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Getting to the Heart of the Matter: Post-Intervention Ethnographic Report

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Goals and objectives

Massachusetts Women, Infants and Children (WIC) program is a behavior change program. Because most behaviors are driven by emotion and not logic alone, MA WIC seeks to incorporate emotion-based assessment tools into counseling sessions so that clients can more easily share emotion and logic-based needs, interests and concerns with educators.

To accomplish these goals, MA WIC launched the *Getting to the Heart of the Matter* project in 2008. The first phase of ethnographic research examined existing assessment tools and techniques and revealed barriers to client connections. Based on this information, assessment tools were developed that ranged from very emotional to more logical. The more emotion-based tools were projective in nature, requiring clients to answer questions that had no obvious answer so they had to project responses from the heart. Examples of these tools include “hopes and dreams doors” and baby book pages. More logic-based tools included checklists and cards that listed common concerns of parents.

This ethnographic project was launched 18 months after pilot staff were trained in how to use the new tools and techniques, commonly referred to as “Getting to the Heart of the Matter” (GTHM) tools. The purpose of this research was to:

- Determine participant reaction to GTHM tools
- Determine how GTHM tools are being used in certifications and recertification appointments
- Assess staff comfort and skill in using GTHM tools
- Identify barriers and problems with the GTHM tools
- Identify GTHM training opportunities for a future statewide launch of the tools

Methods

In this second ethnographic phase of the *Getting to the Heart of the Matter* project, the Massachusetts WIC Program conducted ethnographic research in three WIC clinics during May 2010. Consultant Pam McCarthy, along with Massachusetts WIC state employee Damaris Martinez and graduate student Emily Biever, participated in the research.

Ethnographic research, the study of a population in their natural setting and life experience, offers a chance for the kind of feedback that is not possible to obtain through focus groups alone. Ethnography can be “understood as a methodological orientation that emphasizes direct contact and observation of the consumer in the natural context of product acquisition and usage. Sometimes called field research, observational research or client observation, ethnography is the original form of the research tradition that today is characterized as qualitative research (Mariampolski, p 7).”

Ethnographic research in the WIC Program provides a chance for participant feedback about the assessment process in the natural setting—the WIC clinic. During May 2010, 18 participants were observed throughout their WIC appointment, followed by a short (10-20 minute) one-on-one interview. 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.

Ethnography: Uses and limitations

Ethnography permits a holistic view of the participant experience and allows researchers to more directly inquire about feelings and thoughts while the experience is fresh, and participants are still directly engaged in their WIC experience. For WIC Programs to be responsive to participant’s honest needs, they require a truthful perspective, and ethnographic research is a mechanism to provide that perspective.

A further benefit to ethnographic research is that participants do not need to become accustomed to an unfamiliar environment as they often do during focus groups. Ethnography has the benefit of not just participant observations and opinions but also allows direct observation of behavior. Direct participant observation allows for unanticipated findings that may have been outside of a focus group plan and allows for the discovery of small details that may have a large impact but would be overlooked with other methods of research. Because the researcher does not start with a particular ‘hypothesis’, they are more likely to uncover things that may not fit with their expectations (Mariampolski, p 9-11).

As useful as ethnographic research is in exploring participant thoughts and feelings, there are drawbacks to this type of research as well. Ethnographic research is a time-consuming and expensive process. The time and money necessary to coordinate and conduct the research can

be significant and the vast amount of data collected can often be difficult to quantify and interpret. For example, researchers collected eleven of hours of recorded data for this project.

Although ethnography represents the 'closest' a researcher can get to the participant, there is still the possibility that the researcher is 'altering' the situation simply by being present. The element of subjectability is also inherent in ethnographic findings. Despite the fact that the observations and experiences were consistent across all sites, because of the small sample size and the subjective nature of ethnography, the study group may not be representative of the larger population of WIC participants.

Reference: Mariampolski, Hy. Ethnography for Marketers: A Guide to Consumer Immersion. Sage Publications: CA. 2006.

Key Findings

Finding #1: Significant changes have occurred over the past 18 intervention months.

During the first ethnographic research conducted 18 months ago, educators asked the exact same assessment questions in order at all four sites, making the assessment process feel repetitive and impersonal. Often, their eyes were focused on the computer instead of clients. Clients mentioned that sensitive questions about drug use and abortions were especially offensive, especially when asked in a perfunctory way.

Less reliance on computers during assessment

Staff members have made many significant changes to the assessment process during the past 18 months. Educators now look at and attend to the client directly during the assessment rather than the computer, although a few still focused on taking notes and computer documentation rather than being fully present and listening to the client. Assessment questions still seem scripted and automatic at times, but the simple act of looking at the client rather than the computer while asking questions softened the assessment considerably. Sensitive questions, such as those about drugs and miscarriages, are now woven into the sessions in a more thoughtful way.

Positive changes in body language

Some educators were very effective in using body language to demonstrate their interest in clients, something we didn't notice during the first observation. One educator engaged her clients by leaning forward during the conversation, nodding her head and smiling at appropriate times. Her expressive, warm face and energy made everyone feel especially welcome. All educators were kind although a few lacked energy or authenticity. Only a few seemed to be going through role-playing motions rather than really connecting with clients.

More time and opportunities for questions and conversation

In earlier observations, educators appeared to be rushed. This prevented clients from sharing all their concerns or connecting with the clients. By eliminating many of the original nutrition assessment questions, the sessions seemed a bit more relaxed than 18 months ago but sometimes still had that "hurry up" feeling. Although educators asked for questions and concerns in the current observations, there could have been more pauses in the session that would allow clients to think deeply, process information, ask questions or express concerns. Time management is always a WIC concern, but one educator was particularly effective at creating openings in the session yet still remained within time constraints.

Balance of control between educator and clients during counseling

Most adults like to be in control of their own lives. Educators who allow clients to share the balance of control and power in conversations allow clients to feel more respected and lead to greater connection and participation. In past observations, educators totally controlled sessions, asking all the questions, recording responses and even setting goals for clients at times. They ended the session by asking for questions, but the question seemed like a way to signal the conversation ending rather than a sincere interest in listening to the client.

The balance of power and control between educator and client seems to have shifted somewhat in current observations. Educators started sessions by asking clients to share concerns or questions, although this action sometimes seemed scripted and automatic rather than sincere. Some educators quickly launched into the next point or assessment question without allowing pauses that would allow clients to share, an effective strategy at reassuming educator control of sessions. The greatest barrier to shared session control seemed to be the educators' need to rush through the session, which can send a signal to clients that their input and participation wasn't particularly welcome. Some educators seemed to be uncomfortable engaging clients at anything but a surface level, so they resorted to professional role playing that placed them in full control of the session.

Counseling and assessment more informal and relaxed

Nutrition assessments were more informal and personal in recent observations. Although some of the assessment questions being asked still sounded automatic, they are not as stiff or formal as the pre-intervention computer-generated questions. Eye contact between the educator and client rather than between the educator and computer made the conversation more relaxed and enjoyable.

Clients are sharing more concerns and questions

Clients asked more questions and were more engaged in the recent observations, likely because they were invited to share questions and concerns at the beginning of the session. Educators could elicit even more questions and concerns if they paused after asking for questions and encouraged client sharing with body language and active listening.

Environmental changes

Ethnographic research examines all aspects of the client visit, not just the counseling session. In the earlier observations, the physical environment was not always a positive contributor to the WIC experience. Several environmental changes were noted at this observation including repainting one of the WIC clinics in bright colors. In addition, staff replaced torn and dated

posters with colorful cut outs of children and balloons. Staff said that they felt more energized and positive with the sunny colors and enjoyed client compliments on physical changes. Observers noted that many children interacted with the cut outs during their WIC wait, saying that the cut outs represented them and their siblings.

Finding #2: Most participants report positive and warmer customer service experiences at MA WIC.

Clients in both early and recent observations reported positive customer service from WIC staff but clients used warmer terms to describe current experiences. In earlier interviews, clients reported WIC staff members were nice, but in a customer-friendly way that was linked to their job requirements rather than their heart. In recent interviews, clients said WIC educators were kind, friendly and caring. Clients perceived educators' current actions to be sincere rather than compulsory.

Finding #3: Getting to the Heart of the Matter (GTHM) tools are not consistently used as intended.

Although all observed sessions used at least one GTHM tool, they were introduced in the sessions in a variety of ways. Educators sometimes referred to one of the tools as a “survey,” instead of “concern list.” “Survey” is a term that suggests a logic-based collection of information rather than a tool designed to be emotive. The “baby book” was sometimes perceived as a gift from WIC rather than a tool to use in the session. Some program assistants gave the “baby book” to clients with the option of completing the pages at home or in the waiting room. The “sorting cards,” designed to be a quick, interactive tool that clients would use to identify concerns or issues, were pasted on poster board and mounted on the wall. Likewise, the “hopes and dream” doors and “metaphor pictures” were featured on poster board rather, preventing the clients from touching or sorting them as they process the question. Many of these changes were based on clinic constraints or on challenges encountered when the tools were initially introduced; staff tried to maintain the original intent of each tool, but may have unwittingly lessened the impact of each piece by changing how it was used.

The timing of the GTHM assessment tools also varied with some educators using it at the beginning of the session, some the middle and a few at the end. In one observation, the educator completed a verbal assessment and then presented the clients with the “magic eraser,” asking what concerns the parent had that they would like to erase. The clients seemed

mystified by the sudden appearance of the “magic eraser” after a very logic-based assessment but they were able to provide a response. Later, the mom said the “magic eraser” seemed weird but the father said he liked the attempt to make the session interactive. Because the “magic eraser” was offered to the child, he assumed the tool was an attempt to engage the child rather than lead to a meaningful discussion. The session might have had a different effect if the “magic eraser” had been used at the beginning instead at the completion of the assessment.

In another observation, the educator asked the client to complete the “feeling faces” assessment at the beginning of the session. After completing the entire session, she glanced at the assessment and said “it looks like you are OK with everything here, right?” The assessment tool had little impact on the session. This is the same session where the educator began the conversation by informing the parents that their child was at risk for being overweight. (Note: To be fair, this educator was not formally trained with the pilot group on the tools although staff said she had received training in the clinic.)

A few educators used the GTHM tools at the beginning of the session, which seemed to lead to greater success. Those educators seemed more adept at connecting the emotive responses with nutrition topics. Using the baby book, one educator asked how the mom felt when she last breast fed her child. After affirming the emotion-based aspects of breastfeeding, he added nutrition and health benefits.

The need for speed could often be felt when observing the use of the GTHM materials. Educators sometimes rushed through the directions rather than provide thoughtful, careful instructions and often interpreted client choices themselves rather than allow clients to share the feelings attached to their choice. For example, one woman selected the “runner” from the metaphoric images when asked how she felt about her child’s eating. The educator said “fantastic—so it sounds like you’re very happy with how they eat.” The runner could have represented different feelings but the educator jumped in with her own interpretation.

The GTHM tools were intended to serve as a springboard to emotion-based conversations. Some educators used client choices as an opportunity to affirm parental successes and connect nutrition topics with emotions. The most successful educators were adept at probing. They used short, simple but powerful probes to continue on the emotion-based road. Observers noted probes like “Tell me why you are feeling that way” and “how are you feeling about that.”

Despite the success of a few educators, many staff transitioned back to logic-based conversations quickly after the use of the GTHM tools. These educators didn’t appear comfortable with unstructured interactions or emotion-based conversations that caused them to deviate from their comfort zone.

Educators sometimes seemed to rush through sessions using scripted questions and responses rather than being fully present and listening deeply. This prevented them from exploring emotions that wrap many parental behaviors. They seemed most comfortable when explaining the food package to clients, almost like they had reached “safe” ground that allowed them to launch into their scripted routine.

Finding #4: Some educators may not know or believe that they are behavior change agents or understand the role of emotions in changing behaviors.

Emotions drive behaviors, not facts and figures alone. There were a few educators who seemed naturally comfortable with emotion and easily connected feelings with nutrition. They seem to intuitively understand the role of emotion in changing behaviors and were effective at probing and discussing feelings.

The Getting to the Heart of the Matter tools were designed to lead conversations to emotions. While the tools seemed to accomplish this objective, many educators had a difficult time catching, understanding or connecting the links between their emotive responses and their nutrition-related behaviors. Most of the nutrition conversations tended to reside in the logic domain despite the opening for emotion-based discussion or the natural connection between very emotional events like pregnancy, breastfeeding and feeding children have with feelings. It appeared that many educators felt more comfortable presenting logic-based information than listening and discussing feelings.

Based on observations, it may be that some educators are unaware of why emotive assessment tools are being used in WIC. They may not understand or believe that emotions can be a powerful behavior change tool. They seem to accept their information-providing role without a strong awareness of how powerful they could be in changing lives by behavior change through emotions.

Finding #5: Educators are selective in what questions they answer, often referring questions to other staff or leaving questions unanswered.

One of the project goals is to encourage clients to share concerns and questions. The techniques appear to be effective because clients expressed numerous concerns and questions during the observed sessions, many more than earlier observations. Some educators didn't appear to be fully present or listening deeply because they didn't always address all client concerns or answer all questions. Instead, these educators seemed to stick to a pre-

determined agenda for the session as they raced the clock for closure. This may lead to client feeling disrespected, unvalued or frustrated.

At times, educators provided a reference to another staff member rather than directly answering questions. This can be an appropriate way of providing support and encouragement for breastfeeding or other long-term behavior changes, but many of the questions could have been answered quickly and easily in the conversation.

Asking clients to extend extra effort to get the desired information weakens the credibility of the educator and decreases the chance that clients will get the information they need. Educators tended to refer questions about breastfeeding to the peer counselor rather than answer them directly. It is always good to refer people to those with greater time and experience in the topic area, but educators can often provide short, focused answers to simple questions at the time they are asked.

New parents often have many questions that may not seem sequentially appropriate from an educator's perspective. For example, one newly pregnant woman asked many future-oriented questions like "How will I know when my baby is full?" The timing of this question may lead the educator to not focus on this question, especially if she feels a need to rush through the session. However, all questions need to be answered at the time they are asked because they are important to the client. Always respecting client needs by answering questions at the time they are asked is essential to establishing long-term relationships built on respect and trust.

Finding #6: Some educators appear to be role playing rather than actively listening to clients.

GTHM assessment tools are designed to uncover client concerns, questions and feelings related to nutrition topics. Once uncovered, it is up to the educator to actively and carefully listen to clients and move them toward behavior change. Instead of actively listening to client spoken and unspoken needs, a few educators appeared to be waiting for clients to finish speaking so they can quickly move on to their own agenda.

Finding #7: Many participants said they would come to WIC for the nutrition education even if they did not receive checks for food.

In past observations, most clients said they valued the checks more than nutrition information. Current interviews suggest that clients place more value on nutrition information than before but vouchers are still the main reason for their visit. One person pronounced her counseling

session as “amazing” while others said they were helpful, suggesting that nutrition education is meeting important needs.

Perception of value placed on nutrition education varied by site. Clients at two sites said they would come for the nutrition education alone. They welcomed the opportunity to talk face-to-face even if they already knew and understood the information. Mothers reported feeling assured when told that their child height and weight were within acceptable ranges.

At the site where many respondents said that they would not come for the nutrition information alone, it was observed that educators appeared less engaged with clients and provided fewer opportunities for questions and concerns.

Finding #8: Clients value nutrition information provided during WIC counseling sessions but a few participants did not find it helpful.

Assessment documentation was the essence of most counseling sessions in past observations. At times, educators would provide a burst of information based on client responses to their computer-generated assessment questions, but little conversation followed. Clients received limited information at sessions.

Because assessment and documentation is shorter, more relaxed and informal, educators are now eliciting more client-generated questions and concerns. In addition, there is more time and opportunities to share information.

Most clients perceive the information shared at recent observations to be valuable, though a few clients said they could easily get the same information from the Internet. Some said the information was too general to be helpful. For example, a new mother asked how she could lose weight. The educator suggested she walk more or eat smaller meals more often. The client later said this information was not especially helpful as most people know that walking more and eating less leads to weight loss.

Even though much of the information shared could be readily found on the Internet, a few mothers said they enjoyed the face-to-face exchange of information. They welcomed the opportunity to tailor the information to their child and situation with a caring and educated person.

There was a sharp contrast between perceptions of information usefulness between clinics. It may be that information presented at two of the WIC clinics were more appropriate and appreciated by new Americans who may not have as much previous exposure to public health information. One new American said her friend called her for information because she could

not participate in WIC but needed advice based on what she heard at WIC. The information shared was not especially unique—when to start solid foods—but it appeared to be new information to the client and her friend. There appeared to be a valued connection between the participant and the educator since the new American wanted to share the information she received from WIC with her friends.

While there was positive change in the perceived value of the nutrition information provided, there were also many missed opportunities to provide requested information. Some educators still seemed to be focused on a mental checklist for the session instead of the fully listening to the client and responding to specific questions and concerns. Others were obviously feeling pressured by the high volume of appointments that needed to be seen and were very cognizant of the length of the appointment.

Finding #9: Touching Hearts, Touching Minds (THTM) handouts are not utilized optimally.

About eight years ago, MA WIC developed 40 plus emotion-based handouts. Each handout was designed to move parents toward desired behavior changes by targeting powerful emotion-based “hot buttons” or “pulse points.” Handouts are available on most common WIC topics and would be a good complement to many emotion-based conversations. Observers noted inconsistent use of handouts at nutrition sessions and most of those shared tended to be more logic-based than emotion-based. Staff found the integration of the Getting to the Heart of the Matter assessment with the THTM handouts more challenging than anticipated.

Discussion

When the Women, Infants and Children (WIC) began in 1972, parents had limited access to nutrition information. Health magazines, store nutrition programs, newspaper health columns, social media and the Internet were rare or nonexistent. Physicians didn't know or understand nutrition well enough to provide helpful nutrition information to parents. WIC was designed to provide nutrition information to help meet this critical gap. Providing nutrition information, along with supplemental foods, made WIC unique among government programs.

The world has changed. There is an onslaught of nutrition information everywhere. Parents are bombarded with carefully-crafted nutrition messages in grocery stores, worksites, schools, social media, magazines, newspapers, health offices and the Internet. To remain relevant and real to the clients served by WIC and be worthy of continued funding, staff need to recreate ways to share pivotal nutrition behavior change information to parents who are often well versed in nutrition information. Despite increased knowledge, many parents find it challenging to make desired behavior changes.

The *Getting to the Heart of the Matter* (GTHM) project was designed to provide unique and effective ways to connect with clients and determine their concerns, needs and interests. This allows WIC nutrition staff to better meet the client where they are and assure that nutrition counseling time will be a worthwhile investment of their clients' time. Effective assessment of client needs and interests also allows WIC staff to better tailor the conversation to the unique needs of the family. Some clients, especially new Americans, may be hungry for basic nutrition information while others may be well versed in nutrition information but need behavior change support or advice on how to tailor it to their family.

On the surface, the GTHM project is about assessment. But this project is also about redefining the delivery of all of the participant services that WIC provides. If the assessment tools are to be effective in identifying parental needs, concerns and interests, nutrition staff will need to develop and use new skills. They will need to be fully present in the session, ready to go where the participant takes them. They will need to listen carefully to spoken and unspoken communication to decide how to respond or what to share, if anything. They will need to tailor every interaction to the parents rather than rely on scripted responses traditionally used in the WIC setting.

The observers in this ethnographic study discovered three MA WIC pilot sites in flux. Although all WIC educators appear to be using the GTHM tools, they are not always fully embraced or used as intended. This discussion will focus on challenges that may explain this situation.

WIC staff members are caught in a crux of change they may not understand or embrace

WIC staff members have been historically trained to excel at following rules and regulations, all essential to effective government programs. Some educators appear to be using the GTHM tools because they have been trained and told to use them. But the tools are designed to take them to an emotion-based level that they don't always know how to handle. Many educators are much more comfortable in the logic-based world in which they were trained and don't initially find emotion-based conversations easy. When they really don't understand what to say or do when having an emotion-based discussion, they may quickly shift conversations back to familiar logical topics.

Clinic and staff performance assessment is an important component of maintaining high quality WIC services. Prior to the launch of VENA and emotion-based nutrition services, performance standards were tied to the implementation of prescribed formats and routines with clear, concise and consistent directives. In moving to emotion-based services, some of the directives have been shifted or removed; there is more freedom in the provision of care at WIC. Staff members are asked to attend to clients as unique individuals and follow the clients' lead rather than a standardized agenda. This freedom is embraced by some and feared by others.

This GTHM project changed the nutrition educator role in the WIC clinic. Staff are gradually trying on new roles but may not always understand the overall strategy behind this initiative or understand how this change will lead them—and WIC—to success. For some, their new role may be inconsistent with their vision or their perceived role at the Program. Some may be anxious about the shift in role from nutrition information provider to influential behavior change agent. All staff members are evolving as they find themselves in this crux of change.

As well-meaning and dedicated staff members are assuming new roles they likely feel frustrated, uncomfortable, fearful and embarrassed at times. Supportive “cheerleaders” who swoop in and provide encouragement and support as well as skill-building training and problem solving can be useful in moving educators forward. If educators don't have colleagues that help bridge the gap for them they will likely fall back into traditional patterns. In addition, changing roles requires individual processing and reflecting that requires time and effort. It may be difficult for educators to find the time for individual growth and change in a busy WIC clinic.

Effective change requires supportive leadership. Clinic directors who chose to participate in the GTHM project were willing to take chances and supportive of the proposed changes, but some may not have been fully aware of the magnitude of change that would result from their

participation. They needed to be strongly supported and involved throughout project implementation to fully embrace the vision behind the project and to help staff be able to articulate it on a daily basis through actions and words.

WIC educators may have a limited perception of their potential influence with clients

When WIC started, clients were likely appreciative of nutrition information because it was scarce. As the world changed and WIC continued to provide straightforward nutrition advice, client perceptions of the value of WIC nutrition education shifted. They no longer wanted straightforward nutrition information that was readily available elsewhere. Because what WIC provided—straightforward nutrition facts and information—was not always helpful to them, some clients requested shorter sessions. These participants may have asked if they could pick up their checks without meeting with educators. They may have given educators clues that they didn't value their time together by saying they were in a hurry or frequently glanced at their watch. At times, clients may have hidden true needs and concerns because they feared they would receive information that wasn't relevant to them. Educators picked up on client words and body language and tried to speed through sessions, thinking clients were unmotivated or uninterested. Some educators may perceive a good counseling session as one "that gets them out of here quickly."

But clients are very interested in talking with caring educators who can wrap their messages in love and connect with them as wonderful parents. They want someone to touch their heart and support them as they try to be a great parent to their precious child. They appreciate having a kind person talk about their hopes and dreams for their children and what they are doing that day to help those dreams come true. In this connection-hungry world, clients seek people who care enough to listen to them and suggest helpful ways to make their lives better. And every parent needs supportive people who can celebrate their victories in caring for their child. Many parents are in need of and interested in simple nutrition behaviors but want to establish a collaborative relationship first before listening and action on advice. WIC educators need to know they can be pivotal and influential people in the lives of their clients if they are willing to redefine their role as a person of influence rather than information.

Staff members need to strengthen their skills to fully use the GTHM assessment tools

It is relatively simple to conduct a traditional nutrition assessment: ask a few questions and determine a risk. The process can be quickly memorized and applied to most nutrition counseling sessions.

The GTHM assessment tools are designed to “connect the dots” between a parents needs, interests or concerns and the resulting conversation. “Connecting the dots” requires different skills than a traditional nutrition education assessment. It requires different ways of connecting with clients in the waiting room so clients know it is a safe place to share their true concerns. Small actions convey respect, kindness and empathy—the foundation of effective assessment and nutrition counseling. Some nutrition staff naturally approach interactions with WIC families in this way; in fact, these educators have likely been conducting “emotion-based nutrition assessment” in WIC for years. These are not, however, the traditional “skills” taught in nutrition school; many nutrition educators did not learn to provide services this way, yet these methods are essential to their long-term success and influence.

Emotion-based assessment requires educators to use body language and words that communicate a genuine interest in the client. It requires a warm face, genuine smile and soft eyes that encourage heart-felt words to flow. It requires pauses in the conversation so parents know sharing is expected rather than a rush to finish or return to the educator’s agenda. It requires educators to be fully present for that one person, attending to the client’s spoken and unspoken word as well as body language, rather than just being present in the room and waiting to complete documentation. It requires tactful and sensitive words of encouragement as they reach out to support and affirm clients rather than routine clichés that sound practiced or repetitive. Some educators inherently have the skills to use the GTHM assessment tools while others need training and guidance during the change process.

Educators need ongoing support and encouragement as they redefine their roles

Educators face considerable challenges as they redefine their WIC role. They are accustomed to learning and applying WIC rules and regulations. They know exactly what to do to score high on evaluations. Educators have received considerable training on how to maneuver through detailed computer systems and understand the nuances of the food package and formula options. Many educators find comfort in this series of black and white protocols and regulations.

At the same time that educators are expected to comply with rules and regulations, they are now being given new freedom to focus on the participants’ needs and provide participant-centered education. We are taking away their “safety net” and asking them to connect and communicate without an approved script. Educators are learning how to navigate a new, liberating, and, perhaps, frightening way of talking with clients while still being cognizant of their need to also follow schedules, rules and regulations. The dichotomy between important rules and regulations and participant-centered freedom can be tricky to navigate.

It is easy to understand why educators might resort to comfortable routine patterns rather than summon the energy and passion to rethink and redo how they connect and counsel with clients each day in a busy WIC clinic. It can be easier to robotically walk through the WIC day and process people in a friendly, but not individualized, customer-service way than meet each client where they are and have a heart-felt conversation. But WIC is a calling, not a job. Educators who accept the call to true connection will experience a life-changing experience for themselves and their clients. To make this change, educators need role models who inspire them, cheerleaders who offer encouragement, training on essential skills and client testimonials who remind them that they can be pivotal people who change lives.

Considering these challenges, it is very positive that ethnographic observers noted significant changes in the three pilot clinics over the past 18 months.

Recommendations

Although every project starts with clearly-defined goals, objectives and plans, it usually evolves into a powerful learning and change opportunity. This is certainly true for this project. The following recommendations will allow MA WIC to move closer to the desired goal of emotion-based assessment and conversations and greater behavior change.

- 1. Provide skill-building training on how to be influential:** Educators need skill-building training on how to be more influential with clients. Influence research is based on 60 years of science-based research that demonstrate how small changes can lead to powerful changes. Persuasion consists of deliberate actions that move people closer to the desired actions; it is not a form of coercion, intimidation or authority.

Effective persuasion can be taught as a science and can be learned by those who are not naturally skilled at it. Influence training requires a thoughtful and thorough examination of all the small acts that happen within the WIC clinic as well as recommendations for change. Once noted, educators can learn what actions they can take to be more influential with clients.

Listed below are six principles of persuasion and how they might be applied in the WIC clinic. (Please note that there are hundreds of ways to infuse influence into WIC clinics. This summary provides only a few.)

- **Principle of Reciprocity:** People feel obligated to give back to others who have given to them. If clients are not listened to in nutrition counseling sessions, they don't feel obligated to listen or act on the educator's advice. If participants aren't given the respect of a fully-present educator, they don't feel obligated to be fully present or attend to the educator's advice. If parents are rushed through a session, they don't feel obligated to listen or act on the rushed advice. If the educator doesn't honor clients by answering their questions, clients won't honor the educator in the future by asking more questions. This is not about customer service; it is about influence. Educators don't take the desired actions because they want to be perceived as a better customer service provider but because they want to be a powerful influence in the lives of the people they serve—and that makes all the difference.
- **Principle of Liking:** People prefer to say "yes" to people they know and like. Starting a session by telling a parent their child is at risk for obesity does not make that educator likeable and diminishes her chance of connecting with that

client and moving them toward weight-related behavior changes. If the educator doesn't wrap his/her message with tact or empathy, clients are not likely to act on his/her information or advice. This is not about customer service but rather an understanding of why being likeable is fundamental to success.

- **Principle of Consensus:** People decide what is appropriate for them to do in a situation by examining what others are doing, especially people like themselves. Busy parents don't have time to examine every decision or process information so they take short cuts. WIC educators need to know how to weave in testimonials from other successful parents as a way to be more persuasive. (Please note there are many ways besides testimonials to do this in the WIC clinic but they require development.)
- **Principle of Authority:** People rely on those with superior knowledge or perspective for guidance on how to respond or act. WIC educators need to know the difference between being *an* authority rather than being *in* authority and how that translates into actions during counseling. Educators also need to know how to be more credible with clients. While educators may feel that being a trained nutrition paraprofessional or Registered Dietitian makes them a credible health information provider, clients often convey greater credibility to people "who walk in their shoes" and have life experiences similar to theirs. Educators can learn successful techniques like "mentioning a weakness in their case" to garner greater credibility and influence.
- **Principle of Consistency:** Once people take a stand or make a choice, they will encounter personal and interpersonal pressure to behave consistently with that commitment. Influential educators have tools and techniques to encourage parents to make active and public commitments so they are more likely to make a change.
- **Principle of Scarcity:** Opportunities appear more valuable when they are less available. In addition, people are more motivated to make a change if the educator mentions what they will lose or miss if they don't take the desired action instead of stating the benefits. "Framing the loss" is an effective and easy way to move clients closer to desired behavior changes.

Based on recent observations, educators need skill training in topics like how to listen, engage clients actively in the session, answer questions clearly and concisely and connect with clients. Since few adults want to hear they need additional skills in tasks they view as ordinary or mastered, framing the needed skills as influence tools is not only accurate but perhaps more palatable to WIC health professionals.

2. Provide opportunities for educators to see, feel, observe, understand and experience emotion-based assessment and counseling so they can duplicate it.

It is challenging to create a new vision, direction and role in a vacuum. Educators need to see, feel, observe, understand and experience emotion-based assessment and counseling before they can duplicate it. Once they know their destination, they will be better able to create a customized map to where they want to be.

DVDs are an ideal way to help educators experience emotion-based assessment and counseling. The DVDs should focus on the mechanics of GTHM assessment tools as well as other counseling techniques that increase their influence with clients. This format is ideal for training at the Learning Center in Framingham as well for later reference on the gettingtotheheartofthematter.com website.

Audio tapes could also be an effective tool for training some skills such as listening. Removing visual distractions could help the educator focus on words, pauses, questions and concerns easily and practice how to be a better listener. But audio tapes alone can't convey the depth of an emotion-based conversation because most feeling conversations rely heavily on body language.

Clinic-based demonstrations may be a cost-effective way for educators to experience emotion-based assessment and conversations. Selected early adopters could receive specialized training that they later share in their WIC clinic. Educators could observe them in real counseling sessions and/or ask them to observe their session and provide practical tips.

3. Remind educators they have the potential to be a powerful change agent.

It is wonderful to celebrate people caught in the act of doing something right and being successful. MA WIC state leaders could solicit WIC client testimonials about WIC educators and their impact on their lives throughout the year and feature them at the Annual State Conference and in written communications. Not only is it important to celebrate success, it is essential that role models be honored so they can share their feelings about changing lives and showcase their skills and techniques.

While it is important to capture and share impressive success stories, many acts of kindness, listening, empathy and influence happen each day in WIC clinics. Educators may enjoy sharing small but important successes throughout the day with all pilot clinics through a blog dedicated just to success stories. This keeps influence and related actions top of mind and increases motivation to change.

4. Offer training on changing organizations to clinic directors and senior nutritionists.

Leading change is an art. Although program directors and senior nutritionists have the skills to manage a clinic and keep case load high, they may not be as skilled in creating a shared vision, supporting role changes, solving problems or motivating staff through the change process. A specialized training that provided practical skills and ideas for navigating a clinic through change could be pivotal for success.

Simple ideas that have worked in other WIC programs to support change include “stand up meetings” and checklists. All clinic staff members have a five minute meeting each day to share successes and focus on change. The meetings happen in the lobby and all people stand so that the agenda is focused.

Checklists are another practical skill that keeps staff focused on change. A sample checklist for educators may include reminders to greet the client in the waiting room rather than shout the client’s name from the door, introduce themselves to the client by their first name and assist the client with children and bags as they walk side-by-side to the office. Although these actions may seem obvious or simplistic, they are very important to the influence mission.

Educators might enjoy weekly or regular calls with other educators who are recreating their roles and expectations. This could be accomplished inexpensively and easily by hosting guided conversations on conference calls. (Cost is about seven cents a minute.)