

## A CHECKLIST OF PLANNING QUESTIONS

1. Purpose: What are the ultimate goals of your project?

**Related questions:**

- What behaviors or practices will it influence?
- Why do you want to do it?
- Why is it worth doing?

2. Context: What theories, findings and frameworks will guide your project?

**Related questions:**

- What do you think is going on with the behaviors you are trying to influence?
- What literature, preliminary research or personal experience will you draw on?

3. Defining objectives: What specifically do you want to accomplish by the end of the project?

**Related questions:**

- What outcomes do you expect?
- What questions will your project try to answer?
- How are the outcomes and questions related to each other?

4. Methods: What will you actually do in implementing this project?

**Related questions:**

- What kinds of activities will help you meet your objectives?
- Who is your target audience?
- How will you recruit participants?
- How will you keep the participants involved throughout the program?
- How many sessions will you have?
- Do your activities form a coherent program?

5. Evaluation plan: How will you determine success?

**Related questions:**

- What kinds of data will help you learn if you have met your objectives?
- What kind of data is feasible to collect?
- What are the best methods to collect data?
- How will you analyze data?
- When are measurements taken?
- Is there a natural comparison group?
- Is there a process evaluation?

*Adapted from the Design of a Qualitative Study by Joseph Maxwell in Bickman and Rog, Handbook of Applied Social Research Methods, Thousand Oaks CA: Sage Publications, 1998.*

❖ to waste.

**Don't like to be told what to do- they like to GETTING STARTED**

**Keep in mind:**

- ❖ What people know, think and feel affects how they act
- ❖ Knowledge is important, but not enough for most behavior changes
- ❖ Perceptions, emotions, motivations, skills, and the social environment are key influences on behavior

*(Source: Theory at a Glance: A Guide for Health Promotion Practice, U.S. Department of Health and Services, National Institutes of Health)*

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**Before you start:**

What do you want to accomplish?  
How will you know when you have accomplished it?  
What are the criteria for success?

**Other guiding questions:**

Who...?

- ❖ is to change?

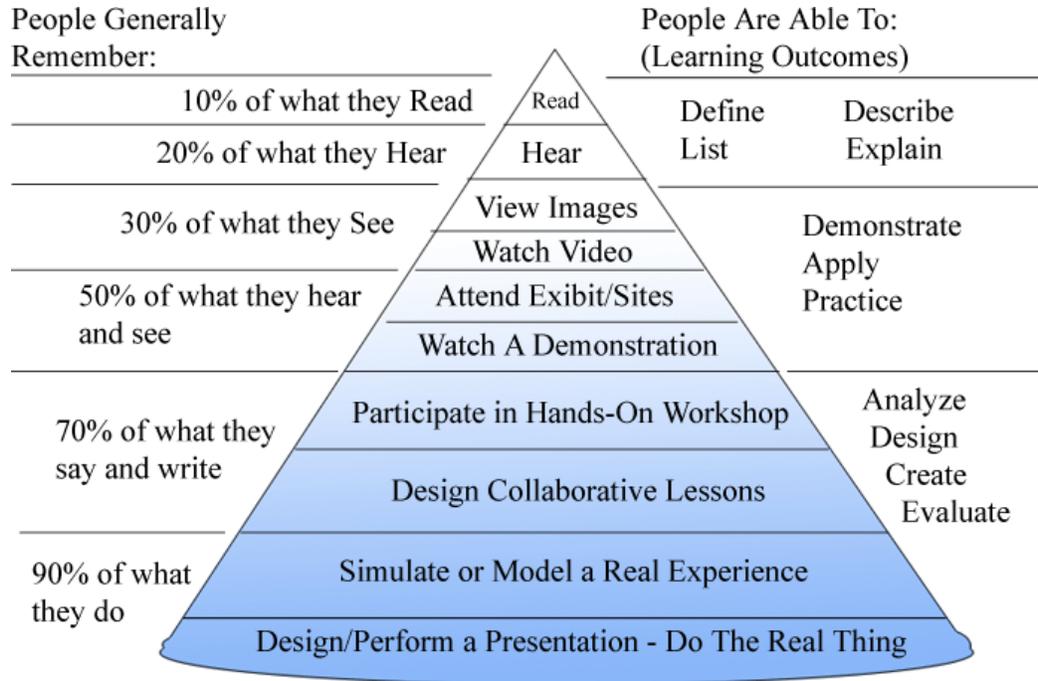
What...?

- ❖ are the barriers to change?
- ❖ fosters change?
- ❖ supports learning?
- ❖ supports and sustains new actions?

How...?

- ❖ do people pay attention to new ideas?
- ❖ do people learn?
- ❖ do people change?

# HOW PEOPLE LEARN



**Dale's Cone of Experience**

*Source: Edgar Dale, Audio-Visual Methods in Teaching (3<sup>rd</sup> Edition). Holt, Rinehart and Winston (1969).*

**confirm reference:**

## THE ADULT LEARNER

*Never do for the learner what they can do for themselves- David Miere*

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Have you ever thought about how you can make a difference in your clients' learning experience? Or better yet, how do your clients learn best?

Adult learners:

- ❖ Like to learn useful knowledge and skills that they can apply immediately
- ❖ Are experts in their own lives.
- ❖ Like to learn from peers and share their own unique experiences
- ❖ Like to feel they are in charge of their learning.
- ❖ Need to know why they need to learn something before they decide to learn it.
- ❖ For the most part, are active learners. They learn more from doing and saying.
- ❖ Don't have time choose whether or not they apply the information.
- ❖ Are motivated intrinsically (internally) by: self-esteem, quality of life, job satisfaction, and health and avoidance of disease.
- ❖ Need to "own" the problem in order to solve it.

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Influences on adult learning:

- ❖ Current life stage
- ❖ Past experiences
- ❖ Current beliefs
- ❖ Attitudes
- ❖ Expectations

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You can provide your clients with a great learning experience.

- Create a non-threatening environment, and a comfortable setting, in which they feel accepted and respected.
- Provide information in manageable amounts = just a couple of key points at a session.
- Establish clear & attainable expectations for meeting their personal goals.
- Allow opportunities for peers to share practical solutions to everyday problems.
- Respect their points of view and remember that they are not always open to others' points of view.

## BEYOND KNOWLEDGE IN NUTRITION EDUCATION

*How do Texas WIC families feed their children?  
How can WIC Nutrition Education most effectively promote healthy child feeding?*

These are some of the questions addressed by the Texas WIC Child Feeding Study. One of the main findings was that **parents' nutrition knowledge was not related to what their children were eating.**

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### **Keep up the good work! WIC clients:**

- ❖ Feed their children more fruits and vegetables than non-WIC clients.
- ❖ Eat fast food less often & home cooked meals more often than other children.
- ❖ Are more likely to look at Nutrition Facts than other low-income parents.
- ❖ Are less likely to perceive their children to be picky eaters.
- ❖ Are more likely to initiate breastfeeding than other low-income women.

Keep in mind:

❖ Nutrition <u>knowledge</u> is not associated with healthy eating.	→	❖ <u>Move past knowledge to promote healthy behaviors.</u> ❖ Use adult learner strategies to determine what information will be relevant.
❖ Parents with higher <u>self-efficacy</u> (confidence) report that their children ate more fruits & vegetables & fewer sweets.	→	❖ Use activities that <u>build self-efficacy</u> (e.g., hands-on experiences, role playing, peer modeling, goal setting) to promote healthy eating.
❖ WIC parents are concerned about their <u>children's weight</u> .	→	❖ Parents who are concerned about their children's weight may be ready to make healthful changes.
❖ WIC clients are more <u>food insecure</u> than other low-income parents. ❖ Parents are more <u>concerned with cost</u> than nutritional content. ❖ WIC households spend the least amount of money per week on food (not counting WIC vouchers and other food assistance).	→	❖ Providing enough food for the family may be your clients' biggest concern. ❖ Be sensitive to clients' hunger issues. ❖ Work with clients to make nutritious food choices <u>on a budget</u> .
❖ Parents choose what to feed their children based on <u>child preference</u> , not nutritional content.	→	❖ Work with clients to create healthy menus and recipes with child appeal. ❖ <u>Get the kids involved</u> to increase desire for healthy foods.

## SELF-EFFICACY

*Behavior change requires both skills and the confidence to use them effectively.*

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The Texas WIC Child Feeding Study found that parents' confidence in their ability to buy, prepare, and serve fruits and vegetables for their children was strongly linked with actual fruit and vegetable intake. This confidence is also referred to as *self-efficacy*.

What is self-efficacy?

- ❖ Confidence in one's ability perform specific behaviors in specific situations
- ❖ Includes confidence to overcome barriers
- ❖ A thought that influences action
- ❖ Not focused on reaching a goal, but the specific actions necessary to reach goal

People with high self-efficacy:

- ❖ Are motivated
- ❖ Persevere in the face of barriers
- ❖ Persist over time
- ❖ Are more likely to take action

What builds self-efficacy?	
Learning through personal experience	<ul style="list-style-type: none"> <li>• Be <u>specific</u> about the desired behavior</li> <li>• Approach behavior change in <u>small, manageable steps</u> to build confidence</li> <li>• Give participants a chance to practice each step along the way</li> <li>• Set <u>goals</u></li> </ul>
Learning through observation	<ul style="list-style-type: none"> <li>• Role-play, use peer models or demonstrate desired behaviors</li> </ul>
Positive feedback, encouragement, and reinforcement	<ul style="list-style-type: none"> <li>• Help clients identify barriers and strategies to overcome them</li> <li>• Encourage clients in their efforts</li> </ul>
Understanding body signs and signals related to the behavior and creating strategies to cope with them	<ul style="list-style-type: none"> <li>• Talk about soreness of fatigue clients might feel when starting a new physical activity program</li> <li>• Work with clients to recognize their own internal hunger and satiety cues</li> <li>• Develop coping strategies for dealing with feelings of stress</li> </ul>

## BUILDING SELF-EFFICACY IN WIC NE PROGRAMS

### Example 1: Building self-efficacy through cooking classes

- 1) Class members talk about experiences they have had with substituting low-fat ingredients for higher fat ingredients.
- 2) Instructor demonstrates how to chop ingredients and asks class members to help.
- 3) Class members practice preparing a recipe.
- 4) Class members sample the foods they have prepared.

**Comment [a1]:** If you know for sure that an agency skimmed the fat off the top of a soup then it's fine to include it but otherwise leave that part out.

### Example 2: Building self-efficacy through physical activity classes

- 1) Clients share ways that they are physically active and address solutions to common barriers
- 2) Instructor demonstrates stretches and strength-building activities that can be done while sitting in a chair or working in the kitchen
- 3) Clients try out exercises, walk around the block
- 4) Clients share how they felt during and after the walk.
- 5) Clients set a small goal that they can accomplish for the next week/month - For example: add 10 minutes of light to moderate activity on most days
- 6) Instructor tells clients that some feelings of discomfort (soreness) are normal when starting an exercise program. Instructor provides ways to decrease discomfort (rest days between exercise, etc.) and addresses what are signs of injury and what are signs that body is getting stronger

What are some other ways you can build self-efficacy in WIC clients?

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**EVALUATING YOUR EFFORTS**

**Why evaluate?**

- ❖ Find out if you met your objectives
- ❖ Judge whether the program had an impact
- ❖ Provide information about whether the activities were appropriate
- ❖ Determine if the program was implemented as planned, and if not, why not
- ❖ Determine how to allocate scarce resources
- ❖ Provide feedback to the sponsor

**Types of evaluation:**

	<b>When?</b>	<b>Why?</b>	<b>How?</b>
<b>Formative</b>	Before program starts	<ul style="list-style-type: none"> <li>• Find out what clients' needs and wants are</li> <li>• Make sure materials and activities are appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Look at existing information about your clientele</li> <li>• Clients review materials</li> <li>• Staff gives input on logistics</li> </ul>
<b>Outcome</b>	End of program efforts	<ul style="list-style-type: none"> <li>• Did change happen?</li> <li>• Was the change positive?</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze pre-post surveys or measurements</li> <li>• Conduct follow-up interviews</li> <li>• Compare participants with non-participants</li> </ul>
<b>Process</b>	During	<ul style="list-style-type: none"> <li>• Track whether program</li> </ul>	<ul style="list-style-type: none"> <li>• Observe group sessions</li> </ul>

	program	<p>is being carried out the way you planned it</p> <ul style="list-style-type: none"> <li>· Make changes if needed</li> <li>· Explain outcome results</li> </ul>	<ul style="list-style-type: none"> <li>· Identify and document approaches used</li> <li>· Allow opportunities for feedback from clients and staff</li> <li>· Keep a log of number of participants, materials distributed</li> </ul>
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**Keep it simple!** With limited time and resources, evaluation can sometimes seem like an added burden. You can get useful evaluation information by:

- ❖ Asking clients to review materials at the end of their group class time
- ❖ Talking to clients in the waiting room
- ❖ Having a group class discussion to field test materials
- ❖ Using information that you are already collecting
- ❖ Using Foxfire to collect information
- ❖ Creating simple checklists to document activities done and materials distributed.

# DRAFT GUIDANCE ON ALLOWABLE COSTS FOR OBESITY PREVENTION PROJECTS

Comment [a2]: I'm still waiting to hear back from USDA on this. -I guess we could just swap it out if I hear something different?

## Examples of Allowable Costs for Obesity Prevention Projects

1. Staff costs for developing and providing nutrition education classes that contain both a nutrition and physical activity message.
2. Informational materials and resources such as brochures, newsletters, posters and audio and video presentations. (Not take home videos)
3. Brief exercise demonstrations (as opposed to exercise classes) to illustrate proper exercise techniques or training program staff on how to promote the health benefits of physical activity to participants.
4. Inexpensive program incentive items that promote physical activity and nutrition to participants such as, but not limited to:
  - Water bottles imprinted with a healthy message
  - Soft round balls appropriate for a 1-3 year old
  - Beach balls
  - Frisbees
  - Jump ropes
  - Low cost cookbooks
  - Low cost cutting boards
  - Measuring spoons or measuring cups
  - Seeds and potting soil for herb plants, or small herb plants
  - Low Cost Pedometers
  - As a general rule of thumb we expect that most items you give to participants are **under** \$5 each. Some items may be higher depending on the project.

**Example of Unallowable Costs**

- Fitness center dues or memberships
- Exercise equipment such as treadmills, stationary bicycles, hand weights, mats, steppers, resistance bands, etc...
- Facility rental or medications for physical activity purposes
- Exercise classes (one-time or ongoing) and instructors for such classes