

## 2012 WIC Obesity Prevention Mini Grant Project Summary

### Local Agency Number and Name:

Regence Health Network, LA #20

### Title of OPMG Project:

Lighten Up with Fruits and Vegetables

### Contact Person:

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## Project Overview

### List target audience and number of participants seen:

WIC families certified during October 2011 were the target audience for this project. During that month, 558 families were enrolled as participants. By the mid-point of the project, 293 families were participating, and we ended the project with 243 families.

After all of the final surveys were completed, we administered a supplemental survey to OPMG families who had WIC appointments during the month of September 2012. We obtained a total of 53 responses.

### List type of activities for this project (a group class, cooking class, physical activity, gardening, breastfeeding, other):

Activities used during this project included the following:

- Brief individual counseling during certification regarding “MyPlate”, particularly in regards to fruits and vegetables.
- Fruit and vegetable food samples at given to clients certification appointments.
- Two different post-card mail outs to clients to remind participants to fill half their plates with fruits and vegetables.
- Cooking class that focused on making a “MyPlate” meal.

### Overall goal for this project:

Increase fruit and vegetable consumption among WIC clients

### Objectives for this project:

- WIC clients will attend one cooking class.
- WIC clients will know that half the plate should be filled with fruits and vegetables at meal time.

### Project description:

The obesity project, *Lighten Up with Fruits and Vegetables*, was implemented at all 13 clinic sites within our Local Agency. We used “MyPlate” as a way to educate and encourage clients to increase their consumption of fruits and vegetables. During October 2011, families who were certified were given a pre-survey regarding “MyPlate”, and they were offered a sample of a fruit or vegetable recipe. A post card was sent to clients following the initial appointment to remind them to fill half their plate with fruits and vegetables.

During December 2011, the families returned to the WIC clinic to attend a cooking class that focused on using WIC foods to make a “MyPlate Meal”. This class emphasized filling half the plate with fruits and vegetables. Clients were asked to complete a mid-point survey at the time of class.

In February 2012, clients received a postcard in the mail with another reminder to make half their plate fruits and vegetables. During May, June, and July 2012, clients were asked to complete a post-survey at the time of sub/mid-certification to further assess the effectiveness of this project.

After all data for the final survey had been collected, we administered a small supplemental survey regarding “MyPlate” to OPMG clients who came to the WIC clinic during the month of September 2012.

### List results and objectives met:

Of those families that completed the post-survey, 82% (249 families) reported that they attended the cooking class. This is about 45% of the families who initially enrolled in the project.

We did see a significant increase in the awareness of how much of the plate should be filled with fruits and vegetables at meal time. At the time the pre-survey was administered, only 39% of participants were aware fruits and vegetables should comprise ½ the plate. By the end of the project, 67% of participants surveyed were aware that ½ of the plate should be filled with fruits and vegetables at meal time. When results of the post-survey are filtered to only include those clients who attended class, about 70% of participants responded that ½ the plate should be filled with fruits and vegetables.

Food samples were offered at certification during the initial phase of the OPMG, and 77% of participants reported that they tried the fruit/vegetable sample.

Clients were asked if trying food samples at WIC helps them eat more fruits and vegetables, and 88% of participants responded “yes”.

A supplemental survey was conducted during September 2012 to further assess OPMG WIC families' knowledge of MyPlate. Ninety six percent of respondents reported they had learned about MyPlate at WIC. Sixty six percent of respondents stated they completely understood MyPlate, and 55% indicated that MyPlate will definitely change the way they feed their families.

Please refer to additional attachments for further information regarding the results of this project.

**List curricula, kits or other educational materials used:**

- *Storage Periods for Retaining Food Quality* by the University of Nebraska – A food safety training was conducted during a staff meeting in October 2011 to ensure that clinics offered food samples that met safety guidelines. Each clinic was given a copy of this chart as a reminder of how to safely store and serve food.
- *Portion Meal Plate* – Staff used these plates in individual counseling when discussing “MyPlate” with clients.
- *Cooking Class (GN-020-02)* – This locally developed lesson was used for the OPMG class in December 2011 to demonstrate how clients can make a healthy “MyPlate Meal” using WIC foods.
- *MyPlate Posters* – These posters were displayed in our clinics during the time period of the OPMG.
- *MyPlate Downloadable Handout* by Food and Health Communications, Inc – Each family was given this handout at the initial phase of the OPMG.
- *MyPlate Cooking Demo Book* by Judy Doherty – This book was used to train staff on conducting food demos during class. In addition, the book was used to get ideas for quick and nutritious foods to serve as part of the “MyPlate Meal”.

**List other resources used, if applicable:**

N/A

**List collaborating agencies or individuals, if applicable:**

N/A

**List the type of incentives that were given:**

- Sectioned plate with a lid imprinted with the “MyPlate” logo – given to clients who attended the cooking class

- *Good Nutrition Starts with MyPlate* (“pocket pal”) – given to clients who completed the post-survey
- Vegetable peeler/scrub brush – given to clients who completed the post-survey

#### Helpful ordering information for materials or incentives (if available):

- Positive Promotions, [www.positivepromotions.com](http://www.positivepromotions.com) – sectioned plate with lid (imprinted with MyPlate logo); *Good Nutrition Starts with MyPlate* (“pocket pal”); *Portion Meal Plate*
- 4 All Promos, [www.4allpromos.com](http://www.4allpromos.com) - vegetable peeler/scrub brush
- Food and Health Communications, Inc, [www.foodandhealth.com](http://www.foodandhealth.com) - MyPlate posters and downloadable handouts; *MyPlate Cooking Demo Book* by Judy Doherty

### Tips for Other Agencies

#### What worked well for this project?

- Food samples: Clients seem to respond well to having the opportunity to taste healthy foods. Many clients have told staff that they have never tried some of the fruits and vegetables that we have offered as samples. After trying the fruits and vegetables at WIC, they have discovered that they actually like them, and they are purchasing these foods for their families to consume at home.
- Nutrition Education Code: We assigned a specific NE code to each family that participated in the initial phase of the OPMG, which helped us track clients using FoxFire reports. We used the reports to determine which families needed to complete the OPMG survey at the time of class. We also used the reports to determine which families needed to receive the postcard reminders regarding the OPMG.
- Coordinating benefits issuance with each phase of the OPMG: We have found that integrating the OPMG into the everyday functions of our clinics helps the project run more smoothly. Therefore, each phase of our OPMG was coordinated with benefits issuance and incorporated into sub-certifications, mid-certifications, mid-points, and class appointments.
- Mass campaign: In the previous years, we have tried to saturate our clinics with our OPMG message. We included a message regarding fruits and vegetables on goal stickers, post cards, bulletin boards, posters, and handouts. Repeated exposure to the same message (sometimes in a different format) seemed to be beneficial for clients as well as staff.

- Survey Monkey: Survey Monkey made the process of data collection and analysis more efficient. It dramatically decreased the amount of time required to analyze results. We do not have internet access in the majority of our clinics, so our clients completed a paper survey. Then, the surveys were sent to the admin site, and a staff member entered the data in the computer. Survey Monkey gave us a “snap shot” of each clinic involved in the OPMG, and it allowed us to filter results for further analysis.

#### What were the challenges?

Although we coordinated each phase of the project with benefit issuance, we still had a significant decrease in participation from the beginning of the project until the end of the project. Factors that likely contributed to the decrease in participation included the following:

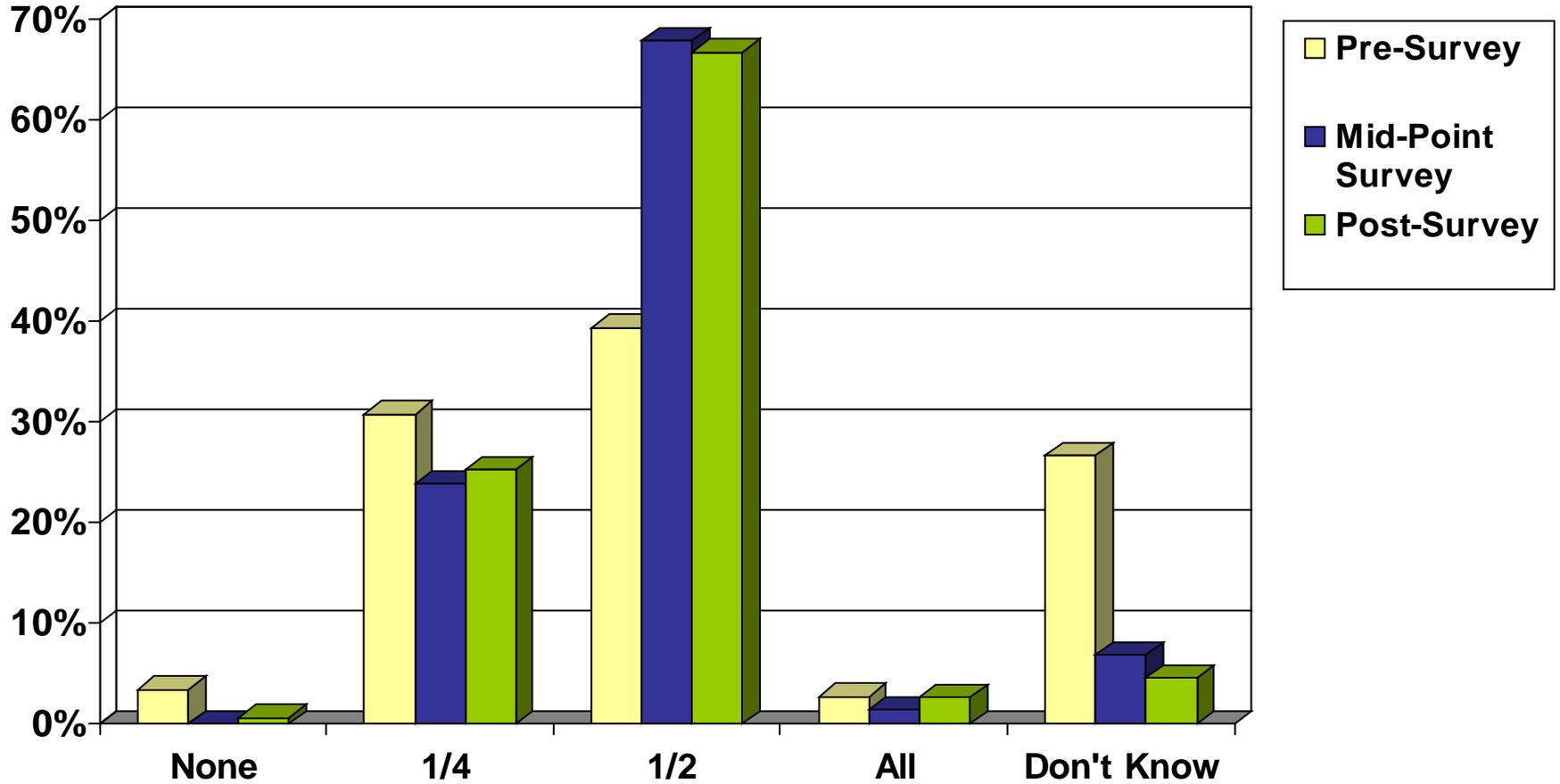
- Missed appointments: Clients missed class and certification appointments, so we were not able to thoroughly follow-up with their progress. We particularly noticed a poor rate of show for our OPMG class in December 2011. This class was scheduled during the first two weeks a December to avoid potential conflicts with the holidays; however, staff reported having some classes that were a complete “no-show”.
- Family members needing other WIC appointments: Many families enrolled in WIC have more than one participant. This made it challenging for them to complete all phases of the OPMG because they often needed different appointments for other family members (ex: sub-certifications, mid-points, mid-certifications, high-risk counseling, breastfeeding counseling, etc). In addition, a significant number of clients completed web or take home lessons in lieu of attending the OPMG class.

#### What changes would be made for next time, if any?

In an effort to expand CCNE within our clinics, we will only include clients in the OPMG if they choose to participate. Hopefully, this will help decrease our missed appointments and increase our number of follow-ups. Based on our experience last year, we will not complete any follow-up for the OPMG during the month of December.

# OPMG Participants FY2012

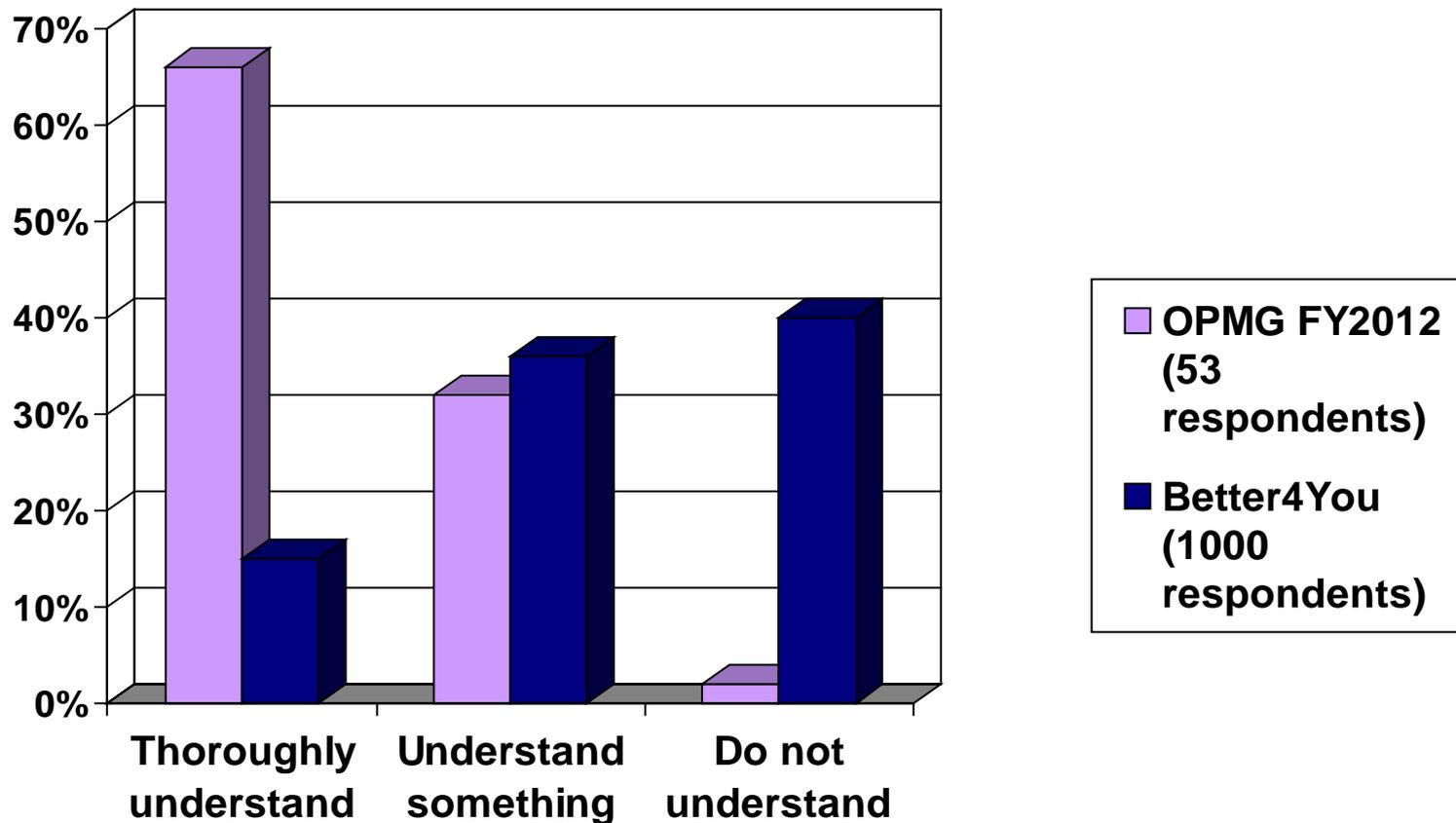
*“How much of your plate should be filled with fruits and vegetables at meal time?”*



# Supplemental Survey

## Comparison of OPMG Participants FY2012 to M Booth's Better4You Survey Respondents

*"Do you understand MyPlate?"*

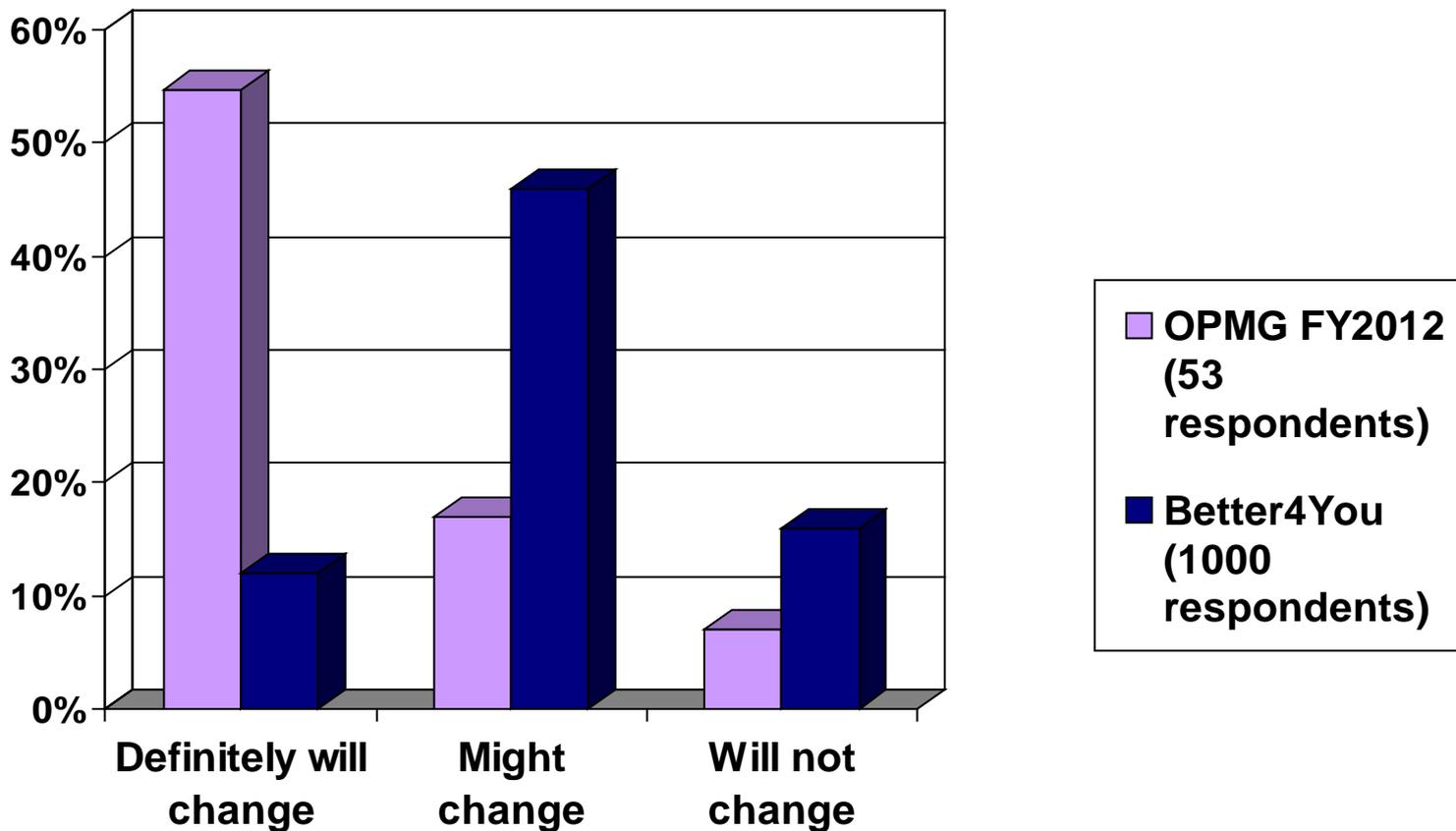


Better4You conducted a national survey with 1,000 respondents in 2011 regarding MyPlate. The chart above compares the responses from their survey to the responses of WIC clients who participated in the OPMG.

# Supplemental Survey

## Comparison of OPMG Participants FY2012 to M Booth's Better4You Survey Respondents

*“Will MyPlate change the way you feed your family?”*



Better4You conducted a national survey with 1,000 respondents in 2011 regarding MyPlate. The chart above compares the responses from their survey to the responses of WIC clients who participated in the OPMG.