

A Client-centered Nutrition Education Model: Lessons Learned from Texas WIC

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ABSTRACT

Objective: To examine the implementation of client-centered nutrition education in Texas Special Supplemental Program for Women, Infants, and Children as it relates to the Participant-Centered Education (PCE) model and identify additional components relevant to practical application.

Methods: Implementation evaluation at Texas Special Supplemental Program for Women, Infants, and Children state and local agencies, including online surveys, telephone interviews, field observations/interviews, and meeting notes collected from 2009 to 2011. Data analyzed using deductive and inductive coding to investigate research questions.

Results: The data aligned with the PCE model domains and suggested elements for practical application. Communication, training, evaluation, and client participation emerged as additional components to support client-centered nutrition education. The new model captures the way the domains influence each other and the importance of 2-way interactions between the client and the other domains.

Conclusions and Implications: The findings document the model's potential usefulness for programs with similar audiences and goals. This research highlights an expanded PCE model to assist practitioners in implementation of similar client centered programs.

Key Words: WIC, client-centered, nutrition education, evaluation, communication (*J Nutr Educ Behav.* 2014;46:54-61.)

INTRODUCTION

In recent years, the United States Department of Agriculture (USDA) Special Supplemental Program for Women, Infants, and Children (WIC) has initiated programs to improve nutrition services and better meet the needs of WIC clients.¹ For example, USDA implemented Value-Enhanced Nutrition Assessment in WIC with the goal of personalizing one-on-one nutrition counseling sessions. Client-centered nutrition education (CCNE) is an approach used in Texas WIC that evolved from Carl Rogers' approach to counseling and now encompasses a variety of methods, settings, and approaches to meet clients' needs.^{2,3} Client-centered nutrition education was conceived as "Value-

Enhanced Nutrition Assessment in the classroom." Client-centered nutrition education represents a shift away from a didactic approach to nutrition education in favor of a more cooperative one, where clients have an active role in the learning process through discussion, hands-on approaches, or other tailored learning activities.^{4,6} A focus on the client extends beyond the classroom to create an overall environment that fosters client engagement.

Many state WIC programs have adopted client-centered approaches, developed materials, and in some cases evaluated various components of CCNE. Deehy and colleagues⁴ proposed the Participant-Centered Education (PCE) model based on project assessments in the WIC western

region of the United States ("participant-centered" and "client-centered" refer to similar concepts and are used synonymously in this article). The model outlined 7 domains essential for PCE implementation: (1) state agency (SA) responsibilities, defined as the role of the SA in implementing and supporting CCNE; (2) service delivery environment, which encompasses the physical environment and the clinic procedures of WIC to ensure that CCNE is present and promoted; (3) leadership and mentoring, which involves a framework to mentor and support the ongoing implementation of CCNE; (4) staff training and support, defined as actively and continually including WIC local agency (LA) staff during implementation; (5) nutrition educator skills relates to skills and trainings needed to promote a client-centered approach to nutrition education; (6) cultural competency, which addresses the need to acknowledge the diversity within WIC's participant population; and (7) materials to support participant-centered education, (Figure 1).⁴ The purposes of this study were to examine the implementation of CCNE in Texas WIC as it relates to the PCE model and to identify additional

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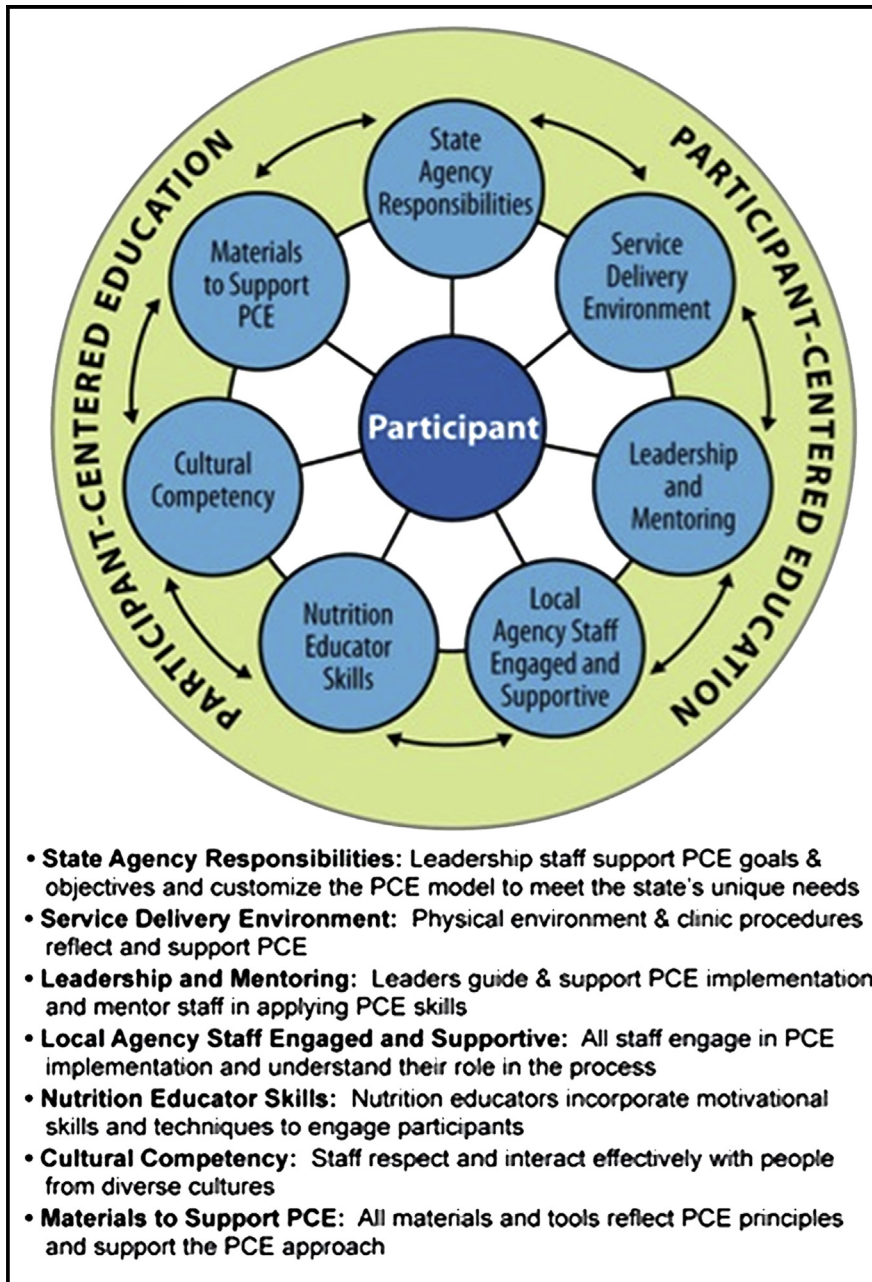


Figure 1. The Participant-centered Education (PCE) model. ©2010 Society for Nutrition Education. Reprinted with permission from Deehy et al.⁴

model components relevant to practical application in Texas WIC.

METHODS

Setting

Texas WIC is overseen by an SA, the Texas Department of State Health Services. Texas WIC is currently implemented through 72 LAs including governmental and nonprofit organizations, operating more than

545 clinics. Texas WIC began developing a CCNE implementation plan in 2007. Avenues for delivering CCNE included group classes and self-paced take-home and online lessons. Pilot evaluations informed the development of CCNE guidelines, training programs, and lesson plans. The SA began promoting statewide implementation in 2009; however, implementation was a gradual, voluntary process, with LAs committing to what they could accomplish in

small steps. Evaluation was integrated into the program development and implementation and continued as the program expanded and grew.

Data Collection

From 2009 to 2011, the authors were part of a team that evaluated the process of statewide CCNE implementation. The evaluation team assisted in ensuring consistent implementation and identified factors that supported or hindered CCNE. Data collection was process-oriented rather than outcome-oriented, with a goal of collecting information from multiple sources at multiple points in time about CCNE use and its perceived benefits, barriers, and challenges.

Meeting notes from 7 meetings with state WIC staff in fiscal years 2009–2011 were used to document the progress of implementation as well as issues that surfaced during the implementation process from the state perspective. Case studies of 4 LAs documented the progress of CCNE implementation over 3 years (2009–2011). The SA provided guidance in selecting 4 sites to represent a cross-section of LAs in Texas. These agencies had received preliminary training in CCNE or had participated as pilot agencies in the first phase of rollout, so they were ready to begin implementation. The research team observed classes and interviewed WIC staff at 16 clinics from 2 urban and 2 rural agencies over 3 years. The case study interview protocols were semi-structured and allowed the interviewer to follow the flow of the conversation. Questions included, “What are your impressions of CCNE?” and “What do you need to be more successful?” Probes were used to encourage continued discussion of topics.

Phone interviews with WIC LA directors and nutrition education coordinators assessed current and planned CCNE activities in 2010 and 2011. To recruit LAs, the SA sent an e-mail to all directors to inform them of the study. The research team then solicited their participation directly. After 3 failed attempts to contact an agency, the agency was considered nonresponsive. The 2010 interview protocol included questions assessing

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