

wichealth.org webcast
connecting for a healthy future



Welcome!

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connecting for a healthy future

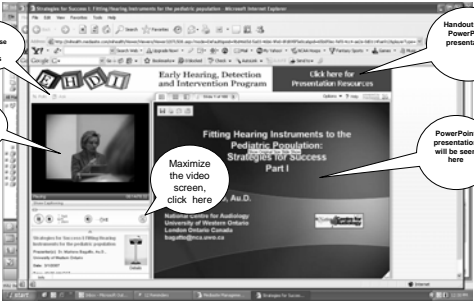


Technical Housekeeping

Email: hrollins@mphi.org

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Webcast Tools



The "Ask" button to pose your questions

Handouts and PowerPoint presentation

Presenters will be seen here

Maximize the video screen, click here

PowerPoint presentation will be seen here

Please submit questions using the following subjects, at any point during the presentation:

- CLINIC
- PARTICIPANT
- COST
- IMPACT
- IMPLEMENTATION

Reminders

- **Evaluation Survey (administered through Survey Monkey) has been sent to all pre-registrants of today's event**
- **Today's broadcast and meeting materials will be posted at the same url link starting tomorrow for one full year.**

Robert J. Bensley, PhD

Professor
Community Health Education
Western Michigan University

*The great aim of education
is not knowledge but action.*

Herbert Spencer

Project Purpose

- Innovative behavioral approach to nutrition education
- Provide education *specific* to WIC client needs and interests

Benefits of Internet Approach

- Serve large numbers at low cost
- Access to stage specific education
- Access 24/7

Benefits of Internet Approach

- Easy – Fun – Convenient
- Target interest, needs, and readiness to change
- Adhere to VENA

Benefits of Internet Approach

- Utilize staff resources
- Enhances follow-up with clients
- Reinforces educational strategies using stage-appropriate educational information

Theory-Driven Approach

- Stages of Change
- Persuasive Communication
- Behavioral Intent
- Division of Responsibility

Program Features

- Screen messaging/algorithms
 - Staging question
 - Feedback
 - Empowering statement
- Clients are directed to existing online stage-based information

Program Features

- Use of existing web sites
- Ability to advance in intent toward stage of change
- 12 modules (8 available in Spanish)



wchealth.org

HOME HELP EMAIL LOGIN LOGOUT



Regular meals and snacks are important for your child's growth.

Do you usually offer your child three meals a day with snacks in between meals?


Yes No



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wchealth.org


HOME HELP EMAIL LOGIN LOGOUT



You are not alone. Many parents and caregivers find this hard to do. But growing children need regular meals and snacks to be healthy.

Are you interested in offering your child regular meals and snacks?

Yes No



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Wonderful! Offering children regular meals and snacks helps them learn good eating habits.

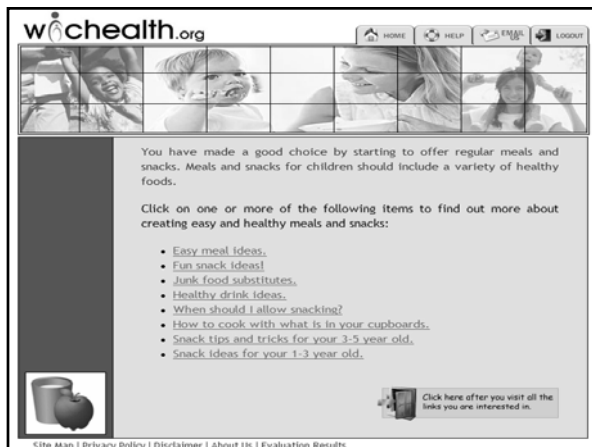
Are you ready to start offering your child regular meals and snacks in the next couple of weeks?

Yes No



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Certificate of Completion

- Module title
- Starting and ending stage
- Action to be taken
- Use at next counseling session

Certificate of Completion

This certificate is awarded to:

For successfully completing the WIC lesson:

Secrets For Feeding Picky Eaters

This is what I will do with the information that I have learned today:
I am going to try and offer a choice of three foods and not give in to tantrums if he refuses to eat one of those choices.

Initial Stage: Preparation Ending Stage: Action



Signature Date

Stephanie Bess
MS, RD, LDN, CLC
Nutrition Services Coordinator
Illinois Department of Human Services

Susan Rhein
MS, RD
WIC Nutrition Education Coordinator
Macomb County Health Department
Michigan

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Macomb County (MI) WIC

- Location and demographics
- 10,000 clients
- Staffing

Benefits

- Easier than expected
- Client satisfaction

Implementing in an Agency

- Step 1: Internet access
- Step 2: Promotional materials
- Step 3: Implementation—How is it offered?
 - Quick WIC in clinic for nutrition education
 - wichealth.org—online nutrition education and bypass Quick WIC
 - Huge time savings = Happy clients!
- Step 4: Completion and follow-up

Benefits

- Decreases foot traffic
- Promotes self-directed nutrition education

All staff can play a role in promoting wichealth

Most importantly, a positive attitude is contagious and is the key to successful implementation!

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wichealth Evaluation FY 2008

- Total participants: +200,000 (2002-2008)
- Youth age correlated with use (younger=higher use)
- Child <2 years old (63%)
- Consistent results across 5 years

Access

- Easy computer access: 83%
- Computer access from home: 58%
- Access from WIC clinic: 7%
- Access from Library: 6%

Education Preference

- Preferred method for nutrition education
 - wichealth 78%
 - Counseling 12%
 - Self-guided 7%
 - Group education 3%

User Beliefs

Most users:

- Find the website easy to use/helpful (97%)
- Learned something to help child feeding (92%)
- Believe they can change using what was learned (94%)
- Want to use the web to learn about other WIC eating topics (87%)

Stage Movement

- Most frequent beginning stages: Maintenance, Action, and Preparation
- 98% in Preparation moved to Action
- 70% in Contemplation moved to Action
- Implications for use: Action oriented clients

End Node Use

- Number of end nodes visited related to stage movement
- Time spent on end nodes visited related stage movement
- Most popular modules:
 - MyPyramid (22%)
 - Physical activity (12%)
 - Healthy drinks (12%)
 - Making meals and snacks simple (10%)

Judith V. Anderson, DrPH, RD
Michigan WIC Nutrition Coordinator
Michigan Department of Community Health

FV Internet Education Study

- Overview of FV project
- Process used for Project

FV Internet Education Study

- USDA Special Project Grant
 - 2004
 - Develop two FV modules using wichealth.org

Purpose

- Increase FV consumption
- Effectiveness of traditional and Internet nutrition education
- Counseling effect of Motivational Negotiation

Goals

- Expand wichealth to include modules on increasing FV consumption
- Impact participant movement toward sustainable behavior change
- Improve impact of counseling in actively changing FV consumption

Objectives

- Compare effectiveness of wichealth to traditional education
- Determine impact of motivational negotiation counseling in moving behavioral intent to commitment

Internet Education Modules

- Meet USDA Internet nutrition education guidelines
- Address emerging health issues that improve healthy client behavior for life

Traditional Education Modules

- Local MI agencies surveyed about current FV education
- Types of traditional education
 - Self-directed educational lessons
 - Group education classes
- Agencies provided objectives and lesson plan if needed

Internet Module Content

- Same objectives as traditional education
- Stage of change based
- wichealth format

Clinic Selection

- Clinic invitation based on population demographics representative of Michigan WIC clients
- Clinic staff trained to collect client questionnaires

Internet Education Timeline

- 2004-5: Adult FV consumption module developed
- 2006: Testing with WIC clients compared to traditional education begun
- 2007: Parent-child feeding issues (relating to FV consumption) module developed

Project Partners

- MI 5 A Day Program
- Farmers' Market Nutrition Project
- MSU Extension
- IL Dept Of Human Services
- OH Department of Health
- University of MN
- Western Michigan University

Process and Reporting

- Project team assessed module content & met quarterly through project
- Progress reported quarterly to USDA
- Revising final USDA report
- Add modules to wichealth once USDA approved

John J. Brusik, MPH

Evaluator

Science and Mathematics Program Improvement
Western Michigan University

Impact Evaluation

- Educational Intervention
 - wichealth.org modules
 - Traditional education
- Counseling Intervention
 - Counselor self-report of MN skills

Evaluation Method

- Quasi-experimental
- SOC movement
- Belief in ability to change
- FV consumption (BRFS items)
- Effect of MN counseling

Data Collection

- Baseline onsite for both groups
- 1st post-survey onsite for traditional education or online for wichealth
- 2nd post survey at recert with counseling skills self-report (~3 mos)
- 3rd post survey at next visit (~6 mos)

Project Phases

- Phase 1: Adult FV Consumption
- Phase 2: Child FV Consumption

Recruitment & Follow-up

- 1,564 WIC participants enrolled
- 220 (14%) chose wichealth
- 500 (32%) chose traditional ed
- 54% lost to follow-up
- 264 (17%) completed final survey

Participant Characteristics

- Similarities:
 - Internet use (92% v 86%)
 - wichealth prior use (23% v 15%)
 - Exposure to WIC FV ed (32% v 37%)
- Differences:
 - Frequency of Internet use (64% v 32%)
 - Computer ownership (80% v 50%)

SOC Movement

- 96% of wichealth participants advanced from Preparation to Action
- 70% of traditional ed participants advanced from Preparation to Action

FV Consumption

- With counseling:
 - Fruit juice, fruit, and vegetables increased by 0.60 to 0.81 servings per day
- Without counseling:
 - Servings per day increased by 0.34 to 0.77

FV Consumption

- wichealth
 - FV consumption increases were similar regardless of counseling exposure
- Traditional education
 - Fruit juice and vegetable servings significantly ($p < .05$) improved with counseling

FV Consumption

- Onsite counseling was not necessary for wichealth user success
- Traditional education users with no exposure to counseling had significantly less improvement

User Satisfaction

	wichealth	Traditional ed
▪ Easy to use	98%	91%
▪ Easy to understand	99%	96%
▪ Helpful	97%	95%
▪ Help eating habits	91%	88%
▪ Learned to change	85%	82%
▪ Believe can change	91%	89%

Study Limitations

- Retention without compensation
- Design cons:
 - Generalizing to other populations
 - Measurement of baseline differences between volunteers
- Design pros:
 - Evaluation of real programmatic impact
 - More cost-effective

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Next Steps

- State/agency partnering
- Onsite training
- Participate in development
- Access to all wichealth products

wichealth Products

- wichealth.org
- wichealthsupport.org
- wichealthstats.org
- wichealthmn.org
