

Getting to the Heart of the Matter

Additional In-Depth Interview Report

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I. Introduction: Getting to the Heart of the Matter

The Commonwealth of Massachusetts' Women, Infants, and Children Program (WIC) is revitalizing nutrition education by changing their approach from logic-based and factual counseling to emotion-based counseling sessions called Touching Hearts, Touching Minds. They found that telling people to do something because it is good for them does not change behavior. Behavioral change does not occur by educating people about food and nutrition. Motivating change stems from how things make people feel. Lastly, simply providing nutrition education materials do not lead to a successful nutrition counselor.

The Touching Hearts, Touching Minds project began in 2003 with a USDA Special Project Grant and was successfully implemented throughout the state. It targeted participants underlying motivation drivers or "pulse points" to promote behavioral change. Getting to the Heart of the Matter (GHM) is the next step in expanding this successful emotion-based program to the nutrition assessment while also incorporating the USDA's Value Enhanced Nutrition Assessment (VENA) initiative. GHM formative research examined current nutrition assessment interactions and techniques to find target areas for improvement. Emotion-based nutrition assessment tools were then developed and piloted in six local WIC programs for fifteen months. These tools were designed to help open up conversation between WIC staff and the participant.

Currently Massachusetts is in the process of evaluating GHM to determine its use and effectiveness. The evaluation is a two-part process, one conducted by the Harvard School of Public Health, and the other by a Case Western Reserve University student. The student conducted in-depth telephone interviews to include feedback from nutritionists, nutrition assistants, and program assistants. Feedback was gathered confidentially and anonymously, by the student who was not affiliated with either party, so as to gather truthful and honest responses

from the staff on GHM. This included their perceptions about emotion-based counseling, comfort level, the impact of GHM on WIC participants, the new tools, formal training, and suggestions for improvement. This report reflects the opinions and feedback of five nutritionists, six nutrition assistants, and five program assistants from six WIC pilot agencies in Massachusetts: Chelsea/Revere, Dorchester North, Holyoke/Chicopee, North Suburban, Springfield North, and Berkshire South. WIC staff members were randomly selected to participate in the evaluation and were contacted via telephone over a two-week period in February, 2010.

The findings from these in-depth interviews will allow the Massachusetts Department of Public Health to assess the acceptability of the new tools and techniques designed to bring the nutrition assessment processes in line with VENA and the Touching Hearts, Touching Minds style of emotion-based nutrition services. This valuable feedback will support Getting the Heart of the Matter tools and techniques to be applied throughout the state in an efficient and productive manner that will result in maximum success for all WIC staff and participants.

The following summarizes the tools and techniques being piloted:

Doors

Twenty full color, laminated 5X7 doors from around the world. Nutrition educators will arrange all door images on a table or wall. The nutrition educator will tell the client that these doors are special doors because all the hopes and dreams they have for their families and children are hidden behind the doors. Ask client to select a door. Once they have made their selection, ask them to “walk through the door” and share the hopes and dreams that lie behind the selected door.

Metaphor Images

Nineteen 5X7 full color images that represent struggle and victory. Nutrition educators will arrange the metaphor images on a table or wall. Ask the client to select a picture that best describes how they feel about their child's eating or activity patterns. After the client has selected an image, staff will ask a variety of questions (dig) to understand how that image relates to the topic. The goal is to get clients talking about feelings and lead the discussion to topics that relate to those feelings. After image is selected, staff can ask a variety of questions to move to desired topics.

Concern Lists

Six full color lists of common concerns parents have at different stages. Checklists are color coded and labeled for these groups: Pregnancy, Breastfeeding mothers of infants 0-6 months, Formula fed infants 0-6 months, infants 6-12 months, Toddlers 1-2, Children 2-5. Concern lists are available in English, Spanish and Brazilian Portuguese. Program Assistants ask parents if they want to review a list of common concerns mothers often have. Clients review the checklist and select concerns they have prior to meeting the Nutrition Educator. Nutrition Educators can quickly review selected parental concerns and focus on these topics.

Card Sort

The card sort are six card sets that contain common challenges and concerns of parents in these groups: Pregnancy, Breastfeeding, Postpartum, Infants 6-12, Toddlers 1-2, and Children 2-5. Cards are in full color and thick stock. They are available in English, Spanish and Brazilian Portuguese. The Card Sort contains the same challenges and concerns as the Concern List.

Nutrition Educators selects the card package that best relates to the client and asks the client to sort the cards into three piles: everyday problems, sometime problems and never a problem. After the mother completes the sorting, educator picks up the “never a problem” pile and celebrates successes before reviewing the “everyday problem” pile. The nutrition educator and client would then discuss successes, challenges and solutions.

Baby Book

Full color baby book featuring three-ring 8X10 binder and heavy stock pages. Parents receive pages as they come to WIC for their appointments based on their pregnancy status, method of feeding and child’s age and are grouped as: Pregnancy, Breastfeeding 0-3, Formula feeding 0-3, Infant 3-6, Infant 6-9, Infant 9-12, Children 1-5. Pages are available in English, Spanish and Brazilian Portuguese. Program Assistant offers the baby book binder, cover page and appropriate age and condition-specific page at the first visit and one additional age and condition-specific page at subsequent visits. Client is asked to complete the page before visiting with the Nutrition Educator. At some clinics, the Program Assistant will also take a digital picture of the baby (or pregnant mother), print the picture on Post-it Photo paper, and insert the photo in the baby book before the client leaves that WIC visit.

Animals

This technique uses multiple plastic animals such as horses, chickens, pigs, donkey, or cow. Nutrition Educators will place animals on table or floor and ask client to choose an animal that represents an eating challenge they face. Because there is no “correct” answer for this question, clients will “project” truthful answers that will lead to an honest conversation. The

animals become analogies or symbols, making it easier and more fun to talk about eating challenges.

Eraser

This technique features erasers printed with a happy face. Nutrition Educators offer a happy-face eraser to client. The educator then asks the client to imagine that eating (or activity) challenges could be erased with the magic eraser. The educator then asks what challenge they would erase first and proceeds to discuss solutions to that challenge.

Magic Wand

This technique uses a golden wand with a star at the end. Nutrition Educators show the magic wand to the client. The educator then asks the client what they would wish to change about eating challenges.

Hedonic Scale

This technique features a scale of facial emotions. Nutrition Educators ask parents to circle their facial expression they feel matches the list of questions. Nutrition Educators can quickly review selected parental concerns and focus on these topics.

II. Results: Program assistants' perceptions of Getting to the Heart of the Matter

Massachusetts WIC employs program assistants to provide clerical support for the WIC program. Interviewing program assistants (PA) - it was obvious that these individuals had a passion for their jobs and genuinely cared about the participants. All of them had a desire to be included and involved with GHM activities and were eager to receive additional training if necessary. Unfortunately some clinics were not as successful as other clinics in involving the program assistants in the pilot projects. A few individuals that were interviewed were completely unaware of what they were being questioned about, having no idea of the Touching Hearts, Touching Minds or GHM project.

Nobody ever told me what my role is. –WIC Program Assistant

Many program assistants distributed the baby book and/or concern list to participants. Program assistants enjoyed seeing the reactions of the participants to the baby book. On some occasions, the participants immediately had questions to discuss. Although the participants enjoy receiving the baby book, program assistants had difficulties getting them to bring the book back to the WIC clinic. One PA found it difficult to incorporate the tools on busy days.

I think that it [gives participants] more responsibility to come back to WIC. It encourages them more. –WIC Program Assistant

I like the book and I'm happy that I'm part of it. –WIC Program Assistant

It helps the nutritionist and helps us too. We can get into the conversation and then we can tell the nutritionist about it. –WIC Program Assistant.

When we give out the book, they get excited, you can see their faces. –WIC Program Assistant

There were a few pilot clinics that didn't involve the PAs in the distribution of the GHM tools. The tools were distributed only by a nutritionists or nutrition assistants. Program assistants

were reportedly excluded because they already had multiple tasks and were already too busy. Occasionally the participant would receive the tool from PAs and nutrition educators would present the tool again. One WIC pilot clinic had only one of two PAs distributing the GHM tools; this particular person interviewed had never used the tools.

When asked ‘how do you feel the clinic has changed since the GHM program began, several PAs feel that they are able to connect and develop relationships with participants. One PA reported that the environment is friendlier. In addition she felt more confident about the WIC program. Another PA mentioned that she felt the WIC program is growing and believes that people are receiving better nutrition information. She enjoys being able to talk with participants more.

I like it... because they're happy... they like it. You should see their smile... it has changed for the best. –WIC Program Assistant

I think participants are more confident on what we're doing. They're getting a lot out of it. –WIC Program Assistant

Those who didn't notice any changes in the clinic were PAs that felt excluded from the GHM project or had been working for WIC less than a year; however, the PAs who felt excluded displayed interest in the Touching Hearts, Touching Minds and GHM project. They all felt that additional training would help them feel more included in the project. Future development of the GHM tools and techniques could be targeted to include the PAs.

We're not much part of it. I try not to get too much involved... which I should. –WIC Program Assistant

Although PAs may not feel involved in the project, their jobs involves and assessment. PAs perform income eligibility screenings to determine if participants qualify for the WIC

program. This screening process involves asking participants sensitive questions regarding income and access to food. All program assistants felt comfortable asking participants sensitive questions and have developed their own techniques to ensure that the participants would be comfortable responding to their questions. Some relied on their previous experience as a WIC participant, and others used work experience gained over time. A few PAs tried to make a connection before asking sensitive questions. For example, they would inquire about how the family is doing. One PA found it beneficial to inform participants before they arrive at the WIC clinic of what they needed to bring for their appointments.

When asked ‘what would make you feel more comfortable asking questions,’ many requested more time to talk with the participants in order to make a connection and build trust. The majority of the PAs felt that working one-on-one with participants greatly improved the comfort level with participants and aided in obtaining honest responses.

III. Nutrition staff perceptions of emotion-based counseling and Getting to the Heart of the Matter

Touching Hearts, Touching Minds is a vital component to the success of Getting to the Heart of the Matter. Emotion-based counseling has been implemented statewide across Massachusetts for two years. Gathering WIC staff responses about Touching Hearts, Touching Minds and how it relates to GHM provided baseline knowledge of how staff will accept the new tools and techniques.

Most WIC staff members were fond of emotion-based counseling; however some experienced both positive and negative experiences. Positive feedback displayed that nutrition educators enjoyed the connection made with participants and allowing them to choose the topic of discussion. However, some staff believed that not all people respond well to emotion-based counseling, though with the successful cases they have had great conversations. One nutritionist was very comfortable with emotion-based counseling due to the training received during school that followed a similar technique.

Before it was preaching to the participant and what they [WIC staff] wanted them to know. Now it's about what mom thinks is important. –WIC Nutritionist

You have to put yourself in their shoes so they feel that you understand. –WIC Nutrition Assistant

I thought I wasn't it wasn't going to be as good and I'm glad I've done it. You get more results. –WIC Nutrition Assistant

Negative feelings towards emotion-based counseling reflected concerns regarding time consumption. One nutrition assistant expressed the increase need for WIC services and that nutrition educators needed to be available to help these people; she felt time spent with emotion-based counseling was wasteful.

Seems like it's wasting time. –WIC Nutrition Assistant

Some participants are rushing and they don't have a long time to spend to talk about these topics. –WIC Nutritionist

Staff found noticeable changes in the clinic using GHM tools. Participants began to open up, non-nutrition related issues surfaced, and connections with the participants were made. Mixed feedback about the appointment times was given. Some staff reported that the tools got to the issues and topics of concern quickly whereas, other staff reported that it took longer and increased the length of appointment times. This varied with each tool and is discussed in more detail in section IV. Overall, a positive impact was found with the participants.

Everyone seems to be happier, more interested, more involved. –WIC Nutritionist

When asked if this new way of gathering a nutrition assessment impacted the quality of nutrition services, there were mixed responses. Seven nutrition educators believed there was an increase in quality. Many believed GHM allowed the assessment process to be more participant-oriented. One nutritionist thought the quality increased because open-ended questions allowed one to obtain the best answers.

It's easier to use open-ended questions and it's really how you're going to get the best answers to these questions. –WIC Nutritionist

Better nutrition services because it brings out the conversation. As for before it was harder because we had nothing to show, all we had was the VENA. All those stuff [tools] help better than the VENA, way better. –WIC Nutrition Assistant

“I definitely appreciate it... I think it brings us closer to the participant and instills some trust within... I can definitely see how our participants have changed as well... I think they're a little more open...”-WIC Nutritionist

Four nutrition educators did not see an increase in quality of nutrition services. These staff members found that if the participant is not ready to open up, they won't talk. Staff believed that the tools utilized in GHM were not designed for these individuals. These nutrition educators were typically long time staff members of WIC. In addition, many mentioned that some tools were too offensive or distracting to parents.

The patient is not ready to talk and they aren't ready to open up. I don't just open my heart up to a stranger. –WIC Nutrition Assistant

I don't know how much it impacted the participant. Sometimes it encourages them to come, especially with the baby book. –WIC Nutritionist

I'm not noticing all that much difference. It is interesting for people who've been on the program for a long time. They like the different questions rather than the same old thing. –WIC Nutrition Assistant

In the interviews, some WIC staff reported that they were not employed with WIC at the initiation of Touching Hearts, Touching Minds, and were not able to give a response on the differences on the traditional methods of counseling versus emotion-based counseling.

IV. Nutrition staff perceptions of the Getting to the Heart of the Matter tools

Comments regarding the Getting to the Heart of the matter tools varied among the Massachusetts WIC employees from the GHM pilot clinics. Each person found different ways to use the tools to obtain a successful nutrition assessment. Each interviewed staff member reported frequently using at least two to three tools and utilized them to their best abilities. Not all tools were effective with all participants. Additional details about responses and tools are available in appendix D and E.

Doors

The doors are an abstract tool and challenge the traditionally logic-based WIC staff. They found the doors were most effective with prenatal moms. The doors provided multiple opportunities to talk about breastfeeding and hopes for the baby. Additionally, many WIC staff found the tool effective for first visits at WIC. Other WIC staff mentioned that they were a good tool for postpartum moms, during the first year of life and English speaking participants.

Many staff expressed appreciation for the variety and culturally diverse doors chosen. Additionally, they enjoyed the vivid colors. One staff member requested to have new doors on a regular basis to keep it interesting. Emotionally, the staff found that the doors can be used in different scenarios and it brings up issues beyond the frame of nutrition.

Better outcome, more participant centered. –WIC Nutritionist

More about hopes and dreams... more touchy feely. –WIC Nutritionist

There was significant negative feedback given about the doors, mostly due to its abstract nature. A majority of WIC staff members found that participant comprehension of the tools made it difficult to use. It was also difficult for them to bring the conversation back to a nutrition focus.

Other staff expressed participants disinterest for the doors as the main disadvantage, along with language barriers.

Just to try to explain it and what the point of it is to get it started takes so much time and then for them to try to... understand that afterwards is even longer. –WIC Nutritionist

They [participants] don't know how to relate it to the food. –WIC Nutrition Assistant

A couple parents asked me 'You visited those places' and it took a long time for me to explain... they're not interested. –WIC nutritionist

It gets sometimes lost in translation. –WIC Nutritionist

It appears there is opportunity for additional training to address the difficulties of steering participant responses back to a nutrition discussion. Staff may need to be encouraged to continue to use the tool despite difficulties with thinking abstractly. Different techniques or re-wording of an explanation may help with participant comprehension. Several nutrition educators did report that successful assessments can be made with the doors with practice.

Metaphor Images

The metaphor images tool is another abstract tool developed for GHM. The metaphor images received less resistance from the WIC staff compared to the doors. WIC staff who reported favorably about the Metaphor Images found that this tool was effective for everyone. Other staff found it was particularly effective for children, and toddlers. Several staff members expressed that the metaphor images are participant-centered, easy for the participant to understand, and provide an excellent way to start a conversation. Other staff mentioned that they were quick and easy to use, shortening the appointment time.

I like the images... people pick the same picture but they'll have a completely different reason why. –WIC Nutritionist

I love that [metaphor images]... I think it's really easy... it's a good way to get the conversation going... it makes parents think for a few seconds..." –WIC Nutritionist

Negative comments about the metaphor images included time consumption and language barriers. Some staff also expressed that the metaphor images brought up topics and situations that made the nutrition educator feel uncomfortable and makes appointments difficult. These issues were mostly social issues, such as domestic violence or food insecurity.

If you get someone that doesn't speak great English... sometimes it can be hard to explain what it means... language can be a disadvantage. –WIC Nutritionist

Can go off in tangents... get off subject... it's hard to bring it around. –WIC Nutritionist

Concern List

The concern list is the GHM tool that is the most similar to the old traditional logic-based counseling practice. Not surprisingly, the concern list was widely accepted across all pilot clinics and staff. A majority of the feedback was positive though a little negative feedback was given. The concern lists were found to be successful with all types of participants. Being color coded and grouped into type of participants made using this tool easier. The nutrition educators particularly liked how it took little explanation and could be used in the waiting room, which is valuable on busy days. The concern list also allowed nutrition educators to immediately identify topics of discussion to discuss with the participants.

Good success with it if we have clients waiting. –WIC Nutrition Assistant

We really know what the clients want to talk about rather than finding something to talk about. –

WIC Nutrition Assistant

Really good tool to use when we have a backlog, when we're really rushed. –WIC Nutrition

Assistant

Although the concern list was translated into Spanish and Brazilian Portuguese, some staff was misinformed about the availability of other languages. Negative comments on the concern list were primarily based around it only being provided in the English language.

Valuable time would be wasted translating the concern list during counseling session. Another minor complaint about this tool was sometimes nutrition educators were not able to address every concern that the participant selected.

Sometimes the participants want us to address all of them... but for limited time we can't. –WIC

Nutritionist

We only have them in English. –WIC Nutrition Assistant

Card Sort

The card sort is another logic based GHM tool that had great success with WIC staff across the pilot clinics. Staff found that it worked well with all participants. It allows the participants to tell the nutrition educator how they feel, and educators receive plenty of feedback. Nutrition educators liked that the cards were categorized by different groups. They also found that this tool was quick and easy to use, while also allowing the participant to choose the topic of discussion. Some nutrition educators found the card sort useful when there was more than one family member that attended the appointment.

I like those 'cause they're categorized for different populations, it works for everybody really... -

WIC Nutritionist

Good tool to use when you have more than one client in the office. –WIC Nutrition Assistant

We're letting the client pick what we talk about. –WIC Nutrition Assistant

The primary disadvantage mentioned about the card sort was related to the amount of cards. Staff expressed frustration with not having enough table space to spread out the cards and the cards getting mixed up. In addition, the cards took a lot of time to look through and were sometimes overwhelming to look through.

The participant has to look through every card... if there was less cards to pick from it would have been quicker. –WIC Nutrition Assistant

You need a lot of space to spread out the cards and look at the cards- WIC Nutritionist

Baby Book

The baby book is an assessment tool and a take home gift for the participant. The feedback from staff showed that the participants were thrilled to receive the baby books and appreciated the gift. The baby book is a winner with pregnant moms and first pregnancies. WIC staff reported that it is nice for the parent and some information can be gathered using it. However, many staff reported that this tool also had some difficulties despite client emotional status when receiving the book. One nutritionist found that some were throwing away the baby book pages in the trash outside the clinic. Many believe the baby book should be revisited to make it more effective.

I have nothing to dislike about it... I love it... it's hard to do an assessment with it, but I still give it. –WIC Nutrition Assistant

It's easy for us because it opens up the dialogue right away. –WIC Nutritionist

Everybody is asking for the baby books!... It's always nice to give mom something. –WIC

Nutritionist

The greatest difficulty with the baby book was having the participant bringing the baby book back when they returned to WIC. Interviewee found that it was difficult to do a nutrition assessment with and that participants do not like to fill out the pages while waiting. One nutrition educator didn't find the baby book a useful assessment too because she would have asked the same questions in the tool either way. Other staff members found that the participants did not like to fill out the questions. WIC staff are disappointed that this tool is not being better utilized. In addition, one staff member noted that conducting a nutrition assessment with mothers to babies born with medical problems resulted in a unique situation that requires sensitivity.

The hardest part is getting the participants to bring back the tool. –WIC Nutritionist

The baby books are really nice to look at, I just don't feel that they really make a big impact in

the appointment. –WIC Nutritionist

Perceptions of WIC staff seem to be that they like the baby book. Many staff members enjoy giving something to the participant as a reminder of the counseling session. The baby book is a great gift to give to participants, but is not very involved in the nutrition assessment process.

I feel like it's not being used in the right way... it seems to be getting lost somehow. –WIC

Nutritionist

Animals

Very few staff members had positive experiences with the animals tool. Those that had positive experiences found that it is a tool that the parents could easily relate to and be

understood by parents. One nutrition educator found the animals particularly beneficial using them with children over 2 years old and in group sessions where other parents can interact with each other.

It's easy... more interesting flow. –WIC Nutrition Assistant

It's like the first thing they [participants] say... 'my kids eat like a pig or pick like a chicken'...

they seem to put the two together. –WIC Nutrition Assistant

An overwhelming amount of negative feedback was given on the animals. Interviewed staff members reported that it was not culturally sensitive and offended and sometimes insulted many participants. Some staff members refrained from using the tools due to their own perceptions and reactions to it. Nearly all staff members mentioned that children would want to grab or take the animals. Majority of staff members were not satisfied with this tool and preferred not to use it.

It's very difficult to word and tell them what kind of things they want to relate to the animal. The

majority of them answer it's too babyish...how would you relate your eating habits with the

animals...my child is not a donkey. –WIC Nutritionist

The kids want to take it... parents feel like it's insulting to them... –WIC Nutritionist

Muslims with the pig... they get offended. –WIC Nutritionist

For Hispanic people, it can be offending. –WIC Nutrition Assistant

Eraser

The eraser was heavily critiqued during in-depth interviews with WIC staff. The benefits of the eraser reported by the staff were that it was quick to use since there was no explanation required for the tool and requires no reading. In addition, staff found that children above the age

of 2 worked best with this tool. On a negative note, the eraser was found not to be culturally sensitive and had the potential to be a choking hazard. Also WIC staff members were not comfortable using the eraser during counseling sessions. The participants reacted negatively to the eraser, often offended by the idea of erasing something about their child. A nutrition assistant mentioned that the discussion topics were limited. For example she felt that educators could only talk about getting rid of soda, bottles, or candy; while more pressing issues need to be discussed in the counseling session.

I started getting looks on peoples faces, like their face went sour... I just stopped using it. –WIC

Nutrition Assistant

Originally we were told to give them out and a lot of us didn't feel comfortable... with the issue of choking... we were afraid to give them out. –WIC Nutritionist

Doesn't translate well with the Spanish population... they take it as a negative. –WIC

Nutritionist

I don't feel like they make a really big impact on the participant. –WIC Nutritionist

Magic Wand

The magic wand was designed to replace the eraser in an attempt to preserve the concept. The magic wand had a better response with nutrition educators and participants. Many WIC staff found that help provide a memorable counseling session with participants and didn't take any explanation.

It's quick, it's direct... probably pretty memorable after the appointment... it's [a] really unconventional type of discussion method. –WIC Nutritionist

The magic wand is more positive [than eraser]. –WIC Nutritionist

Most of us would like a wish... it's easy for people to talk. –WIC Nutrition Assistant

They [participants] see it and they're like whoa... you got a magic wand... it's something to remember. –WIC Nutrition Assistant

Overall the negative responses gathered from the magic wand were regarding its child-like concept and children's desire to play with it. Multiple WIC staff members' felt that this tool was childish and felt uncomfortable using it. Some reported that participants shared the same opinion about the tools and were not receptive. Majority of the staff shared the same experiences handling children who wanted to play or take the wand home. Strategies to overcome this challenge were attempted, such as displaying the wand on the wall, but success rates with this varied by clinic.

Maybe we're more afraid the other staff is going to laugh at us than the client. –WIC Nutrition Assistant

The moms don't... really seem all that receptive of a magic wand because obviously it's not magic. –WIC Nutritionist

I just can't stand it... it sits in my office and gets glitter all over the place... the kids just want my wand. –WIC Nutritionist

They [participant] ask for wishes in terms of money or status and I don't like to hear that. –WIC Nutrition Assistant

Hedonic Scale

The hedonic scale is a relatively new tool that was introduced after the previous tools similar to the magic wand. It has been successful with the participants and nutrition educators at WIC pilot clinics. Reported advantages of the hedonic scale from nutrition educators included its

ease of use, and high participant comprehension. This tool was particularly beneficial for participants whose first language was not English since it did not require much reading or writing. Due to the minimal reading and writing, WIC staff expressed a large satisfaction with the hedonic scale since it can be used quickly and they are immediately informed of topics and concerns to address. Disadvantages discovered using the hedonic scale reported by nutrition educators was that it brought up unexpected social issues.

They [participants] just circle the face and let you know right away... what is the topic of the concern they need to talk about. –WIC Nutritionist

The people who have issues with reading and can not fill the things out... they [participants] can just point [to] the pictures... -WIC Nutrition Assistant

Time consumption of tool

Massachusetts WIC clinics are often very busy. Therefore, utilizing the available time in an efficient manner to obtain a successful nutrition assessment and counseling session is a large part to the success of WIC. Part of the design of the GHM tools was to speed up the process of the assessment by ‘getting to the heart of the matter’ quickly, maximizing the use of time. Many WIC staff members had trouble using the abstract tools - doors and metaphors - efficiently. In addition, abstract tools brought up social issues that nutrition educators had to take time to address.

The tools reported by majority of nutrition educators that took the least amount of time and got to the topics or concerns quickly were the concern list, animals, eraser, and magic wand. About half of the nutrition educators said the card sort gets to the point of discussion quickly, however other staff felt that participants took a lot of time to look through all the cards. The baby

book was the most effective for the first appointment with a pregnant mom. However, the efficiency of the baby book dwindled as the pregnancy progressed.

The doors and metaphor images had mixed feedback from WIC staff members. Some nutrition educators were very efficient using the tools and others strongly disliked them. A few WIC staff members said that they were efficient tools. Those who said it takes longer to obtain an assessment was due to the long explanation process. The same reaction was reflected with the doors. Many nutrition educators spend the majority of the time explaining the tool rather than using it. The level of comfort and number of uses with the abstract tools plays a large role in the time consumption of these tools.

I have a hard time getting through with someone with the doors. If you can handle that door easy, you will get mom to talk to you easier. –WIC Nutrition Assistant

Suggestions for improvement

Constructive criticism and feedback was gathered from nutrition educators working at pilot WIC clinics across the Commonwealth. Those who are seeing them in action also paired this feedback with valuable suggestions for improvement of GHM tools. The following are recommendations from staff to improve tools.

Doors

- Put on poster board [laminated]
- Dispose of accompanying take home cards
- Provide a list of prompts for nutrition educator
- Add images to include fruits and vegetables and grocery store doors
- Present new set of doors periodically

Metaphor Images

- Provide additional pictures of different things
- Place on poster board [laminated]
- Give participants their selected image to remember appointment
- Give more direction on use during training
- Change photos to reflect nutrition- making it more like a card sort

Concern List

- Translate into other languages
- Redone in some way [no specific suggestion]

Card Sort

- Develop organizational system
- Develop rating system
- Put on poster
- Format how it looks- have all displayed at once
- Provide take home gift to participant to remind them of visit
- Provide less cards in category to speed up process

Baby Book

- Figure out a way to be more involved- leave pages in office
- Make books smaller
- Provide example of completed baby book as a visual for participants
- Give all pages at beginning

Animals

- Provide set of animals for all nutrition educators

- Give animals to remember session

Eraser

- Find another word for erase
- Provide more erasers to give to participants
- Give one large eraser as display
- Have large image or large eraser as tool
- Attach eraser to a small board instead of keeping it loose

Magic Wand

- Change design- glitter falls off
- Change design- cheap looking
- Give wand to participants
- Make a 'concern list' for wand of what wishes can be
- Hang wand on bulletin board

Suggestions for new tools

Getting to the Heart of the Matter provided multiple tools to Massachusetts WIC pilot clinics to utilize in their nutrition assessment. These tools challenged nutrition educators to think abstractly and go beyond the standard logic-based techniques. Even with the variety of tools designed by Pam McCarthy and the Massachusetts state office, a few staff members had suggestions for new tools. One nutrition educator would like to have another tool that is directed at children. She wanted the kids to also give feedback on how they can eat healthy and participant in the conversation with parents and nutritionist. Another staff member suggested

developing a video to play in the waiting room as a visual. The remaining staff members interviewed had no suggestions for new tools.

*All the tools- I think they're useful. They all have uses for different reasons. I think we need quite a few of them, we get the repeat customer. You don't want to use the same tools over and over. -
WIC Nutritionist*

VI. Comfort level using the tools

Most nutrition educators are confident using the tools to gather a nutrition assessment. However, many feel that they do not need the tools to obtain a successful nutrition assessment and it took time to become comfortable with the techniques. Despite this belief, nutrition educators like the new and innovative techniques. WIC Staff expressed that participants have a memorable session and the tools inspire conversations easier. One WIC staff expressed that the tools helped developed their counseling techniques. For example, the tools helped her with utilizing open-ended questions; she now has less difficulty with it.

I feel really confident with and without the tools. I feel like sometimes [if] I can't really talk to someone they [tools] help to push [participants] to open up. - WIC Nutritionist

I like it, brings out conversations easier. - WIC Nutrition Assistant

WIC staff did not have the same results with GHM tools that were not used frequently, or were considered difficult to use. Many WIC staff had specific tools that they had trouble utilizing in the best manner. Staff reported it was due to the comfort level using the tool in general, how the participant reacts to the tool, or how they perceive the tool. In particular, the participant gets offended, or the tool brings up situations not related to nutrition, such as domestic violence. This affected confidence levels in WIC staff and nutrition educators who would then minimize the use of the tool.

Eraser- I don't use that at all... they [don't] want to eraser something about their child. I don't think they'll feel comfortable..[if I]... say anything like that. -WIC Nutrition Assistant

Metaphors put [me] into really uncomfortable situation[s]... leads into silence and makes [the] appointment really hard. - WIC Nutritionist

When you are talking about animals, the pig is famous. I will never compare my child with an animal. – WIC Nutrition Assistant

I feel confident asking the magic wand and hedonic scale and card sort. The rest my confidence level is 2 [on a scale of 1 to 10, 10 being most confident] and I don't like it. –WIC Nutrition Assistant

VII. Staff perceptions of Getting to the Heart of the Matter training

Pam McCarthy and state office staff conducted formal training with the Getting to the Heart of the Matter tools at each of the six pilot clinics. The primary objectives of the trainings were to understand that the clinic setting, client-staff interactions, and casual connections influence the dietary assessment and nutrition education, to look from the client's perspective about how a dietary assessment looks and feels, to understand why there is a need for a change in the nutrition assessment and lastly, to experience the new dietary assessment techniques and tools to gain confidence in how to use them.

The formal training for GHM was generally regarded as effective and adequate by the majority of the WIC staff. Multiple suggestions were given to ease the adoption of the new tools and future training sessions for GHM.

The training's effectiveness was reflected in positive feedback given by the staff. Many of the employees felt that combined with their own experiences, the training was done well. The majority of the WIC staff expressed that everything was presented in a clear and understandable manner.

They trained perfect with the tools. I would train everybody the same way they trained me because we understood. -WIC Nutrition Assistant

Some WIC staff felt that the training was lacking in different areas that would have made it more effective. One Nutritionist thought a follow up training after the initial formal training would have eased the adoption of the tools. For example, having a half-day in-service that focused on difficult tools. Other staff thought that the training was too short and quick. It was also expressed that more guidance was needed for fitting the assessment into the record keeping process.

First it was a mess- didn't know what to do or what was expected of us... what to write down in charts and files. -WIC Nutritionist

Wasn't too much direction, just a few ideas and off we go. -WIC Nutritionist

Almost all of the staff interviewed were in agreement about changing the distribution of the tools. These staff members had various, yet similar suggestions that would have made it easier to adopt the new tools and techniques. Feedback from WIC staff expressed that they were given too many tools at one time. Using this method of distribution the WIC staff were unable to practice or perfect any particular tool and had difficulties choosing which tool to utilize. WIC staff would try tools, found ones they excelled in, and stuck with them –resulting in staff excluding tools they were less comfortable with and not trying to mold or manipulate the less familiar tool to fit their personality and counseling style. Many suggested that giving tools in smaller groups, over a longer period, would maximize the effectiveness of each tool. One staff member suggested that everyone be introduced to one tool a month. Then at monthly meetings discuss feedback and best practices for that particular tool. This would allow time for WIC staff to work with a tool and gain feedback from other WIC staff.

Maybe if we have gotten 1-2 at a time and worked on [it] for a month, that would have been a little easier. - WIC Nutritionist

I think it would be good to get the tools at a span of time instead of all at once. A couple of months to spread [it] out. I think it would have helped getting to really know the tools first and then moving on to another tool. -WIC Nutrition Assistant

Mixed emotions were found about the number of GHM tools. Two WIC staff believed that there were too many tools and needed to be limited. The staff members suggested that all pilot clinics should be asked about their comfort level of the new tools and then choose one or

two to keep. Two WIC staff believed that there should be more tools so that participants do not see the same tool repeatedly. In addition, two WIC staff, reported had counseled participants for many years, believed that they are able to obtain a successful nutrition assessment without the aide of such tools. They believed that successful counseling comes from experience.

When asked if they were doing the training, what would they do differently, many felt there was not enough direction and requested more examples and role-playing. A WIC nutritionist expressed that there needed to be more practicing, more explanation and more ideas on how to implement with different tools. Moreover, the tools that were not working well needed to be explained in greater detail and more ideas given so that they could be successful.

It would have been nice [to have] right in front of you exactly what to say to get you started off. –

WIC Nutritionist

Run a counseling session with all the different tools and have people practice. –WIC Nutritionist

One staff member would like to use staff testimonies when training other clinics on the techniques of the new tools. Feedback from pilot clinics can introduce the successes and failures of the tools. This allows questions to be asked easily by the trainees and prepare them for what to expect.

Despite the overall success of the training and adoption of the tools, many had suggestions for improvements and changes. The consensus was that the tools should be introduced into the clinic slowly rather than all at once. This would allow nutrition educators to get comfortable with each tool and maximize the programs effectiveness. Staff also highlighted the need for more role-play and observation time during trained to improved comprehension.

VIII. Conclusion

Program assistants are an integral part of the WIC clinic. It is unfortunate to see that some local programs appear to exclude program assistants in the training processes and discussions. The distinct separation between nutrition educators and program assistants may inhibit the development of a team atmosphere. The successful implementation of Touching Hearts, Touching minds and GHM involves a consistency applied throughout the entire WIC clinic and WIC experience, not limited to the nutrition counseling session.

Program assistants who were previous participants of WIC have an advantage to making a connection with the participants. Those who were not previous WIC participants are still able to make connections with participants and may benefit from additional training. Overall, PAs agreed that establishing connections and trust with participants came from real work experience.

Reactions to the GHM project among the six pilot WIC clinics were generally positive and staff adjusted well to the new techniques and tools. Many employees noted difficulties with using particular tools, but once they became more familiar with the tools they were able to obtain a successful nutrition assessment.

Overall, similar themes and trends were evident among the interviewed WIC staff. The majority of staff believed that the tools provided a more patient-centered counseling session. The patients were choosing the topics of discussion and nutrition educators were able to address their concerns. Some common problems found with the new GHM tools were loss of nutrition focus, language barriers, moms getting distracted by children, and time consumption. It was expressed, with abstract tools in particular, that other issues outside food and nutrition were arising. Some staff felt uncomfortable dealing with social issues, while other staff members felt a burden that

they brought home with them. The general consensus was that the GHM tools encouraged participants to open up about their lives.

Formal training was regarded as effective, sufficient, and realistic to the needs of individual clinics by a majority of interviewed WIC staff members. While many said that nothing needed to be added to the GTH training, some suggestions for improvement were mentioned including that more instruction was needed for particular GHM tools, mostly abstract tools

WIC staff members seemed to not take the time to learn the new tool, only using a few favorites. This may have resulted in staff feeling uncomfortable about other tools and therefore not being able to interpret and convey the right messages to participants. The majority of staff felt overwhelmed receiving so many tools at one time and had many suggestions for a better distribution method. Gaining experience and comfort with each tool before moving on to the next new tool will help incorporate all tools into the counseling sessions more easily.

With strong leadership and adequate training, it appears that GHM will be easily streamlined into local programs statewide. With minor changes for improvement taken from recommendations by WIC staff members at local pilot programs, GHM will play a critical role in improving the health and nutrition of WIC families across Massachusetts.