

Getting to the Heart of the Matter

Using Emotion-Based Techniques to Enhance VENA



2007 WIC SPECIAL PROJECT GRANT FINAL REPORT

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Submitted to:

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I. PREFACE

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II. INTRODUCTION

The Massachusetts WIC Nutrition Program was a fortunate recipient of a WIC Special Project Grant in 2001 and again in 2003. Through each of these grant opportunities, Massachusetts WIC explored mothers' perceptions of WIC nutrition education and gained a better understanding of how to deliver nutrition messages to WIC families in a more relevant and meaningful way. Based on the outcomes of the *Touching Hearts, Touching Minds* project, Massachusetts WIC began to transition its nutrition education efforts to an emotion-based approach, understanding that behavior change was much more likely if the actions were linked to a parent's emotional motivators rather than purely based in factual nutrition science.

Over the past several years, there has been a national movement to create participant-centered nutrition assessment systems in the WIC program, as evidenced by the development of USDA's Value Enhanced Nutrition Assessment (VENA) guidance. VENA was designed to establish assessment standards and tailor nutrition education, referrals and food packages through a participant-centered model. During the VENA training provided by USDA in 2006, Massachusetts WIC agreed that implementation of the initiative represented an excellent opportunity to establish trusting, caring relationships between participants and WIC providers - leading to powerful conversations, behavior change and improved health outcomes.

The Massachusetts WIC Nutrition Program conceived the *Getting to the Heart of the Matter* project to expand upon the success of the Touching Hearts, Touching Minds initiative by incorporating the project's emotion-based techniques into the WIC nutrition assessment process to ensure successful implementation of VENA. Massachusetts WIC applied for and was awarded a 2007 USDA Special Project Grant; *Getting to the Heart of the Matter* was launched in October of that year.

A. BACKGROUND

VENA guidance notes that the first step in quality nutrition services is a comprehensive nutrition assessment. This assessment establishes a starting point and framework from which all other WIC nutrition services - including nutrition education and food prescription – build. Appropriate nutritional and behavioral interventions rely on obtaining relevant and accurate information from WIC participants. While these are obviously important reasons to focus on improving nutrition assessment practices in the WIC program, it is equally important to realize that nutrition assessment represents the first encounter between a WIC nutrition counselor and the WIC family, setting the tone for the family's entire WIC experience. A valuable nutrition assessment is one that facilitates rapport, builds trust, creates an environment for open discussion, prioritizes the participant's personal goals and needs, and truly "gets to the heart of the matter."

Through the Touching Hearts, Touching Minds project, Massachusetts had achieved great success in improving nutrition education services by using emotion-based

techniques to target participants underlying motivational drivers – ‘pulse-points’ - to promote behavior change. The logical next step was to use these core emotional principles to implement VENA.

The Massachusetts WIC Nutrition Program proposed to develop participant-centered, emotion-based nutrition assessment tools and techniques that resonated with WIC participants and staff, provided valuable information for nutrition risk assessment and intervention, and could be utilized across a variety of WIC clinics, populations and settings. The project hoped to demonstrate how assessment could be transformed from an often awkward, checklist-style, uncomfortable assessment process to one that fosters a genuine connection between participant and counselor and becomes a powerful springboard to effective nutrition education.

Traditional nutrition assessment techniques often result in identifying what the participant is doing wrong. Few people appreciate being told what they are doing is wrong, especially when it relates to issues as personal as caring for their family. A WIC nutrition assessment is intended to provide the nutrition counselor with a complete picture of the family’s behaviors. Because parents care about how they are perceived and fear judgment, they may provide inaccurate or incomplete answers that present them in a more favorable light. Some may even fear agency or government repercussions if they answer truthfully.

Questions framed in a caring, sensitive way build a trusting relationship with the participant. *Getting to the Heart of the Matter* was constructed to provide a nutrition assessment process that results in sensitive, effective and honest questions, connecting WIC nutrition staff with participants in a powerful, life-changing way. This project aimed to create an assessment process that embraced VENA principles, provided a structure for WIC parents to identify their dreams and desires for their child or themselves, and built a platform for WIC nutrition counselors to connect emotion-based desires with eating and activity behaviors.

Getting to the Heart of the Matter aimed to:

- Create an environment of trust between the WIC counselor and participant.
- Create an environment of common ground so that participants to know that WIC staff understand their needs, values and dreams, seeing things from their point of view without judging them.
- Create an environment of listening. Assessment questions were restructured to invite honest responses, making participants feel that their thoughts and feelings are honored and that they have been heard.
- Create an environment of respect. The assessment experience was restructured to foster open and honest communication that feeds respect and cooperation.

- Create an environment of hope, empowering parents to face change with the hope of a successful future.
- Create an environment of influence, eliminating the use of rigid, logic-based screening questions and replacing them with emotion-based techniques that make people feel understood and respected.

The following science-based principles of influence (R. Cialdini, *Influence: Science and Principles*, 2001) were used to develop tools and techniques to help infuse emotion into the VENA process:

- People want to believe they are in control and feel better when they perceive they are in control. Conversation starters and questions that reinforce participant perceptions of control were intended to lead to a more relevant nutrition assessment.
- People value guidance that is tied to their unconscious motivators, not being told what to do. Rephrasing mandatory questions was intended to assure that staff can be respectful of participants' emotion-based needs, yet still collect accurate information. Creative projective techniques were utilized to assist staff in uncovering true underlying motivators of participant behavior, paving the way for more successful nutrition education.
- People feel a need to reciprocate. WIC staff learned techniques to make a participant feel comfortable and therefore more likely elicit honest information because the participant feels appreciated and valued.
- People are more likely to act on advice from people they like. The assessment process was modified with tools and techniques to make the experience more enjoyable and therefore position the WIC counselor to be more likeable.

B. GOALS AND OBJECTIVES

The first goal of the project was to identify changes needed to the current WIC nutrition assessment process to achieve an emotion-based, participant-centered interaction. A variety of formative research techniques were utilized to understand how participants and staff feel about current nutrition assessment questions and activities and to gain insight into the potential of changes to the nutrition assessment process. Ethnographic research, a form of formative research that provides information on a population that is not obtainable in other kinds of formative research, studies people in their natural setting, collecting first-hand observational data which incorporates an understanding of contextual factors. Through digital recordings of the nutrition assessment process and individual interviews with parents just after their WIC assessment, the ethnographic research was intended to provide information on how WIC participants react to the

assessment process, identifying and providing an understanding of the issues, challenges and barriers to an emotion-based, participant-centered assessment process.

After the ethnographic research in this pre-development phase, prototype assessment tools would be designed for testing in focus groups. Participant and staff focus groups would then be conducted to elicit feedback and garner reactions to these alternative assessment tools. In addition, counselor assessment techniques would be explored in relationship to the use of these tools.

The second goal of this project was to develop and implement emotion-based nutrition assessment tools and techniques that were supportive of VENA principles, valued by participants, were participant-centered, and allowed for personalized nutrition care. Staff training would be developed to provide staff an opportunity to learn, practice and acquire new assessment skills and techniques – breaking old habits. Participant and staff feedback would guide the creation of innovative ways to collect required and useful assessment information. Projective techniques, straightforward yet tactful assessment questions, and strategies for establishing a comfortable climate for sharing with useful probes, to ascertain deeper personal insights, would be developed to improve the assessment process. Newly developed tools and assessment techniques would then be piloted to determine if the tools and techniques were participant-centered, valued and allowed for personalized nutrition care.

The final goal of the project was to deliver *validated* assessment materials and training that combined VENA principles and emotion-based techniques to the larger WIC community (Massachusetts and nationwide). Evaluation would be accomplished using both process and outcome evaluation. Pre and post surveys with staff and participants in pilot programs would be compared with pre and post surveys of control programs to identify effectiveness of the new assessment strategies. Focus groups with participants and in-depth interviews with staff would provide additional qualitative data from the pilot programs. Post-pilot program ethnographic research would also be conducted with pilot site participants using the same techniques used during formative research to assess the acceptability of the new techniques and explore the relevance and honesty of the resulting information.

Based on the findings of the post pilot qualitative and quantitative research, nutrition assessment tools would be modified or enhanced. To extend the transferability and sustainability of the outcomes of this project, the final products would be made available on-line – an easily accessible format for WIC nutrition staff nationwide.

Goal 1: Identify changes needed to the current WIC nutrition assessment process to achieve an emotion-based, participant-centered interaction.

Rationale

Each person experiences the world differently. Knowing how people react to current questions and activities will allow insight into their thoughts, emotions, attitudes, opinions, beliefs, and motivations.

Ethnographic research is a form of formative research that provides information on a population that is not obtainable in other kinds of formative research, such as focus groups. Ethnographic research studies people in their natural setting, collecting first-hand observational data which incorporates an understanding of contextual factors. Through digital recordings of the nutrition assessment process and individual interviews with parents just after their WIC assessment, the ethnographic research was conducted to provide information on how WIC participants react to the assessment process, identifying and providing an understanding of the issues, challenges and barriers to an emotion-based, participant-centered assessment process.

After the ethnographic research in this pre-development phase, prototype assessment tools were designed for testing in focus groups. Participant and staff focus groups were conducted to elicit feedback and garner reactions to these alternative assessment tools. In addition, counselor assessment techniques were explored in relationship to the use of these tools. Each of these formative evaluation opportunities helped project staff to better understand the current state of nutrition assessment in the Massachusetts WIC Program and to begin to identify opportunities for enhancing the process in order to create a more meaningful service.

Objective 1.1: Conduct formative ethnographic research with 21 WIC participants to understand WIC participant’s feelings and emotions associated with the WIC nutrition assessment process.

Methods

Project staff began the first phase of the project in January 2008 by engaging in ethnographic research in four local programs to reveal the ‘true’ barriers to ‘real’ client connections that currently inhibit a value-enhanced, participant-centered, emotion-based nutrition assessment process.

Ethnographic research in the WIC Program provides a chance for participant feedback about the assessment process in the natural setting—the WIC clinic. Although the researchers were charged with identifying potential barriers in the nutrition assessment portion of the WIC experience, every aspect of WIC—the clinic environment, staff interactions, handouts, and messages—were taken into account as they serve to enable or hinder an open, honest and productive assessment process. Therefore,

Massachusetts decided to observe participants from the waiting room straight through to the end of their appointments.

During January 2008, 20 participants from four different local WIC programs were observed throughout their WIC appointment. The appointments involved participants of varying categories and ages. Each observation was followed by a short (10-20 minute) one-on-one interview with the participant or his or her guardian. During the interview, participants were asked to share their reactions to their WIC experience. Interviewing participants immediately after their WIC appointment allowed researchers to collect information while it was fresh in participants' minds rather than rely on memory of an incident several weeks in the past—often a drawback of other forms of qualitative research.

Findings

Participants reported that WIC staff had positive attitudes and were friendly. Although WIC participants reported that they appreciated efficient customer service, they noted that good customer service is not the same as a personal connection.

“I think it is pretty pleasant. Everybody here is pretty nice.”

“It’s her job to like me...just to be kind.”

“It’s a business regardless of how it was looked at, it’s a business. Regardless of the end of the day, they are getting paid [and] I’m getting my WIC check. That’s it. I don’t see that there should be much more.”

The assessment process, the assessment questions and documentation, were amazingly consistent across all four sites. Most counselors asked the same questions in the same order at all four sites, making the assessment appear as a checklist. Surprisingly, the question, tone, speed, wording, and order varied very little despite the wide variety of clients served. The nutrition assessment and counseling were woven together as counselors processed clients through an assessment ‘checklist’ format. After participants answered an assessment question, the nutrition staff would offer advice or logic and go onto the next question. When the questions were over, the appointment was over. Participants appeared to expect and accept the nutrition assessment process at the WIC office.

“Every time I come in here, it is always the same thing.”

“I expected it.”

“She was doing what she’s required to do. It’s just natural to ask more questions on top of a question, when you are trying to learn about something, when you are trying to figure it out.”

When asked the purpose of the assessment and counseling, many participants reported that those questions prepared them and the counselor to discuss their food package choices. Many times, the assessment questions were thought of as required questions that the nutrition counselor needed to ask for her job, not necessarily for the benefit of the participant.

“That’s how they get I think the packages, you know, that they give on the checks.”

“They ask just to see if the food they’ve been providing—if she eats it— if there is any way to make it better.”

Participants reported that sensitive assessment questions sometimes caused negative feelings. Some participants reported that they would not give honest answers to questions that embarrassed them; others did not understand why WIC would ask such questions.

“Most people, if they did not have food, I do not think they would answer it because they would feel ashamed [that] they are not doing their job.”

“They always ask a lot of personal questions. But I answer them because I’m getting help.”

“...if I’ve had any abortions. I feel like that has nothing to do with what I’m here for now. I did not feel offended but I thought about it like ‘what does that matter?’ She wasn’t sensitive about it but she wasn’t cold-hearted. It was like a requirement.”

“They ask every single time does anyone in your household smoke and every single time it’s going to be the same. Every single time. I’m like ‘its not going to change unless [I say] by the way I quit smoking.’ We’re not going to tell you different. Every time I’m like ‘do they not know I smoke?’”

Some counselors asked questions in a way that suggested or told participants the answer they expected or wanted.

“You serve cereal in a bowl, right?”

“You do not use pot or use crack, do you?”

Others frequently used knowledge-based questions seemed to follow the educator's agenda, and focused on what the educator knew and wanted to be able to share.

“Do you know why we encourage stopping the bottle at a year?”

The researchers observed that the WIC counselors did the majority of talking in almost all sessions.

“She pretty much is in control; she's asking all the questions and stuff. I'm just going along and answering it. At the end we'll share if I have any questions or whatever.”

At times, the nutrition education provided seemed incongruent with the participant's assessed needs. Nutrition counselors appeared to be primarily focused on completing the assessment 'checklist' and less so on reacting to the participant responses. In many instances, counselors appeared to miss valuable clues provided by participants. For example, in one session, the mother showed the juice-filled baby bottle to the nutrition counselor during the session when asked how much juice the child drank. The counselor concluded the session without addressing the mother's feelings about bottle use.

Nutrition counselors ended the assessment/counseling session by discussing goals for behavior change. In almost all cases, the nutrition counselor determined the goal and then asked the participant about it. Some participants later said that they were unlikely to achieve the stated goal even though they had agreed to it, saying that it was unlikely to fit into their lives in the next months or that the action was good but not important to them at that time..

“The thing that I might act on is trying to continue to breastfeed. But deep down I don't have patience. So I don't see having the time to sit there and breastfeed and sit there and make sure I've pumped enough. I don't see me doing it.”

“Once in a while. Not often. Once in a while. I'd only act on it if it's a concern to me. If they give me advice and I don't think it's a concern to me then I don't remember.”

Participants sometimes viewed their WIC experience as a “transaction,” one that allows clients a positive outcome for answering questions: a check. In order to receive the checks, the nutrition session is just something to 'get through.'

“I probably have to make up stuff half the time.”

“That’s the way they were trained probably so I can’t say it’s their fault. I just go along with it. Answer what they want me to answer. Do what they want me to do.”

While some participants indicated that they value WIC nutrition services in addition to the WIC checks, many comments from participants indicated that the primary value of WIC is to receive checks for food.

“I mean the doctor that she has is very good, but it’s just she’s very busy. I do not get to chat with somebody that knows about kids’ diets and stuff. So I like it.”

“For the checks I’m thinking. The advice is frosting on the cake.”

“Like I said, I come back for the formula...after she gets to a year old, I would reconsider getting free milk or free cheese or whatever is free, because it’s not worth the time.”

“One time I feel is necessary because they are trying to get to know you and the things that you or your family needs...so I understand why they do it (the nutrition assessment/counseling). Do I like it, no. I’d rather they’re like ‘here’s your checks – here you go.’ But I know nothing is ever that easy so...”

Recommendations

Findings indicated that the focus on consistency and the checklist type assessment and documentation represented a major barrier to a truly participant-centered assessment process. It was recommended that nutrition staff work with participants to achieve a participant-centered assessment process, unique to each individual and truly responsive to individual needs. In order to achieve this, it was suggested that WIC move from the current system in which counselors assess participants within their own preconceived framework to a system in which the WIC counselor becomes a facilitator, guiding the participant to explore their own individual needs and concerns. The traditional WIC nutrition assessment then becomes transformed into a counselor-facilitated ‘self-assessment,’ tailored to each specific individual. In addition, the assessment experience needed to capture more “emotional heat”, leading to interactions that are more based in feelings and genuine conversation. Because emotions, not logic and fact alone, drive behaviors, counselors must look for that emotional heat—anything that might tip the behavior change scale in a positive direction.

Observations made during the ethnographic research process also suggested that modifying the local program Management Evaluation process may help staff transition towards a more participant-centered approach to nutrition assessment. Nutrition

service standards should allow counselors to focus on behavior change and give them the freedom needed to tailor sessions to their personal styles and the needs and interests of participants. Giving counselors the freedom to focus on the big picture—genuine participant engagement and behavior change—rather than session details, may facilitate the development of WIC services that are more individualized and effective.

For a complete description of the ethnographic research process, including the interview guide and the full ethnographic research report, please see Appendix 1.

Objective 1.2: Conduct three WIC participant focus groups to provide reactions to prototype assessment questions and techniques.

Methods

Based on findings and observations from the ethnographic research process, the project team developed a series of prototype nutrition assessment tools and techniques designed to enhance Value Enhanced Nutrition Assessment process. Three WIC participant focus groups, comprised of current WIC participants, were conducted in June 2008 to test these prototypes as well as to explore participant perceptions of dietary assessment.

Respondents were recruited from 23 of the 35 WIC programs in Massachusetts via flyers distributed in WIC clinics. It was important to exclude the 6 pilot programs and 6 matching control programs from participating in focus groups in order to prevent any potential contamination to the evaluation results. Respondents were given \$100 cash for their participation in the three-hour focus group interviews. Group size ranged from six to eight respondents. State staff observed all participant focus groups and discussions were recorded and transcribed.

The participant focus group objectives were to determine tools and techniques that would lead to:

- A participant-centered, educator-assisted dietary assessment
- A dietary assessment process that creates positive participant feelings
- An exchange of information based on honest sharing
- Core conversations that are emotion-based and memorable

WIC participants have different needs, desires, comfort zones, reading abilities and personal communication styles. To accommodate these wide-ranging needs, several prototype tools and techniques were designed for focus group feedback. There were four dietary assessment prototype tools that were tested in participant focus groups:

1. Concern and topic checklist prototype

The prototype topic checklist contained common dietary or activity concerns in a checklist format. Checklists were specific to a child's age, mother's pregnancy or infant feeding method. Participants would be asked to review the appropriate checklist when they arrive for their appointment, check topics of interest or concern, and share these with their WIC educator. The educator would then be able to quickly scan the topic checklist, identify concerns the participant has, and engage in relevant conversations.

MENU

What's on your concern list?
Feeding children can be challenging. Creative parents like you can usually determine what to do to fix the problem. But sometimes problems linger. Please place a check by any challenges that are causing you concern today.

- Picky eater
- Fast food lover
- Refuses to eat
- Refuses to eat vegetables and fruit
- Drinks too much milk
- Drinks only juice and soda
- Drinking from the bottle rather than the cup
- Eats too much
- Eats too little
- Underweight
- Overweight
- Watches too much TV

2. Questionnaire prototype

Federally-required questions are required at some WIC visits. Some of these questions tend to be sensitive, including questions on abortions, miscarriages, and drug use. Currently, WIC staff members ask participants these questions and record them directly into the computer, often resulting in uncomfortable and embarrassing moments. To alleviate this potential barrier to participant-staff connection, these questions were formatted into a written questionnaire prototype.

3. Projective techniques

The current VENA-friendly dietary assessment tool allows staff members to cognitively understand dietary patterns and issues. However, the current tool doesn't naturally facilitate an understanding of the emotion-based reasons for a family's dietary patterns, what issues are most important to the parents or what behavioral changes the parents would like to make or discuss at WIC.

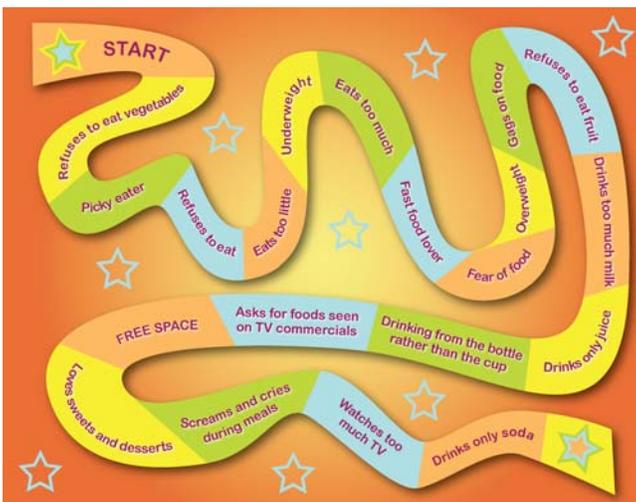
Projective techniques are psychological tools that help people express their true feelings. Projective questions are asked quickly so that people don't have time to create socially acceptable answers, thus making them especially appropriate for busy WIC programs. In this project, we provided people with pictures of doors and asked them to share the hopes and dreams that they had for their lives,

represented by the door they selected. We also presented them with a photo deck, asking parents to choose images that expressed how they felt about their child's eating habits.



4. Board game and money prototype

This tool consisted of age-specific concerns formatted as a board game. The board game could be used as a wall poster or game board during nutrition education counseling. The board game featured spaces filled with common eating and activity concerns of children. Participants would be given play money to 'spend' on common concerns, using more money to solve larger problems and less money for topics that didn't cause them much concern. This activity would allow educators to quickly determine what dietary and activity challenges parents face and be able to immediately address these topics. Although only one board game, focusing on concerns related to two-year old children was presented, additional board games could be developed for use with different ages and situations.



Findings

When exploring participants' perceptions of dietary assessment, most stated that they accept the dietary and health questions being asked as long as they understand the purpose of the questions is related to helping their children. Some participants stated that they would like a short, simple statement that helps them understand how personal questions are relevant.

"...Don't just ask a question [without] a reason for it. [It's] like they are prying into my personal business. But if they told me something that's got to do with my child, then I wouldn't mind answering and telling everybody."

"You were not offended when they ask you on a job to do drug tests or whatever and do you do drugs, because you want a job and you want money, so why would you be offended when it has to concern your child? I mean, how would anyone be offended?"

Some participants, however, reported that they sometimes share misinformation during the assessment phase to prevent being judged. Some respondents feared that they would be 'turned in' to welfare organizations if they admitted that they use drugs or do other illegal activities. During the focus groups, respondents also admitted they sometimes misrepresent their responses in order to move more quickly through the WIC process.

"You know, just how they would judge you. I mean, maybe not everybody, but I'm a very self conscious person. If you know in the back of your mind, that it is probably not the best thing for my two year old to be drinking Pepsi all the time, you don't want them to look down at you or talk down to you."

Participants reported that they value WIC educators who take the time to listen, understand and respect them and that go beyond customer service to truly connect with them. However, some participants felt that WIC educators are too busy to connect.

"She just told me about her experiences and we had conversations about breastfeeding, about milk, about her children, the way her children act. She's just very insightful. She was very personable. Very, very personable and I actually went home and talked to my family about her and how nice she was and friendly and how when I do go back, I want to see her. You know, if I don't have her, oh man...because she's that nice."

"They don't have enough time. They don't have any time to actually sit with you, listen to your concerns. I don't feel that they are very understanding. There have been times when I have considered not even going at all. Forget WIC, it's milk and eggs, I can do without it. I can buy it myself or whatever. It's that intense there."

When presented with the various nutrition assessment prototypes, participants liked the simplicity of the concern checklist and felt it would be effective in getting to core conversations.

“I like it that they wrote it very smartly. So it doesn’t seem like they are putting the blame on the parents. It’s like creative parents like you, you know, you are a good parent and you are doing your best, but sometimes problems still linger.”

“The reason I like it is because you get an idea, they get an idea of what your concerns are and then whatever you chose they can help you kind of go through it. And try and give you some good ideas instead of going on about things that don’t concern you.”

When providing feedback after completing the prototype questionnaire, focus group respondents felt the questions were easy to understand and complete. They especially liked the introductory wording to the sensitive questions. Some said that they would be more honest in completing this kind of questionnaire because they felt less staff judgment. Despite the acceptability of the questionnaire format, some respondents still wondered why certain pregnancy-related questions were asked at WIC.

“It (the prototype questionnaire) also encourages [honesty]...someone says what’s your weight? I don’t want the little skinny girl right there asking me.”

“I don’t think they need to say that. I don’t think they need to say ‘did you have a [previous] pregnancy.’ That’s too much. And I think that would cause prejudice because everybody has their own strong opinion about abortion. So I don’t think that’s a question that should ever be asked.”

The focus group respondents were also able to do the projective techniques with ease. All participants were asked to complete a projective technique, selecting a door image that represented their hopes and dreams. Without exception, all respondents were able to do this quickly and easily. They said they would feel comfortable sharing their hopes and dreams with their WIC provider if the educator seemed interested.

While participants perceived that all proposed tools would be helpful in allowing them to express their concerns and share their feelings, most thought the projective techniques would be especially helpful. They felt the techniques would be a good foundation for personal sharing and would lead to thoughtful responses. Some respondents, however, thought the projective techniques would take too long, and were concerned that some people may not be able to express themselves adequately.

“That would be helpful, if they asked you something like that. If they did this, they will show that they really want to know what your feelings are what your problems you have.”

“It actually catches your attention too, compared to the plain black and white paper [with] twenty-seven questions you just want to get through.”

“I think the pictures would make you explain it a little bit more so that the worker would understand where you are coming from.”

“Some people can’t explain themselves, they can’t find words a lot of times to explain how they feel, what they are thinking to describe what they want to say.”

When presented with the board game prototype, participants were able to follow the instructions and play the game quickly and easily in the focus groups; however, the participants but didn’t feel the game would be useful at WIC. They felt it was childish and would require more time and effort than they wanted to spend at WIC to use this tool.

The focus group facilitator also explored perceptions of the WIC clinic environment to determine its potential impact on a successful, meaningful nutrition assessment process. Participants reported appreciating staff and WIC programs that go the extra mile to provide a child-friendly, warm environment and toys for their children. Participants suggested that they felt more respected and valued when in positive environments. Some respondents commented that taking children to a WIC office can be stressful if there is lack of child-friendly toys and other entertainment. Coupled with long waiting times, some participants reported being anxious and upset by the time they are called for their WIC appointment. This represents a significant barrier to effective dietary assessment or engaging conversations.

“[A warm, inviting office] makes you feel you are special, not like you are somebody in need of something that the state is just going to throw at you because they have to. [It’s like they are saying...] we are really concerned about the nutrition of your child and the well being of your family, something like that”.

“I brought my sister is here, she is 14, she’s from California. She went to the WIC office with me the other day. By the time we left there, her anxiety level was through the roof. She was ‘oh my god, how do you do this?’”

The results of these focus groups demonstrated the positive change in participant perception of WIC services over a five year period. Participants shared several positive comments about WIC staff and their caring ways. They noted that WIC staff have difficult positions, yet manage to provide thoughtful, meaningful experiences for participants. They appreciated staff who went out of their way to make the WIC experience positive for them and their families.

Participants reported that they want and need professional dietary assessment, but didn’t enjoy the current process or tools. They preferred the prototype techniques that allowed them to have more control over the process and appeared more respectful.

Participants had prototype favorites and no participants expressed a preference for the current dietary assessment tool over the prototypes.

Recommendations

Based on reactions of participants during the focus groups, it was recommended that the pilot phase of the project implement all prototype dietary assessment tools except the board game to pilot-test. It was suggested that more materials like the acceptable prototype tools should be developed, so that participants and staff have a variety of tools and techniques to use during the pilot phase.

Because the WIC environment is integral to the behavior change process and represents an opportunity to establish a warm and comfortable environment for sharing, it was recommended that the pilot project place some emphasis on the importance of the WIC environment to dietary assessment and include practical tips on how to make WIC clinics more positive, warm and comfortable for WIC participants.

For the full focus group report, please see Appendix 2.

Objective 1.3: To identify factors related to the acceptance, use and delivery of assessment protocols with WIC nutrition staff.

Methods

To further refine staff observations from the ethnographic research and to test prototype nutrition assessment tools and techniques with WIC providers, three staff focus groups were held in June 2008. WIC staff were recruited from 23 of the 35 local Massachusetts WIC programs for the focus groups, as staff from the six pilot and six control sites were not eligible. Staff focus groups were grouped according to job title, with nutrition assistants, nutritionists and program directors participating in separate groups. Only one staff person from each site was invited to participate. Group size ranged from six to nine respondents. Focus group discussions were held during work hours; staff received no incentive payment for participating in the discussions. No state staff observed the staff focus groups, and discussions were recorded and transcribed.

The staff focus group objectives were to determine:

- Staff perceptions of the current assessment process
- Staff perceptions of proposed dietary assessment tools
- Training needs related to proposed dietary assessment tools
- Recommendations for integrating proposed dietary assessment tools into WIC clinics

The four dietary assessment prototype tools that were tested in participant focus groups were also tested with WIC staff:

1. Concern and topic checklist prototype
2. Questionnaire prototype
3. Projective techniques
4. Board game and money prototype

Findings

In exploring staff perceptions of dietary assessment in the Massachusetts WIC Program, focus group findings suggested that some staff structure their dietary assessments with the primary aim of satisfying management evaluation requirements. A successful dietary assessment was often viewed as one that met all of the rules and regulations rather than one that identified key dietary issues or topics participants want to discuss. Other perceived barriers to conducting high quality, meaningful dietary assessments included the focus on increasing caseload and time constraints in the WIC clinic.

"I picked the Ferris wheel at the carnival. (Respondent is referring to a picture that she/he chose to represent the assessment process) And I picked it because I feel the circle of the Ferris wheel represented how we go around and around and ask the same questions in various ways to get all the information that we need for WIC. I guess it's to satisfy the state and federal regulations and everything that we need for the different computer screens that have to be put in and the nutrition information that has to be put in."

"...We are always trying to stay inside the federal regulations...at the same time we are trying to give what we want to give and what the participant deserves and needs. It's a constant battle...you have to get these certain things in. You don't have time to give the participant what they need."

"...Sometimes I feel I'm being told to do things that fit into that cookie cutter...to make sure that you get the case load up. So we are not really doing what the participants want, we just constantly do what is needed for the information to provide. But if we could change a little bit. . .participants could feel like we are more open and we are there to provide nutrition information at their convenience, whatever their interest is instead of just picking things that they don't want to know."

Focus groups with staff also revealed that, despite transitioning to a VENA-compliant assessment process in 2007, some questions asked during the WIC appointment sometimes resulted in participant and staff embarrassment and discomfort. In addition,

staff felt that participants may provide inaccurate answers as a way to protect themselves from judgment or to speed the WIC appointment along.

“So it is a question that I don’t want to go to...because it’s painful.” (Regarding questions about miscarriage and abortion)

“Some of them do [provide honest responses to dietary questions], some of them don’t. I’m not sure of the percentage. I just want to try and make them feel comfortable when they come in my office with small talk. I compliment them on things too...ask them how they [are] and all that. Just so they are comfortable. Because I prefer true answers of course.”

Another concern of some staff members was that the current dietary assessment process didn’t always lend itself to emotion-based participant-centered conversations consistent with the *Touching Hearts, Touching Minds* initiative. They also felt that many of the questions were not productive in generating the information needed for a meaningful dietary assessment or behavior change discussion.

“I mean, you can’t move on without doing those questions. The computer won’t let you go to the next step without finishing [the] questions. So how can a person touch hearts and touch minds? For example yesterday, we had a mom that was in tears. She wanted to breastfeed, [but] she couldn’t breastfeed...I did everything we needed to do for her. But after doing all that, after she was so worried, I don’t think it was very appropriate, sitting with her and going through all those questions.”

“Sometimes you ask ten questions and you don’t get anywhere.”

When the focus group moderator introduced the prototype nutrition assessment tools, most staff viewed the topic checklist prototype favorably. They felt it would be easy to use and effective in the WIC program. They thought it could be used with individuals, groups, and even grandparents.

*“I think it’s easier to do *Touching Hearts, Touching Minds* when you have a tool like this because otherwise it’s awkward bringing up [a concern] and having them talk about it. But when you have something that they can fill out or circle, it’s an easy way to actually incorporate that into your counseling.”*

“It’s short and it’s sweet. Not a lot of words to read. I like it.”

“...it shows you care...”

Focus group respondents, however, had mixed feelings about the written questionnaire prototype. Some felt it was too long for participants, while others suggested it be expanded to include additional sensitive topics like delayed speech, domestic abuse, and eating disorders. Some liked the wording of the questions, especially the gentle way the sensitive questions were introduced, while others thought the wording was judgmental. Some felt the written questionnaire would save time because participants could complete it in the waiting room. Others said it would take more time because some participants might struggle with reading.

Some staff felt the questionnaire represented a regression to the Massachusetts Automated Dietary Assessment (MADA), a previous dietary assessment tool used in Massachusetts that neither staff nor participants enjoyed.

Staff also has mixed opinions on how honest participants would be when completing the questionnaire. Some felt participants would provide more honest responses if asked directly, especially if staff were looking at the computer rather than the participant. Others said that respondents might be more honest when completing a written questionnaire without staff interaction. Some felt it would be inappropriate to ask the questions without offering an opportunity for feedback or discussion.

“I hate it (the written questionnaire prototype). I feel like it’s our responsibility to ask these questions. I’m so used to ‘do you smoke cigarettes?’ ‘Have you had any pregnancies before this one?’ ‘Any miscarriages?’ I feel like it’s a topic that you should talk about and I don’t really like just handing it to them and having them fill it out.”

“I think sometimes people will write something down versus being able to speak about it. They find it’s less invasive. And I think this would work very well.”

Staff also had differing opinions regarding the use of projective techniques as a dietary assessment tool in a WIC appointment. Although projective tools have been used for decades in psychological and research settings, they are largely unfamiliar to WIC staff. The projective technique tested in this project consisted of pictures of doors from around the world. Staff members were asked to pick the door that represented their hopes and dreams on the first day they started their WIC employment.

After experiencing the ‘hopes and dreams’ projective technique, staff were further briefed on projective techniques and told how they might be used with WIC participants. They were then asked to share their perspectives on them. In general, staff seemed wary of the approach and many said they didn’t think they would be effective because of time, language or interest constraints. Some didn’t understand how non-nutrition-specific information generated from using these tools would be useful in a dietary assessment. Others felt that discussions of dreams or the future wouldn’t be relevant to their clients.

A few staff viewed projective techniques favorably, noting that the techniques could be helpful in focusing more on the participant rather than on dietary behaviors alone. They thought the tools required more thought and interaction than the current dietary assessment and would more likely lead to important core conversations.

“I’m thinking of some of my clients and they would just roll their eyes and think ‘what are they doing now?’”

“My feeling is that they (participants) are thinking more about the present situation that they have, they are not thinking so much of the future. They just want to get through today and this week because they have a lot of problems. They have a lot of things that they are working through before they get to their future dreams and hopes. Some of them might question this and say, ‘what does this have to do with WIC? I have to be somewhere soon.’”

“I think this new initiative, like Touching Hearts, Touching Minds, is giving them a topic to talk about rather than just forcing them to eat the broccoli or whatever. It’s very important because it gives you an opportunity to pick off what they want to learn about.”

When given the opportunity to comment on the board game, some staff felt the tool might be useful in some situations but they preferred other proposed techniques. The staff members that liked the board game felt that the tool released them from asking a long list of questions. Some staff felt it would be more useful with groups and follow-up visits.

Although they thought the board was a good idea, they had concerns about using a board game around children who might grab at the board and rip the money. They also wondered if participants would take it seriously or be able to devote attention to it with active children running around the room.

“I like it but not necessarily for all participants. I think this might be a little too simple and people may be offended that we are asking them to do this.”

“I think this would be great with groups. This could be really appropriate for some, but not for all our clients.”

After discussing the prototype nutrition assessment tools and techniques, staff were asked their opinions about creating change in the WIC Program. They identified the following strategies to make change happen more easily in their programs:

- Improve communication between the State and local level as well as between local staff members

- Encourage staff members to work together for change rather than fight each other based on historical or personality differences
- Hire staff that are willing to accept new ideas or support innovation
- Hire directors and managers who recognize staff skills and abilities and assign tasks based on strengths
- Train staff on how to think or act differently—not be so ‘cookie-cutter’
- Communicate with WIC participants about what they like and what changes they would like to see (Feedback needs to be program-specific so staff understand that participants are talking about them specifically, not another program, making them feel accountable)
- Engage in activities that allow WIC staff to create a shared vision based on participant needs and feedback
- Plan as a team on how to implement change at their program
- Foster positive attitudes

“We know it’s not going to be easy, but we do want to do it.”

“I think maybe hearing of their (participants’) personal testimony [on how their lives have changed because of WIC]. Whether it be at our program...or going to an entirely different program that deals with this situation. Just hearing a personal testimony. Those are always touching. It really hits home when you hear those things.”

“...the only way we can get from here to there is by helping one another.”

“I think you need a really good director that recognizes the skills and ability of everyone. And we have one. She knows what our fortes are and she assigns chores according to our fortes.”

“We need to touch the hearts and minds of our staff.”

Recommendations

Based on staff feedback from the focus groups, it was recommended that the pilot phase of the project implement all prototype dietary assessment tools except the board game to pilot-test. It was suggested that more materials like the acceptable prototype tools should be developed, so that participants and staff have a variety of tools and techniques to use during the pilot phase.

Because the proposed change to the dietary assessment process appeared to be significant and potentially challenging, it was suggested that the project team offer

continuous emotion- and logic-based support through meetings, visits and phone calls during the year-long pilot project rather than one-time skills training.

Additionally, because individual programs and teams need personalized training to be able to effectively pilot test the dietary assessment prototypes, it was recommended that the training be tailored to and provided at each pilot program rather than in a larger group at a centralized training facility. This would allow staff members to ask questions specific to their program and location and encourage them to feel more engaged in the change process. It also allowed for staff to discover opportunities for change within their unique environments, emphasizing the importance of the WIC environment to dietary assessment and including practical tips on how to make each individual local WIC clinic more positive, warm and comfortable for WIC participants.

For the full focus group report, please see Appendix 2.

Goal 2: Develop and implement emotion-based nutrition assessment tools and techniques that are supportive of VENA principles, valued by participants, are participant-centered, and allow for personalized nutrition care.

Rationale

WIC nutrition staff are trained in the science of nutrition, not the psychological, social, and emotional factors that bring about a true emotional connection. WIC nutrition staff need to be trained to conduct an assessment that leads to open and honest communication that taps into participants' emotions - utilizing the power of emotion to get at underlying issues that affect each person's motivation to change, establishing influence. They will require new skills to establish common ground and trust.

Staff training was developed to provide staff an opportunity to learn, practice and acquire new assessment skills and techniques – breaking old habits. Participant and staff feedback guided the creation of innovative ways to collect required and useful assessment information. Projective techniques, straightforward yet tactful assessment questions, and strategies for establishing a comfortable climate for sharing with useful probes, to ascertain deeper personal insights, were developed to improve the assessment process.

Newly developed tools and assessment techniques were then be piloted to determine if the tools and techniques were participant-centered, valued and allow for personalized nutrition care.

Objective 2.1: Develop emotion-based nutrition assessment tools and techniques using feedback from formative research findings

As previously mentioned, concepts were created with the assistance of Pam McCarthy of Pam McCarthy and Associates, Inc. and then tested in focus groups. Not every pilot tool was tested in focus groups, but the concept of projective techniques tested well with Massachusetts WIC participants in focus groups. All prototypes tested well except for the board game.

Pilot Tools

Because projective techniques tested well in focus groups, other projective techniques were developed to provide pilot clinics with more variety. The final tools that were accepted into the pilot phase included the concern list, the written questionnaire, the card sort, the baby book, the doors, metaphor images, animals and the “magic” eraser.

The eraser, featuring a smiley face, was used to ask participants about what changes they wished could happen, regarding eating and physical activity. It was typically used for moms of children, especially when rote answers were encountered.

The animals consisted of plastic animals that could be set on a table, but also were tactile. They were used most frequently for moms to describe their child's eating habits and to dig for more information about eating behavior. Since this tool was used to draw analogies, moms could speak about how their child ate *like* a chicken, cow, horse, etc.

The baby book was used as both a keepsake and also a diet questionnaire. It contained a list of nutrition-related questions as they related to pregnancy, infancy, and toddlerhood. The questions were emotion-based in tone, allowing participants to express their feelings about each stage of parenthood. Age- and stage- appropriate questions could help lead a conversation about diet in pregnancy, breastfeeding, formula feeding, and supplemental foods. There was also a place for a photo, so some clinics took photos of moms or babies to place in the baby book.

In addition to the added projective techniques, the menu of age-related topics was changed to be known as 'The Concern List' and the card sort, similar to the concern list, was added. The card sort contained all of the same topics as the concern list, but only listed one topic per card. The participant could create three piles of things that were rarely a problem (going well), sometimes a problem, or always a problem.

A series of photographs, similar to the photo deck utilized in the focus groups, was compiled and used as a tool called metaphor images. Parents would be asked to select an image that best represented their feelings around a nutrition topic.

The written questionnaire, as used in the focus groups to collect required by perhaps sensitive health and nutrition information, was refined for pilot testing and made available for each WIC participant category.

Before the pilot phase began, the Written Questionnaire, Concern List, Card Sort, and Baby Book Pages were all translated into Spanish and Portuguese.

Refer to Appendix 3 for a copy of the pilot tools. Please see appendix 4 for a full description and instruction on each of the tools.

Objective 2.2: Train six pilot WIC programs' nutrition staff to use the newly-developed tools to identify and assess the nutritional needs and interests of participants.

Pilot selection

All 35 local programs were invited to apply to become *Getting to the Heart of the Matter* pilot clinics at a Local Program Business Meeting in the spring of 2008. Interested programs were asked to apply. Six pilot programs were chosen, based on their eagerness to participate and ability to fulfill the project responsibilities. Two of the six pilot programs were specifically chosen since they were also pilots for the Touching

Hearts, Touching Minds grant and were well versed in using emotion-based services in WIC. The six selected pilot clinics included Berkshire South, Springfield North, Holyoke/Chicopee, Dorchester North, North Suburban, and Chelsea/Revere.

Pilot Program	Caseload	Location	Number of sites	Agency type	Racial/ethnic composition
Berkshire South	633	Rural	4	Human Service Agency	86% white 1% Black 11% Hispanic 1% Asian
Springfield North	5878	Urban	3	Family Planning	22% White 22% Black 53% Hispanic 2% Asian
Holyoke/Chicopee	5573	Urban	4	Community Action Program	49% White 3% Black 47% Hispanic <1% Asian
Dorchester North	2057	Urban	2	Health Center	3% White 58% Black 31% Hispanic 6% Asian
North Suburban	3431	Suburban	5	Hospital	68% White 20% Black 6% Hispanic 4% Asian
Chelsea/Revere	5494	Urban	3	Health Center	35% White 8% Black 53% Hispanic 3% Asian

The six control clinics were chosen in the summer of 2008 based on size, location, and demographic resemblance to one of the six pilot clinics. The six matching control clinics include: Outer Cape, Springfield South, North Shore, Cambridge/Somerville, Cape Cod, and Lawrence, respectively.

Training

The six pilot clinics were trained on emotion-based assessment techniques and tools to be tested during the pilot-phase of the grant. Six full day trainings were conducted by Pam McCarthy and state office project staff, one at each pilot program during October 2008. The goal of the training was to discuss how current nutrition assessment techniques may be perceived by participants and to introduce tools and techniques to WIC staff to help them connect with participants in an authentic, caring and non-judgmental way while conducting nutrition assessment. Training attendees had the opportunity to explore the use of each pilot tool and left the training with instructions for beginning to use the new tools and

techniques with participants.

Please refer to Appendix 5 for a copy of the training outline.

Objective 2.3: Pilot test emotion-based assessment tools and materials for one year.

Initiating Pilot Testing

All programs had the opportunity to decide how they wanted to conduct the rollout of the tools at their clinics. Many programs decided to implement training with a “champion”- one person who became the expert of one tool for a month and could discuss this tool and how to use it with co-workers. Many pilot programs also encouraged nutrition staff to observe each other in appointments in order to see several styles and ideas of how to use the tools.

Because the pilot programs were utilizing the new tools to launch emotion-based, VENA style assessments, these programs were exempt from using the VENA questionnaires then in use by the other 29 local WIC agencies across the state. Each pilot program created their own system to keep track of which tools were used during appointments in order to avoid duplication of tool use with any one participant. Some programs utilized a tracking form in each participant’s chart to increase communication between staff.

Changes during Pilot Phase

During the pilot phase, several changes were made to the assessment tools being tested based on feedback from program staff and participants. The magic eraser was changed to a magic wand, after nutrition staff heard repeatedly that moms felt negatively about the eraser. The intent of the eraser was to get moms to open up about eating challenges. Typically, a nutrition staff person would say “I have a special gift for you, something every mother wants. It’s a magic eraser that can “erase” eating or activity challenges. What eating or activity challenge would you erase with this magic eraser?” Many moms stated that they would not want to “erase” anything about their child. The magic wand was substituted, since the concept of changing a diet behavior seemed less negative than erasing it. The magic wand was used in generally the same way. The nutritionist would say “every mom should have a magic wand. If you had a magic wand, what eating challenges would you change?”

The hedonic scale was another tool that was added in the pilot phase. Many nutrition staff members wanted a tool that discussed feelings, but in a less abstract way. Knowing that this is a tool that has been successful in healthcare settings, we created a hedonic scale that assessed parents’ feelings about certain nutrition behaviors.

An additional Baby Book page was added in the summer of 2009, after several nutrition staff noticed that only one prenatal page in the baby book was not enough. They felt

that they wanted to keep the momentum going, and adding an additional page would help remind them to use the baby book and use it during follow-up appointments.

Adaptations

Each pilot program was encouraged to use the tools as trained, but was free to adapt the tools if needed to allow them to be used in a specific setting. Several pilot sites decided to display the doors and metaphor images on a poster board. The rationale for this was partially due to the limited desk space. In addition, several nutrition staff cited the fact that children would often want to touch the photos or that the mom would get distracted while trying to complete the activity.

Some programs reported challenges using the baby book as intended. Many staff members suggested that mothers wanted to take their time to write in the provided pages, so often times the book was given out and certain questions were discussed, but the pages were not actually completed on site. One program used the baby book as an opportunity to create a scrap book in a group setting. The women who attended this scrapbooking session were very open with each other about what they wanted to write.

Lastly, the hedonic scale was sometimes difficult to use. One program simply increased the size of one set of “faces” and removed the questions. They felt that too many questions were listed on one page, and that just using the faces was sufficient to begin a conversation.

Tracking/ Guidance/ Technical Assistance

During this pilot phase, the State WIC office provide support and follow-up to pilot programs by conducting monthly conference calls, on-going email communications and periodic on-site consultation and technical assistance.

In the early months of the project, weekly tracking logs (see below) were used to gather feedback on the project and to determine which tools were being used, and in what frequency. The logs were faxed or emailed back to the Project Coordinator who would then follow up with the local programs by phone.

**Getting to the Heart of the Matter
Assessment Tools
Weekly Tracking Log**

Week of: / /
M M D D Y Y Y Y

Local Program Name: _____

Please check off below how often **you** utilized each of the 8 tools this week:

Tool	Frequency			
	Often	Sometimes	Rarely	Never
#1: Doors (D)				
#2: Metaphor Images (MI)				
#3: Written Questionnaires (WQ)				
#4: Concern List (CL)				
#5: Card Sort (CS)				
#6: Baby Book (BB)				
#7: Animals (A)				
#8: Eraser (E)				

Please make note of any comments and/or questions you have:

Please fax weekly logs each Friday to Kara Ryan (fax: 617.624.6179).

Thank You!

The VENA Task Force

Massachusetts WIC had convened a VENA Task Force in 2007 to assist with the first wave of VENA implementation. This task force was modified in 2009 to consist of *Getting to the Heart of the Matter* pilot clinic staff in an effort to provide technical assistance, peer support and general project feedback over the course of the pilot phase. The task force proved quite successful; eight meetings were held with representatives from the 6 pilot programs over the course of two years, during the pilot and evaluation phases.

Conclusions

Massachusetts WIC Pilot tested emotion-based assessment tools for close to two years in six WIC programs. Based on regular interactions with the local programs, project staff is confident that a wide variety of the tools and techniques were used to conduct nutrition assessment at the pilot clinics with regular frequency over the course of the project. Originally, the pilot phase outlined in the grant proposal was intended to last one year. However, due to the implementation of the new food packages and Massachusetts WIC's new MIS system, an extension was granted so that these other major changes in WIC would be reflected as acutely in the evaluation process. Because of the delay, it was anticipated that the evaluation strategies employed to determine the success of *Getting to the Heart of the Matter* would reflect the change in environment and counseling style that was intended in this project rather than the other sizeable changes occurring in the WIC community over the same time period.

Goal 3: Deliver validated assessment materials and training that combine VENA principles and emotion-based techniques.

Rationale

To confidently distribute the tools and techniques developed for the WIC community (both the Massachusetts WIC Program and nationwide), the effectiveness of the tools must be thoroughly evaluated. Evaluation was accomplished using both process and outcome evaluation.

Massachusetts WIC Program contracted with two researchers from Harvard School of Public Health with expertise in nutrition, to conduct the evaluation. Pre- and post-pilot surveys with staff and participants in the six pilot programs were compared with pre and post surveys of six control programs to identify any changes in a series of constructs related to the implementation of *Getting to the Heart of the Matter*. Focus groups with participants and in-depth interviews with staff provided additional qualitative data from the pilot programs. Post-intervention ethnographic research was also conducted with pilot program participants using the same techniques utilized during formative research. This research assessed the participants' acceptance of the new techniques and explored the comfort level and skill in using the tools by WIC staff.

After listening to the hearts and minds of the WIC participants and staff through post-pilot qualitative and quantitative research, the assessment tools were modified slightly to make the emotion-based nutrition assessment a more powerful and effective experience for participants and staff.

The final project component was to create training materials, accessible via a website featuring GHM project tools and techniques. This mode of training is available for WIC nutrition staff nationwide to extend the transferability and sustainability of the project.

Objective 3.1: Evaluate pilot phase through a pre- and post self-administered anonymous survey questionnaire for participants in six pilot and six control programs.

Methods and Findings

The GHM intervention was designed based on observations of nutrition assessment during pre-pilot ethnographic research and as well as findings from both participant and staff focus groups. As the goals of the intervention were clarified, the evaluation team from the Harvard School of Public Health began to develop a survey for both parents and WIC nutrition staff which would be conducted prior to implementation of the intervention then be used again after the pilot phase to gauge differences between intervention and control clinics at the conclusion of project activities.

The selection of constructs, adaptation and development of items for the surveys was an iterative process in which collaborating members presented drafts and discussed

necessary revisions. The evaluation team conducted an extensive literature review to identify established, validated instruments and constructs related to the questions of interest to this project. There were five constructs of interest ultimately used in the GHM surveys:

1. Client-provider communication
2. Parental self-efficacy
3. Connectedness to WIC
4. Likability
5. Emotion-based questions

Staff surveys were designed to closely mirror the concepts being investigated in the participant survey.

Prior to survey administration, participant surveys were pre-tested on a sample of 9 WIC clients from a non-study WIC site. Pilot testing of the participant surveys were conducted in order to address any issues that come up during survey administration. Spanish and Portuguese translations of the surveys were developed for WIC participants who were more comfortable completing the survey in these languages. Overall, the content, clarity, and instructions of the survey were well-received.

Pre-pilot participant surveys were administered between June and August of 2008 at the six intervention sites and at six matched control sites to establish baseline information prior to the implementation of the GHM intervention. More than 1700 participants participated in the pre-pilot survey. Analysis of baseline data indicated that responses from WIC participants were overall positive regarding the five main constructs measured. There were a few significant differences in survey responses between intervention and control groups at baseline for WIC participants. The majority of participants in both control and intervention pilot sites reported feeling connected to the WIC program at baseline and feeling satisfied with their relationship with WIC staff. They responded positively on WIC connectedness and feeling emotionally comfortable talking with WIC staff. Since the majority of WIC participants in both intervention and control sites reported “agree” or “strongly agree” to positive statements regarding the constructs measured (e.g. client-provider communication, connectedness to WIC) at baseline, there was little room for improvement in positive responses on post-test surveys completed by participants in either intervention or control sites. Changes toward neutral or negative opinions would however be possible.

At approximately fifteen months after GHM implementation, a follow-up post-pilot participant survey was conducted between January and February 2010 with the same 6 pilot and 6 control programs. Descriptive analyses of the post-pilot survey findings indicated an overall high satisfaction score and positive responses. There was only one item for which significant ($p < .05$) group differences in follow-up responses of WIC participants were discovered; however, when categories were combined into measures of agreement (i.e. strongly agree and agree vs. neither, disagree and strongly agree), group differences were no longer statistically significant.

For the statement “I am confident I can help my child develop healthy eating habits”, 75.5% of the control sites and 71.4% at the intervention sites responded “strongly agree” while the response was “agree” for 23.4% and 27.2% of these groups, respectively ($p=.02$). Despite these significant category differences between groups, overall agreement was excellent, with 99% of the control sites participants and 98% of the intervention sites participants’ responses falling into either the strongly “agree” or “agree” categories.

Responses to the items “I am confident I can help my child develop healthy eating habits” and “The nutrition information WIC staff provides is relevant to me” approached significance ($p < .10$); for both items; while the control group selected the “strongly agree” option with a slightly higher frequency than the intervention group, there was strong overall agreement of 96% for both groups.

Note that for all statements on the survey, overall participant responses were extremely positive at all sites, and there were only minor percentage differences between participants in the control and intervention sites on the dichotomized measure of agreement (i.e. strongly agree and agree vs. neither, disagree, and strongly disagree).

There are several possible explanations for findings. The baseline findings may represent an overall positive assessment participants have of the Massachusetts WIC Program on the themes that were examined. Since the findings did not change at follow-up, it can be concluded that the GHM intervention did not adversely affect these positive perceptions among WIC participants. Baseline findings also might reflect statewide implementation of the Touching Hearts, Touching Minds nutrition education intervention implemented previously by the MA WIC Program that incorporated emotion-based approaches into counseling. As a result, the baseline assessments could reflect a positive perception of the WIC provider-client relationship due to THTM.

Refer to Appendix 6 for a complete copy of the Pre- and Post-test Findings report, including a copy of the survey tool.

Objective 3.2: Conduct formative research with four focus groups (2 English, 2 Spanish) to evaluate the success of intervention efforts.

Methods

Qualitative feedback from participants was collected in a focus group setting to evaluate the success of the intervention efforts. Focus group participants were recruited by posting flyers at the pilot sites and they were given \$40 and a cookbook for one hour of their time. Four focus groups were conducted with a total of 25 WIC participants who were sampled from the GHM pilot programs.

Groups were moderated by trained facilitators using guidelines developed by collaborators. Three of the groups were conducted in English and one in Spanish. There were 6-10 attendees per focus group.

The moderator's guide for the focus groups was based on GHM research questions for the post-test qualitative phase of the evaluation. There were four key areas surveyed related to participant-staff communication: (1) changes in the WIC experience, (2) participant comfort with staff, (3) connection with WIC staff and (4) perceived information utility.

Findings

Focus group facilitators brought samples of some of the GHM tools to the focus group sessions. Many participants did not specifically recall using these specific GHM tools during their sessions with WIC staff. However, those that did note the receipt of the items or the use of tools had favorable impressions of the experience and the use of the tools with WIC staff.

"I think this (cards) would be very helpful...you know why? Because if you were a mother who has diabetes, high blood pressure, how you can teach the mother to eat healthy, and also the child...because this is all issues that, relating with food."

"I was kind of impressed. I was like, 'Wow, they're actually givin' out some nice stuff.' I just found it to be useful and...you know, to keep log of your baby's stuff and information."

The ability for participants to share their concerns with WIC staff varied dependent upon the interaction with individual staff members. Many participants indicated that their comfort level was extremely high with some staff, particularly if they were able to form a continuing relationship with a single staff member.

"Yes, I feel comfortable. I have basically spoken with everyone, and I feel comfortable with everyone who works in that office."

"It's more convenient for me to have one nutritionist all the time at WIC—always the same one, because that way she knows how your child...because your file with your records passes from one person to the next, but then the question that I had earlier, and the concern—maybe the person I meet with afterward, if I continue to have the same concern—she won't be able to respond the way the first person responded."

While there weren't explicit changes in participants' connections with WIC staff, many participants expressed the further development of existing positive relationships, an appreciation for their feedback, and staff being accommodating to their needs.

"I think they were just so personable and warm, and going above and beyond and making sure that my concerns, even outside of WIC, were being met?...Like, they just went beyond what I expected?...I think they're VERY approachable, and by phone or in person."

“It’s more convenient for me to have one Nutritionist all the time at WIC—always the same one, because that way she knows how your child—how people’s children are developing, how a child is eating.”

“They’ve been really nice and very good to the kids when they come in, and, you know, they welcome them and they give them little toys to play with, while you’re trying to have your meeting.”

Additionally, the perceived comfort and openness of the WIC environment facilitated participants’ ability to freely pursue answers to their questions. The use of the tools, such as the questionnaire, allowed participants to approach topics at their own pace.

“Yeah, you can feel a concern from them. It’s like you said, it’s not judgmental. They really ARE concerned for you as an individual and for your family.”

“I find that they’re not judgmental and I like that.”

Many participants recognized the areas in which they require further information and when these areas were addressed by WIC staff, they found the information to be useful. When staff tailored the information to ensure that it was relevant to the participant’s needs, it was recognized by the participants and reflected in the increased in perceived utility of the information.

“I did (feel I came away with useful information). Number one, they changed everything...and I didn’t have the most up-to-date, and when I left there I did...so I have the most up-to-date stuff now.”

A small number of participants indicated that they did not leave their nutrition sessions with useful information, but were willing to offer suggestions as to additional areas the sessions could cover.

“I’m still learning what I’m supposed to be doing...I wish I knew what to expect when I try different things with him.”

“Talk to parents [about] the quantities of each thing, and if [your child] doesn’t like something, how you could substitute [something else] for it.”

As the WIC staff tailored the information to make it more relevant to the participants’ needs, the participants, in turn, often stated that they experienced increased confidence in their ability to follow the nutrition advice.

“The nutritionist says to just be patient...She encourages me; she gave me more confidence to be able to continue. ‘It takes time.’”

The interactions between the WIC staff were perceived to be meaningful. Transitioning between WIC staff from appointment to appointment was less desirable because

participants often felt as if they had to begin anew each time by explaining their history, concerns, and progress at each WIC visit.

Recommendations

Most of the participants had positive experiences with WIC staff and the tools and techniques, several suggestions were offered. A particular concern was due to time constraints. It was felt by several participants that the appointments would be quicker if they were not distracted by the supervision of their children. Related to this concern were suggestions to be able to submit questions or topics to discuss prior to an appointment.

Although participants did not universally recognize changes to the nutrition assessment process over the nearly 18 month pilot period, they consistently highlighted aspects of the WIC visit consistent with the emotion-based approach embodied by the GHM intervention. Positive influences of GHM, while not necessarily identified by participants as directly linked to the use of the new tools, were expressed by mothers to include increased comfort, confidence and satisfaction with the WIC interaction.

Refer to Appendix 7 for a complete copy of the Post-Test Focus Group report, including a copy of the Focus Group Guide.

Objective 3.3: Evaluate pilot phase through pre- and post-self-administered anonymous survey questionnaire for staff in six pilot and six control programs.

Methods and Findings

As noted above, staff surveys were developed in parallel with participant surveys to assess changes brought about by the GHM intervention in five key construct areas:

1. Client-provider communication
2. Staff self-efficacy
3. Connectedness to WIC
4. Likability
5. Emotion-based questions

Self-administered, quantitative pre-pilot surveys were administered to WIC staff over a period of four to six weeks in six intervention and six control sites at baseline (September-October 2008). Prior to survey administration, GHM staff surveys were pretested on a sample of 5 WIC staff from a non-study WIC site. Overall, the staff surveys were well-received. Staff participating in the pre-test brought up the possibility of getting “false positive answers (on the survey)...since everyone I think seems to think they are doing a great job at all of these things.” Additionally, one staff pointed out that the answers provided to the questions can “vary depending on the client’s personality—and if (the staff) can relate to them culturally.” Based on the feedback and suggestions, minor edits to the staff surveys were made.

The baseline survey results indicated that responses from WIC staff were overall positive regarding the five main constructs measured (client-provider communication, parental or staff self-efficacy, connectedness to WIC, likability and emotion-based themes). There was one particular item with significant differences in survey responses between intervention and control groups at baseline for WIC staff. With regards to perceiving overall rapport with WIC clients as high, a greater percentage of staff in control sites responded “neither agree nor disagree” (16.7%) or “strongly disagree” (4.2%) compared staff responses in the intervention sites (4.2% and 0%, respectively).

Self-administered, qualitative post-pilot surveys were administered to WIC staff over a period of four to six weeks in six intervention and six control sites approximately 15 months after the pre-pilot survey (January-February 2010). Descriptive analyses of the post-survey findings indicated an overall high satisfaction score and positive responses.

There was only one item in which a significant ($p < .05$) group difference were demonstrated in the follow-up responses of WIC staff between the control and intervention sites. For the statement, “I feel comfortable using a variety of tools to assess my clients’ needs,” 63.4% “strongly agree” and 36.6% “agree” for the control site while 30.2% “strongly agree” and 58.4% “agree” for the intervention sites. A possible explanation for this finding may be that WIC staff of the intervention pilot program had spent the prior year learning about the potential of emotion-based nutrition assessment strategies and were still becoming familiar with the GHM tools; control group staff had been using the same VENA-compliant questionnaire for nearly three years.

For the statement, “I think my clients are doing the best they can as parents,” there was a difference approaching significance ($p = .10$) where 27.9% of the intervention group selecting ‘strongly agree’ while only 9.8% of the control group ‘strongly agree.’ The higher percentage of the intervention group selecting ‘strongly agree’ may be a result of the WIC staff having more positive provider-client interactions.

Since the majority of WIC staff in both intervention and control sites reported “agree” or “strongly agree” to positive statements regarding the constructs measured (e.g. client-provider communication, connectedness to WIC) at baseline, there was little room for improvement in positive responses on post-test surveys completed by staff in either the control or intervention sites. There are several possible explanations for findings. The baseline findings may represent an overall positive assessment participants have of the Massachusetts WIC Program on the themes that were examined. Since the findings did not change at follow-up, it can be concluded that the GHM intervention did not adversely affect these positive perceptions among WIC participants. Baseline findings also might reflect statewide implementation of Touching Hearts, Touching Minds nutrition education intervention implemented previously by the MA WIC Program that incorporated emotion-based approaches into counseling. As a result, the baseline assessments could reflect a positive perception of the WIC provider-client relationship due to THTM.

Refer to Appendix 6 for a complete copy of the Pre- and Post-test Findings report, including a copy of the survey tool.

Objective 3.4: Conduct post-pilot qualitative research from 15 pilot WIC staff to identify enablers and barriers to implementation of emotion-based assessment tools, assessment techniques, and training curriculum.

Methods

In-depth interviews were conducted with 12 WIC staff members selected from the GHM intervention sites. The interview guide explored similar concepts to the participant post-pilot focus groups, focusing on participant-staff communication, emotion-based tools and techniques and overcoming challenges related to the project. Evaluation staff with qualitative research experience interviewed WIC staff in English via telephone and audio-taped interviews. Interviewees included four senior nutritionists, three nutritionists, and four nutrition assistants; staff type information was missing on the 12th interviewee.

Findings

A. Participant-Staff Communication

The interaction between WIC staff and participants during the nutrition assessment component of the counseling sessions was aided by the use of the new tools and techniques. Overall, staff felt that they were able to capture the participants' interests or concerns in a faster and more personable manner.

“With the VENA [questionnaire], it’s like the same old questions. But, with the tools, it’s more like...the participant can tell you whatever they want.”

“I think it’s a better opportunity to develop a gentler, kinder, relationship with this system. But, it also depends on the staff themselves...who they are and how well they interact with people.”

“I feel with the tools, it’s easier, faster and quicker.”

In many instances, WIC staff felt it was easier to identify participants' needs through the GHM emotion-based approach. While some experienced some confusion initially prior to more explanation of the use of the new tools, some if not all of the various tools were eventually embraced by the vast majority of interviewees.

“I think it shows them that...we’re more than just a place where you come and get checks and speak to a nutritionist and...we’re definitely trying to be more open-minded...and it just makes it a warmer environment, just having all these different tools out.”

“It depends what tools we’re using...the concern list is definitely quicker than the regular assessment. Some of the other tools, it really takes a lot longer to get to what the parent’s concerned about nutritionally.”

The use of the GHM tools appeared to increase participants’ confidence and ability to identify their concerns openly. WIC staff indicated that in many instances, they were able to provide comfort to participants who may have felt alone in their concerns.

“I saw her when she flipped through the cards, and she stopped on the way, and she pulled around and said, ‘You know, I never really said anything...I know you guys know...that I AM overweight, but... what can I do?’ I never wanted to talk about it, and I felt like the card made her, stop her...And now that she saw them, the question in the cards, she wasn’t afraid to actually tell me and say, ‘I am concerned.’”

“Because of the tools, we’re able to divulge more in what their specific situation is and counsel them on a different level. And I think that in the end helps them to be more confident.”

“I think they’re more willing to make changes because... you’re not telling them what to do...they’re making the decision, themselves...when you tell them, ‘If you don’t want to make any changes, that’s okay, too.’ I think that relaxes a person and it makes them feel better.”

The tools also helped participants to create manageable plans of action for creating health and lifestyle changes for their families. Participants were able to see evidence of their efforts at lifestyle change at follow-up visits as evidenced by things such as weight maintenance or loss.

“She came back, three months after and said, ‘I took your advice, I went home, I...knew the goals we had planned on.’ She was breastfeeding too, so she said, ‘Can you take my weight and height?’...We took it, and she had lost ten pounds from three months ago.”

“Overweight kids...they used to gain five, seven pounds in six months, And they said, ‘Yeah, I think I need to cut down on junk food...I know they need to eat more fruits, more vegetables, drink more water.’ And when they come for a follow up in three months and you weigh and measure the kid, and...for the most part, they gain a pound. Or they didn’t gain at all...She [client] said, ‘Oh, I tried [it], and I’m not buying junk food anymore. I’m buying fruits and vegetables for snacks, and it worked!’ And she’s so happy, she felt so proud of herself.”

There were mixed responses when the tools were first introduced. While the tools were viewed as an improvement over older tools by WIC staff, the novel approach may have caused initial apprehension on the part of participants until their use was explained and understood.

“I think it’s 100 times better than the old assessment tool we were using.”

“They like them so much. They said ‘Oh, this is something new.’ And they’re so happy. They liked it because it goes to what’s bothering them...What they want to talk about.”

“I think they generally like it a lot. I think they’re...taken back by it, they’re surprised by it...they’re specific ones that are more successful than others, and specific ones that work better than others.”

“You pull out the animals... and she looked at me and said, ‘What are THOSE? I don’t know if I understand what you said.’”

“Sometimes you have to spend more time explaining what it has to do with what we are doing. And the animals and things like that...I think some of the other ones are confusing...And that confusion kind of starts off the assessment and the appointment, not the way we would like it to start off.”

Participants were perceived by WIC staff to be more satisfied with WIC services after the new tools and counseling techniques were adopted. WIC staff believe that participants were able to use the sessions to address their concerns or talk about their interests rather than spending a significant amount of time responding to standardized questions.

“Yes...they are more satisfied with the new techniques we are using. They open up more, I think...they are happy...they can’t stop talking about their kids, about their concerns.”

“I hope that they’ve noticed a little bit better counseling. But I really don’t think they do? They’ve just got so much going on...the last thing on her mind is what percent milk she’s getting. There’s just so much going on that I’d like to think they do notice. And again, some moms do. Some moms are really great, They give me awesome feedback.”

WIC staff indicated that using the emotion-based techniques driven by the GHM tools changed the structure and outcome of appointments. WIC staff noted that the direction of the conversations was primarily driven by the participants themselves. The variety of techniques and tools allowed WIC staff to tailor appointments to the needs of the participants, which also served to provide a welcome change of pace from a former routine approach.

“When we did the training, it opened up a whole new outlook for the nutritionists...we’re not just nutritionists that are here to...have you answer our questions and tell you what to do...we want to hear what you’re saying...It matters just as much as what you want to tell us, as opposed to what we need to get out of this appointment.”

“The dad came to every single appointment, and he even said when the baby’s turning 1, he was like ‘Oh, thanks to you...’ and I hadn’t really had that before.”

The use of the tools replaced an approach that emphasized the provision of handouts and written materials to participants on a regular basis. The emotion-based counseling and newer tools allowed WIC staff to provide more focused advice and resources. One staff member noted that as conversations became more open, participants are more willing to discuss a wider number of concerns.

“I don’t have a problem collecting information since they open up a bit more, you get more, and you can write more instead of just saying, ‘Everything is fine.’”

B. Emotion-Based Tools and Techniques

WIC staff were enthusiastic advocates of the tools in their counseling sessions. While there may have been some hesitation in the beginning, many embraced the emotion-based efforts as more participant-centered and a refreshing change toward increasing understanding of participant concerns. Methods such as encouraging peer observations, facilitating staff mastery of tools at staff meetings and allowing flexibility in the tool application all played a role in facilitating the use of the tools.

“Before the tools, it was darned boring. Same thing over again. It didn’t ever change. Now there’s cause and effect. It is more perspective than me just digging it out of them.”

Some staff did note that the GHM approach was not always the appropriate style of assessment for certain types of participants.

“Sometimes, in fact, when we have really high risk folks, these techniques aren’t really used...It’s just not appropriate for the point in time.”

C. Overcoming Challenges and Suggestions for Improvement Tools and Techniques

Some of the WIC staff modified the tools to make them easier to use and to increase the visibility throughout the office. For example, the door images were placed on a poster at one WIC site to increase visibility for staff and participants. Although this was not the exact intention of the use of the tool, it seemed to work for some WIC clinics. In addition, changes to documentation requirements were suggested to improve the session flow.

WIC staff found the training to be useful and adequate in preparing them to integrate the new tools and techniques into their counseling sessions. Useful features of the training included role playing and frequent updates. Feedback and observation was suggested as a way to increase confidence in the use of the tools.

“So the training I thought was great. They did some role playing. It was definitely helpful.”

“To overcome the challenges...peer observation...When someone’s using the doors, go in and take a look, and maybe it would give you...some ideas on hw to use them, next time.”

Refer to Appendix 7 for a complete copy of the In-Depth Interview report.

Additional In-Depth Staff Interviews

Additional in-depth staff interviews were conducted in February 2010 by a Case Western Reserve University student to glean more specific information on each individual tool used in the GHM project. In addition, perceptions about emotion-based counseling, the impact of *Getting to the Heart of the Matter* on WIC participants, and project training were discussed.

WIC staff were randomly selected to participate in the evaluation and were contacted via telephone; as the staff did not know this student, the feedback was gathered in an independent, confidential manner. The resulting report reflected the opinions and feedback of five nutritionists, six nutrition assistants, and five program assistants from each of the six GHM pilot agencies.

Most WIC staff reported that they felt positively about emotion-based counseling, though not every interaction was perfect. Nutrition educators enjoyed the connection made with participants and appreciated that the tools allowed parents to choose the topic of discussion. While not all people respond well to emotion-based counseling, successful interactions led to great conversations.

“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

Some negative feelings towards emotion-based counseling were expressed and tended to reflect concerns with time consumption. A nutrition assistant expressed the increase need for WIC services and that nutrition educators needed to be available to help these people. She perceived time spent with emotion-based counseling as 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 reported noticeable changes in the clinic using GHM 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.

Some WIC staff members seemed to resist learning to use all of the new tools, 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 would have helped incorporate all tools into the counseling sessions more easily.

Overall, staff found that the implementation of GHM had made a positive impact with participants.

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

Refer to Appendix 8 for a complete copy of the report, including feedback specific to each piloted tool.

Objective 3.5: Conduct ethnographic research with 21 WIC participants from three pilot programs to identify modifications to assessment materials and techniques.

Methods and Findings

The purpose of the post-pilot ethnographic research was to identify potential barriers with using the GHM tools, determine participant reaction to the GHM tools, assess comfort level amongst WIC staff, and identify any training opportunities for future statewide launch of the GHM project tools and techniques.

The ethnographic research was conducted in May 2010 at three pilot sites 18 months after pilot staff were trained in how to use the GHM tools and techniques. Consultant Pam McCarthy, along with Massachusetts WIC state employees participated in the research.

Key findings suggested that significant changes had occurred since the pre-ethnographic research had been conducted. The findings confirmed that there was less reliance on the computers during the nutrition assessment process and positive changes in body language had taken place; there was more opportunity for conversation. Counseling style had shifted to a relaxed and informal manner from a formal and rigid question-answering session.

During the post-pilot ethnographic research, collaborators took notice of a shift in balance of control between the educator and clients during counseling sessions. During observations, participants shared more concerns and asked more questions which allowed for a more relaxed conversation and led to a greater connection.

Ethnographic research findings did illustrate a broad spectrum of skill and transition for each local program and individual staff member related to the implementation of the GHM techniques and strategies. While some staff have always approached nutrition services through an emotion-based lens, others require more mentoring and training to fully embrace and fulfill the goals of the project. When demands such as busy clinics, the need to increase caseload or learning a new IT system are perceived to compete with efforts to provide emotion-based services, even greater efforts need to be made to support the transition to the GHM model.

Although every project starts with clearly-defined goals, objectives and plans, this particular project evolved into a powerful learning and change opportunity for the WIC team. Consultant Pam McCarthy analyzed the data from the post-pilot ethnographic study to identify modifications needed to the tools and techniques of the GHM project as well as making recommendations for the process of embracing emotion-based counseling.

Recommendations

Post-ethnographic research recommendations included:

1. Provide more opportunities for educators to see, feel, observe, understand and experience emotion-based assessment and counseling.

2. Provide skill-building training on how to be influential with participants.
3. Remind educators they have the potential to be a powerful change agent.
4. Offer training on changing organizations to clinic directors and senior nutritionists.

Refer to Appendix 9 for a complete copy of the Post-Intervention Ethnographic Research report.

As mentioned, Emily Biever, a dietetic intern from Brigham and Women's Hospital, participated in the ethnographic research observations and interviews as an independent party. As she observed the sessions, she considered the possibility of using the recordings of the nutrition visits as a tool to improve counseling skills. After the ethnographic research was performed at one of the pilot sites, she returned for a second visit to determine if subsequent listening and review of a taped session by the nutrition educator would provide beneficial self-insight and improvement in the educator's following sessions.

Emily performed a trial of effective listening exercises allowing three WIC nutrition staff to listen to their own recorded nutrition sessions from the ethnographic research collected the previous week. Emily asked the nutrition staff to notice their style, their listening skills, and general observations of the interaction. She interviewed them after the listening trial and asked if there was anything they would change to the session, their impression of the GHM tools used, and if such feedback on audio recordings would be helpful in the future. She then captured a second tape-recorded session for two of the three nutrition staff educators.

WIC nutrition staff found the listening exercise to be insightful and a beneficial experience that would be a useful tool to consider for all WIC nutrition staff. The listening exercise was highly valued and had a variety of "take-aways" such as the need for more probing questions and the importance of pausing, allowing for silence to give the mother an opportunity to reflect on nutrition questions. Based on these findings, effective listening skill building will be a key part of the Massachusetts WIC statewide GHM training and follow-up activities.

Objective 3.6: Refine tools, techniques and training curriculum based on research findings.

After reviewing the information collected from participant focus groups, participant and WIC staff surveys, and in-depth interviews with WIC staff throughout the pilot phase, conclusions were made on final assessment tools that will be used for statewide launch.

Tools Without Changes

Based on the evaluation process, the team determined that there wasn't a need to change the card sort, hopes and dreams doors, take-home hopes and dreams doors, or metaphor images. These tools were well-received by WIC staff and participants when they were piloted at the intervention sites.

Please refer to Appendix 3 for a copy of these final tools.

Changes to Tools

During the pilot phase, a small number of revisions to the tools were made, and these changes were decided to be included in the final set of tools. The magic erasers were replaced with a magic wand and/or magician wand because some participants viewed the eraser as negative. Also, the hedonic facial scale was added for parents/guardians with a child between the ages of 1 and 5. Lastly, an additional prenatal page of the baby book was developed to give nutrition staff new areas to discuss at the prenatal follow-up appointments. This piece helped fill the gap between the first prenatal certification appointment and the postpartum and new baby appointment.

After the pilot phase, upon request from the staff at the pilot programs, take-home metaphor cards were added to the emotion-based assessment tools, after reported success of the take-home hopes and dreams doors. The take-home metaphor cards allow participants to write their goals on the back of the card and take the image home as a reminder of their discussion at WIC.

Also based on pilot feedback, the name of the tool "What's on YOUR Concern List" was adapted to read "What's on YOUR List" prior to final production. This change was made to create more positive discussions that could be focused on a parent's achievements and questions, rather than solely on concerns.

The Written Questionnaire was discontinued as a tool, as this was more of a job aid than a projective technique. The animals were also removed from the final set of GHM tools due to reports from pilot staff that comparing children to animals could be viewed as disrespectful in some cultures.

Please refer to Appendix 10 for changes to these tools.

Objective 3.7: Distribute emotion-based nutrition assessment materials and training curriculum in an on-line format.

Website

The GHM project created an on-line version of all project products to be distributed on the *Getting to the Heart of the Matter* website – www.gettingtotheheartofthematter.com. Anyone can visit the user-friendly website to utilize the projective techniques and tools.

This website includes an overview of the emotion-based services, guidance for implementing emotion-based service in the individual and facilitated group discussions, training tools, and printable versions of the materials or order information. Currently, this website is under development until audio and video recordings can be added, but will be fully functioning soon.

The content of the *Getting to the Heart of the Matter* website is outlined below.

Home

Welcome to *Getting to the Heart of the Matter*

This page welcomes users to the site and provides a brief introduction.

Overview

Getting to the Heart of the Matter

This page provides background information on the project. Topics include:

- Brief introduction and background facts
- What do projective tools look like?
- Why use projective tools and techniques?
- How were these tools developed?
- Commonly asked questions and answers about the tools

Emotion-Based Assessment Tools

The pages that include the assessment tools provide the user with insight into emotion-based tools and projective techniques. Each tool is featured in its own tab with a page that shows a picture of the tool, explanation on how to utilize the tool with participants, and a description of a compelling testimonial given by nutrition staff. The testimonial illustrates how the tools have worked in the WIC setting during nutrition assessments. There will be an audio and/or video of nutrition staff utilizing the tools in real WIC appointments to provide further opportunities for discussion and learning. A PDF of each tool will be available for web-users to download printed materials; ordering information will be provided for tactile tools. Below is a list of tabs that connect directly with each assessment tool:

Doors
Metaphor Images
Card Sort and Your List
Baby Book
Other Projects

Contact Information

This tab provides contact information for the Nutrition Unit in Massachusetts Department of Public Health—Nutrition Division. Pam McCarthy and Associates, Inc. contact information will be provided.

Please refer to appendix 11 for sample screen shots of the website.

Training Plans

WIC staff will be trained statewide in the summer of 2011. The training will include: a refresher of VENA highlighting ways to connect with participants, effective listening techniques, and instructions combined with hands-on learning for the assessment tools and projective techniques that were successful in the pilot programs and chosen for roll-out.

The goals of the training are to:

- **Create an environment of trust and common ground.** The VENA refresher will identify changes needed to the assessment process to achieve an emotion-based, participant-centered interaction.
- **Create an environment of listening.** The training will provide effective listening techniques.
- **Create an environment of influence.** Emotion-based nutrition assessment tools and techniques will be introduced to WIC staff and they will be able to experience the power of personalized nutrition care.

Upon completion of the training, staff will be able to:

- Understand that within the clinic setting, client staff interactions and casual connections impact dietary assessment and nutrition education
- “See” and feel dietary assessment through the eyes of the participants
- Recognize why new techniques and approaches are needed:
 - o There are three “prongs” to dietary awareness: Professional dietary assessment (dietary assessment by the WIC staff), parental concerns and interests. Previous assessments did not always include parental concerns or interests.
 - o Parents often come to WIC for the checks and don’t always convey a welcome feeling toward the dietary assessment if it feels like an evaluation of their parenting.
- Experience new dietary assessment techniques:
 - o Staff will experience the power of the new techniques in situations that apply to them before learning how to use them with clients.
- Know how to use and analyze findings for new dietary assessment tools
- Feel confident about their ability to use the new dietary assessment techniques

- Feel excited and proud to be leaders in the change process

The proposed training outline above will provide a hands-on learning experience for WIC staff.

Additional Video and Audio Training Tools

A video and audio adjunct to the website is planned to be launched in the fall of 2011 and will serve several purposes. Massachusetts' GHM pilot experience specified that an essential component to the training is watching the emotion-based method in action to see the approach modeled. The video component will improve training by allowing WIC staff (state and nationwide) to view the techniques practiced. The audio piece will help to develop effective listening techniques and demonstrate how staff can be flexible in their use of emotion-based assessment techniques. The training website will be updated with visual and audio sections to expose WIC staff across the country to multiple experiences of using the new techniques to conduct nutrition assessment and improve participant/staff communication. Visual and audio components will improve the effectiveness of training among Massachusetts WIC programs, providing on-going support to staff and reducing transition time to the new techniques.

The participant-centered, emotion-based assessment tools and techniques developed as part of the *Getting to the Heart of the Matter* project provide valuable information for nutrition risk assessment and intervention, as well as create a more individualized, meaningful set of nutrition services for families. The tools and techniques can be utilized across a variety of WIC clinics, populations and settings. Through the GHM website, the transferability of the GHM project and potential adoption of emotion-based counseling education and services is maximized.

IV. Project Conclusions, Lessons Learned and Future Plans

Conclusions:

Generally speaking, the transition from a structured food frequency questionnaire-style of dietary assessment to one that is more individualized, participant-centered and flexible has made a significant improvement in Massachusetts WIC services in the minds of participants and staff alike. The VENA concept has been part of core WIC services in Massachusetts for more than three years, and has allowed all of the nutrition services provided by WIC statewide to become more conversational, more relevant and more valuable to families.

With the assistance and support from this Special Project Grant, Massachusetts WIC has been able to further enhance the vision and implementation of VENA in a subset of local agencies by giving staff a unique set of tools and techniques to spark emotion-based conversations about nutrition, health and parenting. While the tools themselves are not always a single solution to crafting a complete nutrition assessment, they allow participants to tailor the interaction so that the focus of the discussion is aligned with a parent's interests, concerns and aspirations related to their child's nutritional health.

WIC is a program that constantly undergoes improvement, innovation and change; it is often difficult to discern the impact of one particular intervention. Based on the evaluation component of the project, it is clear that *Getting to the Heart of the Matter* improved most staff's perceptions of the interaction between themselves and their participants; it also provided them with greater job satisfaction and confidence that their work at WIC has an important impact on families. Participants continued to report very high satisfaction with the Program throughout the course of the project, and regularly identified the key constructs of the intervention (ability to get personalized nutrition services, interacting with caring nutrition providers and finding WIC services helpful in their parenting) as reasons for their satisfaction.

Based on these positive findings, the project team will move ahead with plans to share the developed tools and techniques, as well as the lessons learned through the project, with staff at the remaining 29 local agencies across the State. In addition, the project team has confidence that the outcomes of *Getting to the Heart of the Matter* will be valuable to other states. The project's deliverables will be easily accessible for other WIC programs interested in enhancing their VENA processes with emotion-based nutrition assessment strategies.

Lessons learned:

Getting to the Heart of the Matter is not a stand-alone, new method of diet assessment. Rather, the tools and techniques introduced by the project provide staff with jumping-off point from which emotion-based conversations can take place. This project will help

Massachusetts continue to define and improve the current VENA process, but not necessarily replace it.

It was critical to realize that staff approach the new dietary assessment tools and techniques with varying degrees of comfort and willingness to experiment. Similarly, not all participants respond well to all tools. Staff should be encouraged to continue to try new ways of gleaning information from parents, even if the first attempts don't feel successful. Identifying a champion at each local site or agencies to support staff and maintain enthusiasm for the project is invaluable when implementing new, and often unfamiliar, nutrition assessment strategies.

Increasing freedom and flexibility in the nutrition assessment process requires constant support, training and mentoring for staff. Seamlessly tying nutrition assessment conversations into meaningful nutrition education discussions is a skill that needs to be honed by many staff. The need to improve effective listening skills may become apparent when as emotion-based nutrition assessments begin to produce more individualized, personal responses. When implementing projects such as *Getting to the Heart of the Matter*, it is important to recognize smaller accomplishments along the way, even if the complete mastery of emotion-based nutrition services is not yet achieved.

Despite the initial novelty of the *Getting to the Heart of the Matter* project, any style of nutrition assessment can become repetitive over time. Keeping VENA fresh and meaningful will require that additional tools and strategies be continually brought into the process in order to prevent fatigue on the part of both the staff and the participant. Regular meetings of key project team members from local agencies are extremely valuable in making current strategies more effective and in conceiving new ideas for nutrition assessment tools and techniques. If new ideas for nutrition assessment don't work out as anticipated at the local level, it is important to embrace adaptations that make the ideas more feasible and realistic for staff providing direct care, as long as the intended outcome is in line with an emotion-based philosophy of nutrition assessment.

Perhaps one of the most critical lessons learned from this project is that setting the stage for open dialogue and conversation about participants' true interests and concerns can sometimes prove overwhelming for nutrition staff. While WIC staff may be experts in nutrition and embrace a holistic approach to discussing feeding practices, they do not always have the time or expertise to support families' additional health or social service care needs. Some staff, however, often feel compelled to attempt to provide that care and are burdened with concerns for the families' well-being when they feel the care they are taking of participants is insufficient. Supports need to be in place for nutrition staff to link families to appropriate health and social service referrals beyond the scope or ability of the WIC nutritionist.

Future Plans

In the summer of 2011, the Massachusetts WIC Nutrition Program will provide training on the *Getting to the Heart of the Matter* tools and techniques as part of a full day of continuing education aimed at improving the VENA process. Current tools will be translated into other languages to meet the needs of the diverse participants served by the Program. As statewide implementation begins, project staff will support local agency staff through the challenges of combining the fluid, emotion-based strategies of the project with the more logic-based restraints of Massachusetts WIC's new MIS system, Eos.

To assist in both Massachusetts training and to provide the tools and related guidance to WIC programs across the country, the *Getting to the Heart of the Matter* website will be promoted within the WIC community and beyond. To enhance this effort, Massachusetts WIC has applied for and received Operational Adjustment funds to create video training featuring the use of the tools and techniques during counseling sessions. The videos are anticipated to be released in the fall of 2011. All *Getting to the Heart of the Matter* tools and support materials will be available via the WIC Works Resource System.

Lastly, based on feedback from many nutrition staff involved in the pilot project, Massachusetts WIC will continue to pilot the Family Support Coordinator project. This initiative provides funds for a half-time Family Support Coordinator at ten local WIC agencies whose responsibility it is to connect families with high needs for health and social services referrals with the agencies and programs that can help them. In its first year, this project has been enormously successful and has helped families come to their WIC visits better able to focus on nutrition services, knowing that their other needs will also be more thoroughly addressed. Because this project has the potential to improve participant satisfaction and therefore increase participant retention in WIC, Massachusetts is applying for another Special Project Grant to investigate the impact of the Family Support Coordinator project on child retention and improved referrals services in the WIC Program.