

Optimizing Nutrition Education in WIC: Findings From Focus Groups With Arizona Clients and Staff

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ABSTRACT

Objective: To understand staff and clients' experiences with delivering and receiving nutrition education in the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC).

Methods: Focus groups involving WIC staff, clients, and former clients in Arizona. Client and staff perceptions of WIC nutrition education, preferences, and suggestions for improvement were examined. Transcripts were analyzed using a deductive thematic approach to identify emerging themes.

Results: Findings from 10 focus groups with 25 WIC staff and 29 clients suggested that existing materials were time-consuming and unresponsive to client needs, and additional resources were needed to engage children while parents were in session; new delivery formats for nutrition education, including videos and interactive demonstrations focused on child-friendly preparations of WIC foods, were preferred.

Conclusions and Implications: Collaboration among existing nutrition education programs, including *Supplemental Nutrition Assistance Program–Education*, *Expanded Food and Nutrition Education Program*, community gardens, and *Head Start*, can complement and enhance WIC nutrition educations in this region.

Key Words: food assistance, nutrition education, focus group, WIC (*J Nutr Educ Behav.* 2016; ■:1-6.)

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INTRODUCTION

A major goal of nutrition education within the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) is obesity prevention,¹ a significant public health problem disproportionately affecting low-income families.² Previous research demonstrated that nutrition education improved the nutritional status of WIC clients by significantly increasing family consumption of fruits, whole grains, and low-fat milk.³ Clients are required to attend a minimum of 2 nutrition education sessions (one-on-one or group format) every 6 months. A didactic instructional format, disproportionately focused on increasing knowledge without complementary behavior change strategies, remains the norm.⁴

However, client-centered education has been identified as one of the more promising nutrition education models for behavior change,⁵ prompting many states to discontinue didactic formats in lieu of facilitated discussions and hands-on activities.⁶ In theory, this shift from the instructor to the learner will empower clients to take responsibility for decisions that affect their lives, including choices related to nutrition and health.⁷

Several other WIC nutrition education approaches have been evaluated and are equally promising. For instance, Internet-based nutrition education has demonstrated beneficial effects on nutrition behavior and is well accepted by clients.⁵ Training WIC staff in motivational interviewing has helped personalize counseling ses-

sions to focus on clients' specific needs and has been shown to affect children's television and dietary behaviors positively.⁸ Cooking demonstrations and specific tips on healthy food preparation have increased clients' exposure to low-cost, healthy meals and have influenced mothers' consumption of fruits and vegetables.⁹

Despite modest successes of these newer formats of nutrition education, widespread implementation and dissemination of research-proven nutrition education have lagged. A top-down implementation and dissemination approach has been employed in which WIC client and staff perceptions of the adoption, use, and acceptability of the new or enhanced methods and materials were not considered. Abu-sabha et al¹⁰ advocated for the “power with” approach to community practice, in which educators work shoulder-to-shoulder with clients to understand their values, experiences, and challenges to co-develop a meaningful nutrition education experience. This “power with” approach may generate more effective nutrition outcomes than the current top-down dissemination model because it equitably involves all partners in the process.¹¹ Developing a nutrition education approach that is both relevant and useful to clients, as

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well as feasible for WIC staff to deliver, should have the highest likelihood of producing and sustaining long-term behavior change.¹⁰

The purposes of this study were to understand the experiences of WIC staff and clients (current and former) with delivering and receiving nutrition education within the WIC setting, and to solicit feedback regarding its enhancement and improvement. Two research questions informed the researchers' approach: (1) What do clients and staff like and dislike about the current materials and format of WIC nutrition education? (2) What changes do clients and staff suggest to increase the effectiveness of WIC nutrition education?

METHODS

Focus Groups

The authors used focus group discussions to explore the perspectives of WIC clients and staff using a naturalistic approach¹² in an uncontrolled, context-specific setting. Two focus group scripts tailored for WIC staff and clients were developed by the research team to guide discussions. Scripts consisted of 11 to 12 open-ended, nonleading questions designed to elicit WIC staff and client experiences with nutrition education content, format, and delivery, and to encourage feedback regarding potential improvements or enhancements. Discussions were led by an experienced focus group moderator and trained graduate student. Probes and prompts were used to expand and clarify responses.

Participants

Eligible study participants were WIC staff who had previously delivered nutrition education to clients. The WIC clients were eligible to participate if they had received WIC benefits within the past 5 years. Participants were recruited from WIC clinics, neighborhood centers, and public libraries in Arizona, using promotional flyers posted to clinic walls and distributed via e-mail and verbal invitations issued by researchers. Study staff confirmed respondent eligibility and obtained informed consent. Participants were invited to attend a focus group on a specific date and time,

and received \$25 for participation. The University of Arizona Institutional Review Board approved the study.

Data Collection and Analysis

Ten focus groups were conducted: 4 discussions with current WIC clients (n = 21), 2 with previous clients (n = 8), and 4 with staff (n = 25). Smaller focus group size (n = 4–6 respondents) was intentional to provide adequate time for thorough discussion of all questions, thereby enhancing the quality of the data.¹³ Each focus group session lasted 60–90 minutes and was audio-recorded. Two students trained in qualitative research methods transcribed recordings verbatim and reviewed transcripts for completeness. The moderator of the focus group performed a second review. Transcripts were coded and analyzed by the entire research team using deductive thematic analysis,¹⁴ in which 1 researcher identified emerging themes by reviewing and coding each transcript based on repeated patterns across the data set.¹⁵ A second member of the research team, who was also present at the focus group discussions, independently confirmed emerging themes. The graduate student then analyzed and sorted codes and grouped them within themes. Direct quotes from transcripts were sorted into relevant themes. The NVivo qualitative data analysis software (version 10, QSR International Pty Ltd., Melbourne, Australia, 2014) was used to develop a hierarchical coding structure. Findings were discussed at meetings that included the entire research team.

RESULTS

Participant Characteristics

A total of 54 individuals participated in 10 focus group discussions (Table). Mean age of WIC staff was 42 years (range, 25 to ≥ 50 years), and 30 years (range, 20–44 years) for WIC clients. Six WIC staff members (24%) self-reported race/ethnicity as white, 15 (60%) as Latino/Hispanic, and 4 (16%) as mixed racial/ethnic status. Participants were female, except for 2 WIC clients and 3 WIC staff. Two of the 4 discussions with current WIC clients were with Nepalese-speaking individuals of Asian descent (n = 10 individuals); the other 2 were English-

speaking (n = 6), and Spanish-speaking (n = 5) individuals. The 2 group discussions with past WIC clients were in Spanish (n = 8).

The researchers did not intentionally recruit specific cultural groups. Arizona WIC serves diverse clientele, which afforded the opportunity to meet with clients representing different cultural groups, including Nepalese refugees. A Nepalese interpreter translated focus group questions to Nepali and back-translated participant responses to English. In addition, over one third of WIC clients in Southern Arizona are Hispanic.¹ Many speak only Spanish; thus, 1 focus group moderator was bilingual and conducted 3 of the focus groups with clients entirely in Spanish. The same moderator transcribed into Spanish and then translated into English. A second (bilingual) member of the research team present at the discussion verified transcripts.

Emerging Themes

Three major themes related to the delivery and format of WIC nutrition education were identified. Two emerged in response to the first research question: Unsupervised children negatively affect nutrition education, and educational materials are time-consuming and not applicable to clients' lives. These themes encompassed many of the challenges WIC staff experienced when using nutrition education materials with clients. Clients did not expressly focus their discussions on distractions during the education process, or the materials. Thus, these themes are largely staff-centric. A third theme emerged in response to the second research question: Methods of nutrition education that promote active participation are in demand. This theme encompassed the many suggestions for improving WIC nutrition education from the perspectives of WIC clients and staff.

Unsupervised Children Negatively Affect Nutrition Education

Across the 4 staff focus groups, participants agreed that unsupervised children interfered with and limited client engagement and benefit from nutrition education. The 4 WIC clinics in the sample had open floor

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