Case Study Series: Addressing Child Weight Concerns in the WIC Setting

Slide 1- Introduction

Good morning and welcome, everyone! We are so glad you are joining us for this case study series! Today's topic is addressing child weight concerns in the WIC setting. My name is [introduce yourself and state your role].

If everyone would like to introduce themselves in chat and share a bit about themselves, that would be great. I'll let my teammate introduce herself as well.

Thank you, everyone. This training comes in response to staff asking for more engagement in training, and we truly hope this meets that need. This case study is just one example of a WIC participant experience. We recognize that there are many more challenging (and some not so much) circumstances that staff encounter every day in the WIC setting. We hope this example sheds some light on responses and resources and gives you some things to think about in your daily practice with participants. This session will not be recorded. This is your opportunity to work together in a judgment-free zone. We will have time for questions near the end, but we also encourage you to use the chat freely throughout the presentation!

Slide 2- Agenda

Here is our agenda for our time together.

Just to let everyone know, this is a live PowerPoint, so you should be able to click backward on the slides by clicking the arrows if you'd like to review a slide. You would then click the "sync to the presenter" to return to the current slide.

You will also be able to click on many of the links in this presentation, but we will also send them out in a follow-up email.

Slide 3- Learning objectives

Here are the learning objectives for today's session.

- Identify early signs and contributing factors to childhood obesity.
- Practice using supportive, participant-centered language to discuss growth concerns with families.

- Share practical, age-appropriate strategies for growth and healthy feeding behaviors.
- Identify referral needs and resources to be offered.

Slide 4- Background

Okay, let's start with our case study. Mersadi brings her 4-year-old son, Leo, to his WIC appointment. Staff asked if she had any concerns about Leo's growth or his eating. Mersadi says, "Leo's a big boy just like his dad. But it does seem like he has been gaining a lot more recently. His clothes are getting really tight, and he is always hungry. Is this normal?"

She also shared that Leo gets upset when offered vegetables and really only wants what HE wants when it comes to food. She mentioned that they often rely on fast food for dinners due to her long work hours and limited cooking skills. She shared, "It just makes things easier, but it is also getting expensive."

Slide 5- Growth chart

During the visit, the staff member noticed that Leo's growth chart shows a BMI in the 95th percentile, placing him in the obese category for his age. He had gained 3# since his last WIC visit, but he only grew slightly taller in the last 6 months. The system has now marked Leo as high risk.

The CPA looks back in Leo's history and notes that when he was born, he weighed 10 pounds! Since then, he has grown steadily and consistently been slightly above the 90th percentile at each WIC appointment.

Slide 6- Poll

Now, with that background in mind, we'll take our first poll question. If the poll is not working for you, go ahead and answer in chat. Based on Leo's growth over time, would you consider him high risk? (Yes/No)

Slide 7- Risk criteria

The answer to whether Leo would be considered high risk is no. The Information System automatically assigns risk code 113 based on a child's calculated BMI-for-age; however, the CPA must manually assess if the condition is high risk. According to Exhibit 6-A High Risk Referral and Medical Referral Criteria, the CPA may resolve the high risk status if the child does not meet at least one of the criteria listed and the participant does not have any other high risk conditions.

In this situation, Leo does not meet one of the three criteria to be considered high risk. Since he does not have a:

- BMI of ≥ 95% for age, with a high rate of weight gain that does not follow a growth curve parallel to the recommended curve; or

- BMI of ≥ 95% for age with a weight gain of ≥ 5 pounds in the past 6 months; or
- BMI-for-age plots more than 2 squares above the 95% BMI-for-age channel line

We have some resources here for you to review later, but for now, let's move to the next slide.

Slide 8- Resolving high risk

In MOM Section 6.6 you will find guidance indicating that the CPA may resolve the system's assigned high risk designation after a thorough assessment and based on their professional discretion. It is not always appropriate to resolve risk. Know that in some cases, it may be beneficial to continue high risk care to prevent relapse of a condition. This can be determined on a case-by-case basis.

However, in the following circumstances, resolving the high risk is supported if,

1. The participant does not meet the additional qualifying criteria for the high risk designation per Exhibit 6-A: High Risk and Medical Referral Criteria, and no other high risk conditions are present.

2. The high risk condition is beyond the scope of WIC, and the participant is receiving appropriate ongoing care from a qualified healthcare provider. (Although this situation is uncommon.)

3. Or the high risk condition has resolved or stabilized, and further monitoring would be unnecessary or not beneficial. This may apply to anthropometric risk codes when growth is stable (e.g., risk codes 103, 131, 133).

Something to keep in mind:

- **IF** you are resolving the high risk, we should always document the reason with a note in the WIC information system. This is **in addition** to the system-generated High Risk Resolution note.

Slide 9- Childhood weight gain

Now that we know that in **THIS** situation, Leo is not considered "high risk", we also want to acknowledge that there are risks to gaining excess weight in childhood. Some things we want to consider as we move on in the assessment:

- Rapid weight gain in early childhood is thought to be a predictor of obesity later in life.

- A child's weight that is significantly higher than normal for height could be a predictor of future health concerns and even the early onset of chronic conditions.

- Some of the chronic conditions might include type 2 diabetes, hypertension, and high cholesterol.

Recognition of a child's pattern of growth (rather than just a single measurement) can help to identify children at risk. But growth alone is not the only way to understand how a child is growing. It is important to remember that there are external factors that can affect growth and development. Those include:

- Environmental factors: such as quantity of dietary intake or food security, or environmental exposure to disease or toxins.
- Behavioral factors: including activity level; parental use of smoking, drugs, or alcohol; childhood adversity or trauma; timing of weaning; dental hygiene; vitamin intake, sleep duration, or screen time.
- Genetic factors are those inherited family characteristics.
- Hormonal factors are internal bodily changes.

We want to be sure we understand all the factors at play when determining how to assign risk and to properly educate the family. The best way to do that is to complete a full health assessment.

Okay, to better understand how best to support **this** family before we move into education, we may need more information first.

Slide 10- Chat response

For our next question, please type your response in the chat.

What additional questions would you ask this parent?

[Read through the questions typed in chat]

Great. Thank you all for participating. These are great questions! Let's now get a little bit more information.

If needed: Some ideas might include:

What are Leo's favorite foods?

Does the family eat meals together?

Do the parents eat vegetables?

What beverages is the child consuming?

Is there anything else going on at home to consider?

Is Leo in daycare/who else cares for the child?

How does Leo eat at daycare?

Slide 11- Additional information

After probing further, Mersadi shared that Leo drinks 1-2 cups of juice and 1-2 cups of chocolate or strawberry milk each day. He eats very few vegetables. His favorite foods are pasta, crackers, and chicken nuggets. He spends 2-3 hours a day on screens, mostly watching cartoons and playing games. Mersadi is using most of the WIC foods but is still unsure how to prepare some of the items, like dried beans, or what to do with the oatmeal.

When Mersadi was asked what Leo typically does to stay active, she said that Leo is in daycare, and they have a small backyard that the kids go out to play in. She likes to take Leo to the park on weekends when she can, but during the week, there is not much time. When they get home, it is pretty much a quick dinner, bath, and then Leo lies down for bed.

Mersadi was also asked what the doctor had shared regarding Leo's growth: Mersadi shared that Leo hasn't been in for a well-child check this year. He has his four-year check-up coming in two months.

Slide 12- Polls

Time for our next pool. Again, if the poll is not working for you, go ahead and answer in chat. What do you think is contributing to Leo's extra weight gain?

A. Eating habits
B. Screen time
C. Limited time for active play
D. Most likely all of the above

We will give it about 30 seconds here for you to answer.

Slide 13- Healthy childhood behaviors

Okay, the answer to this one is most likely all of the above.

Moving from the toddler to the child stage is a critical period in the development of eating behaviors. Building habits that last a lifetime starts when children are very young. These habits play a vital role in growth, development, and the prevention of obesity and other chronic conditions. It is not always what children are eating, but sometimes how parents navigate feeding and eating that makes the difference in building healthy habits that last!

Slide 14- Division of responsibility

One of the first things parents must understand is the division of responsibility in feeding. Some parents have unrealistic expectations of intake at mealtimes, which can lead to inappropriate feeding practices and stressful mealtimes. Shifting the view from **control to support** can make a big difference. It is the parents' role to choose what, when, and where food is offered. It is the child's role to choose whether food is eaten and how much. You can think of it as the parents

supporting the child in developing healthy eating behaviors rather than controlling how they develop.

Slide 15- Staying active

The same can be said for active playtime and limiting screens. Parents can set clear boundaries by setting the expectation for their child of what type of activity is allowable, when it can occur, and where it may happen. Screen time can be limited to sitting at the table, and parents can start teaching the child about time by setting a limit.

Active time is something that parents can allow children free range of, except, of course, at bedtime. We want to encourage families to be active together as well. This is a great time for families to bond while they play!

Now, I am going to pass it over to my teammate as I get us ready for the breakouts.

Slide 16- Breakout discussion

Okay, next, we are going to be placing everyone in breakout rooms. We have a few questions that you can work through together. We encourage each member to participate by taking turns answering the questions. This is your time to practice and learn from one another! Then pick one person from the group who is willing to share at least one thing that you all took away from this time together.

First, once you get into your rooms, take a minute to introduce yourself before diving in! You'll have about 15 minutes in your rooms to work through the questions. We will share the questions in your breakout room chats. You can focus on the 4 main questions, and if you have time, work through the related questions under questions 1, 2, and 3. When we come back together, we will discuss each question.

If you are a state staff member and are moved to a breakout room, please return to the main room. We want this to be a safe space for CPAs to practice skills without the pressure of observation.

I'll read through the questions before moving you into rooms.

[Read through the questions before moving into rooms]

1. How would you start the conversation with Mersadi about Leo's growth without causing shame or blame?
    a) What if Mersadi had said she wasn't concerned about her child's growth, how would you respond?
2. What tips can you give Mersadi to introduce more variety at mealtimes, including increasing vegetables?
    a) What are some realistic suggestions to reduce juice intake?

3. How can screen time and activity levels impact Leo's health?
    a) What are some age-appropriate activities you could recommend?
4. Mersadi says she's too busy and doesn't know how to cook WIC foods. How can you help her overcome these challenges?

You'll be moved into your rooms shortly, and we'll see you back in 15 minutes.

Slide 17- Assessment to education

Welcome back, everyone. We hope you enjoyed your conversations. Next, we will take a little time to walk through the questions. Before we share some suggestions, we would like to hear from you all. Who would like to share something their group found during their time together? You can share in the chat or by raising your hand to share out loud.

Slide 18- Building trust

Question one was about building trust.

How would you start the conversation with Mersadi about Leo's growth without causing shame or blame?

- First, affirm what is going well and ask permission to discuss/share information. You could say something like, "You want to be sure Leo is growing well, and you are trying to keep him active. Could I share a few things about the way children grow that might help?"
- Then, focus on the facts, and try to normalize her concerns. Follow up with, "This is an important time for growth and development. Many parents question how their child is growing. This is a great time to focus on healthy behaviors."

Next, we want to clarify the concerns that this parent had about her child's eating, using open-ended questions.

To get more information, you might say: "Mersadi, can you tell me a bit more about your concerns with Leo's eating?" This question could work.

You could also try something more specific:

- You said Leo gets upset when offered vegetables. How have you responded to him in the past?

After she answers, you could ask:

- What are some of the things you haven't tried but may have wanted to? This will help to get an idea for a potential goal.

Using open-ended questions can help to explore the parents' thoughts and elicit information. This enables us to identify specific dietary risks and the underlying motivations for eating behaviors. This also allows us to provide targeted information that may align with and build on what the parents are already thinking.

Slide 19- Handling resistance

Okay, if you got to question number two:

What if Mersadi had said she wasn't concerned about her child's growth? You may have experienced this before with a parent, and it can sometimes be hard to move forward. It's best to acknowledge their wishes and try to shift their focus to remain productive in the conversation.

If the mere topic of growth seems to be upsetting, you could start more gently with, "Is there anything about your child's eating, growth, or activity that you would like support with today?"

If you have already broached the topic of growth and the parent is resistant, "That's okay, we don't have to talk about Leo's growth today. If you are open to it, we can talk more about how he is eating."

Then go back to using an open-ended question and keep it positive: "Tell me more about the foods you have tried that Leo enjoys." You can then build off the foods he has enjoyed to offer suggestions.

Another example is: "A lot of parents have mixed feelings when talking about their child's growth. We are always here if you want to talk about how he is growing in the future, but for now, is there something else you would like to focus on?

The goal at WIC is to focus on behaviors, not weight, so shifting our focus to making changes to the child's eating habits, which can improve his overall health, is both supportive and beneficial.

Three things to remember about weight-related discussions:

- It is best practice to use neutral language when discussing growth.
- We want to refrain from showing families the growth chart unless requested. We may explain that growth charts are a tool for monitoring growth trends over time, but we do not need to discuss specific BMI percentages.
- Finally, never promote weight loss.

Slide 20- Quote

We want parents to put their trust in us, and we want them to know we are here to support them, not judge them. There is a quote from Teddy Roosevelt that comes to mind: "People don't care how much you know until they know how much you care."

Slide 21- Nutrition guidance

The second set of questions focused on nutrition guidance.

First question: What tips can you give Mersadi to introduce more variety at mealtimes, including increasing vegetables?

- Some ideas include sharing recipes using fruits and vegetables, exploring offering them at snack time, making it fun by creating faces or art, and allowing Leo to help with meal prep.

If you got to the second question here:

What are some realistic suggestions to reduce juice intake? You may suggest things like:

- Offering whole fruit instead of juice- explaining to the child that fruit is not only tasty but also really good for them too.
- Diluting juice with water.
- Putting fruit in water, being mindful of choking risks, the parent would use bigger pieces, and even squeezing it a bit before dropping it in. or even getting a fruit infuser cage to place the fruit in can make it safer. They can also include the child by allowing them to choose which fruit to put in.
- or simply limiting juice to one time per day so the child knows when to expect it. It may be helpful to pick a specific meal or snack time to offer it, so it is easier to keep track of how many times it is offered.

This is a great time to also discuss other beverages that the child is drinking. Saying something like, “Tell me about other beverages your child drinks?” You can then address ways to reduce intake of other sugary beverages and even encourage more water.

Slide 22- Behavior and lifestyle

Question three got you thinking about the behavior and lifestyle.

How can screen time and activity levels impact Leo’s health?

- Start by asking permission to share some facts with the parents. You might say, “Can I share a few things I have learned about children and activity?”
- A few things you may share: Daily activity is an important part of a child’s physical, mental, and emotional development. Technology can interfere with sleep, exercise, play, reading out loud, and engaging in social interaction.

WIC staff can promote regular, active playtime and limited screen time by sharing facts and addressing barriers the family may face.

Offering ideas to keep the busy family active together can increase opportunities to build emotional bonds, strengthen trust, and support healthy social development in children.

- Some ideas include: Family dance party, making a game out of cleaning around the house together, playing hide-and-seek, or playing catch with stuffed animals.

Encouraging families to engage in physical activity can be challenging for some. It may be best to suggest small steps that they can take to help make active time a more manageable part of their already busy lives. Starting with the benefits may help to encourage a shift in the way families are doing things. Giving them ideas and resources will support them in taking action.

Slide 23- Barriers and solutions

The fourth set of questions focused on barriers and solutions to cooking:

Mersadi says she's too busy and doesn't know how to cook some of the WIC foods. How can you help her overcome these challenges?

- Start again with praising Mersadi, saying something like "You want to do what's best for your family and make sure that they are eating well. Is it okay if I share a few ideas that may help?"
- Meal prepping is something Mersadi could do on the weekends. She can include Leo by writing the shopping list and picking out the food together. Then they can come home and prep the meal as a family. This is time well spent, and Leo may be more excited to eat the meals they have created together as well.

You can also offer some quick and easy recipes. There are many resources on the WIC website and also through the WIC app that can help to get the family started. Here we are sharing a list of some great recipe resources to offer families.

Slide 24- Recipes

All the recipes are available on the Recipes tab from our Welcome to WIC webpage and through the WIC app.

Slide 25- Key takeaways

Okay, we are going to start the wrap-up with some takeaways for you all, and also open our remaining time up for questions.

First thought, childhood obesity is complex and sensitive. WIC staff can play a powerful role in guiding families toward small, achievable changes to promote healthy habits —using empathy, cultural understanding, and practical tools.

Second thought, high childhood weight gain may lead to future health concerns or chronic conditions. We want to do our best to support families in building healthy habits that can last a lifetime.

Third thought, tailor education to reflect family perspectives while promoting healthy feeding behaviors. Although we discussed a few topic areas of education, you will only want to pick one or two when counseling the participant based on your assessment and the family's desired areas of change.

Final thought, and we will say this every time we're together, between the nutrition assessment, education and counseling, referrals, and the foods we offer, WIC makes a significant impact on the lives of our participants. You should all be very proud of the work you are doing! Give yourself a big pat on the back! And when you walk out that door at the end of your day, say, "I made a difference today!"

Now, we want to open up time for questions, or if you have a story to share about working with a family whose child was gaining excess weight and how you handled the discussion, we welcome that as well.

You can place any questions you have in the chat, or you can raise your hand to share a story or questions. Just a note…If we don't get to your question today, we will answer those in the follow-up email.

Slide 26- Resources for participants

Okay, and here we have a list of possible resources that you may offer a family in Mersadi' s circumstance.

We have a few nutrition education cards, and then, wichealth.org offers numerous lessons to support participants in building healthy eating behaviors- we have offered a few suggested topics here.

Finally, the recipes page that is available from both the Welcome to WIC webpage and the app.

Slide 27- Resources for staff

Here we have a few resources for you all to explore and learn more about the topic discussed today. We will be sending these and the resources for families out in a follow-up email.

Slide 28- Thank you for joining us

Finally, we want to thank you for taking the time to join us today as we learned together while practicing real-life skills. This case study will be repeated in June. At the end of this series, a PowerPoint with resources will be posted on our Case Study webpage.

We encourage you to return for our next case study series to continue learning with us in August, September, or October on common nutrition concerns during pregnancy.

We have placed the evaluation link in chat; it is here on the slide, and we will send it with the follow-up email. Please take the time to fill that out; this is also how you will receive your continuing education credits.

And with that, I hope everyone has a fantastic day!

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