



Weigh of Life...

Taking
Action
Together



Implementation
Manual



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July, 2005

This project has been funded with Federal funds by U.S. Department of Agriculture, Food and Nutrition Service, under the 2001 WIC Special Projects Grant. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of the trade names, commercial products, or organizations imply endorsement by the U.S. government.

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Weigh of Life...Taking Action Together

Introduction

Obesity is well recognized as a national health crisis. In recent years, its prevalence among the US population has reached unprecedented proportions among both adults and children. While persons of all ages and socioeconomic backgrounds have been affected, obesity disproportionately affects ethnic and cultural minorities. For children and adolescents, the increase in overweight has been especially dramatic, and it is the most prevalent and preventable health affliction children face today.

The relationship between overweight and chronic disease is well established, and includes increased risk for cardiovascular disease, diabetes, hypertension and other chronic diseases. Although these health consequences typically are associated with adult populations, many are starting to become common in the overweight pediatric population. In particular, Type II diabetes is being reported at an alarming rate in school-aged children. The most significant link between pediatric overweight and future health risk is the considerable proportion of overweight children who grow to become overweight and obese adults who then face the long-term health consequences of obesity.

It is widely acknowledged that the causes of overweight are complex, difficult to target, and challenging to resolve. Socioeconomic, cultural, environmental, genetic, and behavioral factors all influence the development of overweight and obesity. Even still, health professionals who work with children, particularly very young children, have the opportunity to intervene to prevent overweight. Practitioners and researchers continue to seek more effective nutrition education and counseling strategies that have a positive impact on behaviors to prevent overweight and promote the development of healthy weights in children.

In 2001, the Massachusetts WIC Nutrition Program was awarded a USDA Special Projects Grant entitled, “*Cultural Perspectives on Childhood Overweight among Hispanic WIC Participants in Massachusetts.*” The overall goal of the project was to enhance the ability of the Massachusetts WIC Program nutrition staff to provide culturally-sensitive services that promote healthy eating behaviors, particularly for Dominican and Puerto Rican children, among whom the problem of overweight is particularly acute. The objectives were to:

1. **characterize nutritional status**, body composition, and the prevalence of overweight among Dominican and Puerto Rican children participating in WIC in Massachusetts
2. **increase understanding** of beliefs associated with the Dominican and Puerto Rican cultures regarding what constitutes healthy body weight and its

appearance, and what factors influence diet behaviors in children

3. **improve the ability** of WIC nutrition staff to talk about weight with Hispanic families and provide culturally-sensitive nutrition counseling that promotes healthy weights in children
4. **develop educational messages and materials** utilizing key culturally-sensitive themes related to health and weight for WIC nutrition counselors to use in promoting healthy weights and behaviors
5. **share strategies with health care providers** for the prevention and treatment of overweight in Hispanic children and to encourage consistency in nutrition messages and coordination in interventions

The culmination of this project was the development of the *Weigh of Life...Taking Action Together* initiative and related messages and materials.

Weigh of Life...Taking Action Together

Weigh of Life...Taking Action Together initiative contains information, messages, posters, training tools, and a Provider Toolkit that will provide WIC nutrition staff with the knowledge, guidance, and tangible products they need to discuss the sensitive topic of weight with parents and enhance coordinated services and consistent messages with health care providers. This implementation manual is both a resource and training tool for all WIC nutrition counselors.

This implementation manual is divided into six sections, which are identified by labeled tabs.

Introduction provides the background for the grant project that produced this *Weigh of Life...Taking Action Together* manual and describes how the manual is organized.

Cultural Perspectives on Childhood Overweight presents key findings from twenty-four WIC participant focus groups. These focus groups were conducted with mothers of young children from four different ethnic groups to solicit their opinions on issues related to weight status and dietary practices. In addition, parents provided opinions on how they would like to discuss the issue of overweight with WIC nutrition counselors.

Coordinating with Health Care Providers enhances WIC nutritionists' ability to successfully coordinate and collaborate with health care providers. Building this partnership with health care providers is essential in promoting healthy weight in children. To effectively prevent childhood overweight, WIC families must receive





consistent, positive messages from both WIC and health care providers. This section features the contents and use of the *Weigh of Life...Taking Action Together* Provider Toolkit. The Toolkit includes tools, materials, and posters for health care providers to use in their practices to ensure consistent messages about weight and dietary practices that encourage healthy weights in children. The distribution of the Toolkit is meant to be accomplished by a personal visit from WIC nutritionists. Included in this section are sample dialogues for individual meetings and PowerPoint presentations (with speaker notes) for use in larger meetings or presentations with health care providers.

The Provider Toolkit is targeted to encourage health care providers to:


- *assess* weight in children and communicate weight status with parents, including discussion of overweight
- *provide* consistent messages to parents related to dietary patterns and healthy weights
- *prescribe and promote* WIC for nutrition counseling related to feeding young children

Steps to Discussing Weight features a new approach for WIC nutrition counselors to use when initiating discussions with families about a child's weight or overweight. This section helps the WIC nutrition counselor better approach a discussion with parents about their child's weight and features a nine-step technique to use for communicating in a more connecting and sensitive way, setting the stage for behavior change.

Using Educational Materials to Promote Behavior Change introduces new emotion-based nutrition education messages and materials to use with WIC families. These nutrition education materials (mini-posters and a child placemat) focus on Dominican and Puerto Rican cultural patterns and beliefs. This section outlines key messages associated with each material and effective ways to introduce and use each material in counseling or group sessions to promote achieving healthy weights in young children.

Resources offers selected references and resources on childhood overweight.

There are substantial barriers to overcome when discussing a child's weight with parents and promoting behavior change to achieve healthy weights. WIC nutrition counselors and health care providers need to be capable of handling these challenges. In addition, they need to be aware of cultural issues that influence parents' receptivity to counseling. There is clearly a need for both prevention and treatment strategies that address the issue of childhood overweight. Use this manual as a tool to more effectively coordinate and collaborate with health care providers, and enhance WIC nutrition counselors' ability to interact with families in promoting behavior changes that support healthy weights in children.



Weigh of Life...Taking Action Together

Cultural Perspectives on Childhood Overweight

Focus Group Findings

This section has been designed to present key findings from the participant focus groups.

Contents of this section include:

- ✓ Objectives of the focus groups
- ✓ Key Findings:
 - Awareness of childhood overweight
 - Causes of overweight in children
 - Health risks associated with childhood overweight
 - Barriers to childhood weight loss/maintenance
 - Cultural perceptions regarding childhood overweight
 - Seeking advice about childhood overweight
 - Talking to mothers about childhood overweight
 - Nutrition education preferences
- ✓ Summary of focus group findings

Twenty-four focus groups were conducted with mothers of children under the age of five participating in the WIC Program. The focus groups, segmented by ethnicity, were held in various locations throughout Massachusetts and included:

- African-American mothers – 6 groups
- Caucasian mothers – 7 groups
- Dominican mothers – 5 groups (2 in Spanish)
- Puerto Rican mothers – 6 groups (2 in Spanish)

Focus groups provided information on WIC participant attitudes toward the issue of childhood overweight, potential barriers to addressing the issue, and themes that would resonate with Hispanic families regarding dietary habits to prevent overweight. Specific objectives of the focus groups were to:

1. Understand mothers' awareness of childhood overweight as a health concern, their opinions about the causes of overweight, and their understanding of the health risks associated with overweight

2. Identify barriers that may be preventing mothers from following nutritional advice
3. Identify mothers' perspectives regarding information and services received from health care providers and WIC about childhood overweight, particularly in relation to their own child
4. Identify effective ways WIC staff can initiate conversations with mothers about their child's weight
5. Identify topics most relevant to Hispanic mothers and families on feeding young children to develop salient messages to promote healthy childhood weight

Each focus group began with an activity that opened up dialogue with the mothers about feeding their children and their children's eating habits. Nearly all mothers are generally positive about feeding their children and associate feeding times with happiness, satisfaction and love.

"It is wonderful to see my children feeding themselves because they like to eat and I can supervise them then to eat, and I'm happy. I feel happy. That's the way I feel."

"...when I feed my children and I see them eating, it fills me with satisfaction and love."

It is important to note that the information presented represents the opinions and perceptions of the WIC mothers about child feeding practices and the causes and treatment of overweight. These views may not be consistent with current dietary recommendations or with accepted medical practice and research.





Key Findings:

Awareness of Childhood Overweight

Most beliefs and attitudes regarding awareness of childhood overweight are similar for Dominican, Puerto Rican, African-American, and Caucasian mothers.

Most mothers believe that young children under age five can be overweight. Many mothers' point of reference on the appearance of childhood overweight comes from extreme examples shown on daytime talk shows.

Mothers commonly describe six (6) indicators of childhood overweight:

1. **Appearance** - chubby cheeks and legs, pronounced rolls
2. **Doctors' opinion** - doctors express concern about or diagnosis of overweight
"You wouldn't really know, as long as you see him good and healthy...You're the mother; you see them in your loving eyes...If he was really overweight, I wouldn't know. I would actually go to the doctor, than depending on my eyes."
3. **Physical activity** - difficulty breathing while engaged in physical activity, inability to keep up with normal weight children, and spending more time engaged in sedentary activities
"Watching them play...she's got a pot belly and she gets a red face and out of breath and she gets real wheezy and stuff...I notice things are harder for her, like getting up and down off the floor. It's not like just easy anymore, you know? She seems to more struggle with certain things, activities."
"[Overweight children] can't walk. They can't get around like the other kids. They have a hard time breathing."
4. **Clothing size** - clothing size is larger than usual for children of that age
5. **Eating habits** - eating large amounts of food, eating too frequently, eating a lot of high-fat, high-sugar foods
6. **Child's weight by age** - weighing too much for a child's age rather than weighing too much for the child's height

Mothers believe that eating patterns are learned behaviors and the eating patterns learned in childhood are likely to become lifelong habits. This was a predominant belief for Dominican and Puerto Rican mothers.

“It’s like anything else. If you raise your kid a way, you’re showing them something: that that’s what they [are] supposed to be learning. If you teach your kid how to dress up, they’re going to dress up that way all their life, or if you teach your children to go to church every Sunday, then they’ll go to church. It’s the same thing with eating. It’s what you get them used to.”

Mothers are unclear of the relationship between weight in early childhood and weight later in life. While mothers believe that early childhood eating habits may have some effect on a child’s adult weight, they indicate numerous other factors that they believe will determine a child’s adult weight: heredity, metabolism and physical activity. Mothers rely on personal experiences to verify the relationship between childhood weight and adult weight.

“I was a chunky little baby, and look at me now. Bones.”

“He looks real stocky. But my oldest was like that too, and now he’s thin. You wouldn’t tell that he was overweight.”

It is not clear to mothers when to start being concerned about a child’s weight, even if the child is overweight. Some believe that a child’s weight will change once the child begins eating table foods and starts to crawl and walk. Some believe that once a child begins school they will lose any extra weight. Caucasian, Dominican and Puerto Rican mothers more often express that paying attention to a child’s weight from birth is important.

Most mothers do not believe that children will simply ‘grow out of’ childhood overweight. Many believe that some change in diet or exercise is necessary for overweight children to lose weight and prevent them from becoming overweight adults.


Causes of Overweight in Children

Mothers attribute overweight in children to four (4) main factors:

1. Eating Habits

- a. Mothers believe that parents often feed their children the wrong kinds of food and too much food, including milk and juice. Some comment that overfeeding calms and quiets the child. Some mothers express judgment about parental overfeeding, labeling it ‘poor parenting.’



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- b. Mothers typically work outside the home and do not have much time to cook. Fast food restaurants offer a convenient, fast, affordable way to give their children foods they enjoy.

"It's so much easier to eat at a Burger King or McDonald's or a pizza place than to make good food at home that might be more nutritious."

"Some nights I'd be like, 'I don't like McDonald's,' but you know what? He eats it. I don't have time to go home and cook after I pick him up. He's tired and cranky. I don't want to hear his mouth: 'When am I going to eat? When am I going to eat?' Look: McDonald's, three minutes, fries, some chicken nuggets, go to sleep."

- c. Mothers often express a lack of control over what their children eat. Children help themselves to food without their knowledge. Some mothers note that others care for their children while they are at work or school and there is nothing they can do about what their child is fed. Some note that children have access to food without their knowledge at school and with friends.

"I started working, and my mother-in-law is taking care of [my daughter], and this lady gives her—she always has a cookie in her mouth when I get there. I give her her meals. I give her [meals] prepared for [my mother-in-law] to give [to my daughter]. Other than that, she gives her little things. The baby went up four pounds in one week. . . . She's already messing up everything that I did in that whole year in two weeks."

2. Heredity

- a. Mothers place considerable importance on heredity, expressing a sense of fatalism regarding weight. They view metabolism as a hereditary factor, talking about metabolism and heredity as one issue. Mothers blame heredity for weight problems, even in the presence of contrary evidence.

"Some people are born to be large."

"I have two sisters that are very, very slim. I am the big one of the group, and we have the same mother and father, so it's truly metabolism in my opinion. I just happened to get the bad gene."

- b. When mothers discuss heredity, they typically speak about their own struggles with weight.

3. Physical Activity

- a. While some mothers view activity level as being connected to overweight, other mothers do not voluntarily identify activity as a cause. Mothers are less oriented toward physical activity than they are to eating habits and heredity.
- b. Mothers note unsafe neighborhoods and winter weather as factors limiting outdoor exercise. Mothers acknowledge that children spend most of their time indoors watching television, playing video games, and playing on the computer.

“These kids are sitting in front of the television watching Dragon Ball Z and playing video games, and then the computer, and they’re not getting the exercise that they need.”

- c. Dominican and Puerto Rican mothers are less aware than African-American and Caucasian mothers of the benefits of physical activity.

4. Social and Psychological Role of Food

- a. Mothers acknowledge that food has a function beyond nutrition. Eating is a source of comfort and can reduce anxiety. The psychological function of food creates a cycle of over-eating by which a child learns to use food as a way of coping with anxiety and becomes overweight. The child gets teased about his appearance, resulting in stronger feelings of anxiety and increased eating to cope with these feelings.
- b. Eating is often a core part of social or recreational activities.

“Americans are so overweight now because we have so many comfort foods... [children] go to the movies and they get the big thing of popcorn and they eat the whole thing, and they get candy to go with it, and a soda to go with it – and before they go, they go to McDonald’s and have a Happy Meal. We just find so much comfort in food, instead of it being like regular – like other countries, they eat to eat and that’s it. We eat to go out...everything is like ‘comfort’ with food. You can’t have fun if you don’t eat.”

- c. Dominican and Puerto Rican mothers indicate that family members ‘spoil’ their young children by giving them sweets as a way of showing affection.





Health Risks Associated with Childhood Overweight

All mothers are generally familiar with the health risks associated with childhood overweight.

The three most recognized health risks associated with childhood overweight are heart problems, respiratory problems and diabetes.

The three least recognized health risks associated with childhood overweight are high blood pressure, orthopedic problems and depression.

Barriers to Childhood Weight Loss/Maintenance

Mothers identify both attitudinal and practical barriers to dealing with childhood overweight.

1. Attitudinal Barriers

- a. **Denial:** Mothers are not likely to describe their children as ‘overweight’ and instead describe their children in the most flattering light: ‘big boned’, ‘solid’, ‘stocky’, ‘thick’.

“He’s not fat, he’s like 50 pounds, he’s two years old, and he’s like solid.”

- b. **Resignation and Hopelessness:** Mothers perceive overweight as an extremely difficult problem to solve. They believe that heredity (including metabolism as a function of heredity) is a major determinant of overweight and if a child’s genetics is predisposed to be overweight, a healthy diet and exercise won’t resolve being overweight. The extent to which mothers feel heredity is largely responsible for overweight, and their belief that heredity is difficult, if not impossible, to counteract may lead mothers to feel justified in not doing more to promote healthy eating behaviors.

“My brother was 11 years old and weighed 350 pounds, and played regular sport all day long. He was active, never sat in front of the TV, never did anything, ate nothing but healthy foods, and still continued to gain weight because of his metabolism. He had none. He had no metabolism. You can eat celery sticks all day long, but if you’re going to gain weight from it, ‘cause of your genetics’, that’s just the way it is.”

- c. **Guilt:** Mothers speak of feeling guilty over denying their children desired food.

A vertical strip of various fruits and vegetables, including apples, lemons, pumpkins, and carrots, arranged in a repeating pattern. The items are drawn in a simple, stylized manner with black outlines and some internal shading. The background is a solid light gray. The items are arranged in a repeating pattern, with some items appearing larger than others. The items include apples, lemons, pumpkins, and carrots. The items are arranged in a vertical strip, with some items appearing to be part of a larger pattern. The items are drawn in a simple, stylized manner with black outlines and some internal shading. The background is a solid light gray. The items are arranged in a repeating pattern, with some items appearing larger than others. The items include apples, lemons, pumpkins, and carrots.


- "I get home at five o'clock and sometimes I arrive tired. I pass a McDonald's and stop there and get a Happy Meal and we go home, because it's easier...I stop at McDonald's, though I know that it does harm. And then every day when we pass by the kids say, 'Mommy, McDonald's; Mommy, Burger King; Mommy, McDonald's.' And for me sometimes it's easier to just buy a meal and continue, though I know it does harm."*

- “My mother is sneaking [food], giving her some candy when I say ‘No candy.’ I was like, ‘No lollipops,’ and then I’ll put it back and my mother will take it, unwrap it and give it to her, and she’d be like, ‘Run D..., run, run!’”*

- “Eating healthy is expensive. It’s not as cheap as junk food, and when you want a variety of food, it’s more expensive, and sometimes you don’t have the money. Vegetables are more expensive. Fruits are more expensive.”*

- "One day, if...she doesn't want to eat, I just wasted some food right there, and food stamps comes once a month."*

B-8



“If you had a big family like I have . . . you don’t want to cook just the healthy food for one kid, that’s not going to happen, you know. You have to think you’re going to have to change the whole family’s habit.”

“It should be like a family commitment, because it wouldn’t be fair for a child that we’re eating fried chicken and she has to eat a salad.”

- f. **Lack of skills needed to prepare nutritious meals:** Mothers note they do not have recipes for healthy foods and it is difficult to know what to purchase.

“Sometimes it’s hard. . . . I’ve gotten recipes before and they’ve had names of seasonings that I’ve never heard of, and you’re supposed to buy it fresh, and you’d go in to the store and it would be under one name and they wouldn’t have the second name. So if they gave you recipes, what would be good [is] if they gave you a second name to [look for].”

Cultural Perceptions

African-Americans, Dominicans, and Puerto Ricans indicate cultural perceptions that affect their acceptance of nutrition advice regarding their child’s weight:

1. Dietary Advice

Dominican and Puerto Rican mothers report the dietary advice they are given is inconsistent with cultural dietary patterns.

“The way that you were brought up, you wasn’t brought up with vegetables. I wasn’t brought up eating green stuff; I was brought up eating the rice and the beans.”

“If I was WIC and I’m working here with Hispanic people and I really want to work with the overweight problem, I [would] try to tell the people [to] eat whatever they really eat. If you know Hispanic people don’t eat vegetables don’t go and say ‘Oh, you need to eat vegetables,’ because you know they don’t go and do it. They’re not gonna do it. Try to take whatever he eats in his food and what is healthy so...it’s easier for them to follow this...’You eat plantains? Oh, you can eat plantains, milk, and this, but don’t eat rice. But don’t tell me [to] eat vegetables, because you know I don’t want to follow it.”

Mothers agree that they would follow advice about how to prepare the food for their families in a healthier way, rather than advice about eating different foods.

“They can suggest to you how to cook it in a better way, using less oil, use less sugar, use less amounts of that food.”

2. Extra Weight is Desirable for Young Children

Dominican and Puerto Rican mothers perceive heavier babies as ‘strong’ and ‘healthy’ and that family members praise a child for having extra weight and chastise mothers for thinner children, saying they are not feeding them enough. This perception appears to be related to acculturation: more highly acculturated mothers view this as an inaccurate perception. Dominican mothers expressed this view to a greater extent than any other group.

“The old generation in the Dominican Republic...they have to see a baby like really strong – overweight – to say ‘Oh my God, the baby is so healthy’”

“Yeah. ‘You had better start feeding [the baby] this’...They say, ‘Oh, he’s so skinny,’ and we’re like, ‘He’s not skinny, you know, that’s his normal weight.’”

“Yeah. I believe that they think, in their minds, that we’re not feeding them correctly. Like in the way they expect, in the culture, Dominican culture.”

Mothers’ are more concerned that their children weigh enough rather than that they weigh too much. All mothers consider “a little extra weight” to be healthy.

“Young babies – I think the chunkier they are, the healthier they are.”

3. Family Meals

Dominican and Puerto Rican mothers express that it is important that families eat meals together, even though they allow their children to eat in front of the television and eat at times different than other family members.


Seeking Advice about Childhood Overweight

Most mothers turn to their pediatrician for assistance if their child is overweight. Some will turn to WIC; others will turn to their family and friends. The mothers turn to their pediatrician because they place more trust in the pediatrician’s credentials as signifying expertise in all aspects of child health. Some mothers indicate that they will turn to WIC only after talking to their pediatrician.

Mothers are more comfortable talking to someone from their own ethnic background.

Mothers are most likely to listen to the person who would reassure them that there was nothing to be concerned about, that they were doing a good job as parents, and that they do not need to change their child’s diet. For these mothers, this person is their pediatrician.





“Some people think that I’m feeding her too much. A lot of people say, ‘Wow, she’s so big,’ and ‘what are you feeding her?’...Some people say it like, you know, I’m abusing my child by feeding her too much, or I don’t know, like in an offensive way... The doctor doesn’t have a problem with my daughter’s weight at all. That’s why I shouldn’t worry.”

Mothers report receiving contradictory information from their pediatrician and the WIC Program. Many believe that their pediatrician uses different growth charts than WIC nutrition staff.

“They [WIC] were trying to say that my son is overweight. I went to the doctor’s. He’s like, ‘Nah, your son is perfect.’”

“What’s a normal, what’s a below, and what’s an above? The chart that the pediatrician has looks nothing like the chart that the WIC office has. And I’m going with the man who gets paid the big bucks to let me know if my child’s sick or not.”

Talking to Mothers about Childhood Overweight

Some mothers are very uncomfortable when the topic of overweight is raised, indicating this is a sensitive topic.

Mothers who report **positive experiences** when talking with their doctor or WIC about their overweight child note that the person who spoke to them:

- gave factual information, rather than opinions, and explained the situation thoroughly
- spoke in a caring way and sought input from the mother
- gave specific, practical advice

Mothers who report **negative experiences** when talking with their doctor or WIC about their overweight child, note that the person who spoke to them:

- made them feel that they were doing a ‘bad job’ as a mother
- handled it in an insensitive way – too abrupt or too blunt
- invalidated the mother’s role and did not ask for her input
- were problem-oriented rather than solution-oriented

Mothers who characterize discussions as negative say that they did not agree with the person who spoke to them and were angry and offended that the issue had been raised.

Puerto Rican mothers are equally likely to characterize their experiences as positive or negative. They tend to hear about their child's weight almost exclusively from physicians. Puerto Rican mothers who had positive experiences emphasized the caring approach used.

Dominican mothers say they are concerned about their child's weight but do not have concerns or hurt feelings over the way the topic is broached, even when they share anecdotes of comments that are potentially hurtful (family members calling a daughter, "Hey, fatty, fatty"). Mothers with these experiences note that they disagree with the person who said their child was overweight. While some mothers may appear to be receptive to information about their child's overweight, this may be related to a cultural inclination to avoid confrontation, and the information may not affect their own opinions or actions.

Nutrition Education Preferences

Mothers express interest in receiving advice and assistance that are “solution-oriented” and include such topics as:

- what types of food to prepare; foods to eat instead of foods to avoid
- appropriate portion sizes; what is child-size; specifics, like ‘three ravioli’
- age-appropriate exercise; interactive, fun activities that get kids moving
- how to make a fussy eater eat healthy foods – tips and tricks; foods to offer that will taste as good as ‘junk food’; ways to make healthy foods tasty and fun
- recipes, with an emphasis on foods that taste good that their children will eat

Dominican and Puerto Rican mothers prefer parenting groups where they can talk with other mothers and learn from their experiences. Some African-American and a few Caucasian mothers express interest in parenting groups.

Caucasian mothers are more likely to prefer individual sessions with the WIC nutritionist, while fewer Dominican and Puerto Rican mothers and very few African-American mothers like to receive some information in this format.

African-American and Caucasian mothers are more likely to prefer pamphlets so they can refer to them later. Dominican mothers express some interest in pamphlets, but very few Puerto Rican mothers say this would be helpful.



Summary

In summary, the focus groups discovered that while mothers are aware of the problem of childhood overweight and the health risks associated with it, there are significant barriers preventing mothers from helping their children achieve a healthy weight.

- Most mothers know that children under the age of five can be overweight; mothers are not aware that weight and eating patterns established early in life are directly related to lifelong health, including weight status.
- Mothers expect their physician to talk to them about their child's weight; if the doctor doesn't, mothers assume the child's weight is healthy and at a normal, recommended weight.
- Mothers perceive overweight as an extremely difficult problem to solve
 - appearance of an overweight child means their child is healthy
 - feelings of hopelessness and denial in dealing with overweight
 - lack of money and time to prepare healthy foods and meals
 - lack of control over their child's diet
 - diet counseling ignores cultural eating patterns
 - conflicting messages regarding weight between doctors and WIC
- Mothers feel they are good mothers when they can offer food to their children that they like and will eat.
- Mothers want to discuss the weight of their child in a way that
 - expresses care and concern for their child
 - validates them as a good mother
 - treats their child individually
 - is based on factual evidence
 - is consistently interpreted the same way by their health care provider and WIC nutrition counselor

While mothers experience multiple barriers when responding to an overweight child, conflicting messages from WIC nutrition counselors and medical providers proves to be a significant problem for families.

The focus group findings, blended with current nutrition and physical activity recommendations, have been developed into key messages to work with families in targeting the prevention of overweight in children.



Weigh of Life...Taking Action Together

Coordinating with Health Care Providers

This section has been designed to enhance the WIC nutrition staff's ability to successfully work with health care providers to endorse and utilize consistent messages that promote healthy weights in young children. Our goal is to ensure that WIC families receive consistent, positive messages from both WIC and health care providers about eating patterns and achieving a healthy weight. To accomplish this, the Massachusetts WIC Nutrition Program has developed:

- ***Steps to Healthy Weight in Children*** – guidance for providing standardized, age-appropriate nutrition messages
- **Six 'healthy weight' messages** developed as colorful posters
 - Wall posters for health care providers
 - Mini-posters for use in WIC nutrition counseling sessions
- ***Prescription for Your Healthy Child*** pads to 'prescribe' diet and physical activity behavior changes
- ***Weigh of Life...Taking Action Together*** Provider Toolkit for establishing successful partnerships between WIC nutrition staff and health care providers

Contents of this section include:

- ✓ Building a partnership with health care providers
- ✓ Meeting with health care providers
 - Making the First Contact - How to Get in the Door
 - Sharing the Toolkit - Dialogue for a Ten-Minute Meeting
 - PowerPoint Presentations for sharing the *Weigh of Life...Taking Action Together* initiative with the medical community

Promoting healthy eating behaviors and healthy weights in children is a shared responsibility. In partnership with the medical community, WIC can make a difference in the nutritional status of our participants and help ensure that families receive coordinated, non-duplicative and supportive care.

Because parents turn first to their health care provider for an assessment of their child's weight status and to WIC for guidance on nutrition and feeding their children, **effective communication and coordination between the medical community and WIC nutrition staff is essential.** The materials developed through the *Weigh of Life...Taking Action Together* project, for coordinating with health care providers, are to be presented by the Senior Nutritionist or a designated Program Nutritionist during a brief visit.

Building a Partnership with Health Care Providers

It is important to establish a partnership with health care providers. This section of the manual and the tools included will support nutrition counselors in initiating and developing this partnership, essential to preventing childhood overweight. When communicating with health care providers, keep in mind these four steps - prepare, prioritize, personalize and provide follow-up.

✓ **Prepare**

- Decide what you are going to talk about
- Get materials in order
- Practice, practice, practice

✓ **Prioritize** – know your key messages

- Know what you want to communicate
- Choose 1-2 of the most important points you want to make, and deliver them in a clear and concise manner
- Tell them what you are going to tell them, tell them, and then tell them what you have just told them

✓ **Personalize** – the conversation

- Know your audience
- Communicate your expertise
- Identify what you have to offer them
- Identify services your local WIC program can offer to their patients

✓ **Provide follow-up**

- Plan regular follow-up to reinforce the partnership; this is not a one-time activity
- Build a professional relationship – one built on trust and respect
- Don't get frustrated; successful initiatives and relationships take time to develop
- Reinforce positive outcomes of collaboration efforts
- Set a time to talk about progress and efforts; don't let too much time pass between communications





Meeting with Health Care Providers

To provide the best care to WIC families, it is essential for WIC nutrition staff to have a good relationship with local health care providers. A team effort will go a long way in preventing childhood overweight. Often, nutrition staff find building this relationship to be a difficult task. Providers are generally very busy and have limited time available for meetings. Nutrition staff who have limited experience working with the medical community may feel intimidated as they make their first contacts.

The sample dialogues, talking points and PowerPoint presentations that follow were designed to make it easier for you to make your first contact with a health care provider and to have a succinct yet effective, meeting to share the *Weigh of Life...Taking Action Together* materials.

Making the First Contact - How to Get in the Door!

The following sample dialogue and talking points can be used when making an appointment to meet with a health care provider to discuss this project.

“Hello...this is _____ from the _____ WIC Program. We are launching a new initiative to prevent childhood overweight. I was hoping that Dr. _____ might be interested in joining the growing group of health care providers who are working with us on this project. I will only need about 15 minutes of his/her time. What is the best way to get in touch with Dr. _____ to make an appointment?”

Talking Points:

- Childhood overweight has reached epidemic proportions. Overweight is easier to prevent than to treat. WIC is concerned about the future health of our children and has embarked on a new initiative to prevent childhood overweight.
- One goal of the initiative is to partner with health care providers to deliver consistent, age-appropriate, preventive messages that promote a healthy weight in families.
- WIC has developed new materials that are available to health care providers. The concepts in the materials have been developed with input from the Massachusetts Chapter of the American Academy of Pediatrics Subcommittee on Obesity and the Massachusetts WIC Medical Advisory Board. Both groups have endorsed the initiative.

- The materials, available free of charge, utilize a new cutting-edge, emotion-based style of messaging. Wall-size posters, behavior change prescription pads and a CD with nutrition and physical activity educational materials are available to providers.
- The use of these messages and materials, in conjunction with referrals to WIC for counseling on feeding young children, will provide patients with consistent diet and weight messages and a sense of coordinated care. Partnering with WIC will enhance services for patients and save health care providers time.





Sharing the *Weigh of Life...Taking Action Together* Provider Toolkit

A Provider Toolkit has been developed to explain the *Weigh of Life...Taking Action Together* initiative to health care providers and their staff and to provide them with tools to partner with WIC. The Toolkit and the PowerPoint presentations (included in this manual on CD) can be used by the WIC Senior Nutritionist or other designated Program Nutritionists for visiting and speaking with health care providers about collaborating to prevent childhood overweight. The Toolkit should be personalized with local program activities, as well as local program contact information. It is important to review the contents of the Toolkit with health care providers during visits – even brief visits – as they may not have the time to adequately examine the materials afterwards.

Contents of the *Weigh of Life...Taking Action Together* Provider Toolkit:

Right Side

- ✓ Letter of Support from the Massachusetts Chapter of the American Academy of Pediatrics Subcommittee on Obesity
- ✓ *Prescription for Your Healthy Child* pad
- ✓ *Steps to Healthy Weight in Children* (Green header)
- ✓ Six new nutrition messages (English)
- ✓ *Targeted Messages for Hispanic Families* (Red header)
- ✓ *Project Overview* (Yellow header)

Left Side

- ✓ CD containing ready-to-print files for:
 - Six new nutrition messages targeting Hispanic families (English and Spanish)
 - Fit WIC materials (English and Spanish)
 - *Playing with Your Baby*
 - *Playing with Your Toddler*
 - *Playing with Your 3-5 Year Old*
- ✓ *What WIC Can Do for You* (Blue header)
- ✓ *WIC Fast Facts*
- ✓ *Selected References: Steps to Healthy Weight in Children* (Green header)
- ✓ *Selected References Regarding Childhood Overweight* (Green header)
- ✓ *WIC Position Paper: The Introduction of Solid Foods In Infancy*
- ✓ *WIC Position Paper: The Use of Fruit Juice with Infants and Preschoolers*

Dialogue for Sharing the *Weigh of Life...Taking Action Together* Provider Toolkit:

The following is a sample dialogue with talking points, to use to introduce the Toolkit to health care providers during a meeting:

“As you are aware, childhood obesity is an increasing threat to our children. It’s easy to recognize childhood obesity as a growing problem but difficult to know exactly what to do about it. No one has all the answers.

The Massachusetts WIC Nutrition Program was awarded a USDA Special Projects Grant to develop messages and materials that target the prevention of overweight in children, with a special focus on our Hispanic children. These materials were created after extensive research with WIC mothers and have been endorsed by the Massachusetts Chapter of the American Academy of Pediatrics Subcommittee on Obesity and the Massachusetts WIC Medical Advisory Board.

I want to share these materials with you to better coordinate with you and to provide the best possible care to the families we serve.


We know you have tremendous influence with your patients. If you recommend a change in behavior, it’s likely that the parent will take your recommendation very seriously.

We invite you to join forces with WIC and other health care providers to change the lives of children and families in Massachusetts. WIC needs you and you need WIC to make a difference and prevent childhood overweight.”

Share contents of the Toolkit with health care providers by showing:

- ✓ *Letter of Support* from the Massachusetts Chapter of the American Academy of Pediatrics, Subcommittee on Obesity.
- ✓ *Steps to Healthy Weight in Children* (Green header) – The steps were reviewed and endorsed to promote consistent messages between WIC and health care providers. These are the topics that WIC nutrition counselors are committed to discussing with families. WIC is encouraging health care providers to relate the same messages to their patients. When families hear the same information from multiple sources, they are more likely to believe the messages and act on them.
- ✓ *Mini-posters* - As part of this special project, messages were developed that target unique beliefs and behaviors of Hispanic families. WIC will be using





these as educational materials in counseling and parenting groups. Available in English and Spanish.

- ✓ Wall-size posters for hanging in health care providers' clinic. Available in English and Spanish. (Recommendation: provide 1-2 posters at initial visit; return at a future date to provide an additional 1-2 posters to refresh the office)
- ✓ *Targeted Messages for Hispanic Families* (Red header) – This describes the background of each poster.
- ✓ *Project Overview* (Yellow header) – This describes the goals of this project, project tasks, focus group findings and anthropometric assessment results.
- ✓ *Prescription for Your Healthy Child* pad – This prescription pad will be available free of charge to health care providers. Explain how the pad is a simple, quick way health care providers can influence parents to take action. Encourage health care providers to use this pad by selecting a behavior change and checking off 'talk with your WIC counselor for personalized help on feeding your child.' WIC will follow-up on the prescription for the child by working with the family on targeted behavior change and ways to integrate behaviors into their daily life.
- ✓ *What WIC Can Do For You!* (Blue header) – This is extremely important to review with health care providers. Providers have expressed their concern that there is not enough time to discuss childhood overweight with parents. WIC has the time AND the expertise to talk with parents about this sensitive topic. This fact sheet will inform health care providers what WIC can do to enhance their medical services and save them time.
- ✓ *WIC Fast Facts* – This describes basic WIC benefits and eligibility for the WIC Nutrition Program.
- ✓ *Selected References: Steps to Healthy Weight in Children* and *Selected References: Preventing Childhood Overweight* (Green header) – These flyers list published articles related to *The Steps to Healthy Weight in Children* and references pertaining to childhood overweight.
- ✓ WIC position papers - *The Use of Fruit Juice with Infants and Preschoolers* and *The Introduction of Solid Foods in Infancy* – These important position papers are included to inform health care providers of WIC's position on the use of fruit juice with infants and preschoolers and the introduction of solid foods in infancy.

The following is a sample dialogue to conclude your meeting with providers and set the stage for future collaboration:

“The staff at the _____ WIC office would like to be your partner in making a difference in the lives of the children we serve and curbing the epidemic of childhood overweight.

Are there any questions you have about WIC or about what else WIC can do for you?

With your permission, I’d like to schedule a time in about a month to touch base and provide additional posters or pads and answer any questions. Would that work for you? It may be best to secure the time and date now; I know how busy you are.

Thank you for taking time from your busy day to talk with me. We are very excited to be working with you on this critical issue. We welcome your comments and questions any time. Here’s my card — please feel free to call me.”

PowerPoint Presentations

PowerPoint presentations can be an effective way to communicate with health care providers during staff meetings and grand rounds. Two PowerPoint presentations – slides and speaker notes - have been developed and are included on the CD in this manual. There is a 10-minute presentation and a 15-minute presentation. Included on the CD are 4 files: each presentation is available as a .PDF file, which cannot be edited, and as a Microsoft PowerPoint file that can be individualized to meet the timeframe and interest of your audience.

If time becomes limited while presenting the PowerPoint presentations, quickly show the visuals of the 6 messages - referring to the Toolkit for samples of the messages, and *Background of Messages* (red header). Conclude with *What WIC Can Do for You!* to highlight how WIC can enhance their services to patients and save them time.

The following pages are a copy of the 15-minute PowerPoint presentation, including speaker notes.





Weigh of Life...Taking Action Together

Steps to Discussing Weight

A Step-by-Step Guide for Nutrition Counselors

This section is designed to help you, the WIC nutrition counselor, to be more connecting and sensitive in counseling sessions, and to establish a better understanding about how to talk with parents about their child's weight.

Contents of this section include:

- ✓ A step-by-step guide to discussing weight with parents
- ✓ Helpful tips from WIC moms
- ✓ Training activities for nutrition counselors

Talking about weight, particularly overweight, is difficult for parents and for nutrition counselors. Effective conversations with parents about their child's weight begin with you, the nutrition counselor. It's essential that you are aware of how sensitive the topic can be to parents and that you are prepared to approach it in a tactful way.

This step-by-step guide can help you approach the topic of overweight in an effective way without causing you or parents discomfort. This new style of discussing weight with parents will be challenging. It may not feel fun – or even comfortable – at first. It may be tempting to slip back into a fact-dispensing mode. But please don't. Remain patient and flexible, allowing yourself ample time to experiment and reflect. It is imperative that counselors embrace this approach to be successful in talking with parents about their child's weight.

You will find that most steps include words from WIC moms. Their thoughts were collected from focus group discussions and give you tips about best approaches to discussing weight.

This guide also contains training activities designed for training nutrition counselors, although the activities can be adapted for individual use. The activities are on separate pages for easy duplication.

Using this approach will reward you with thankful parents, meaningful conversations, and best of all, a generation of children who are at a healthy weight.





Step One: Put yourself in their shoes

What is a sensitive topic for you? Your credit rating? The number of shoes you have? Your sometimes messy home? Your weight? The death of a loved one? Your children — or lack of children? A divorce?

Just about any topic can be sensitive, depending upon the person you are talking with. This includes weight — especially the weight of a beloved child. Your comments may feel like an attack, rather than a discussion. Weight discussions can create a variety of feelings including:

- Pain
- Frustration
- Guilt
- Confusion
- Denial
- Embarrassment
- Anger
- Shock
- Sadness
- Disappointment
- Tearfulness
- Failure

The first step in communicating sensitive information about weight is to put yourself in the parent's shoes. Think about what approach would provide the most comfort to ***you*** when discussing a sensitive issue.

Make sure the setting is right. Sensitive topics are best discussed in private areas so that others can't hear. Sitting comfortably in a relaxed environment that allows for eye contact will make conversations easier.

Helpful Tips from WIC Moms:

- ✓ *Ask me about my feelings and opinions about my child's weight.*
- ✓ *Be sensitive of my feelings. Don't make comments that make me feel like I'm a bad mom or did something wrong because my child is overweight.*
- ✓ *Don't compare my child to 'the average child.' My child is special and I don't know what 'the average child' looks like.*

Training Activities:

1. Ask nutrition counselors to write their responses to the following questions, assuring them that they are for their use only and won't be shared with others. Read the following instructions slowly, allowing time for nutrition counselors to reflect on each step:
 - Write a topic that is sensitive to you. (Provide examples: divorce, problems with children, credit card debt, dysfunctional family, etc.)
 - Next, write down how you feel about the sensitive topic. (Provide examples: embarrassed, hurt, upset, grief, etc.)
 - Imagine someone wanted to talk to you about this topic. How would you feel about their offer? How would you want them to offer assistance to you? Would you be open and willing or reserved and hesitant?
 - What could they say that would make you want to discuss the topic?
 - What approach or words would cause you to shut down and not want to discuss it?
2. Without sharing specific topics or feelings, ask nutrition counselors to discuss these questions:
 - What words create a comfortable exchange of information?
 - What words cause negative feelings like pain, embarrassment, or failure?
 - Creating a climate for comfortable sharing goes far beyond words. What body language suggests a caring, compassionate person? What does a supportive environment look like?
3. Discussion: Weight, food, and eating are all sensitive topics. Ask nutrition counselors to identify:
 - words that would establish a comfortable conversation about a child's weight.
 - words that would cause feelings of pain, embarrassment, or failure if used in a conversation about a child's weight.
 - ways a comfortable environment and body language can show a caring and compassionate person.
 - ways they could change their office and counseling approach or environment to make a conversation about weight easier for parents.





Step Two: Resist labels

A direct identification of a child's weight status may not be best. Determining if a child is at a normal weight, overweight or underweight is simple. It's a straightforward procedure that can be done accurately and quickly using a growth chart. A child's weight can easily be graphed for visual understanding. This makes it tempting to focus on providing facts in a straightforward way.

Discussions of weight are wrapped in layers of emotions, mostly negative. It's best to adopt a communication style that recognizes these emotions. Labeling a child by weight can stop communication.

Start by making sure the timing is appropriate for the discussion. If the parent is in a fragile emotional state as a result of life issues like miscarriage or divorce, or has been up all night with a sick child, wait until the parent is in a better frame of mind. WIC is a long-term behavior change program. It's better to wait until the time is right than risk ending communication.

Helpful Tips from WIC Moms:

- ✓ *Use professional language when talking about weight. I am offended when you use the word 'chunky.'*
- ✓ *Tell me you're concerned about my daughter and her weight. Don't just say that she's overweight since that offends me.*

Training Activities:

1. Ask nutrition counselors to write the following on a piece of paper:
 - labels that have been used to describe them. (Provide examples: creative, lazy, liberal, kind, boring, cold, funny, dull, etc.)
 - describe the effect of that label *on their behavior*. (Provide examples: inspired, encouraged, diminished, reinforced, etc.)

Encourage nutrition counselors to share the labels and effects from their own experiences.

2. Read the following labels slowly and ask nutrition counselors to determine if they are positive (inspiring and encouraging) or negative (hurtful, judgmental or defeating).

- | | |
|--------------|---------------------|
| • Chubby | • Stocky |
| • Overweight | • Healthy |
| • Chunky | • Solid |
| • Muscular | • Big boy, big girl |
| • Big boned | • Obese |

Discuss personal reactions to these labels. Discuss how people react differently to words and how what some people find negative might not bother someone else.

3. Discussion: It isn't helpful to use labels that may be hurtful, judgmental or defeating. Could we, as counselors, be using negative labels? How has the use of labels had a negative impact on behaviors? What are some words or phrases that could be used to talk about a child's weight that avoid the use of labels?





Step Three: Be likeable

Before asking questions of parents, ask these questions of yourself:

- How can I be more likable to parents?
- Who do I want to be?
- What personality traits can I draw on to make discussions go more smoothly for me and for parents?

We're in the business of getting people to say 'yes' to behavior change. Research shows that people prefer to say yes to those they like. So, being likable is job number one for nutrition counselors. Other words describe the same thing – rapport, affection, and connection – but likeability is the foundation for being influential in behavior change discussions.

We all have different personality traits we can access — or hide — based on the situation. Here are some personality characteristics that make people more likeable and help make discussing sensitive topics easier:

- Empathetic
- Caring
- Hopeful
- Non-judgmental
- Gentle
- Sincere
- Respectful
- Good listener
- Honest
- Humorous

Speaking at a slower speed and a lower tone can reduce stress and increase your likeability. A tone that suggests a genuine smile also helps connect you with a parent. And remember, it's a discussion rather than a presentation of facts, so allow enough time for questions and listening.

Before discussing weight or any other topic, invest time in getting the parent to like you and take the time to appreciate the parent. Watch a parent's body language as she realizes you are genuinely interested in her and her child as people, not just as WIC participants. Enjoy these moments without guilt, knowing that this is part of your job and absolutely essential to future behavior change.

Finding similarities between you and the parent is a quick and easy way to establish rapport. It's especially useful in discussing the emotionally charged topic of weight. Perhaps you have struggled with your own weight and have been successful or

unsuccessful in reaching your target weight. Perhaps you've been unsuccessful in reaching another type of goal. Or maybe your child has emotional scars from being teased about her weight — or some other characteristic. Consider sharing your concerns and experiences with parents. They are likely to appreciate your honesty, respond more openly, and act on what you say. The exchange of social and emotional information may be more important to changing behavior than the sharing of facts.

Helpful Tips from WIC Moms:

- ✓ *Be warm and caring. I'll listen better.*
- ✓ *Always have a smile for me and for my children.*
- ✓ *Tell me you want to work with me. Don't tell me what to do.*
- ✓ *Don't make me feel you are judging or criticizing me.*
- ✓ *Respect my culture. I may not think like you do, but we may both be right.*
- ✓ *Treat me like a person, not a statistic or number.*
- ✓ *Give me time to process what you say. Hearing your child is overweight can be a surprise.*
- ✓ *Talk with me, not at me. Don't be abrupt or blunt as that upsets me.*
- ✓ *Admit it if you struggle with weight. I like to know that you're a real person.*
- ✓ *Learn about foods traditional to my culture. Talk about foods I already eat, not foods that I've never tried.*





Step Three: Be likeable (cont.)

Training Activities:

1. Ask nutrition counselors to write the following on a piece of paper:
 - Write the name of a person of influence who is/was likeable to them. (Provide examples: physician, teacher, spiritual leader, parent, etc.)
 - Next, list three personality characteristics of the person that allowed him/her to be likeable to you.
 - Write the name of a person who is/was not likeable.
 - What about that person's personality or communication style made them not likeable?

Ask nutrition counselors to share responses, recording them on a flip chart under these categories: likeable and not likeable.

2. Discussion: Why is it important for WIC educators to be likeable? What personality and communication characteristics make a nutrition counselor more likeable to parents? What decreases their likeability? How does being likeable improve nutrition counselors' ability to facilitate behavior changes that promote a healthy weight?





Step Four: Provide praise

As nutrition counselors, we're skilled at noticing what parents can do to improve, but we often forget the power of praise.

Giving positive feedback — praise — is a powerful tool to establish a good working relationship and smooth the way to future behavior change. Compliments help form good relationships, the foundation of effective counseling.

Here's how to make praise more effective:

- **Be specific.** Don't make general statements like "you're doing a good job." Instead, say something like, "Ana, you're doing an amazing job of getting Carmen to love veggies! What's your secret?"
- **Praise often.** No need to dole out compliments and positive feedback sparingly. Lavish it on often! But — make it believable to the parent. It shouldn't sound unnatural or overdone.
- **Be sincere.** Because there is good in every person — attitude, intent, action or belief — it's easy to find ways to praise parents. Believing that it is there and looking for it allows moments of praise to happen often.
- **Validate parental efforts.** There are no perfect parents. And there are millions of ways to be great parents. Affirm the love and commitment behind parental actions whenever possible. Everyone likes to be complimented on parenting, the most challenging job on earth.

Helpful Tips from WIC Moms:

- ✓ *Let me know that you think I'm doing a good job as a mother.*
- ✓ *Being the best mom for my child is very important to me. I am doing what I think is best. Please acknowledge me as a mom. Remember I have feelings too.*
- ✓ *I must be doing something right. Can we talk about that first?*

[illegible]

- Ask nutrition counselors: What comments did the ‘parent’ offer the ‘child’? Were they generally positive and encouraging or negative? Which specific comments were most helpful to the ‘child’? Which comments would you find most helpful?

-
- A vertical strip of various fruits and vegetables, including apples, lemons, pumpkins, onions, peas, carrots, and leafy greens, arranged in a repeating pattern. The items are drawn in a simple, stylized manner with black outlines and some internal shading. The background is a solid light gray.



Step Five: Seek input

The quickest and shortest way to identify a problem is to allow an expert to do so. In fact, that's the role nutrition counselors have assumed in the past. We made decisions based on nutritional standards, provided instructions on what needed to be changed, and monitored progress toward the goals we established. That approach, though factually sound, may not be effective.

Rather than appreciating an expert assessment of their child's weight, parents often react negatively to hearing that their child is overweight. They may feel:

- demeaned that you are telling them they aren't a good parent
- shocked at being told their beloved child isn't perfect
- angry at having someone intrude on their personal life
- frustrated that they can't change the situation
- angry that you don't really 'get it' and aren't in touch with their cultural norms

Parents don't appreciate it when nutrition counselors assume an 'expert' or 'boss' role. After all, they're the real experts on their lives and those of their children. It's better if we assume the role of a coach – here to help with problems parents identify on their own.

Many parents come to WIC primarily for the food package. They can be especially resistant to negative news when they don't expect or want it. This example may help you understand how they feel. You stop at your local store to pick up toothpaste and the store clerk informs you that your hair needs cutting and conditioning. You will certainly react less than enthusiastically to this unexpected and negative news.

Nutrition counselors have the challenge of getting parents to identify potential concerns, especially relating to their child's weight.

Ask parents to complete an assessment quiz

Ask parents to complete the quiz titled *Take This Quiz to See if Your Child is at a Healthy Weight*. This quiz allows parents an opportunity to assess their child's weight using clues they see and hear everyday.

take this QUIZ to see if your child is at a healthy weight

Check all statements that are true for your child.

Does your child:

- ☐ become short of breath when climbing stairs?
- ☐ prefer to watch TV or play alone rather than play with others?
- ☐ have a large belly or rolls of fat?
- ☐ have a nickname like "gordito" or "chubs"?
- ☐ seem "puffy" in the face or neck?
- ☐ have trouble running and playing?
- ☐ wear a size larger than her age?
(For example, size 4T pants at age 2)
- ☐ get teased about his weight?

Do you or family members say your child:

- ☐ is "stocky", "chunky", "thick", "solid" or "big boned"?
- ☐ will outgrow his weight?
- ☐ has to be big to be healthy?
- ☐ has "bad genes" or "slow metabolism"?
- ☐ is like other relatives who are large or heavy?

If you checked more than three items above, it may be time to take action.

Tips to help your child be at a healthy weight:

- ☐ Take a walk each day.
- ☐ Offer water instead of soda, fruit drinks, or juice.
- ☐ Buy low-fat instead of regular milk.
- ☐ Serve child-sized amounts of food.
- ☐ Suggest active play instead of watching TV.
- ☐ Serve low-fat milk with meals instead of juice.
- ☐ Offer bananas, mangos, and apples rather than candy, cake, and cookies.
- ☐ Reward your child for good behavior with a trip to the playground.
- ☐ Set a timer for 30 minutes. Turn off the TV when the 30 minutes are up.
- ☐ Buy whole-wheat bread.
(The extra fiber helps kids feel full.)
- ☐ Crunch on carrots rather than chips.
- ☐ Encourage your child not to overeat.
- ☐ Skip bedtime snacks.
- ☐ Spoil them with love rather than food.
- ☐ Treat them with a game of soccer rather than ice cream and candy.
- ☐ Ask loving family members to help your child by offering fruit instead of candy.
- ☐ Plan family events around activities rather than food.
- ☐ Dance and sing with your child during TV commercials.

Please note that the quiz provides no summary information that pronounces a child to be 'healthy' or 'overweight.' Some parents may want to share their concerns about their child's weight shortly after completing the quiz, or they might ask for your assessment of their child's weight. That's an opening for you to gently echo their concerns.





Step Five: Seek input (cont.)

Questions to help parents assess their child's weight:

- Some moms have told me they were surprised by some of the question on the quiz. Were you surprised by anything on this quiz?
- Did taking the quiz relieve you of any concerns you have about Maria's weight?
- Do you feel differently about Maria's weight now that you've taken the quiz?

Questions to spur action:

- Sounds like you're ready to take steps to help Maria be the best that she can be. What do you plan to do first? Who can help you with that? What might be a problem you encounter when starting to take action? How will you get around that problem? When will you start?
- Were any of the suggested actions surprising to you?
- Would you share some of your successes in keeping Maria active each day so I can help other moms who are struggling with this issue?
- Do you feel taking action will make a difference in Maria's life? If so, which action(s) will have the biggest payoff for you and Maria? Why is that important to you?
- Looking over this list of actions, which fit in the 'can do' group, the 'maybe on a weekend' group, and the 'not a chance' group?

Some parents may need more time to reflect, evaluate and change their own thinking about their child's weight before discussing it with you. In that case, don't probe or jump in with your assessment. These questions may be useful to bridge to a new topic:

- Other moms have told me they needed time to think about the quiz or share it with their family. I'd love to hear what you feel about it next time. Is there another topic that's more important to discuss today?
- It sounds like taking action isn't something that will fit into your life right now. Do you think there might be a time in the future that you would be able to take action?

This approach works well because it:

- Is non-confrontational
- Offers an active rather than passive assessment
- Uses 'clues' that are meaningful and relevant to parents rather than height and weight data
- Is not likely to lead to defensive feelings since the parent is doing the assessment
- Wastes no time trying to convince parents something they don't want to hear
- Allows parents time to pause, think and process what they have discovered for themselves

Helpful Tips from WIC Moms:

- ✓ *Ask if I agree with what you say. If not, I need to talk more to understand the situation before moving on to solutions.*
- ✓ *Ask for my opinion. I know my child best.*
- ✓ *Provide your name and phone number for additional questions. It makes me feel you care about my child and me.*
- ✓ *Discuss how to make the situation better. Once you've told me there is a problem, move on. I want to focus on solutions.*
- ✓ *Allow enough time to talk with me and to listen to my questions.*





Step Five: Seek input (cont.)

Training Activities:

1. Ask nutrition counselors to form pairs. Decide who will be the nutrition counselor and who will be the WIC participant.

- Provide the following directions to the ‘counselors’ on an index card:

This card is confidential! Do not share it with your partner.

Ask the ‘participant’ to identify a recent personal or professional challenge that she is facing, such as deciding to go back to school, saving money for a down payment on a house or sticking to a weight loss plan. Ask her to share that challenge with you. For the next five minutes, use probing questions such as “can you tell me more about that?” or “can you give me more details?” or “why is that a challenge” or “what concerns do you have?” to get the ‘participant’ to further discuss and solve her own challenge. Do not offer advice; only ask questions.

After five minutes, reconvene the group. Ask ‘participants’:

- What did your partner do that made you feel you were being listened to?
- How did it feel to have someone listen to you completely?
- Would input (beyond questions) from the ‘counselor’ have enhanced or hindered the conversation? Why?

Ask ‘counselors’:

- How hard was it for you NOT to jump in and give advice?
- Were you surprised at the depth of the conversation?
- How did the ‘participant’ progress through her own problem solving by being allowed to talk and for you to be committed to listening?

2. Discussion: How do you think WIC parents would feel if counselors listened to them with their full attention, respect and regard? How can you take this experience and incorporate it into your everyday counseling sessions with participants? How can you use this technique to have better conversations with parents about their child’s weight? The best way to seek input is to ask questions that allow WIC parents to identify and solve their own problems. An important role of the nutrition counselor is to ask questions that keep the parent talking and to listen fully.





Step Six: Seek commitment

Pushing parents to acknowledge their child's weight and make action plans can result in frustrated parents and nutrition counselors. Why push when you can pull?

Emotions enter into all decisions, especially those related to children. The deepest concerns of parents — such as their child's health — arouse emotions, boost motivation, guide actions and uphold values. 'Pulling' parents toward actions that support healthy weight requires emotion.

Here are steps to seeking commitment to behavior change:

- **Label parents using positive attributes:** Gently give the parent a label that is consistent with the desired actions. Example: "You look like the type of mom who loves her child and will do anything for her." The intent of labeling is not to flatter them or create positive feelings but rather to connect the parents' identities to a course of action. Research suggests that people internalize this type of labeling feedback and are more likely to make commitments in line with the label.
- **Tap into existing commitments:** Talk about something the parent desires for her child and how that reflects an enormous personal commitment by her and her family. Every parent has dreams for their child. Ask parents to share their dreams for their child and what they're doing to help them come true. They may smile with pride as they share how they read to their child daily as preparation for school or always sit down and eat with their child each night for dinner. After listening, connect their dreams and commitment with the desired action. For example, suggest that a daily dose of activity or fruits and vegetables represents a commitment to their child, much like helping their child be a good reader or listening to their child at dinner.

Recommended actions are more likely to be accepted once you identify them as consistent with a parent's values. The motivation to accept and make changes is then strong.

- **Lead parents to voluntary commitments:** Voluntary commitments are more likely to lead to lasting changes than pressured commitments. The *Take This Quiz to See if Your Child is at a Healthy Weight* is designed to lead parents to a personal examination of their child's weight indicators and a voluntary commitment to change eating behaviors. Parents who 'own' their commitment are more likely to change their behavior.

- **Ask for public commitments:** People who publicly commit to a course of action are more likely to maintain that course of action into the future. Once people make a public commitment, people tend to believe it more. Encourage parents to share (with you, a group or with their child) what they plan to do and how they plan to do it. Ask parents to also write down what they plan to do and show it to another person, or display their commitment on the refrigerator. This increases the likelihood they will act on their plan.
- **Ask parents to identify action steps:** If parents seem resistant, ask them to identify what they are willing to do to help their child achieve a healthy weight.





Step Six: Seek commitment (cont.)

Training Activities:

1. Ask nutrition counselors to think about commitments they have made.
 - What actions did they take because of this commitment? What words, phrases or behaviors were used to encourage them to stick with the commitment? How do they feel when they make a commitment and their actions are consistent with that commitment?
 - What actions conflicted with their commitment? What words, phrases or behaviors were used that discouraged them from sticking with the commitment? How do they feel when their actions are not consistent with that commitment?
2. Have the nutrition counselors role play obtaining a commitment by using the above steps to seeking commitment to behavior change.
3. Discussion: How can nutrition counselors get parents to make commitments – take a stand, to go on record – to practice behaviors that are consistent with a healthy weight?





Step Seven: Be persuasive

Martin Luther King's '*I Have a Dream*' speech touched hearts and changed history. Imagine if his speech had been titled '*I Have a Goal*' or '*I Have a Strategy*.' It's likely his words would have soon been forgotten.

Martin Luther King understood how to be persuasive. Nutrition counselors can learn and apply principles of persuasion too. Consider these persuasion/influence tools and use them throughout discussions with parents:

- **Personalize your messages.** Use the word 'you' and the child's name often. It's a simple yet powerful way to make your message more relevant, increase parent involvement, and boost attention.
- **Talk about hope.** Help parents FEEL they can successfully and dramatically change the course of their child's life. Ask them to identify ways their child would be happier if she were at a healthy weight.
- **Present the situation as temporary.** No one is inspired to act on something they consider a permanent situation. Ask parents to share how long they're willing to take action to help their child reach a healthy weight AND when they think such actions will produce positive results.
- **Use peer power.** Cues from people around us help us decide how to think, feel and act. People we perceive to be most like us are likely to be most persuasive since they 'walk in the same shoes.' Rather than trying to convince parents to take a course of action, share testimonials from other parents who have been successful at taking that same action, and discuss emotional payoffs that they received.
- **Make the challenge seem manageable.** Ask parents to share practical suggestions about what they could do tomorrow with little time, effort or money.

Try these techniques if parents still seem resistant to taking action to help their child achieve a healthy weight:

- **Ask parents to generate arguments *against* healthy weights:** Rather than placing yourself in the position of arguing *for* healthy weights, ask parents to suggest reasons for children to be at above-average weights. This strategy may increase parents' receptiveness to ideas, identify barriers to action, reveal important perspectives, and increase sharing during discussions.

- **Frame possible *losses* to spur action:** Some people are more motivated by the thought of LOSING something rather than by the thought of GAINING something. Ask parents to share what their child might lose by being overweight, what parents might lose by not establishing healthy eating and activity habits in their children, etc.

Helpful Tips from WIC Moms:

- ✓ *Give me hope. Tell me that my child's weight can be normal and I can make a difference.*
- ✓ *Convince me that I need to do something. I am very busy and won't take action until I feel there is a problem.*





Step Seven: Be persuasive (cont.)

Training Activities:

1. Read this paragraph from Martin Luther King's famous 'I Have a Dream' speech:

I have a dream that one day this nation will rise up and live out the true meaning of its creed: 'We hold these truths to be self-evident: that all men are created equal.' I have a dream that one day on the red hills of Georgia the sons of former slaves and the sons of former slave owners will be able to sit down together at a table of brotherhood. I have a dream that one day even the state of Mississippi, a desert state, sweltering with the heat of injustice and oppression, will be transformed into an oasis of freedom and justice. I have a dream that my four children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character. I have a dream today.

- Next, read this logical, factual version of the same paragraph:

The United States of America has failed to comply with the constitution. Currently, 92% of African-American men in Georgia are not dining with men of other cultural groups. NHAN data suggest that the prevalence of this behavior is even greater in Mississippi. This behavior results in negative short and long-term consequences. (Harvard, 2003) A well-documented evaluation plan is needed to assure that children are assured equal rights based on criteria other than race. This project should receive high priority in the STAR five-year plan.

2. Discussion: Which speech would be more effective in persuading people to make changes? Why? How can we use the techniques that made the first speech more persuasive to change behaviors related to a healthy weight with WIC parents?





Step Eight: Offer educational materials

Six emotion-based materials and a child-size placemat are available for your use. The manual section entitled *Using Educational Materials to Promote Behavior Change* contains information on each handout, as well as how to use them in a counseling or group session.

The educational materials can be used in these ways:

- **During a counseling or group session:** *A Healthy Weight is Something to Smile About* was designed to help parents determine for themselves if their child is overweight. *Grow a Healthy Child* can be used during the session to help parents identify what they are already doing ‘right,’ as well as actions they can take to help their child maintain a healthy weight.
- **After a counseling and group session:** All educational materials present key messages and address potential barriers to taking action. Offer the materials to parents to reinforce information introduced in your session.

Training Activities:

See manual section entitled *Using Educational Materials To Promote Behavior Change: A Guide for Nutrition Educators* for activities on how to use the emotion-based materials and child-size placemat.





Step Nine: Plan actions

In the counseling session, you will have:

- Used tactful, gentle words because you know how sensitive the topic of weight is for parents
- Established a warm and friendly rapport with the parent, resulting in a like-like relationship
- Chosen an emotional, persuasive approach
- Highlighted positive things the parent is already doing well
- Encouraged the parent to assess her own child's weight using the handout quiz
- Persuaded the parent to commit to making her child's weight a higher priority in her busy day
- Used persuasion tools to influence parents to take action
- Provided emotion-based materials related to your discussion

It's now time to move from ideas to action. Consider these tips as you guide your parent from commitment to action:

- a. **Let the parents set their own goals:** Parents know their lives better than we do and they are in the best positions to determine what they can — or can't — do.
- b. **Ask questions:** Your role in determining an action plan is to ask questions and listen. Start with general questions like:
 - What are you willing to do tomorrow to make sure Maria has the best chance at living her life at a healthy weight?
 - What will you do tomorrow that will make you proud AND help Maria achieve a healthy weight?
 - Some people set a goal of being better at SOMETHING every day. What would allow you and Maria to be better at being more active? Eating better?

- Suppose you could mail yourself a Success Card tomorrow night. What success would you write on your card tomorrow that would help Maria get to a healthy weight?
 - What habit or ‘groove’ are you in that can help Maria to be active and make healthy food choices? What could you do in the next 2 days that may help you make a change to health-promoting habits?
- c. **Ask parents to document action step(s) on paper:** Goals that are documented on paper are more likely to be achieved. Of course, the person writing the goal must be the parent, not the nutrition counselor. Offer to assist if the parent seems especially reluctant to write the action step (she may be concerned about her writing ability).
- d. **Probe to provide clarification to their action plan:** Your questions will help parents think through what they plan to do, identify potential barriers to success and spot possible solutions. Here is a sample question:
- Knowing how committed you are to this change, I’m sure you’ll be successful. But I’m curious as to what you’ll do if things don’t go as planned. Can you think of anything that might prevent you from (name action step identified)? What will you do if that happens?
- e. **Tell them you are confident of their success:** Everyone wants someone to believe in them. You can be that person for parents. Not only will it help them leave glowing with success and confidence, they’ll leave knowing that you’re cheering for them every step of the way.
- f. **Ask them to do you a favor:** Ask parents to share their successes with you the next time they visit, because you want to share them with other parents. The word ‘because’ is key. Research suggests that people like to do favors for others when there is a reason. ‘Sharing success’ implies that you expect them to be successful — another reason to take action.
- g. **Tell them you look forward to hearing about their success (es) next time they come to WIC:** Close the session in a friendly, gracious and warm way.





Step Nine: Plan actions (cont.)

Helpful Tips from WIC Moms:

- ✓ *Let me suggest foods my child can have, not only those he can't. I feel guilty when I deny him foods he enjoys.*
- ✓ *Help me with suggestions that are practical. I can't always fit in a home-cooked meal and activity after a long day at work or afford expensive fruits and vegetables.*
- ✓ *When you offer me solutions, make them specific. Don't say 'eat more' or 'eat less.' Give me specific amounts like 'three ravioli.'*

Training Activities:

1. Discussion: Which will be more effective in preventing childhood overweight: nutrition counselors who *know* more or nutrition counselors who *act* differently? Which will be more effective in preventing childhood overweight: parents who *know* more or parents who *act* differently? Why?
2. Ask nutrition counselors to write on a piece of paper three actions they plan to take as a result of this training. Share counselors' action plans with the group.





The list below summarizes the nine steps to discussing weight with parents. Place this tool in a visible area at your desk to refer to during counseling sessions.

Steps to Discussing Weight with Parents

Step 1: Put yourself in their shoes

Step 2: Resist labels

Step 3: Be likeable

Step 4: Provide praise and validate parent's love for their child

Step 5: Seek input

Step 6: Seek commitment to a course of action

Step 7: Be persuasive

Step 8: Offer educational materials

Step 9: Plan actions



Weigh of Life...Taking Action Together

Using Educational Materials To Promote Behavior Change

A Guide for Nutrition Counselors

This section of the manual was designed to introduce ways to present nutrition education messages and materials with an emotion-based approach. These materials can be used with all families to help prevent childhood overweight. WIC's role is to support parents in practicing appropriate parenting and encouraging healthy eating patterns in their children. The prevention of overweight in children must become a core component of all WIC nutrition counseling and education.

Contents of this section include:

- ✓ Visuals of the new materials
- ✓ Key messages featured in the new materials
- ✓ Ways to use the new materials
- ✓ Parents' potential barriers with sample emotion-based responses

Barriers to Success

Like all parents, Hispanic WIC families face barriers to adopting eating habits and patterns that promote a healthy weight. Key barriers include:

Misperceptions about childhood overweight:

- A heavy child is a healthy child.
- Heredity determines the child's size; there is little that can be done to change it.

Misperceptions about food:

- Children are picky eaters and won't eat healthy food.
- Children do not like fruits and vegetables.
- All healthy food is expensive.
- Providing healthy food instead of foods the child 'wants' will make the mom feel guilty, waste time and waste money.
- Offering high-sugar, high-fat treats is an acceptable way of showing love and affection.

Misperceptions about milk and juice:

- Milk is a complete food and provides everything a child needs. It is 'protective.'
- Children cannot consume too much milk or juice.

Misperceptions about parents' control:

- Overweight is extremely difficult to solve in young children because parents feel like they have limited control over their child's diet.
- Parents can't do anything to change relatives who push food or treats on their children.

Message Selection

The first step in developing the emotion-based messages was determining what weight-related behaviors to target. Program planners selected messages after reviewing input from the following sources:

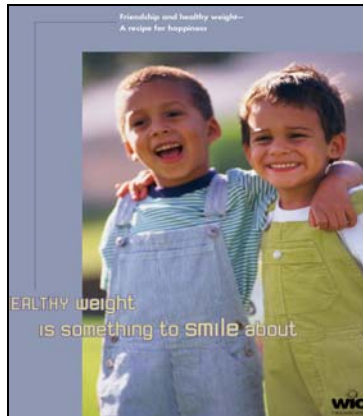
- Focus group findings
- WIC nutrition staff
- Research

Messages featured in the new educational materials include:

- A slender-looking child is a healthy child
- Developing good eating habits makes a lifelong difference
- Eat together as a family
- Offer a variety of food instead of a steady diet of milk and juice
- Mom knows what is best for her child
- Mothers will be surprised that children enjoy eating healthy foods — this will make mothers happy
- Child-sized serving sizes provide all the nutrients necessary for growth



Message: Healthy weight is something to smile about



take this QUIZ to see if your child is at a healthy weight	
<p>Check all statements that are true for your child.</p> <p>Does your child:</p> <ul style="list-style-type: none"><input type="checkbox"/> become short of breath when climbing stairs?<input type="checkbox"/> prefer to watch TV or play alone rather than play with others?<input type="checkbox"/> have a large belly or rolls of fat?<input type="checkbox"/> have a nickname like "garden" or "chub"?<input type="checkbox"/> seem "puffy" in the face or neck?<input type="checkbox"/> have trouble running and playing?<input type="checkbox"/> wear a size larger than her age? (for example, size 47 pants at age 2)<input type="checkbox"/> get teased about his weight? <p>Do you or family members say your child:</p> <ul style="list-style-type: none"><input type="checkbox"/> is "stubby", "chunky", "thick", "silly" or "big boned"?<input type="checkbox"/> will outgrow his weight?<input type="checkbox"/> has to be big to be healthy?<input type="checkbox"/> has "bad genes" or "slow metabolism"?<input type="checkbox"/> is like other relatives who are large or heavy? <p>If you checked more than three items above, it may be time to take action.</p>	<p>Tips to help your child be at a healthy weight:</p> <ul style="list-style-type: none"><input type="checkbox"/> Take a walk each day.<input type="checkbox"/> Offer water instead of soda, fruit drinks, or juice.<input type="checkbox"/> Buy low-fat instead of regular milk.<input type="checkbox"/> Serve child-sized amounts of food.<input type="checkbox"/> Suggest active play instead of watching TV.<input type="checkbox"/> Serve low-fat milk with meals instead of juice.<input type="checkbox"/> Offer bananas, oranges, and apples rather than candy, cake, and cookies.<input type="checkbox"/> Reward your child for good behavior with a trip to the playground.<input type="checkbox"/> Set a timer for 30 minutes. Turn off the TV when the 30 minutes are up.<input type="checkbox"/> Buy whole-wheat bread.<input type="checkbox"/> Crunch on carrots rather than chips.<input type="checkbox"/> Encourage your child not to overeat.<input type="checkbox"/> Skip bedtime snacks.<input type="checkbox"/> Spoil them with love rather than food.<input type="checkbox"/> Treat them with a game of soccer rather than ice cream and candy.<input type="checkbox"/> Ask loving family members to help your child by offering fruit instead of candy.<input type="checkbox"/> Plan family events around activities rather than food.<input type="checkbox"/> Dance and sing with your child during TV commercials.

Key Messages:

- A healthy weight has benefits beyond health.
- Children at a healthy weight are happy.
- Children at a healthy weight tend to have an easier time making friends.
- There are many ways to determine if a child is at a healthy weight.
- Cultural views and traditions about weight may prevent parents from accurately assessing a child's weight.
- There are many things parents can do to keep a child's weight in a healthy range.

[illegible]

- Ask parents to take the quiz on the back of the mini-poster. This will help parents determine if their child is at a healthy weight using clues they see everyday. Ask parents to share their reactions and concerns after taking this quiz. Consider asking questions such as, ‘Were you surprised by anything on this quiz?’ and ‘How do you feel about your child’s weight now that you have taken the quiz?.’ Initiate a discussion based on parents’ reactions and concerns.

- **Discuss the emotional benefits of being at a healthy weight.**

Ask parents to share their own experiences regarding struggles with weight or any weight struggles of their family or friends and talk about the emotional impact it had on them. Highlight the emotional benefits of achieving and maintaining a healthy weight: increased acceptance with other children, increased ability to keep up with active friends and greater pride in their bodies.

- Ask parents to share any health issues related to overweight the family may have now or in the past. Ask parents if they have any health concerns for their child.

- **Review with parents tips to promote a healthy weight.**

Ask parents to share their thoughts on the tips provided. Ask parents what actions they are interested in taking or actions they have already taken. Discuss what makes it easy to take these actions or what makes it harder. If parents have been successful, ask them to share their experiences so you can share them with other moms who may be struggling with similar issues.



Parents' potential barriers with a sample emotion-based response:

- Belief that a heavy (overweight) child is a healthy child.
 - ✓ *Children are precious and beautiful at any size. But a slender-looking child is a healthy child.*
- Belief that heredity determines a child's weight and parents can do little to change a child's weight.
 - ✓ *Heredity does have an impact on a child's weight. But parents have power. When you help your child be more active and provide healthy foods, you are protecting your child from a lifelong struggle with excess weight. (I wish my parents had done that for me!)*
- Belief that an infant's weight doesn't matter since it will change once the child starts eating table foods, crawling and walking.
 - ✓ *Paying attention to your child's weight from birth is important. It may be the most powerful indicator of her future health. You're doing a great job of taking good care of her. Keeping track of her weight is important part of a parent's job.*
- Belief that a child's weight doesn't matter since it will change once the child begins school.
 - ✓ *It is important to pay attention to your child's weight at all ages. You are a great mom who has focused a great deal of attention to raising a healthy, happy child. Keeping track of her weight and making sure she is at a healthy weight is an important part of a parent's job. The things you teach her now about good eating habits will be carried with her as she grows.*



Message: Grow a healthy child



a healthy tomorrow starts with the right food today	
Breakfast: <ul style="list-style-type: none"><input type="checkbox"/> Serve low-fat milk in a cup or glass.<input type="checkbox"/> Offer whole wheat bread, toast, or WIC cereal.<input type="checkbox"/> Cook an egg.<input type="checkbox"/> Offer yogurt with fruit.	Snacks: <ul style="list-style-type: none"><input type="checkbox"/> Provide fruit and vegetables instead of candy, cakes, or cookies.<input type="checkbox"/> Serve WIC cereal.<input type="checkbox"/> Encourage children to drink water.
Lunch and Dinner: <ul style="list-style-type: none"><input type="checkbox"/> Serve low-fat milk in a cup or glass.<input type="checkbox"/> Offer at least one veggie.<input type="checkbox"/> Provide at least one fruit.<input type="checkbox"/> Try brown rice or whole-wheat pasta.<input type="checkbox"/> Offer small amounts of meat, beans, or peanut butter.	Meal Time Tips: <ul style="list-style-type: none"><input type="checkbox"/> Eat together as a family.<input type="checkbox"/> Talk about your day.<input type="checkbox"/> Offer small amounts of food.<input type="checkbox"/> Offer food without commenting on how much your child eats.<input type="checkbox"/> Refrain from encouraging kids to clean their plates.<input type="checkbox"/> Take a walk together after the meal.<input type="checkbox"/> Encourage children to help with meal preparation.

Key Messages:

- What parents do today makes a difference to their child tomorrow.
- Giving the gift of healthy eating habits to a child requires love and commitment, not extensive time, effort or money.
- There are simple things parents can do, as their child grows, to promote a healthy weight.
- Some actions that parents can take to help their child's health relate directly to eating. Examples: Offering fruits and vegetables at each meal and at snack time; eating together as a family.
- Omitting some actions will benefit a child's future health. Examples: Parents should not encouraging children to eat all the food on their plate; parents should not rewarding behaviors with food treats.

Use this mini-poster to:

- **Reinforce positive actions parents are currently doing to keep weight on track.**

Ask parents to review the checklist and *circle* actions they currently do to keep their child's weight on track. Ask them to share (with you or in a group) the circled actions, especially the ways they fit the actions into their busy life. Provide positive feedback and reinforce the impact of actions they are currently doing on their child's future health.

- **Identify actions that confuse parents or don't appear to relate to children and weight.**

Ask parents to *add a question mark* next to items that they didn't expect to find on a list of recommended behaviors related to children and weight. Discuss the unexpected actions and how they relate to maintaining or achieving a healthy weight for their child.

- **Help parents select actions they plan to take to keep their child's weight on track.**

Ask parents to *check* actions they intend to take to secure their child's future health. After sharing their action plans, discuss possible barriers to implementing them and brainstorm solutions to the stated barriers.

Parents' potential barriers with a sample emotion-based response:

- Parents are not aware that eating patterns established early in life are directly related to lifelong health.
 - ✓ *What you do today makes a huge difference tomorrow. Every day, you are giving your child the gift of lifelong health. How wonderful that your child is learning every day to enjoy healthy foods from an early age.*



A vertical strip of various fruits and vegetables, including apples, lemons, pumpkins, onions, peas, carrots, and leafy greens, arranged in a repeating pattern. The items are drawn in a simple, stylized manner with black outlines and some internal shading. The background is a solid light gray.



- The simple act of eating together as a family benefits children and families. In addition to impacting health, this improves family communication and relationships.
- Children appreciate established routines such as family meals and often treasure the memories of time spent together.
- Families that eat together talk more and have stronger relationships.
- Children who eat regularly with their families often have better test scores and grades than those who don't.
- Families that eat together eat better. They tend to eat more fruit and vegetables, drink more milk and drink less soda. They also tend to eat less fried and fatty foods than children who never eat dinner with family members.
- Families come in all shapes and sizes. It is important for all family members to sit down and eat together.

Use this mini-poster to:

- **Spark discussion of the emotional benefits of family meals.**

Ask parents to share memories of their family meals growing up and how it impacted them. Summarize the emotional benefits expressed by the group.

- **Collect practical tips on how parents can find time for family meals.**

Ask parents to review *Ygra's Tips for Making Family Meals Easier* and to share tips on how they make family meals 'happen' despite busy schedules.

Parents' potential barriers with a sample emotion-based response:

- Busy work schedules make it difficult for families to eat together as they did in the old country.
 - ✓ *Research suggests that families that eat together have smarter, better-adjusted and more connected children. But you don't need to read research to know that. Do you remember what it felt like to eat together? Can you imagine what your family might have been like if you didn't connect with each other and share food — and love — around the table? I can tell you're the kind of parent that makes time for what's important. Can you tell me (or can you think of ways) how you juggle your busy schedule to include family meals?*
- Parents concerned about keeping the house clean may feed the child alone in the kitchen or in a separate area to keep spills and messes to a minimum.
 - ✓ *A clean house is wonderful. But eating together as a family is priceless. There's always a trade off when families eat together but most great moms say they'll trade a few spills for memories. Values - what's important to you - can best be shared while eating together. Eating together as a family, bonds a family for life.*
- Fast food dinners provide quick, hassle-free meals at the end of a busy day. Kids like it, but moms feel guilty because they know it's not as nutritious as a home-cooked meal.
 - ✓ *I don't know any mother who isn't tempted to take the fast food drive-thru detour. I do it myself when life gets too busy. But here's a simple way to take the guilt out of those occasional meals. Take the food home and eat it together as a family. Serve milk instead of soda. (That saves money too.) And offer sliced carrots with the meal and an apple for dessert.*

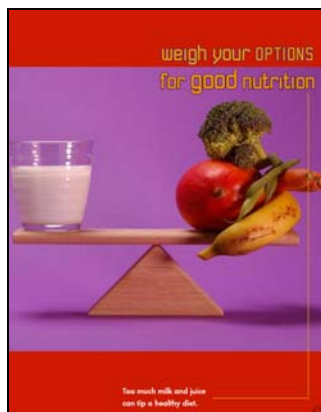




- Parents allow children to eat meals while watching TV.
 - ✓ *The greatest show on earth is a family enjoying mealtime together. Not only is it fun, but it also provides a lifetime of memories. Family meals give you a special time to listen to your children's stories. Family meals give you a special time to help share your values and shape their lives. You are a terrific parent with a lot to give your children – don't let the TV take that away from you. Enjoy eating together.*



Message: Weigh your options for good nutrition



Key Messages:

- Milk and juice are healthy foods, when offered in moderation. However, too much milk and juice can result in unhealthy eating and overweight children.
- Children need more than milk to be healthy. Fruits and vegetables are essential parts of a healthy diet.
- Offer children up to two cups of milk daily. Low-fat milk is best for children over age two. Offer milk in a cup instead of a bottle.
- Offer water instead of juice. Make juice an occasional treat rather than a daily drink. Always offer juice in a cup, not in a bottle.
- Cultural child feeding practices (such as providing toddlers and children with milk and juice throughout the day) can differ from current nutrition recommendations. Children count on parents to make wise decisions that protect their health. Parents can communicate with relatives and caregivers in a loving and caring way about how they want their child fed.

Use this mini-poster to:

- **Introduce the topic of how much milk or juice is recommended for children.**

Ask parents to imagine what they would feel like if they wore the same clothes everyday, read the same book over and over, or watched the same exact television show every night. After listening to their responses, say that a lack of variety often results in boredom. For children, a lack of variety of foods can lead to a poor diet and poor health.

During the first years of life, children are learning lots of new things, including new food tastes, textures and temperatures. If they're exposed to a variety of foods early, they are likely to enjoy them later in life. If they're given milk all day long, they won't learn to love a variety of foods — the foundation of all good diets. Like any good thing, too much milk can lead to boredom and unhealthy diets.

Provide recommendations on how much and what type of milk and juice is healthful by age.

- **Discuss how cultural traditions can be a barrier to a healthy weight.**

Ask parents to share some of the special cultural traditions and values they hope to pass on to their child. After sharing positive cultural traditions and values, ask parents to think if there are any cultural traditions they don't want to pass on to their child. (No need to share them; just allow time for them to reflect and identify them.) Say that all cultures have positive and negative aspects and that it's up to you — the parents — to select the best and disregard the rest.

Traditional Hispanic diets feature a wide variety of vegetables along with rice and beans, a great foundation for a healthy diet. However, providing too much milk to infants and children is a less positive, even harmful, aspect of common eating patterns. Ask parents if they have been encouraged by well-intended relatives to provide more than two cups of milk a day to children and how they handled this advice. Encourage sharing on how to handle this advice and ensure that caregivers and relatives follow parents' wishes regarding food choices.

You can also use this piece as a springboard to discuss how parents can balance the different advice they receive about feeding their children (from the doctor, their families, the nutritionist, etc.).



- 
- **Discuss what are appropriate serving sizes for children.**

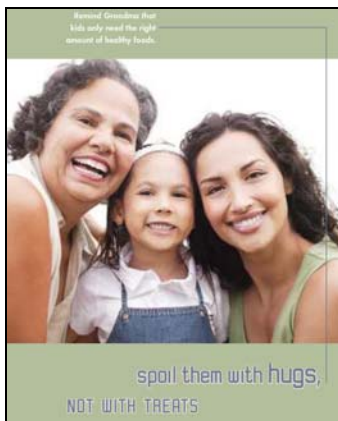
Remind parents that children don't need to eat as much as adults do. Suggest that they start with small serving sizes — about a tablespoon of each food for each year of life — and allow children to ask for more. Use this piece to complement the child's placemat (described in detail in a later section).

Parents' potential barriers with a sample emotion-based response:

- Parents don't want to take the bottle away from their baby, even though she is now a toddler.
 - ✓ *Smart children soak up the world around them. Everything they see, hear, feel or do transforms them into a wiser person. What an exciting time in life! It's like that with food too. The more you expose your child to different foods, the more they are transformed into a healthier person. They learn to love the incredible food tastes as they experience them.*
 - ✓ *Children who stay on the bottle too long miss the opportunity to be the best that they can be. Sure — milk is a good food, but too much of a good thing can be harmful. Children thrive on a variety of foods. If they drink too much milk, they don't get the nutrients they need for growth and development from other foods. They also may get too many calories from milk and that may lead to excess body fat. Giving a child a love for a wide variety of foods is a gift that pays off over a lifetime.*
- Belief that milk is a protective food and a complete meal.
 - ✓ *Too much of a good thing can cause harm. Talking with friends is fun, but you wouldn't talk all day long. Milk is a good thing for children but too much can cause harm. Children need nutrients from a wide variety of foods to be healthy. A child who drinks too much milk won't be hungry for other healthy foods. Drinking too much milk leads to excess body weight.*
- Parents don't feel good about giving foods their child doesn't like. They prefer to give foods that reward them with smiles.
 - ✓ *Parents have a tough job. They have to protect their children and teach them lessons even when it's not fun. Teaching children to have manners isn't fun but part of a parent's job. Teaching your child to love fruits and vegetables may not always be fun, but it is important. She will thank you later in life for giving her the ultimate gift - a love for healthy foods. Your child can't thank you now, but I can. Thanks for all you do to help your child love healthy foods!*



Message: Spoil them with hugs, not with treats



Key Messages:

- Parents and relatives should express love to their children everyday. The language of love does not need to include candy or treats.
- Parents can help relatives understand that sweet treats may convey love to a child, but can also harm a child's health.
- There are many quick and free ways to show children love that causes no harm.
- Children who confuse love and treats often struggle with weight throughout life.

Use this mini-poster to:

- **Introduce the topic of using treats to convey love to children.**

Ask parents to share how they know their child loves them, even if their child can't talk yet. Note their responses on a flip chart or board. Next, read the headline from a candy advertisement: "What better way to express love, affection and cheer than with chocolate?" Ask parents: Would candy convey your love for your child better than smiles, happy eyes and hugs?

Explain that advertisers link love and candy to enhance sales. Parents need to show their child love everyday, but candy shouldn't be a part of the language of love.

Ask parents to share their experiences with relatives who offer their children too many sweets and treats. Have them discuss how they responded to the situation and how they can strategize to prevent the situation in the future.

Ask parents to share what problems might haunt their child if they confuse love and food. Note responses on the board, highlighting the following:

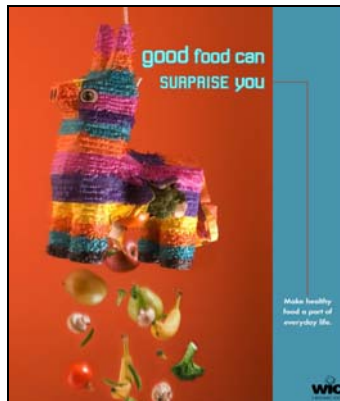
- ✓ Children may confuse love with food and will continue to seek food later in life as a replacement for or measure of love and comfort.
- ✓ Children may learn to love the sweet taste of treats rather than fruits and vegetables. This can lead to poor diets and excess body fat.

Parents' potential barriers with a sample emotion-based response:

- Family members and extended relatives show love by giving treats to children.
 - ✓ *Raising children is a family affair. Raising healthy children is also a family affair. Consider talking with your relatives about how you can work together to keep your child healthy. Thank them for all they do to show your child love and help them understand that love can't be bought, wrapped or eaten. Encourage them to show their love with hugs and kisses, playing together and talking together.*
- Parents feel a lack of control over what their child eats, especially when grandparents provide childcare.
 - ✓ *Sometimes grandparents exert their influence on your child in positive ways, like sharing cultural traditions or teaching them new words. But sometimes their love for a child clouds their judgment and their influence is less positive. That's when a parent steps in to protect her child. Occasional treats don't harm a child, but a daily dose can damage them for a lifetime. Encourage them to show their love with hugs and kisses, playing together and talking together.*



Message: Good food can surprise you



Key Messages:

- Nurturing a love of fruits and vegetables is an incredible gift parents can give to children. Fruits and vegetables are the cornerstone of a healthy future.
- The taste of fruits and vegetables will delight children and parents.
- Mothers will be surprised that children enjoy eating healthy foods. This enjoyment will make mothers happy.
- There are easy, healthy choices parents can make with all types of foods that kids will like.

[illegible]

- **Discuss the benefits of fruits and vegetables.**

Ask parents to imagine they could give their child the best gift ever. What gift would they give? Next, ask them to imagine they could give their child a lifetime of great health. Ask them what foods would they offer their child for a lifetime of great health. Share with them that they choose to give—or not give—that gift every day when they choose the foods they give their child. Each serving of fruit and vegetable is a gift to your child that leads to a lifetime of great health. Ask what fruits and vegetables they will give to their child to ensure a lifetime of great health.

- **Discuss perceptions of fruits and vegetables.**

Ask parents to suggest words used to describe fruits and vegetables. Write them on a flip chart or board. Star positive words and circle negative ones. Ask parents: ‘Which words do you want your children to associate with fruits and vegetables?’, ‘What can you do today so your child loves them tomorrow?’, ‘How would you feel if your child developed a love for fruits and vegetables?’

Parents' potential barriers with a sample emotion-based response:

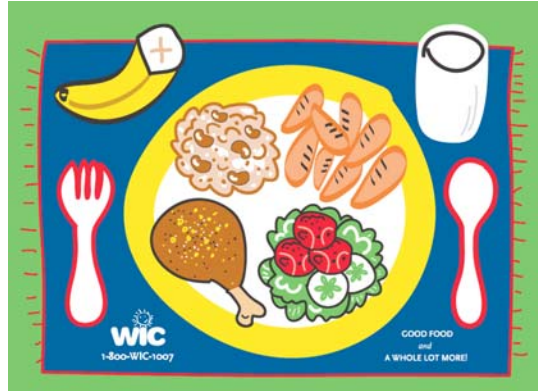
- Parents on tight budgets buy and serve food that their child eats. If the child doesn't eat fruits and vegetables, they choose not to buy them because they can't afford to waste them.
- ✓ *It takes time for children to learn what's best for them. Children don't learn to walk or talk in a day; yet, parents continue to talk to the child and encourage them to walk because they know that's what is best for them. The same is true of healthy foods. Maria may not enjoy them the first time. It may take weeks or even months of offering them to her before she eats them. But the payoff is great. Maria will eventually learn to love healthy foods. And when she does, she may not experience a life-long struggle with weight. She could possibly have less sickness. And you will know you did everything possible to give Maria a healthy life. What price would you pay for that?*



- Belief that children don't like healthy foods because they don't taste good.
 - ✓ *Parents often dream of a better life for their child than they experienced. They plan and make sacrifices for things they think are important. Antonio doesn't have well established food preferences yet, so it's an ideal time to set the stage for a life-long love of the good stuff like fruits and vegetables. Parents who recognize and act on this tiny window in time before food preferences are established give their child a better life. They give them a love for healthy foods. And you're doing that for Antonio. What a great job you're doing as Antonio's mom!*
- Belief that fruits and vegetables are expensive.
 - ✓ *It's difficult to place a price on health, especially life-long health. What may seem expensive today may seem like an incredible value tomorrow. What price would you put on Ana's health?*
- Belief that young children are picky eaters.
 - ✓ *Many parents are concerned about their children being picky eaters. Often, though, they are novice eaters - shying away from foods they've never tried before. You hold the key to preventing some of the "picky" eating by introducing a variety of foods to your child right from the start. With your guidance, your child will carry their love for lots of flavors and different types of foods as he grows.*



Placemat with child-sized servings



Key Messages:

- Child-sized serving sizes provide all the nutrients necessary for growth.
- Children have ‘inner’ voices that allow them to know when they are full. Children won’t starve when listening to their ‘inner voice.’ Parents who tell the child how much to eat overwhelms this ‘inner voice’, and eventually the child stops listening to it, setting the stage for overeating and overweight.

Use this placemat to:

- **Highlight the division of responsibility between parents and children.**

Ask parents if their child would be able to select the foods and prepare the meal as shown on the placemat. Note that selecting and preparing food is the parents’ responsibility since children can’t do it. Next, ask if their child could decide how much of the food to eat. All children are born with the ability to decide just how much food they want to eat. That mechanism is so finely developed that their appetite adjusts to growth spurts, illness and even weather, but it always provides the best guidance into how much they should eat. Problems arise when parents try to assume the role of telling children how much to eat because the child’s ‘inner voice’ may be telling them something different than the parents’ voice. Parents can trust their child to know how much to eat just as children trust their parents to select and prepare the right foods.

- **Discuss how child and adult serving sizes differ.**

Show parents the placemat and ask these questions to spur discussion:

- ✓ Do these serving sizes look different than those you serve your child? Yourself?
- ✓ Do you feel children are able to determine how much they should eat or do parents need to teach them?
- ✓ What might happen over time if a child is served large serving sizes and encouraged to eat more than he wants?

Parents' potential barriers with a sample emotion-based response:

- Parents feel a need to control the amount of food the child eats to assure health. The more food the child eats the better the parent feels.
 - ✓ *All great parents want to make sure their child gets enough to eat. You're doing your job when you give healthy foods and allow your child to decide how much to eat. Your child will let you know if he wants more. This placemat helps me remember how small a child's serving really is. Perhaps you can use it at home too, or share it with your caregiver to remind her to start with child-sized servings.*
- Belief that overfeeding calms and quiets the child.
 - ✓ *All children are born with an 'inner' voice that tells them how much to eat. Overfed children may appear calm and quiet after eating because their bodies are busy processing the heavy dose of food, but inside they are upset and angry because they didn't get to listen to their 'inner voice.' Parents who allow the child to decide how much to eat have happy and healthy children. Is that something you'd consider? This placemat is a friendly reminder of what a child-sized serving of food looks like.*
- Parents are unaware of healthy serving sizes for children.
 - ✓ *Children don't think or act like adults. They also don't need to eat like adults. Just as great parents allow children to grow into adulthood, they allow their serving sizes to grow too. Start with small serving sizes — about a tablespoon of each food for each year of life — and allow children to ask for more. You seem like the kind of parent who wants the best for your child. Giving children the right amount of food is so important and something you can do. This placemat shows actual child-sized servings of food.*





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Resources

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Selected Websites for Additional Resources on Childhood Overweight

Policy, Advocacy, and Action

American Academy of Pediatrics
www.aap.org/policy/pcyhome.cfm

Center for Disease Control (CDC) Division of Child and Adolescent Health
www.cdc.gov/nccdphp/dash

Food and Nutrition Information Center
USDA/National Agriculture Library
www.nal.usda.gov/fnic

USDA, Food and Nutrition Services
www.fns.usda.gov

WIC Works Resource System
www.nal.usda.gov/wicworks

Weight Management

Boston Medical Center
617-638-7470
www.bmc.org

Dietary Guidelines
www.health.gov/dietaryguidelines

Massachusetts WIC Program
614-624-6100
www.mass.gov/WIC

Resource Guide For Pediatric Overweight Treatment Services in Massachusetts
www.maclaringhouse.com

Steps to a Healthier You
www.mypyramid.gov

WIC Works Resource System
www.nal.usda.gov/wicworks

Physical Activity

American Academy of Pediatrics
www.aap.org/healthtopics/physact.cfm

Bright Futures Physical Activity
www.brightfutures.org/physicalactivity/about.htm

Mass Moves
www.mass.gov/dph/fch/massmoves

Massachusetts State Parks Locator
www.Mass.gov/dem/forparks.htm

National Alliance for Nutrition and Physical Activity
www.cspinet.org/nutritionpolicy/nana.html

The President's Council on Physical Fitness and Sports
www.fitness.gov

Shape Up America
www.shapeup.org

WIC Works Resource System
www.nal.usda.gov/wicworks

YMCA
www.ymca.net

Menu Planning

Steps to a Healthier You
www.mypyramid.gov

National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm

WIC Works Resource System
www.nal.usda.gov/wicworks





Nutrition Education Materials

5-a-day
www.5aday.com

American Dietetic Association
www.eatright.org

American Institute of Cancer Research
www.aicr.org/publications/nap

California FIT WIC Project
www.wicworks.ca.gov/education/nutrition/FitWIC/fitWICIndex.htm

Massachusetts Health Promotion Clearinghouse
www.maclearinghouse.com

Massachusetts WIC Nutrition Program (WIC)
1-617-624-6100
www.mass.gov/WIC

Team Nutrition
www.fns.usda.gov

WIC Works Resource System
www.nal.usda.gov/wicworks

Food Resources in Massachusetts

Food Bank of Western Massachusetts
1-413-247-9738 or 1-800-247-9632
www.foodbankwma.org

Greater Boston Food Bank
1-617-427-5200
www.gbfb.org

Merrimack Valley Food Bank
1-978-454-7272
www.merrimackvalleyfoodbank.org

Project Bread Food Source Hotline
1-800-645-8333
www.projectbread.org

Serve New England
1-888-742-7363
www.serve-newengland.org

Umass Extension
1-413-545-4800
www.umassextension.org

Worcester County Food Bank
508-842-3663
www.foodbank.org

Hunger and Food Security Resources

Center on Hunger and Poverty
781-736-8885
www.centeronhunger.org

Community Food and Nutrition Program (CFNP)
www.communitynutrition.org/cfn.htm

Food Research and Action Center
www.frac.org

Food Security in the United States, USDA Economic Research Service
www.ers.usda.gov/Briefing/FoodSecurity

National Clearinghouse on Hunger and Community Food Security, World
Hunger Year (WHY)
www.worldhungeryear.org

USDA Food and Nutrition Service
www.fns.usda.gov/fncs



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Acknowledgements

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We thank the outstanding efforts made by the many individuals who contributed to this project, and extend our sincere appreciation for their valued insights and assistance.

We would like to express special gratitude to the Director of the Massachusetts WIC Nutrition Program, Mary Kelligrew Kassler, for her substantial encouragement and support throughout this project. We thank Massachusetts WIC Nutrition Program staff, particularly the Nutrition Unit, as well as staff at the local WIC programs throughout Massachusetts that assisted us with the anthropometric component and recruitment for WIC participant focus groups.

We especially appreciate the insight and participation of the many WIC mothers and children, without whose willingness to help and openness to share, this project would not have been possible.

The contributions of the following organizations are greatly appreciated as well: Market Street Research, Inc.; Massachusetts Chapter of the Academy of Pediatrics - Subcommittee on Obesity; Massachusetts WIC Medical Advisory Board; Massachusetts WIC Nutrition Education Taskforce; Massachusetts WIC Targeting Obesity Through Education Group; Pam McCarthy and Associates; and the U.S. Department of Agriculture (USDA) Northeast Regional Office. In addition, we acknowledge the efforts of present and previous Massachusetts Department of Public Health staff for their assistance.

Funding for this project was provided by a USDA FY2001 WIC Special Project Grant. We are grateful for the support of the USDA Office of Analysis, Nutrition and Evaluation, particularly Dr. Sheku Kamara, throughout the project. This award gave the Massachusetts WIC Nutrition Program the opportunity to explore the important issue of childhood overweight, and has resulted in moving our WIC nutrition services to a new level. We are confident that the rewards of this project will be seen through healthy weights in WIC children across our nation.