1.2 Video Development	4
1.3 Facilitated Group Discussion	5
1.4 Discussion Summary	8
1.5 Closing	9
SECTION 2. Evaluation Component	
2.1 Demographic Questionnaire	10
2.2 Assessment Form Time 1	10
2.3 Assessment Form Time 2	11
2.4 Assessment Form Time 3	12
TABLES	
Table 1. Summary of Barrier Oriented Themes Derived from Video	14
Table 2. Summary of Solution Oriented Themes Derived from Video	15
Table 3. Summary of non-video related barriers derived from facilitated group discussions	16
Table 4. Summary of non-video related solutions derived from facilitated group discussions	17

Purpose of Discussion Guide

The following Discussion Guide provides a basic structure for a 60-minute facilitated group discussion with the video "Beyond Nutrition Counseling: Reframing the Battle Against Obesity." The format consists of an overview of the video, showing the video (20 minutes), and conducting a FGD about the video (40 minutes) as outlined in Section I. In addition, the evaluation tools described in Section II may be used, adding an additional 15-20 minutes.

Using vignettes such as those included this discussion guide will facilitate participant's articulation of the barriers to preventing and managing obesity among children enrolled in WIC and the steps that might be taken to prevent and manage obesity among children enrolled in WIC. At the end of the session, the participants will be left with a specific list of counseling strategies (arising from the group) that could be implemented immediately and that would not necessarily require structural changes in WIC. These strategies might include examples of open-ended questions to use with clients when discussing obesity. Such questions would be intended to help bridge the "gap" that currently exists between provider and client around the problem of obesity. For further information, visit the website http://www.cincinnatichildrens.org/fitwic.

Section 1
Discussion Guide

Video Overview (5-7 minutes)

1.1 General Overview of Video:

The video you are about to watch will last 20 minutes. It was developed as part of the Kentucky Fit WIC Project, a 3 year cooperative agreement between the Kentucky WIC Program and the United States Department of Agriculture. The Kentucky Fit WIC Project conducted a series of focus groups and in depth individual interviews with WIC health professionals and WIC clients to further explore the gap that exists between how mothers and health professionals define obesity. The video, developed based on results from these focus groups and individual interviews, includes actual WIC participants and WIC health professionals. Using sensitively filmed "day in the life" segments with three low-income mothers who are WIC participants, this video poignantly highlights the struggles families face raising young children.

1.2 Video Development:

The KY Fit WIC Team consulted with Video/Action Fund (www.vaf.org), a not-for-profit production company in Washington DC, to produce the video. President and founder of the Video/Action Fund, Robin Smith, served as Creative Director and Executive Producer. Her work has been broadcast nationally on ABC, CBS, NBC, PBS, CNN, FOX, BET, and The Learning Channel. The production crew and members of the KY Fit WIC Team worked together in the filming and production. Dr. Robert Whitaker, the lead researcher on the Fit WIC team, performed all the interviews of the clients and WIC health professionals. Filming was performed in three settings:

- The daily routines of 3 WIC families by spending a day with each family in their home,
- A focus group with WIC health professionals and,
- Individual interviews with pediatrician and WIC health professionals.

Video Viewing (20 minutes)

1.3 Facilitated Group Discussion (FGD) (25 minutes)

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

The discussion should be solution oriented. The FGD leader should establish ground rules for the discussion such as the length of time for the session, confidentiality, respecting others opinions. Open-ended questions should be used to guide the discussion. Give positive feedback to responses and encourage involvement from all the participants during the discussion. The FGD leader should clarify different views and restate the objectives of the session when necessary. At the conclusion of the FGD, a successful FGD leader will be able to summarize the "solutions" generated during the discussion without providing their own analysis or feelings on the subject. Techniques for summarizing solutions may include using phrases such as "what we have heard is…" or "could you repeat that one more time?"

1. Explain that we will take 25 minutes to discuss the video and what steps you (participants) could take to better address the problem of obesity.
2. The following vignettes are provided to guide the discussion. Each vignette illustrates barriers followed by specific questions to elicit steps (solutions) to addressing the barrier. For your convenience, video related barriers and solutions are noted throughout each vignette. You may refer to the video script that also references the barriers and solutions or to the summary list of video barrier and solutions at the end of this guide.

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

  Some of the issues in this family which stand out are Sonya's setting limits with Thomas and letting Thomas decide what to eat. [**Barrier Theme 10** - Parents are letting their children decide what to eat and giving their children too much control over food choices and **Barrier 14** - Parents have a hard time setting limits or saying "no"]

  a) Why do you think parents have difficulty setting limits? (Perhaps it is easier to not set limits?) Does this mom see limit setting as a concern?
  b) If you were working with Sonya and Thomas how would you think about helping her with these issues?
  c) Is there anything that WIC could do to help Sonya keep Thomas out of the refrigerator? [**Solution Theme 7** – Adjust WIC counseling: assess and or teach parenting skills (developmentally appropriate feeding, establishing limits and routines, use of food as reward).
  d) Sonya was obviously angry at the WIC office. Why do you think she was angry? [**Barrier Theme 5** - Parents become upset when WIC health professionals suggest that parents change the family diet and **Barrier Theme 8** - WIC health professionals "lecture" clients what they "need to know"]
  e) Why do you think a lot of WIC clients feel lectured? [**Barrier Theme 17** - WIC health professionals are required by regulations to accomplish too many objectives with clients]
  f) If you had time, what would you do differently during your counseling sessions with clients?
  g) If you could design the WIC counseling session to be different, what changes would you suggest? [**Solution Theme 3** – Restructure WIC procedures: increase time allotment for nutrition counseling or **Solution Theme 5** - Adjust WIC counseling: focus on mutually agreed upon goals or **Solution Theme 6** - Adjust WIC counseling: focus on sensitivity to client's life context/stresses]
  h) What differences do you think it would make if nutrition counseling were based on meeting the client at their point of need and discussing issues they want to discuss instead of being driven by protocols?

This family was also struggling with other demands in their life that may have made nutrition a low priority. The father was trying to get the car to run that day so that he could sale it to have transportation to work. They were also reviewing several phone bills and getting their phone reconnected. [**Barrier Theme 3** - WIC families are struggling with many demands in their lives that make nutrition a low priority or **Barrier Theme 7** - WIC health professionals feel that the complexity of the parents' social context interferes with success in nutrition counseling (examples include financial stress, being a young parent, and having had poor experiences with their own parents]

a) How do families struggling with many demands in their life respond to suggestions made during nutrition counseling?
b) How could WIC better meet the needs of these families? [**Solution Theme 5** - Adjust WIC counseling: focus on mutually agreed upon goals or **Solution Theme 6** - Adjust WIC counseling: assess and or teach parenting skills (developmentally appropriate feeding, establishing limits and routines, use of food as reward)]

- **Let's move now to another family. Mabry was the little girl whose mother (Stephanie) was trying to get her to eat breakfast before going to school.**

Some of the issues in this family that may interfere with preventing or managing Mabry's weight were her mother's controlling the feeding interaction by repeatedly asking her to eating stead of waiting until Mabry says she was hungry.

Why do you think this mother may have been so insistent about having Mabry eat? [**Barrier Theme 11** - Parents "nag" their children about eating and are concerned their children will be hungry if they do not eat]

The mother was also struggling with her own weight and was concerned that Mabry would be teased at school about her weight. [**Barrier Theme 2** - Overweight parents struggle with their own weight]

a) How would you adapt your counseling with this mother if you knew this? [**Solution Theme 5** - Adjust WIC counseling: focus on mutually agreed upon goals or **Solution Theme 6** - Adjust WIC counseling: focus on sensitivity to client's life context/stresses]
b) The mother identified her own depressive symptoms as a problem. If you identify a mother who you think is depressed, how does that interfere with your nutrition counseling? Does it alter your approach?

- **The last family that was in the video was Tonya, an African American mother and her son.**

Some of the issues in this family that may have interfered with preventing or managing the son's weight were Tonya's sense of acceptance or inevitability about his weight because of the family history of being overweight. Yet on the other hand she expressed concern about him being teased or labeled as overweight.

a) Given this mother's acceptance of their weight would you feel ineffective in counseling her?

The mother clearly had a history of being overweight since childhood and was obviously still very overweight. [**Barrier Theme 16** - Parents have a sense of acceptance or inevitability about their child or themselves being overweight]

a) How do you approach asking about a mother's past weight history or feeling about her own weight?
b) Is it important to know how mother feels about her own weight to effectively counsel the family? Why?
c) The mother comments on the activity level of her son as being "very active" but he still doesn't loose the weight. How could WIC work with this mother to address this child's weight?

- **The video also suggests some possible solutions to dealing with the complicated issue of obesity.**

One suggestion by WIC staff and the pediatrician (which happens to be Mabry's MD) was that there needs to be better collaboration between private MDs and WIC. [**Solution Theme 1** – Co-location of WIC services or **Solution Theme 2** – WIC and physicians need to present a unified message about child obesity]

a) Would you agree with this suggestion?
b) Is this a feasible suggestion? Why? ("us\them" attitude)
c) Why does this lack of unity between WIC and MDs exist?
d) What needs to be done to get WIC and MDs working together? (state level needs to provide more education of community MDs)

1.4 <u>Discussion Summary</u> (3- 5 minutes)

The facilitated group discussion leaders should summarize the discussion, by reemphasizing solutions (steps) which were identified by the group.

1.5 Closing (5 minutes)

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

1. Obesity is a complex, multi-faceted issue.
2. The video allows you to obtain a glimpse of 3 WIC families lives and some of the struggles they face.
3. The video is intended to be a catalyst to evoke thoughts about how WIC can be more responsive when counseling parents on the subject of childhood obesity.
4. While the video did not identify specific solutions, we hope today's discussion allowed you to consider some short and long term changes WIC could make.
5. Summarize short term and long-term steps that WIC could take to better address the barriers that were identified in the video (see Table 1 & 2).
6. Failure to implement the goals set in WIC does not make the WIC parents bad parents. There is no doubt the parents portrayed care about their children, however, they also struggle with many other issues. How often do you experience times when due to competing demands in your day you may skip "important things" such as exercising, flossing your teeth, or cooking a meal?
7. This video will be available to each WIC agency in the near future. We encourage you to consider ways that is may be useful. Ideas might include utilizing the video as a training tool for new employees or as an instrument for policy change with legislators.

Section 2
Evaluation Component

The following section provides instructions for incorporating an evaluation component to the facilitated group discussion. The purpose of the evaluation is to assess whether the intervention altered the perceptions of WIC health professionals about the barriers and solutions related to the problem of obesity. It does not aim to make behavioral assessment of counseling competencies.

Give each participant three items as he or she enters the session: 1) Demographic Questionnaire, 2) a sealed envelope containing Assessment Form, and 3) a **blue** ink pen. The envelope will be sealed shut with instructions on the back indicating "do not open."

2.1 Demographic Questionnaire (2-4 min)

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

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

2.2 Assessment Form Time 1 (5 minutes)

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

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

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

- By **barriers** we mean "problems" that WIC providers or WIC participants encounter. Ask participants to think about how the WIC Program is run and how the nutrition counseling is provided. Ask them to consider how the current approach to obesity in WIC might act as a barrier. At the same time ask the participant to think about aspects the lives of the participants that might interfere with the WIC participant trying to carry out the advice they receive in WIC. At the same time, ask the participant to think about aspects of the lives of the WIC participants that might interfere with their ability to carry out the advice they receive in WIC.

4. Now still using the blue ink pen on the green sheet have the participants list steps that the WIC Program could take to prevent and manage childhood obesity. Have the participants list as many as they can, again using short answers.
   - These **steps** would be possible "solutions" for how WIC might better address the problem of childhood obesity. Ask the participants to consider how WIC could change the way it provides nutrition counseling. At the same time ask them to also consider system or structural changes that could occur in local agency, state or federal level regarding WIC policy or regulations.
5. Have participants keep their envelope and this sheet. Collect blue ink pens and give out red pen.

Video Overview *(see Section 1)*

Video Viewing (20 minutes)

2.3 Assessment Form Time 2 (5 minutes)

This assessment measures any increase in the participants ability to identify specific barriers or solutions after watching the video. You may also choose to omit this assessment (Time 2) and measure only the assessment at baseline (before video) to after intervention (after video and discussion).

1. Encourage the participants to review the two questions on the Assessment Form Part II as well as the responses they listed in blue.
2. Using the red pen, ask the participants to list additional responses they have to the two questions as a result of watching the video.

3. Repeat definitions of barriers and steps terminology.
   - By **barriers** we mean "problems" that WIC providers or WIC participants encounter. Ask participants to think about how the WIC Program is run and how the nutrition counseling is provided. Ask them to consider how the current approach to obesity in WIC might act as a barrier. At the same time ask the participant to think about aspects the lives of the participants that might interfere with the WIC participant trying to carry out the advice they receive in WIC.
   - These **steps** would be possible "solutions" for how WIC might better address the problem of childhood obesity. Ask the participants to consider how WIC could change the way it provides nutrition counseling. At the same time ask them to also consider system or structural changes that could occur in local agency, state or federal level regarding WIC policy or regulations.
4. Collect red pens.

Facilitated Group Discussion (*see Section I)*

Discussion Summary (*see Section 1)*

2.4 Assessment Form Time 3 (5 minutes)

This assessment measures any increase in the participants ability to identify specific barriers or solutions after watching the video and the discussion.

1. Hand out black pens
2. Encourage participants to review the two questions on Assessment Form Part II as well as the responses they listed in blue and red. It may seem that "everything" has already been listed but, perhaps, the discussion has raised some issues in your mind that you had not thought about before. Maybe those are some items that you can now add to your lists
3. Using the black pens, ask the participants to list additional responses they have to the two questions as a result of the discussion.
4. Repeat definitions of barriers and steps terminology.
   - By **barriers** we mean "problems" that WIC providers or WIC participants encounter. Ask participants to think about how the WIC Program is run and how the nutrition counseling is provided. Ask them to consider how the current approach to obesity in WIC might act as a barrier. At the same time ask the participant to think about aspects the lives of the participants that might interfere with the WIC participant trying to carry out the advice they receive in WIC.

- These **steps** would be possible “solutions” for how WIC might better address the problem of childhood obesity. Ask the participants to consider how WIC could change the way it provides nutrition counseling. At the same time ask them to also consider system or structural changes that could occur in local agency, state or federal level regarding WIC policy or regulations.

5. Have participants place Assessment Form II in envelope (Part I should already be inside envelope) then seal envelope. Collect envelopes.
6. (Optional) Hand out ‘Agreement to be Contacted Form’ to each participant. This agreement is for the follow up questionnaire designed to determine how successful the WIC health professionals feel they have been in implementing any of the counseling strategies suggested during the FGD and what further training might be most helpful to these WIC health professionals. It is to be mailed to participants 4-6 weeks after the FGD).
7. Collect black pens and Agreement to be Contacted Form.

Closing (*see Section I)*

Table 1. Summary of Barrier Oriented Themes Derived from Video

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

Table 2. Summary of Solution Oriented Themes Derived from Video

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

Table 3. Summary of non-video related barriers derived from facilitated group discussions.

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

Table 4. Summary of non-video related solutions derived from facilitated group discussions

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