

AZ WIC Targeting Behavioral Triggers of Overfeeding in Older Infants and Toddlers (TOTT) Study

Purpose: To identify appropriate messages and materials for parents that will help them better understand developmental reasons for common child behaviors that may otherwise result in inappropriate feeding of older infants and toddlers. Through qualitative and quantitative analysis, we will be able to measure the effects, if any, on child obesity and retention of the participants after age one.

General Background Information:

The Arizona study is a follow-up to the CA WIC Targeting Behavioral Triggers of Overfeeding in Older Infants and Toddlers (TOTT) Study. Based on their outcomes, UC Davis has revised messages that Arizona will test in four (4) clinics in two WIC local agencies willing to commit to a two-year study with the University of California Davis.

Each agency will have one clinic serve as an intervention group and receive refresher training from UC Davis staff on Baby Behaviors as well as an in-person training on older infants and toddler behaviors as well as learn messaging to share with families that encourage healthy feeding behaviors. UC Davis will also provide telephone consultation and support via phone and/or webinars to ensure staff are confident with messages. The second clinic will serve as the control group and will receive the trainings at the end of the study.

UC Davis will conduct baseline focus groups or individual interviews, collect participant data and surveys online periodically, and provide data analysis and reports. They will also conduct 2 site visits and interview staff and participants. Based on the results, they will revise the messages and materials and assist in the planning for rolling out training to the entire state.

Local Agency Criteria to Participate in this study (TOTT):

1. Local Agency has staff interested and willing to commit to the project for two years.
2. There should be a minimum of two clinics in the agency so that one clinic can serve as an intervention group and one can serve as a control group.
3. The clinic participation should be at least 2500/month. Clinics do not need to have the same caseload. For example, a clinic can have 2500 and the second clinic can be 4000.
4. There should be no contamination of staff between the two clinics. This means that staff from the clinic designated as the intervention clinic cannot work in the control clinic and vice-versa. If there are more than two clinics, staff from the intervention clinic can go to all other clinics except the control clinic.
5. Staff turnover rate between the summer of 2013 (implementation of the Baby Behaviors online course and Regional Trainings) and now should be no more than 15-20% in the intervention and control clinics.
6. All Staff from both Intervention and Control clinics will need to have completed the course and blended learning activities for Baby Behaviors.
7. Staff should be willing to be filmed.

Benefit to Local Agency: The biggest benefit is that staff will receive training and coaching from the UC Davis staff on behaviors of older infants and toddlers.

Timetable: The project will begin after the contract is signed with UC Davis and Operational Adjustment grant is received from USDA, anticipated to be in January 2015. Local agencies participating will be part of the planning process with UC Davis.