

Getting to the Heart of the Matter

Participant and Staff Perceptions of Dietary Assessment

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~and~

**Massachusetts Women, Infants and Children
(WIC)
Supplemental Nutrition Program**

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Providing services in today's hectic WIC programs requires endless skill and caring hearts. Fortunately, the talented people working in the Massachusetts WIC Program possess these attributes. We are grateful to the staff that left their busy WIC programs to share their insights and challenges with the project's researchers.

Massachusetts WIC is privileged to provide services to wise and caring parents. A few of these busy parents took time to travel to focus group sites and reveal their thoughts and opinions during three-hour focus groups. Thanks to their generous sharing of time and insight, this report and project will be more effective and relevant.

Goals and Objectives

As the result of the 2003 WIC Special Projects Grant *Touching Hearts, Touching Minds*, Massachusetts WIC has been providing emotion-based nutrition counseling and education statewide for more than two years. These changes to traditional nutrition services have been received positively by participants and staff alike. Prior to receiving the 2007 WIC Special Projects Grant *Getting to the Heart of the Matter*, however, we had not had the opportunity to examine the possibilities for providing WIC nutrition assessment services using an emotion-based model.

The primary goal of *Getting to the Heart of the Matter* is successful implementation of a Value-Enhanced Nutrition Assessment (VENA) using *Touching Hearts, Touching Minds* methodologies. Massachusetts will do this by identifying assessment tools and techniques that help gather an honest participant-centered dietary assessment leading to positive health outcomes. The focus groups gave researchers an opportunity to explore participant and staff perceptions of dietary assessment. Prototype tools and techniques developed based on ethnographic research findings were tested, allowing for concepts to be explored.

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

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

Focus group findings helped to refine and finalize assessment tools and techniques for pilot-testing.

Methods

Six focus groups were conducted in June 2008. Three focus groups involved current WIC participants and three involved WIC staff. Respondents were recruited from 23 of the 35 WIC programs in Massachusetts. 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.

WIC participants were recruited by flyers distributed in WIC programs. 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.

Kara Ryan, project coordinator, directed the recruitment of WIC staff for the focus groups. 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.

Prototype tools tested in focus groups

There were four dietary assessment prototype tools that were tested in focus groups (Tools are included in the appendix on page 28):

1. **Concern and topic checklist prototype**
This tool consists of an age-specific list of concerns and topics. Parents would be asked to check-off topics of interest or challenges while in the WIC waiting room or at the beginning of nutrition education.
2. **Board game and money prototype**
This tool consists 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. Participants are asked to 'invest' play money in areas of greatest interest or concern.
3. **Projective techniques**
Projective techniques are psychological tools that help people express their true feelings. They are questions without answers. Because people don't know what the 'correct' or socially acceptable answer is, they project their own truth. 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.

4. **Questionnaire**

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.

Focus group uses and limitations

Focus groups allow researchers to understand how people feel and why they feel that way. However, they do not tell *how many* people feel that way. Multiple groups confirm trends, but more research is required to determine how applicable this research is to larger populations.

Findings from Staff Focus Groups

Findings related to dietary assessment

Finding #1: Some staff members feel they conduct a dietary assessment to satisfy regulations rather than to identify dietary issues or topics participants want to discuss.

All staff are concerned with contributing to a positive state program management evaluation. Because of this, WIC guidelines and regulations tend to guide how the nutrition assessment is collected. Staff respondents report a greater focus on rules and regulations than participant needs and interests.

Although adequate documentation seems to be a primary barrier to obtaining meaningful dietary assessments, case load and time constraints were also mentioned as barriers to meaningful dietary assessments.

Management evaluations reinforce the focus on rules and regulations and aim to protect program integrity. Staff members tend to view success as complying with every federal and state guideline rather than conducting a dietary assessment that truly identifies dietary and participant concerns.

"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."

"I think the reasons they started [WIC] was so people who had low incomes and didn't have money to really afford a lot of nutritious foods for their families, they could learn a bit of nutrition, little tricks to feed their families, healthy, but I feel like that has kind of been lost. It's still the

intention, but it's kind of, it's more about how quick you can do the appointment than sitting down and really talking to them about it."

"I hate it when the State comes. I hate thinking about it. I hate the day that I know the State is coming. It's like as soon as you open your eyes, you are like, oh, I have to be perfect today."

Finding #2: Staff feel that some dietary and general assessment questions lead to participant and staff embarrassment, confusion, and discomfort.

In early 2007, Massachusetts modified their dietary assessment to incorporate VENA-friendly principles. The intent of altering the dietary assessment was to create questions that were participant-centered and open-ended, leading to honest responses and relevant, engaging conversations. However, focus groups reveal that some questions can result in participant and staff embarrassment and discomfort. In addition, staff feel participants may provide inaccurate answers as a way to protect themselves from judgment or to speed the WIC appointment along.

"Sometimes they look at one another and if the father is there, he'll say, 'what should I do? Should I put Black American like you or should I put other white like me?' And they discuss it back and forth and I say 'I'm really sorry, but I can only take one.' And that further embarrasses me because I can't even put their full ethnic background down."

"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."

Finding #3: Some staff members feel that the current dietary assessment questions don't lead to emotion-based participant-centered conversations consistent with the *Touching Hearts, Touching Minds* initiative.

Massachusetts WIC staff members have been trained to provide emotion-based counseling services. Because emotions drive behaviors, not logic and fact alone, conversations that address feelings as well as facts are more likely to lead to behavior change. Staff members feel that the current dietary assessment questions lead to logic-based conversations rather than generate an emotion-based participant-centered conversation. They also feel that many of the questions are not productive in generating the information needed for a meaningful dietary assessment or behavior change discussion.

"The same questions with the same thing, it doesn't change."

"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."

Finding #4: Staff need and appreciate training, information and support in making referrals.

Often assessment questions that lead to emotion-based discussions go beyond food and activity behaviors and are often outside of the staff members' comfort and information zones. Staff members need and want training, information, and support in making appropriate referrals for WIC participants. They feel embarrassed, frustrated, and helpless when assessment questions lead to areas where they don't feel prepared to assist families.

Providing helpful guidance to families in traumatic situations can take a toll on WIC staff. Ongoing support is needed to provide staff with the emotional support they need to continue reaching out to others in need.

"I think it's important being in the kind of job we are [in] to have a natural ability to connect to people. That's the reason we are here— we don't get paid a lot. And we are helping people in our community, but I think the most important part [is], if you are connecting with someone, they [usually] need help in another way outside of [what WIC provides]. So if we knew different resources...we had training on domestic violence, we have [information] for people who need child support. [But what about the] 'real' issues that you, if you get to that core level, you can get. But if you have no resources for them, it's almost useless. So if [staff] know resources, then that's what's going to bring us to that."

Findings related to prototype dietary assessment tools

Finding #5: Most staff viewed the topic checklist prototype favorably.

WIC participants and staff have different needs, desires, comfort zones, reading abilities and personal communication styles. To accommodate these wide-ranging needs, several prototype tools and techniques, including a topic checklist, were tested in this project. All prototypes tested in this project can be found in the appendix.

The prototype topic checklist contains common dietary or activity concerns in a checklist format. Checklists are 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.

WIC staff respondents liked the topic checklist format and 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. They liked the format and topic groupings and would welcome even more checklists, including one that addressed WIC benefits for new participants and a referral checklist that could include options such as college financial aid, food stamps, childcare, etc.

"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..."

Finding #6: Staff respondents have concerns about using projective techniques as a dietary assessment tool in a WIC appointment.

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. They are questions without answers. Because there is no 'correct' or socially acceptable answer, they project their own truth. Projective questions are to be answered quickly so that people don't have time to think of a socially acceptable answer, thus making them especially appropriate for busy WIC programs.

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. 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. Projective techniques seemed especially challenging to staff who anticipate 'right' and 'wrong' answers rather than insights into individual personalities.

Some 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.

"...They can't really be receptive to me standing there [and asking,] 'what are your dreams?' Your dreams are to get [onto] the food program, be legal and get a job and get your kids. We both know what their dreams are. They just can't handle this..."

"I'm thinking of some of my clients and they would just roll their eyes and think 'what the hell are they doing now?'"

(Participants would not take the time to do them) *"...they have been waiting for 20 minutes or half an hour. Even if they were open to it, by the time you get in there with screaming kids, they are going to be like 'this one, this is why, let's go, let's get me my check.'"*

"I think it depends. You have people that have a hard time speaking English. Maybe looking at a picture and trying to ask them, you know, it could be difficult. A language barrier."

"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.'"

"You have to put thought into it."

"They don't give you nutritional information. But it gives you information about the client."

"What would happen if they choose the picture and then they didn't describe it properly to us? Everyone sees different things in the pictures, depending upon how that person thinks is the

problem, so what would happen if we couldn't read them properly and they weren't able to tell us exactly what?"

"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."

Finding #7: Some staff feel the prototype board game may be useful in some situations but they prefer other proposed techniques.

In addition to projective techniques and topic checklists, a colorful board game was tested with staff and participants. This board game features 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.

Some staff members liked the board game. The board game released them from asking a long list of questions. Some staff felt it would be more useful with groups and follow-up visits. They felt it could be posted on the wall for easy use. One staff member thought it would be a useful tool for older children who could play the game with their parents.

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. Almost everyone thought the game could be played without money, eliminating one possible distraction. They also wondered if the board would be available in different languages.

"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."

"I was actually thinking if my waiting room was really busy that I could give this to the people in the waiting room before they came in to see me...they might already be thinking about why they came in because sometimes they are so rushed that this might get them to focus before they came in..."

"I like how it's fun to look at, because it makes you want to read everything and have them just choose two topics that they think is an issue or something that they just want to talk

about...Not to make it a game, not to go through spaces or anything, but just use it as a jumping point for what they want to talk about."

Finding #8: Respondents had mixed feelings about the written questionnaire prototype.

In addition to dietary assessment, there are federal and state-required questions asked at certification and re-certification WIC visits. Some of these questions tend to be sensitive, including questions around abortions, miscarriages, and drug use. Currently, WIC staff members ask these questions directly of participants, often resulting in uncomfortable and embarrassing moments. To alleviate this potential barrier to participant-staff connections, these questions were formatted into a written questionnaire.

Staff members have mixed opinions about the written questionnaire. 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."

"Maybe they would be more comfortable and honest answering these questions versus us talking to them."

"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."

Findings related to making changes in the WIC Program

Finding #9: Staff identify ways to encourage change in the WIC Program.

Most staff desire and support change but are unsure how to make it happen in their 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.”

“...we need to have everybody on the same page to make sure they are following these guidelines to make sure we are emotionally-based counseling instead of just providing them checks.”

“I just think that there are huge barriers even within programs. I have a very small program, but it seems like people have different ideas of how things are supposed to go and how you are supposed to treat our clients and things like that.”

“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.”

“...have some clients from each specific program to give feedback on that program and they are saying positive feedback on that one nutritionist, wherever she was, and if we had that kind of feedback, positive or negative, it would at least motivate people to change...because nobody wants to feel like they are doing a bad job, but if they hear that they are not doing things the right way, that would help.”

"[Participants should] talk to us and bring their friends and [we should] do some sort of focus group with them to find out what exactly we need to do to change."

"...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."

Findings from Participant Focus Groups

Dietary assessment key findings

Finding #10: Most participants accept the dietary and health questions that are being asked as long as they understand the purpose these questions serve.

WIC participants want what is best for their children. They understand and welcome questions that relate to their families' health. Fortunately, the connections between the questions asked and their family's health are usually evident, but some participants wonder why certain questions are being asked. Participants would like a short, simple statement that helps them understand how personal questions are relevant.

"Can I say something about the questions about smoking and stuff like that? I feel that if they ask you a question, they should give you a reason for it. Explain to you that a kid could get asthma or something like that. 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."

"I would like them to continue asking those questions because they are asking it because of the children. If you got alcoholic, if you smoke crack, all those things, maybe you are abusing your child. So they care for the kid they are giving the WIC to and I think they should care."

"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?"

"I mean, do they have a standard that they have to go, like maybe they have to ask these questions in order to cover themselves?"

Finding #11: Some participants share misinformation during the assessment phase to prevent being judged.

Few people are proud of all their actions. Some WIC participants are embarrassed by how they feed their children at times. They may also perceive that WIC educators have high, even unrealistic, parental expectations and want to protect themselves from judgment. Some respondents fear that they will be 'turned in' to welfare organizations if they admit 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."

"I would be thinking they are trying to file a 51A. They are trying to undercover information [to] find out stuff about you, I don't like that . . . They would probably say, 'hold on one second, we have someone you need to talk to.'"

"An alcoholic doesn't say 'I'm an alcoholic'. Crack heads don't say 'I'm a crack head.'"

Finding #12: Participants 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 feel that WIC educators are too busy to connect.

The purpose of this project is to identify assessment tools that allow participants and staff to get to the heart of the matter quickly and naturally. Yet participants recognize that their greatest need at times is for someone to listen, understand and respect them. This, they feel, is fundamental to effective assessment or conversation.

"Customer service is something you just do, if you are doing your job. That means you say 'okay, you're appointment is at such time, you have a seat, it's almost time'. Emotionally engaging is 'Oh hi. How are you doing? How are the kids? Sit down and relax.' It's just the way you approach people that can be the difference. . . I think the people, they have to have a passion for what they are doing. . . they have to really love and enjoy helping other people and really love their job."

"It's your body language, your arms and legs, the way you come off to the person when you are greeting them, stuff like that. More empowering, you know that that person actually understands, you know, nothing that they have been through before, but understands where you are coming from and know that other people go through other obstacles in life and they need help in that also. They just need somebody to understand them and hear them and that way they can get off their chest so it doesn't build up."

"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."

Dietary assessment prototype key findings

Finding #13: Participants like the simplicity of the concern checklist and feel it will be effective in getting to core conversations.

Participants view WIC programs as hectic and, at times, overwhelming. They liked the checklist as it was a clear, concise and simple way to identify topics and issues that they may want to discuss. They especially appreciated the directions that precede the list of concerns.

"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."

"I think that this would be more efficient. If you came in with something like this from the start, what are your concerns, they wouldn't have to ask you a million questions. They could just address your concern, thank you, that's what we need to know."

"Because they know if that concern that you had that you were saying [was] gone or not. Or maybe if they sent you home with something, okay, well this was your concern today, let's monitor this, and then when you come back, let me know."

"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."

Finding #14: Respondents were able to do projective techniques with ease.

All focus group respondents 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. Their rich responses provided a good foundation for an emotion-based conversation.

Participants perceived that all proposed tools would be helpful in allowing them to express their concerns and share their feelings, but 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. They said they would feel comfortable sharing their hopes and dreams with their WIC provider if the educator seemed interested.

Some respondents 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."

"I think you would be more personable and be more personal."

"That definitely takes too much time."

"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."

Finding #15: Respondents feel the questionnaire prototype is an acceptable assessment tool.

WIC participants are routinely asked a series of questions that provide a more complete health history. Some of these, such as questions about abortions, miscarriages and alcohol use, are especially sensitive. Currently WIC staff members ask these questions directly and enter them into the computer.

Respondents were asked to complete the prototype questionnaire that included the certification health history questions, and provide feedback. They 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 these 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."

Finding #16: Most respondents find the board game easy but some find it childish and inappropriate for the WIC environment.

Respondents were asked to 'play' the prototype dietary assessment tool board game. Participants are given play money and asked to place it on one or more of the dietary concerns they have for their child, investing more money in greater challenges. Participants were able to do it quickly and easily in the focus groups, but didn't feel it would be useful at

WIC. They felt the board game was childish and would require more time and effort than they wanted to spend at WIC on this tool.

"We really don't have time to [play this] game when watching the kids."

"It's sort of childish."

"Sometimes you really just want to get your checks and go."

WIC environment key findings

Finding #17: Stressful WIC environments can lead to participant anxiety and may be a barrier to dietary assessment and engaging conversations.

Taking young children outside the home can be stressful to any parent. Participants notice and appreciate staff and WIC programs that go the extra mile to provide a child-friendly, warm environment and toys for their children. Participants reported that they felt more respected and valued when in positive environments.

Respondents suggest 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 report 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.

"The receptionist there where I go, she's extremely nice. She goes beyond. She was actually the one that pointed me to the director to talk about the situation because she overheard my confidentially being put on public announcement, in front of five other people. The waiting area is very small and they have a small table where the kids play. That is disinfected because she is like a clean freak. So she disinfects after each child. She goes out there and sprays and wipes it down."

"What looks nice about that WIC clinic is you see the picture on the right, on the wall, when you walk in, to the right hand corner, the picture of the baby and its father. That's what draws me. That's the nicest thing in our place."

"[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".

"My WIC clinic, the people there are very nice, the receptionist and stuff. But there are no toys there, there is no colorful nothing on the wall. Like I said, the TV stays on the news, you can't change the TV."

"We have the pamphlets here, not just one pamphlet thing over here, but one over here. Everything . . . either way, if you can have one, have the other, you know what I mean. It's just so randomly scattered, it's not tidy. Nothing is updated. Like everything seems to be very outdated. It would take a coat of paint. I'm sure anyone could paint a flower on the wall. Simple little things that I think could be done that wouldn't be expensive, because I have done some construction. There are so many easy ways to make things look nice, that's not expensive, it's not going to cost money and it just will make things a little bit more inviting and whiter, it's just people to do it."

"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?'"

Discussion

Massachusetts WIC has conducted focus groups with participants over the past five years on a variety of topics. The results of the current set of focus groups demonstrate the positive change in participant perception of WIC services. 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 appreciate program assistants who went out of their way to make the WIC experience positive for them and their families.

It is gratifying to know that WIC staff members are perceived more positively and that WIC participants appreciate their efforts. While we celebrate positive participant feedback around participant experiences at WIC, this discussion focuses on key topics related more specifically to the current dietary assessment process and the prototype dietary assessment tools.

WIC staff's view of the current dietary assessment

The purpose of dietary assessment in the WIC Program is to identify important health-related issues and behaviors that have the potential to impact a mother or child's health. In addition, dietary assessment is a way to determine the interests and challenges parents face and would like to discuss. Because WIC is a long-term public health behavior-change program that includes several nutrition contacts over years, knowing what parents want to talk about is especially important.

WIC staff sometimes view the dietary assessment process as a means for gathering information to document rather than to use as a tool to facilitate behavior change. Some WIC staff members may focus the collection of dietary information on compliance with state and federal regulations--and to assure positive scores on management evaluations—rather than as a tool to personalize nutrition counseling or determine parental interest.

The current VENA-friendly dietary assessment tool tends to facilitate assessment of dietary patterns but fails to identify participant interests or challenges. Because some staff members view dietary assessment in terms of compliance with state and federal regulations, they often don't ask participants what they would like to talk about in the counseling sessions. Instead, they suggest dietary behavior changes to participants without asking permission to share tips or seek topics or areas that may be of interest to the participant. This results in negative participant perceptions of the dietary assessment process.

Because the dietary assessment is viewed primarily as a documentation tool, and because WIC staff ask the same questions many times each day, questions are asked in a way that discourages participant involvement. In some cases, participants may feel the questions are

invasive or unrelated to their visit. This results in a barrier to participant-driven counseling sessions.

Impact of the WIC environment on dietary assessment and behavior change

Every aspect of the WIC experience can help or hurt behavior change. Participants who feel respected and appreciated are more likely to actively engage in dietary assessment and counseling. They are more likely to share concerns and challenges, initiate change ideas and make behavior changes. And they are more likely to share positive word-of-mouth comments about WIC with others.

Public health clinics often have limited funds, so cramped spaces and limited amenities are common. Participants understand and accept that WIC office spaces may not be luxurious, but feel that outdated posters, untidy stacks of brochures and limited toys convey a lack of respect for them as individuals.

Because the WIC environment is a pivotal part of the behavior change process, it is essential to address environmental changes so that participants will approach dietary assessment with a positive attitude, feeling affirmed and respected.

Dietary assessment prototypes represent welcome change

Both participants and staff welcome dietary assessment changes. Participants want and need professional dietary assessment, but don't enjoy the current process or tools. They prefer techniques that allow them to have more control over the process and can preserve their privacy and dignity. Staff want to connect better with participants and get 'to the heart of the matter' more quickly. They want tools that lead to truthful answers and aren't offensive to participants. The time is ripe for change.

Although all prototype dietary assessment tools were viewed positively, participants and staff noted that not every tool is appropriate for all participants and in all situations. Staff had favorites that fit better with their personalities, comfort zones, and experiences. They viewed some tools as more appropriate for groups, people with a limited reading ability or those with language barriers. Participants also had dietary assessment preferences depending on their time, interest, and language choice.

Both participants and staff had prototype favorites and recommended changes that would allow the tools to be more efficient or appropriate for participants and the WIC setting. No participants or staff expressed a preference for the current dietary assessment tool over the prototypes. This indicates a readiness and openness to change.

Staff welcome training and support during the change process

Change is always challenging, especially in hectic WIC offices that are understaffed and struggling with heavy caseloads. Yet staff members welcome change and look forward to trying different dietary assessment tools and techniques. It appears they feel comfortable and rewarded for recent changes due to the *Touching Hearts, Touching Minds* initiative and are more open to change than in the past.

As in all worksites, there are barriers to change. One of the greatest barriers to change is staff confusion about WIC's mission. Many staff members recognize that WIC is a behavior change program, and diligently try to connect with participants, engage in meaningful conversations, focus on participant-driven behavior change and affirm parent successes. Their vision is that WIC is a life-changing program, and they understand their role in a behavior change program.

There are also staff who are equally well-intended but have a different understanding of the WIC mission. They believe that providing healthful food and formula is WIC's primary mission. They view themselves as successful when they efficiently process participants through the office. Providing nutrition information is an added benefit for those who want or need it, they feel, but not central to the WIC mission. They don't understand or believe that they can engage participants in life-changing experiences or conversations. Changing lives is not part of their job description.

These two perceptions collide when change is implemented, resulting in frustration, anger, confusion and disillusionment. Those who believe WIC is a food program resist initiatives that focus on participant engagement. They may view a focus on subtle human expressions and participant satisfaction as superficial 'fluff,' rebuking those who attempt to encourage small changes with angry or stubborn responses. The result is increased staff tension and conflict, not change.

Those who believe in WIC as a life-changing program appear to be persistent chasers of their dream. Despite challenges, they still want change to happen, but they need training and support as they fight daily barriers. While they welcome skills training, they want more support in making change happen. They want training on how to communicate better with their colleagues, reinforce positive behaviors, resolve conflict and create cohesive change teams. They want technical as well as on-going emotional support from state leaders throughout the change process. They feel that simply providing tools and telling them to change isn't enough to make change happen.

Recommendations

Pilot-phase recommendations

Recommendation #1: Implement all prototype dietary assessment tools except the board game to pilot-test.

The prototype materials were acceptable to most participants and staff. Because the board game was viewed as childish by some participants and difficult to implement by some staff, it should be eliminated from the pilot-testing phase. 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.

Recommendation #2: Offer continuous emotion- and logic-based support during the change process rather than one-time skills training.

Change and challenge travel together. Clinic staff members need ongoing support during the pilot project to address barriers, resolve conflicts and focus on dietary assessment changes. Frequent calls and regular meetings with WIC leaders and staff will be valuable throughout the year-long pilot.

Recommendation #3: Provide pilot training in individual programs rather than central locations.

Individual programs and teams need personalized training to be able to effectively pilot test the dietary assessment prototypes. Provide training at each pilot program and tailor the training to the site rather than provide group training at The WIC Learning Center in Framingham. This will 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 allows for staff to discover opportunities for change within their unique environments. Although staff members prefer that the initial training be on-site, ongoing sharing between pilot site programs is recommended.

Recommendation #4: Emphasize in the pilot project training how the WIC environment impacts dietary assessment.

The WIC environment is integral to the behavior change process. It represents an opportunity to establish a warm and comfortable environment for sharing. The pilot project training should address the importance of the WIC environment to dietary assessment and include practical tips on how to make it more positive, warm and comfortable for WIC participants.

Long-term recommendations

Recommendation #5: Create a shared vision for behavior change in Massachusetts WIC at state conferences and via recurrent training.

Massachusetts WIC will always be in transition. Change will be easier and faster if all WIC staff share the same WIC mission and vision. Before implementing dietary change tools statewide, WIC should develop strategies to unite its staff into a cohesive group that shares the same mission in regards to facilitating behavior change and improved health outcomes among WIC families.

Listed below are some suggested strategies that may accomplish this important objective:

- Feature personal testimonies of WIC participants sharing how their lives changed as a result of WIC. These could be provided live at state conferences and videotaped for incorporation into later WIC training sessions
- Create training modules on topics specific to the change process, such as how to communicate to colleagues about change, how to support and encourage colleagues during the change process and how to manage conflict
- Develop new job descriptions and job titles that highlight how each job contributes to behavior change at WIC
- Create materials for use by WIC directors and senior nutritionists to keep WIC staff teams focused on change and collaboration (Example: Posters that feature the refocused WIC mission with a place for each staff member to sign the poster)

Recommendation #6: Assist WIC program directors in developing participant surveys and other feedback mechanisms.

WIC staff members want and need participant feedback. They feel more accountable for change when feedback is specific to their location and staff. Statewide focus groups and survey data doesn't feel relevant to their program or staff.

WIC directors need assistance in seeking actionable feedback from WIC participants served at their program, but often don't have the time or skills to develop surveys or conduct focus groups. Surveys and focus group discussion guides developed by state staff would be a welcomed tool. Training in how to implement surveys, conduct focus groups and implement data-driven change is also essential to success.

Recommendation #7: Provide WIC program directors with tools and training to create a team focus on change.

WIC directors need practical assistance and/or training on topics identified as barriers to change including:

- How to hire people who have the empathy and skills to contribute to the WIC mission
- How to help WIC staff who aren't enjoying their work or who don't share a participant-focused vision to find other positions that may be a better fit
- How to keep focused on change in the challenging WIC environment
- How to give positive feedback to staff members whose actions reflect the shared vision

Recommendation #8: Launch a state-wide competition to improve WIC environments.

People often need an incentive in order to change. Launch a state wide competition to create more positive WIC environments. Encourage programs to take before and after pictures of their WIC environments and share them at state meetings and training sessions. In addition, encourage staff to collect participant reactions to WIC environment clinic changes.

Recommendation #9: Establish behavior change as the primary measurement tool in program evaluations.

Currently, management evaluations focus on compliance with federal regulations and caseload. This focus is essential to program integrity, and has to be continued. Staff members are likely to focus more on behavioral outcomes, however, if they are measured and added to program evaluations. In addition to holding staff accountable and focused on behavior change, quantitative information on behavior changes could be useful during nutrition counseling. For example, new mothers may be more likely to breastfeed if they know 70% of other mothers in their community have chosen to breastfeed. What gets evaluated gets done.

Some staff members view management evaluations negatively, fearing negative comments and documentation of failures and mistakes. They don't view evaluators as partners in behavior change. Strengthening the management evaluation's focus on what staff and programs are doing well and focusing more on celebrating successes may lessen the anxiety some staff feel in anticipation of the bi-annual visits as well as provide a positive model for participant-staff interactions.

Appendix: Prototypes

1. Topic and concerns checklist prototype
2. Board game prototype
3. Board game money prototype
4. Projective technique: doors
5. Questionnaire prototype

I. Topic and concerns checklist prototype

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. Board game prototype



3. Board game play money prototype



4. Projective techniques: 'Hopes and dreams' doors



5. Questionnaire Prototype

Welcome to WIC

Thank you for coming to WIC today. We want you to enjoy a healthy pregnancy and have a strong baby. Please help us serve you better by answering the following questions.

1. What is your expected delivery date?

 2. What was your weight before becoming pregnant?

 3. Are you expecting more than one baby at this birth?
 Yes No
If yes, how many babies are you expecting? _____
 4. How do you plan to feed your baby?
 Breastfeed Breastfeed and formula
 Formula feed Not sure yet
 5. Where do you go for health care?

 6. When was your first prenatal appointment?

 7. Are you taking vitamins or minerals?
 Yes No
If yes, what are they? (Please include any over-the-counter vitamins and minerals as well as those prescribed by a doctor.)

 8. Were you taking multivitamins the month before you became pregnant?
 Yes No
If yes, how many times a week do you take multivitamins? _____
 9. Do you smoke now?
 Yes No
 10. Did you smoke during the three months prior to becoming pregnant?
 Yes No
 11. Does anyone else living in your household smoke inside your home? (Please don't include family members who smoke outside your home.)
 Yes No
 12. Did you drink beer, wine or liquor in the three months prior to becoming pregnant?
 Yes No
If yes, about how many drinks per week did you have? _____
 13. Do you currently drink beer, wine, or liquor?
 Yes No
If yes, about how many drinks do you have each week? _____
- Please note: Questions about past pregnancies can be sensitive. We apologize if these questions upset you. These questions are being asked because past pregnancies can impact your current pregnancy.
14. How many times have you been pregnant before this pregnancy?
 Never been pregnant before
Number of pregnancies before this one _____
Number of past pregnancies that you delivered a live baby? _____
 15. When did your last pregnancy end?
Month _____ Year _____