Implementation of an I + PSE Technical Assistance Opportunity to Reduce Childhood Obesity: A Qualitative Evaluation of Facilitators, Barriers, and Outcomes

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CONCLUSIONS AND IMPLICATIONS:

- MCH nutrition leaders from four states reported their experiences through key informant interviews identifying the facilitators, barriers, expectations, and outcomes associated with a year-long technical assistance opportunity that they engaged in with their MCH nutrition team members.
- Facilitators cited by all teams included mentorship by the facilitator and coaching of the TA effort and the other team members who supported the process. Learning activities broadened the thinking process and pushed teams to move projects/strategic plans forward by identifying new directions for work.
- Barriers mentioned were "time limitations" making it difficult for team members to meet as frequently or as long as they would have liked resulting in team members having to work alone. This was cited as "being difficult" and slowing down project progress.
- TA participants reported that expectations were exceeded for this opportunity stating that the guidance and direction they received—particularly through individual coaching and mentoring—was very valuable.
- Identification of “expansion possibilities” were mentioned by all teams as positive outcomes. Teams also mentioned a number of possibilities to incorporate I + PSE into their work, but also recognized the reality of the lack of existing funding and/or infrastructure to facilitate forward movement.

REFERENCES:


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METHODS:

1a) Structured, in-depth interviews conducted post TA delivery with MCH nutrition leaders in four states.
1b) Interviews were audio recorded, transcribed, and themes and subthemes were characterized by two, structured, in-depth interviews conducted post TA delivery with MCH nutrition leaders in four states.
2.) Annotations documenting learning process from monthly, individual coaching meetings, community of practice (CoP) calls, and surveys conducted mid-year.
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RESULTS:

Themes: Subthemes: Quotes:
Mentorship: “The one-on-one calls were incredibly helpful. Those are where we got the most direct recommendations for our work, because in those situations I was able to talk specifically about projects, and get her suggestions on how to move some of that forward.”
Learning Activities Broadened Thoughts: “And so it’s refreshed my knowledge and made me think about how we implement things at our facility, and how we can do things a better way going forward. So now I’m looking at all of the different programs that we offer and looking… at all of the different parts of the process…”
Working Alone Difficult: “I mean I did feel like I was kind of floundering for a while and part of it was because I was solo.”
Time Limitation: “I encouraged participation of other teammates and colleagues but they just didn’t have the bandwidth and so that was an issue.”
Value of Relationships: “I think that this whole experience… surpassed what I thought that we would get from it, because you are an entire team over there working on this, you know you are knowledgeable on this topic and gave really good support, um, in areas I did not feel confident in so much so that when we started…”
Expectations Exceeded: “I think that this whole experience… surpassed what I thought that we would get from it, because you are an entire team over there working on this, you know you are knowledgeable on this topic and gave really good support, um, in areas I did not feel confident in so much so that when we started…”
Expansion: Realities and Possibilities: “There was a lot of interest. I have contact info at the county level for programs that I normally don’t have…”
Value of Co-learning: “Monthly calls with the team as a whole that were facilitated… the questions were good and had good dialogue across the teams and I learned from other teams which allowed me to change my plan.”

Barriers:

Outcomes:

Facilitators:

Evaluation: Process and outcome data evaluated included:

1.) Semi-structured, in-depth interviews conducted post TA delivery with MCH nutrition leaders in four states.
2.) Interviews were audio recorded, transcribed, and themes and subthemes were characterized by two, independent coders through qualitative analysis and thematic coding.
3.) Qualitative analysis and thematic coding were used to triangulate themes and subthemes for coaching and CoP meeting notes.
4.) Survey data were analyzed via mixed methods and used to further triangulate themes and subthemes.

BACKGROUND:

- Childhood obesity is disproportionately higher among low-income women and children, racial and ethnic minorities, and rural populations.
- Maternal and child health (MCH) has traditionally focused on individual services. To effectively promote sustainable change, healthy eating and active living (HEAL) initiatives are beginning to shift to an ecologic approach to addressing complex problems.

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