

If You Build It They Will Come: Satisfaction of WIC Participants With Online and Traditional In-Person Nutrition Education

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ABSTRACT

Objective: To examine satisfaction with in-person group and online nutrition education and compare findings based on language preference by *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) participants.

Methods: A total of 1,170 WIC participants were randomly assigned to 2 nutrition education modalities between March, 2014 and October, 2015 in Los Angeles, CA. Logistic regressions compared differences between groups in satisfaction outcomes.

Results: Participants in both education groups were highly satisfied regardless of modality of nutrition education (89% and 95%; $P = .01$). The online group reported a stronger preference for online education than did the in-person group ($P < .001$). In the in-person group, Spanish-speaking participants were less likely than were English-speaking participants to prefer online education ($P < .001$). A training video improved access to online education.

Conclusions and Implications: Online delivery of education can be an acceptable addition for WIC participants with online access. High-quality online education platforms represent an important avenue to promote continued satisfaction with nutrition education.

Key Words: nutrition education, online education, in-person education, WIC, Hispanic (*J Nutr Educ Behav*. 2016;48:336-342.)

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INTRODUCTION

The *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) is the third largest federal nutrition assistance program in the US, serving around 8 million low-income clients annually.¹⁻³ The WIC program provides a nutrition safety net for women and children during the developmentally critical life stages of pregnancy, postpartum, infancy, and early childhood. Because almost half of all infants in the US are served by

WIC,³ the program is in a unique position to reach a large number of women and young children through the delivery of healthy foods paired with effective nutrition education, breastfeeding support, and referrals to health and social services.

Nutrition education sets WIC apart from the other federal nutrition programs. As a required component of the program, WIC participants receive nutrition education a minimum of 4 times annually, and often more frequently. Traditionally, WIC has relied

on individual and group education in which mothers and other caregivers are provided nutrition information during clinic visits.⁴ Multiple studies have documented the effectiveness of in-person group nutrition education in the WIC setting.⁵⁻⁷ However, with rapid technological advances and a more diverse WIC clientele, there is a need to explore innovative education methods that achieve positive outcomes in nutrition-related behaviors. Many WIC programs around the country are developing online platforms for the delivery of nutrition education.⁸⁻¹⁰ As a result, it is important to understand the extent to which online education is accepted by WIC participants and answer the question: If we build online education platforms, will WIC clients be willing to use this mode of delivery?

The purposes of this study were to examine satisfaction with in-person group and online nutrition education in a randomly selected sample of adult WIC participants, and to examine satisfaction by language preference (Spanish

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or English). Hypotheses were that: (1) WIC participants receiving online nutrition education would be comparable in satisfaction with participants receiving in-person education; (2) Spanish speakers would demonstrate significantly higher levels of satisfaction with in-person nutrition education than would English speakers^{6,11}; and (3) once participants were exposed to online education, they would report interest in continuing to have an online option for receiving nutrition education. Given the potential complexities of accessing online education by a population largely new to this modality, a final aim was to examine whether provision of training on how to access WIC online education reduced access issues among WIC participants.

METHODS

Participants

This study was part of a larger examination of the impact of breakfast and salt nutrition education interventions on knowledge, attitudes, and behavior change in WIC participants.⁹ Study participants were identified from a list of WIC clients scheduled to come to Public Health Foundation Enterprises WIC clinic sites when in-person group nutrition education classes on breakfast or salt were being conducted. Clients who met the following criteria were excluded: (1) was aged < 18 years; (2) did not have a child aged 1–5 years in WIC; (3) was unable to read English or Spanish; (4) had a child with any condition known to affect food intake (breakfast class only); (5) did not return to the WIC clinic during the subsequent 4–5 months; (6) had no access to the Internet (via desktop or laptop computer or any mobile device, including smartphone); or (7) was pregnant. Pregnant mothers were excluded because they attended group education related to pregnancy and would not attend the in-person breakfast or salt classes. A random sample of equal numbers of English-speaking and Spanish-speaking participants was selected from the administrative database and assigned to the online group. Because of a larger English-speaking WIC population at study clinic sites, every fourth English-speaking WIC participant and

every third Spanish-speaking WIC participant was selected for the online group. Remaining participants were placed in the in-person education group. Verbal consent was obtained before administering the questionnaire and lesson to participants. The University of California, Berkeley, Institutional Review Board approved the study protocol.

Study Procedure

Breakfast lessons took place April through May, 2014 and salt lessons took place November through December, 2014. Women assigned to the in-person group came in as usual for their regular WIC appointment and received a group nutrition lesson on breakfast or salt taught by a WIC educator who followed a detailed lesson plan. The WIC educators received training in the WIC administrative office that included practicing with each other. Women assigned to the online group received a phone call from WIC research staff on the week before their WIC appointment and were asked to take the breakfast or salt class online before coming into the WIC office. They were e-mailed and/or sent the link by text to access nutrition education online. Participants were told that this would allow them to receive WIC education via the Internet and would facilitate a faster visit at the WIC site for individualized education and voucher pickup because they would already have completed the education class.

During the study period when the breakfast class was being delivered, it became evident that many participants randomly assigned to the online platform experienced challenges accessing the system. For most women, this was their first time accessing any type of education in an online format. A WIC staff member provided the support needed for women to access the online breakfast lesson successfully. For efficiency, before the salt class being administered, a short video was created to help WIC participants assigned to the online salt class access the online class easily. This 3-minute video included instructions on how to access the online education and enter

the basic information needed to start the education, and was available in both English and Spanish. The link to the video was e-mailed to all participants assigned to the online salt education.

Intervention Description: Breakfast or Salt Class

Following a standard curriculum development protocol, Public Health Foundation Enterprises WIC nutrition education staff developed nutrition education classes, one about breakfast and the other on salt. Both classes were pilot-tested in English and Spanish with a total of 10–15 WIC participants. Both in-person and online breakfast and salt classes were offered in English and Spanish and were estimated to take 15–20 minutes to complete. The curriculum and content of the in-person and online classes were identical and focused on principles of learner-centered education.^{10,12} The goals of the breakfast class were to teach participants why it is important for adults and children to eat breakfast every day, why skipping breakfast can lead to poorer health, and how WIC foods can be used to make healthy breakfasts. The goals of the salt class were to teach participants why limiting salt is important, help identify sodium in foods, and teach strategies for reducing sodium intake. The in-person classes employed learner-centered techniques, encouraging dialogue among WIC participants. Although the online format does not allow for interactive activities among participants, the online lessons included open and closed-ended questions and used text and photographs with frequent interactive components that involved clicking answer responses to confirm comprehension and engagement in the lesson.

Data Collection

Data were collected by questionnaire (paper was administered in the group class; administered online in the online class) before the class, immediately after the class (post-questionnaire) and again 2–4 months after the class (follow-up). All questionnaires were identical for both in-person and online groups. Before administration, all

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