

**Evaluation of the Massachusetts WIC Program's
Getting to the Heart of the Matter (GHM)
Pilot Study**

***Results of the
Post-Test Focus Groups and In-Depth Interviews***

March 2011

Submitted by:

Harvard School of Public Health

Submitted to:

Massachusetts Department of Public Health

Evaluation of the Massachusetts WIC Program Getting to the Heart of the Matter Pilot Study Qualitative Findings: Post-Test Focus Groups and In-Depth Interviews

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FUNDING INSTITUTION

Massachusetts Department of Public Health: USDA Special Projects Grant

ACKNOWLEDGMENTS

The authors are grateful to members of the evaluation team for their contributions to the qualitative component of the GHM evaluation. The authors thank Cary Hardwick, Arlene Ayala, Christine Luongo Kamins, Justine Kaplan and Ruti Levtov for conducting focus groups and in-depth interviews; Nicole Piazza for quality review of transcripts and assistance with study management; Katie Ouder Kirk and Aidanna Baldassarre for transcription of audio-tapes; Erin Pfeiffer for thematic coding of qualitative findings and Danielle Vibbert for secondary coding, data interpretation and report preparation. Dr. Mary L. Greaney provided invaluable guidance in development of the study protocol, review of transcripts and revision of the final report.

Introduction

This report documents the findings from qualitative research conducted in the six WIC Program sites that participated in the pilot study of the Massachusetts's Getting to the Heart of the Matter (GHM) intervention. GHM is designed to promote and improve client-provider communication, parenting self-efficacy and connectedness to the WIC program among WIC staff and participants. Massachusetts WIC Program state-level staff and the intervention developer, Pam McCarthy, trained staff at six GHM pilot sites in use of emotion-based techniques and tools for conducting nutrition assessment. Building upon techniques developed for nutrition counseling through the Massachusetts WIC Program's Touching Hearts Touching Minds project (THTM; Colchamiro et al., 2010), the GHM emotion-based approach is a novel method for implementing USDA's Value Enhanced Nutrition Assessment (VENA) in local WIC programs. VENA was developed jointly by the Food and Nutrition Service (FNS) and the National WIC Association (NWA) in 2008 (FNS & USDA, 2008). The primary goal of VENA is to go beyond the initial purpose of nutrition assessment, which is to determine WIC Program eligibility, in order to enhance assessment standards and to tailor nutrition education, referrals, and food packages through a participant-centered model. VENA provides an opportunity to build rapport and trust between WIC providers and WIC participants, leading to open conversations that facilitate behavior change and improved health outcomes among WIC participants (Kallio et al., 2007).

Previous qualitative research among WIC providers (Whitaker et al., 2004; Chamberlin et al., 2002) and WIC participants (Birkett et al., 2004; MarGarvey et al., 2006; Colchamiro et al., 2010) has pointed to the importance of addressing parents' broader concerns in the context of nutrition education, particularly as relevant to child obesity prevention and control. To our

knowledge, no other studies of the WIC provider-client relationship have used qualitative research as part of a mixed method approach to evaluation, to complement findings from surveys with WIC participants or staff. The quantitative component of this evaluation, reported elsewhere, assessed whether GHM significantly changed WIC staff' and WIC participants' responses to survey measures of five main constructs (e.g., client-provider communication, parental or staff self-efficacy, connectedness to WIC, likability and emotion-based themes) in GHM intervention sites compared with control sites. The qualitative evaluation component was designed to complement survey findings by providing insight into staff and participants' perceptions and experiences of GHM in order to inform future wide spread implementation. Qualitative research has extensively been used to describe the process of implementation of health programs in other organizational settings, such as schools (Pommier, et al.2010, Schneider, et al., 2009), providing a basis for understanding issues that might affect sustainability of interventions as they are brought to scale.

The findings from the qualitative research reported here are based on an independent, qualitative evaluation of the GHM program conducted by researchers at the Harvard School of Public Health in 2010. This evaluation included focus groups with WIC participants and in-depth interviews with WIC staff at WIC sites that participated in in the piloting of GHM. The focus groups were conducted following the completion of the GHM pilot study and the administration of post-test surveys. Similar to the GHM survey, the focus group and in-depth interview guides, the qualitative study explored parallel topics with WIC participants and in-depth interviews with WIC staff, e.g., "Overall Sense of Change in Participant-Staff Communication and "Suggestions for Improvement". In addition, WIC staff respondents were asked about their views of "Implementation of Emotion-based Techniques."

Methods

Focus groups were conducted with WIC participants who were purposively sampled from GHM intervention sites, to reflect western and Boston area sites, English and Spanish speaking WIC clientele and to allow for racial/ethnic diversity across participants. Mothers whose children were enrolled in WIC were recruited from WIC intervention sites after completion of the post-test survey. A total of 25 women participated in four focus groups, ranging in size from five to nine interviewees. Groups were moderated by trained facilitators using guidelines jointly developed through an iterative process by HSPH and MDPH collaborators (See Appendix 1-A, 1-B). Three groups were conducted in English and one in Spanish by a native speaker. The focus groups were recorded, and all participants provided an informed consent prior to participating.

In-depth interviews were conducted with 12 WIC staff members from GHM intervention sites according to purposive sample selection criteria described above. Harvard School of Public Health evaluation staff with qualitative research experience interviewed WIC staff in English via telephone and audio-taped interviews using guidelines shown in Appendix 2. All participants provided an informed consent prior to participating. Interviewees included four senior nutritionists, three mid-level nutritionists and four nutritionist assistants; information on staff role was not recorded for the twelfth participant. The majority of interviewees ($n = 8$) had been working with WIC for less than ten years, but two had over twenty years of experience with WIC. Interviewees' tasks and responsibilities within their roles at the WIC clinic included: counseling participants (e.g., on breastfeeding, nutrition or service referral), conducting outreach classes, performing clinical work (e.g., anthropometry, blood tests and immunizations) and fulfilling managerial duties (e.g., supervising staff, meeting with providers and project management). Eight interviewees saw on average between five and 20 clients a day, spending

between 10 and 40 minutes with each client depending upon the client's concerns and needs and the appointment type.

The audio-tapes of focus groups and in-depth interviews were transcribed verbatim with all identifiers removed. The transcript of the Spanish-language focus group was translated into English by an experienced translator from the Massachusetts Department of Public Health. Two evaluation staff members with prior experience in qualitative research summarized data using thematic content analysis; the first coder created the codebook and initial analysis of themes and subthemes. The codebook and themes were then reviewed and revised by a second coder. Themes that emerged during the analyses are reviewed below. Findings are described separately for the focus groups and the in-depth interviews. Emergent themes and illustrative quotes are discussed in sections corresponding to several different questions asked in the interview guides for focus groups (Appendix 1-A-English, 1-B-Spanish) and in-depth interviews (Appendix 2).

**Findings from
GHM Post-test Focus Groups
WIC Participants**

WIC GHM Focus Groups

A. Participant-Staff Communication

Changes in WIC Experience

In the course of asking WIC participants to think about any changes in their WIC experience over the past two years, respondents were shown a few of the tools piloted as part of GHM, such as the baby book, picture cards and toy animals. The majority of the participants reported that they were unaware of any new or increased use of GHM tools during their sessions with the WIC staff. Those who did recall the use of GHM tools had favorable impressions of the tools and of their experience using them. Participants were most receptive to the baby book, a tool that would have been given to mothers of new infants. Participants who had received the baby book viewed it as a valuable resource for the storage of their infants' information and as a nice keepsake.

"I've never seen any of 'em [tools]."

"The only thing I've ever received...was the baby book."

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

"I liked it 'cause you can store the information about the baby in there. And... I don't... it didn't change our conversation, too much...I just kind of... it gave her like a nice thing."

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

Participant Comfort with Staff

Participants' perceptions of their ability to share concerns with WIC staff varied, and depended upon their interactions with individual staff members. Many participants indicated that they were very comfortable with sharing concerns with some staff, particularly if they were able to form a continuing relationship with a single staff member and much less comfortable sharing with others.

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

"With some of them I am confident because you see how they talk to you and they ask you like...what is your child eating, what's his level of development, so I have the confidence to be able to ask."

"So I brought the concern to the nutritionist, and I explained to the nutritionist, and what the nutritionist said, 'This is what you need to do to advocate for yourself...' She was able to listen to me, she was able to understand my concern, and because she knew the history of my son, she was able to do that. So, the fact that I spoke, she was able to address my needs."

"I have more confidence with some and less with others because not everyone has the same way of communicating so you don't have the confidence to be able to go ask questions."

Connection with WIC Staff

No overt changes in participants' connections with WIC staff were noted, but many expressed the further development of existing positive relationships and an appreciation of their feedback in open and comfortable environments.

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

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

“I never have a problem opening up to them now, so I don’t... I don’t have a problem with that.”

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

“I really appreciate how they’ve helped me, ‘cause my son has a lactose intolerance problem, and they worked with my pediatrician, and really called every day to try and get his formula free because WIC doesn’t do his specific formula. So, they were amazing for me, so I really appreciate that.”

“I’m more looking forward to see the nutritionist, because I’m waiting for... to hear, ‘Oh, there’s been changes. Oh, your son is growin’, it seems like he’s gaining weight.’ And she seems to acknowledge, because... she’s relating to me...she was able to visually and written, connect with my issues with my son. I’m looking forward to seeing her, because I know that I I’m gonna get some feedback, positive feedback, or if there’s some concerns, she’ll let me know how to address them. And before, I never cared.”

Furthermore, participants’ felt that the comfort and the openness of the WIC environment facilitated their ability to pursue answers to questions and concerns they may have.

Participants spoke of tools, such as the questionnaire, allowing them to approach topics at their own pace.

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

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

“The questionnaire is nice because it forces you to just say a number and not actually say out loud...if you actually said out loud, ‘I don’t eat, because I can’t afford to,’ you know, it’s a pride thing. You know, you don’t necessarily WANT to say that out loud, but when you can say ‘number 3’ and that’s what it means... then you can say, ‘All right, I at least said it, but I didn’t actually SAY it.’”

Perceived Information Utility

Many participants readily identified areas in which they required additional information. They recognized when WIC staff tailored the information to ensure that it was relevant to their needs, and this was reflected in an increase in their perception of the utility of the information.

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

“They were telling me certain ways to look for different things in the supermarket to find the right stuff, and ask the manager... to find out if they can carry a certain type of bread that I’m using, that goes on the WIC package, so I don’t have any problems with the cashier, ‘cause I’ve been having trouble with that.”

“I thought what was nice was that they DID discuss... and she just gave advice, like how to handle it in the food store. But, she did take an extra few minutes to go through and say, ‘This is what I’ve been hearing from other people. So this is what you might find. And, where do you shop? And here are some issues you may come across at that supermarket.’ So it was more personalized.”

“The nutritionist has all these samples of the right portion size. That’s really helpful, because you don’t really notice how much you’re feeding your kids, until you’re snacking on the plate, then she’s like, ‘Oh, this is... this is the right amount for this, and this is the right amount, and this is 4 oz in a cup.’ And when you SEE that it makes a big difference, and you’re more informed.”

Several participants indicated that they did not leave the sessions with useful information, but offered suggestions about to additional areas the sessions could cover.

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

“If you’re introducing a new food, they should tell you what you should look for. I know a couple of the signs of allergies, but, I don’t know... a lot of things about that.

“They told me his height and weight, but they didn’t tell me like where he was in the percentile, or how he’s doing...I’d definitely like some feedback... I mean, I don’t know what’s considered obese for a child.”

“Talk about how to introduce vegetables”

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

As the WIC staff tailored the information to make it more salient to the participants’ needs, the participants, in turn, often stated that they experienced increased confidence in their ability to follow the nutrition advice. The nutritionists acted as a source of empowerment for participants, encouraging them to keep working on the behavior changes. When participants felt that the nutritionist’s advice conflicted with the advice received from their pediatricians, it resulted in decreased confidence and self-efficacy among participants.

“This lady, I feel, takes the time to talk to you...I think one of the first things she asked me was to write down what I ate that day...I mean, I didn’t want to see that. But it was really good of her to do that, ‘cause then she kind of picked apart what I ate that day and it was good. Nobody’s done that before, so I liked that.”

“Mine’s a little shaky, ‘cause they’re always disagreeing. Sometimes I see one person here, sometimes I see another person. ...It’s my first kid, so I try to go by the pediatrician, exactly what they say. And when they disagree, it makes me really stressed because I’m like, ‘Well, what am I supposed to do?’ And it’s kind of frustrating.”

The interaction with WIC staff was typically perceived as being meaningful. Participants felt that WIC staff expressed genuine concern for their well-being, wanted to see them succeed, and provide assistance as they are able. However, WIC clients said that this relationship was greatly dependent upon a continued interaction with one staff person. Transitioning from one WIC staff to another from appointment to appointment was less than desirable because participants often felt as if they had to begin new each time by explaining their history, concerns, and progress to the new staff person.

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

“I think they’ve been helpful with what they’ve asked, as far as any questions. It’s never out of the ordinary of what they should be asking and what they don’t ask. I think they’re respectful, and they take what you say into consideration.”

“If you saw the same nutritionist every single time, and if you were gonna see the other nutritionist, that they were able to share your information so that... [it] is not like sitting down with a stranger. They’re able to actually know about your conversation with the other person.”

“If you tell them what your concerns are and the person’s just sitting there going, ‘Okay, okay,’ but they don’t actually write them down... the next time if you see a different nutritionist, they don’t know to ask you if your concerns were resolved because you’re seeing somebody completely different; versus, if they brought up notes and said, ‘Oh, your concern was your son was drinking too much milk. Has that been corrected?’ They don’t know to ask you.”

“I think if there was a note section, I think that would be helpful because then they would be able to follow up on the advice they gave you, or follow up any concerns that you had, then they could follow up on in your next visit.”

Suggestions for Improvement

While most of the participants had positive experiences with WIC staff and the tools, several suggestions for improvement were offered when requested. Time constraints were a particular concern, particularly with the requirement that children attend the appointments. Several participants felt that the appointments would be quicker and more likely to address specific concerns and issues if they were not distracted by the supervision of their children. In addition, participants suggested that they be allowed to submit questions or concerns prior to an appointment and receive notes from prior visits upon check in to facilitate the appointments’ agendas toward follow-up from previous counseling sessions.

“I think it’s great to share [experiences] with other mothers and because this program seems very good. In our countries, you don’t have that help so one has to take full advantage of it, and likewise, this meeting seemed really good to me because if maybe you can say here—maybe the program’s flaws as you see them—well, as part of—or the good things. It’s good that they consider what you say—that they consider it.”

“If I didn’t have my kids with me. If it’s just to go pick up WIC checks, why do I need to bring ‘em? Usually they’re bouncing off the walls, they don’t want to be there, and I’d rather just be in and out. If I was by myself it may be a little bit easier for me to sit and maybe ask a few different questions.”

“I have four children; it means I have to find another caretaker, to help me get them in. And, it’s just a lot to juggle. And if you have an early morning appointment here, the parking is very limited.”

“Having an email address and you could perhaps write ahead of time and say, ‘These are some topics of concern I have’” so that when you do show up at your appointment, they have handouts for you or they have recipes for you, or they have information for you ready.”

“When you sign in it’d be nice if they could pull up that note section and print it out so that when you’re in the discussion they could say, ‘Your last visit, you had discussed... you worried about the bottle being taken away.’”

“I propose that they have groups for children. They recommend that we speak to our children in Spanish. It would be good to have programs—even if it’s once a week—to read to them, so it’s educational. It also would be good for the children to interact with other children. That way they learn from each other.”

**Findings from
GHM Post-test In-Depth Interviews
WIC Staff**

WIC GHM Staff In-Depth Interviews

A. Participant-Staff Communication

Impact on Nutrition Assessment

WIC staff felt that their interaction with participants during the nutrition assessment component of counseling sessions was aided by the use of the new tools and techniques.

Staff felt that they were able to determine participants' specific concerns in a faster, simpler and more personable manner using GHM tools.

"I feel like you open up more, and you have more of a view, of a choice, of things they never thought about that could actually make them think, 'Oh yeah. I'm having trouble with this.'"

"I feel that the tools have helped get to the heart of the matter, much quicker, instead of tip-toeing around or dancing around. And I feel like it makes it more interesting for us, the nutritionist, and for the patient, because it's something new."

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

"I feel with the tools, it's easier, faster, and quicker."

"Sometimes, using some of the tools, I like it, it's faster and in some instances, when there isn't really another issue, it is quicker and it is easy."

"With the VENA [form], it's like the same old questions. But with the tools, it's more like...the participant can tell you whatever they want."

"It's more focused...You focus on what they have a problem, or what they want to talk about."

"It's easier to read. Before, we were a bit... not disorganized, the orientation was different, everybody would write what the patient was saying. But they would focus on one thing, and it's like, 'What about the other things she was concerned about?'"

In many cases, WIC staff felt it was easier to identify the individual needs of participants through the emotion-based approach. WIC staff noted that while some participants experienced initial confusion prior to the explanation of rationale and use of the new tools,

their comfort level appeared to increase when a conversational approach was used, promoting discussion of new and more numerous concerns.

"I think it can vary. You have to kind of read the people. Sometimes they just don't want to be here, and it gets a little bit harder."

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

"Sometimes they need more time...especially with the doors techniques...when it goes to the point, when they start to talk about their kid, what is their wish and dream about their kid behind that door - sometimes it's hard to stop them!"

"I try just to sit there and talk to them, so it's like they say, 'have a conversation.' So I sit and talk. It's the time that we spend with them. And I think they like that...'Cause they're not sitting there listening to the same thing."

"We really always have really been focused on their personal and emotional needs. But, even more so now. I feel like we're definitely a lot closer to the participants, 'cause we ask them more personal questions."

"I think it shows them that...we're more than just a place where you come and get checks and speak to a nutritionist and... we're definitely trying to be more open-minded and... it makes it more fun. ...we have the pictures on a bulletin board, and we have the animals on display, and it just makes it a more warm environment, just having all these different tools out."

"I think, initially, some of the questions, because they tend to be rather... open-ended that... my experience has been that they've felt a little intimidated. They're not sure where to go with it, because it's so different. Once you kind of coach or smooth them along, then sometimes there's a flood of information. They just... they've been DYING to tell somebody... some things...So, again, I think it goes to the techniques. Some of these are so... are very different from probably what folks have experienced in a health clinic environment... so they don't know what to think of it."

"One of our nutritionists used the doors on a prenatal woman...the girl LOVED the doors... at her next appointment, she brought her boyfriend... man said that he picked the door with the chain on it...Because, he didn't want her to eat too much and gain too much weight... it was a really good conversation because he ended up leaving, understanding... so that was something that I feel that probably wouldn't have been discussed, had we not had those tools."

Participant Outcomes

Interviewees felt that the use of the GHM tools increased participants' confidence and ability to identify and express their concerns openly. WIC staff indicated that in many instances, they were able to provide a feeling of relief or comfort to participants who may have thought that they were alone in their concerns or needed to seek immediate and drastic changes in their lifestyles.

"They seem happy. Almost like a relief, we kinda reassure them, we're more of the emotional-based, they seem more like, 'Oh, wow, I'm glad that other people feel that way.' You know, with reassuring them that they're doing good and that we'll follow up, and not to worry. ...People seem more happier to know that they're not the only people with that problem or that they're doing good."

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

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

"We have clients that make a lot of changes, and take our advice and our knowledge and use that... and it's knowledge that they're getting BECAUSE we use these tools, or because it helps us to talk about it in a more comfortable environment."

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

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

“They’re more likely to change their habits... they’re ‘Okay, I’m gonna try.’”

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

“If it is something that they were concerned with, to begin with, then it’s obviously something they’ll be willing to change...But if they’re not willing, or interested to change that, I don’t think it matters what tools I would have used to actually do it.”

“I had a mom... we used the metaphor images, she... picked the clock...she was really concerned because her three-year old was getting really big really quickly, and SHE had a weight issue her whole life, and she was just like, ‘I don’t know what to do,’ and I said, “Well, what do you think?” ...and she’s like, ‘I think I could just maybe stop the soda.’ The next time she came back this kid had dropped like five pounds...within three months. And he went from being overweight to fine.”

“Sometimes they SEE themselves, like, ‘Oh, that’s what I need to change.’...When they come next time, they said, ‘Oh, yes, I tried that.’ It came from THEIR mouth, like, that’s what THEY thought would be better and they said, ‘Yeah, I tried that and it works!’”

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

Participant Response to the Tools

Interviewees spoke of participants having a positive response to the tools, although they mentioned that participants may have expressed some initial hesitance at trying the new tools. Interviewees viewed the new tools as being an improvement over older tools by the WIC staff, and said that the tools increased their ability to successfully elucidate participants’ concerns. Interviewees noted that the novelty of the approach may have caused some

initial apprehension on the part of the participants, but was typically overcome with further explanation as to their use and purpose.

"I think it's 100 times better than the old assessment tool we were using."

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

"They love it.... because we do not provide assessment questionnaire about the eating habit... we use concern list, what they would like to discuss."

"Some of them really like it! They're just having fun with this. And it's enjoyable. Especially, some of the techniques where we can get the kids involved, the older kids, it's playful and it's more fun."

"I think they generally like it a lot. I think they're... taken aback by it, they're surprised by it... there're specific ones that are more successful than others, and specific ones that work better than others."

"But if somebody comes in here with a concern list, and we've talked about all their concerns, it makes me feel like the appointment was more higher quality than if they came in and we asked them the same standard questions that we ask everybody."

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

"But there's times when it hasn't worked, and I think it's just people don't want to open up or something...They're just uncomfortable about it."

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

"Sometimes they were kind of like perplexed... when you whip out the magic wand. That doesn't always go over... they'll kind of look at you funny ...I think it was a language barrier for the most part...there's just been a few times with the doors that... they'll just be like, 'I don't get it.'"

Participant Satisfaction with WIC services

WIC staff perceived participants as being more satisfied with WIC services after the new tools and counseling approaches were adopted. Interviewees spoke of participants being able to use their WIC sessions as consultations to address their concerns rather than spending a significant amount of time completing paperwork or responding to standardized questionnaires.

“They don’t really have responsibility, I guess you could say. They’ll sit and just fill something out. It’s more, ‘Okay, we’re just gonna sit and talk.’ They don’t have to worry about what we’re gonna throw at them.”

“I think they’re just a lot more comfortable coming into the office and knowing that we’re not gonna just sit there and, and have them fill out some forms, and ask them random questions that we can just input into the computer. That we’re gonna be here to really... talk about their personal and emotional needs, so it makes them more comfortable in the end, and more satisfied.”

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

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

WIC Staff’s Counseling Skills

WIC staff indicated that using the use of emotion-based techniques changed the structure and outcome of their appointments with WIC recipients. They spoke of spending more time conversing with the participants and said that the direction of the conversations was primarily driven by the participants. The variety of the techniques allowed the WIC staff to tailor appointments to the needs of the participants, which also served to provide a welcome change of pace from a more routine approach.

“I guess I’ve gotten to talk to them more and be able to have them express their concerns a little bit and... things like that.”

“It’s not MY appointment, it’s THEIRS. Explaining that to them too – ‘It’s what YOU want to talk about. That’s what today’s appointment is for.’ It’s just nice ‘cause... before a re-certification was height and weight, talk about the blood, any questions or concerns, find out what they eat for snacks... that’s just so dry. Now it’s... what do THEY want to talk about.”

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

“It even helps us so much...I have all those techniques and I use each of them and actually, all of them are nice. They are different...it’s not like every day, the same thing. You’re using different techniques, and it helps to start the conversation...And it helps to go straight to the concern that they have.”

“I’m more comfortable to just sit back and stay quiet, you know? Whereas, when you’re so used to like, ‘Oh, I got the answer!’”

Interviewees spoke of the use of the tools and emotion-based approach to counseling resulting in their feeling more connected to the WIC participants and their concerns. Staff reported receiving more feedback on the personal progress of the WIC participants, increasing the feeling of being able to facilitate behavior changes for participants. However, some staff were concerned that this approach encouraged participants to share their concerns beyond nutrition and said that they were unsure how to appropriately respond to such concerns within their roles as WIC staff.

“The connection was more, more easy to connect. Instead of just ‘What are your concerns?’ And I’m thinking, instead of having something in front of them... make them see how... ‘What can I do? What is this? What information can you give me to understand a little bit more of it?’”

“I think there’s more of a connection because it’s not me just sitting here and spewing out info, and you should and shouldn’t... ... it’s them... what they want, what their concerns are.”

“For example, if the dads come in, they seem to be really receptive...the dad came to every single appointment, and he even said, when the baby’s turning 1, he was like, ‘Oh, thanks to you...’ and I hadn’t really had that before.”

“I think connecting more on a personal level, which then opens up a floodgate for us to become a therapist... which is hard, because...we don’t have time for that and....we want to have time for that, so...it can make the appointment longer, because if mom wants to spill out her entire life to you because you asked her about a magic wand, then...’Oh, no.”

“I’ve identified areas that need to be shored up..... in terms of expertise... things come up with some of these sessions... we’re not... wholly qualified to deal with. And the other piece of this is, even though we have a referral network and we can refer out, the person is having an emotional moment.”

Interviewees felt that their ability to tailor their approach to each participant and increased their connection to their clients. Staff felt that they were more able to introduce new and relevant topic areas in ways that increased clients’ receptiveness. However, the ability to tailor the tools occasionally left the staff unsure how to best use them with their participants without more specific guidance as to how to steer conversations or probe for more in-depth or thorough responses.

“I think it’s more relevant because the participants usually come up with their own answers, and we’re basically just telling them that they can do it. ... I think it’s the same... information, but it’s more relevant...So, I feel like it’s more effective and more relevant to them.”

“I think that the information we provide, now, is more relevant to what the participant wants...You know, as opposed to what we want to give them.”

“I mean it’s easier for me to use them, and introduce them to something they’ve never seen before, and get something out of them. And they take something with them, home, then it’s gonna be easier for them to understand.”

“Cause maybe the parents don’t know what the problems are. Even though they’re concerned about one thing, maybe they don’t know what they should be concerned about. But, sometimes I just feel like it’s not very thorough.”

“With the erasers, and like the wands, for example... I mean, it’s almost too broad... sometimes I’ve thought, ‘Oh, I don’t know how to steer that conversation’”

The use of the tools replaced an approach that emphasized the provision of handouts and written materials to participants. WIC staff spoke of emotion-based counseling and newer tools allowing them to provide clients with more focused advice and resources. One staff member noted that as the conversations with clients become more open, participants are increasingly willing to discuss a greater number of concerns, leading to opportunities to provide more resource materials than in the past.

“It has changed because we have gotten rid of a lot of the wordy things we used to give out. We’re more careful now about the material we hand out.”

“The resources are the same... The difference is how, and when you introduce them...It’s easier... this way, ‘cause you’ve piqued interest, you’ve got someone along the line, and it seems smoother.”

“I don’t really think so, only because... we use a material that’s relevant to our conversation, to try to reinforce what we talked about, and we’ve always done that.”

“Since we can use these tools to have the clients talk more to us and get more comfortable, and divulge more information, that we’re able to go further with the nutrition information...I like to always make sure that they leave with something...I feel like taking stuff home is always helpful for them, and our conversations are better, and they’re longer, and so we end up discussing more things, and so, ultimately, more things get handed out because we talk about so many different topics.”

WIC staff connection with participants was also facilitated by their improved abilities to ensure that a thorough counseling session occurred and all necessary information was gathered to make appropriate assessments, referrals, and recommendations. Staff felt that the new tools and counseling methods increased their confidence in their abilities to remain attentive to the amount and relevance of information that participants’ were receiving and actively sought to ensure that participants did not leave sessions with additional unanswered questions.

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

"I wouldn't say all the information I needed, but I think that I was able to get... something that was more important to the participant, from them."

"At the end of that conversation, I would always wrap it up and kind of sum everything and say, 'Any other issues, concerns that you might want to talk today?'"

"It's all about... how the conversation flows, but I've personally tried to make sure, and ask if they have questions."

"When I have someone in my office, if they have questions... I will sit there with them. I will not dismiss them... 'You have questions, I'm gonna listen.'"

"I feel a lot more confident... to let them come up with the answers."

"Ultimately, the sessions run better, they run smoother. And so, in the end you have a happier client, and you've gotten more information from them, and so it makes for a more successful counseling."

"We can always turn it [whatever clients say] into something nutrition... And I don't think I knew that, before the training... So, I'm definitely more confident in that area."

Positive connections with participants were evident for WIC staff, which in turn proved to promote more positive connections to the WIC program and its goals. While some staff still expressed reluctance to use the new tools, many felt that the tools aided them in feeling as if the counseling sessions are working toward achieving positive outcomes for participants.

"I do get a little frustrated with like the tools and stuff, because... maybe like I just like to have a conversation with the participant, and do my counseling and when I... have to use a lot of tools that I feel like isn't really working for me. I know I can use the ones that do work for me, which is good... it's just like... it's sort of frustrating, 'cause I know that I have to use these and it's like, I don't feel like they're really effective for my way of counseling."

"I think it's... that's definitely improved for me. It's like the appointment has more of a direction, whereas, before it was like you were hoping that... I always had to kind of ask open-ended questions until you can get somewhere, where you can dig."

"I'm more satisfied with being able to have a variety of tools in place, to address who I'm working with; as opposed to one patent form... It's a good variety."

"I feel like when you have a good appointment the mom opens up and... you feel better. You feel like you're doing what you're supposed to be doing, and more job satisfaction."

“I think it’s great that they’re trying new things and... really focusing on the clients and the clients’ needs...So, if we can focus more on why they’re doing what they’re doing, and... let them know that we’re here for them... not just in a nutrition aspect, but also here for them emotionally... it’s great...it makes it more fun at work and, you know, livens it up a little bit.”

B. Emotion-based Tools and Techniques

Incorporation of Emotion-based Tools and Techniques

WIC staff members were enthusiastic advocates of the tools in their counseling sessions.

While there may have been some initial hesitation in utilizing new techniques, many embraced the emotion-based efforts as more participant-centered and a refreshing change toward increasing understanding of individual participant concerns. Specific implementation methods that facilitated the use of the new techniques included observations of other staff, flexibility in the tool application, descriptive examples of how to use the tools (i.e. topic probes, etc.) and the ability to ease into the use of the tools in relation to the comfort level with use.

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

“Once you get one time under your belt it just... you get a little more comfortable... once you start doing it a few times... I don’t think it was very difficult at all to implement, and the training was good.”

“It was pretty easy. There was definitely a learning curve, and it was definitely a little hurdle to get over, because it’s different, so you have to think about it and it feels a little awkward at first. But, once you get into it it’s great, and you realize that it works...We tried to just make sure that things were on display...So, it ran more smoothly...we could just... start talking about it as you’re in the middle of your conversation with a client.”

“It was helpful because we were a pilot, and we were given permission to figure out what worked. So, that latitude was helpful because we didn’t have to keep to a script.”

“So, I feel that, by them listening to the other nutrition staff, and by continuing to do peer observation, I feel like it helped them to travel out of their comfort zone.”

“We got a description of how to use each tool...Like a little folder, just for backup plans... I’d have it just right here, to remind, highlight what the open-ended question would be, just kind of helped me until I got used to it.”

During the initial phase of implementing the new methods, WIC staff spoke of experiencing some barriers while striving to increase their confidence and comfort in using the tools.

Adopting a new way of counseling, particularly for those staff with many years of experience, was initially a difficult process. Many of the barriers were related to adjusting to the use of the new tools, and were later alleviated through additional practice, feedback or training.

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

“I thought it was a little bit difficult...hanging up the whole way of counseling...it was just a totally different way of counseling and getting information from people, and... I found it and find it hard to do that, I guess...they don’t want to like expand and like have a conversation with me about it because their kid’s screaming and grabbing the animals, or grabbing whatever, and... it’s hard to have a conversation around that one concern.”

“If the kid’s see it, they just want to use it as a toy. And then it becomes more of the mom trying to... distract the child from that, until we’re done talking. Or, sometimes that can happen. The same thing with the animals. And sometimes they just don’t really know what I’m trying to get at.”

“I suppose like anything new, it was a bit of a... stumbling block to think about phrasing and rephrasing... ‘cause you do get into your routines, in terms of what’s worked for you in the past, in terms of getting the information that you need for the chart in the computer, and also trying to find something of importance for the person that day. So, initially, I would say the manner in which you needed to open the questions was a bit challenging.”

“There are still some tools that they won’t even use because they’re petrified...And I really think it was because they were introducing them in a way that the participants weren’t talking about nutrition.”

The length of time until WIC staff were comfortable with the tools and techniques varied, with most achieving a comfortable level of confidence in their abilities to successfully use the tools within a few weeks to months.

“Depending on the technique... the first month was difficult, just for all those reasons of trying to figure out... how we were gonna incorporate this in, and get the phrasing right, and get what we needed out of the sessions.”

“You’re not gonna like every single one. It doesn’t matter how long you practice using it, or, whatnot. So I think we’ve all kind of figured out which ones work for us and which ones don’t.”

“One thing I did was... I would pick one tool, every month, and say, “Okay, I’m gonna use this tool this month,” when I was first starting out with this...It was good, ‘cause it got me used to using them, and getting used to them.”

Favorite tools or techniques varied by staff member and was closely related to their level of success and comfort using the new methods with their WIC participants. No single tool or technique stood out beyond the others as a clear favorite across the WIC staff. Some techniques were identified as better suited for use in group sessions as opposed to individual counseling sessions, and others were identified as better suited for specific type of participants.

“For group, I have other ones I like to use. The picture cards...I just feel like those are... they can just kind of look at that and say, ‘Oh, this is something I definitely have a concern about, and it was bothering me,’ and we just take it from there!”

“Probably... the doors or the images... the card sort is good, it’s very to the point. The concern list, to the point. But they’re not quite, as creative as the doors and the images...it makes it kind of more interesting for you and the mom.”

“The concern list...‘cause they get to the point of what the person wants to talk about. And they’re only gonna change what they’re concerned about. So, if we get to what they’re concerned about, then we’re gonna see changes.”

“I love the metaphor activity...because it’s a feeling described – ‘that’s how you feel’ – it’s a picture that I feel like they can definitely relate to...It’s clear, it’s easier for them to express...it just helps them to be able to express themselves, so I really like that.”

“I’m using the little faces...And I think people like that. Even the kids will comment on them. So, I think the parents like those because they can tell, ‘Well, today, I’m a happy face’...So, you know, right there, we start a conversation as to why...that one works for me really, really well.”

“I love the cards...cards are easy, they get to the point.”

“Right now, with new pregnant moms, I love the baby book...they are so excited and happy about that, and I explain to them that each time they come, they have a new page.”

WIC staff did not feel that participants had a clear favorite tool or technique.

“The cards, ‘cause they can just kind of flip through them...I think they like the ease of use, just because they don’t feel pressure.”

“Probably the baby book...they just seem to really like to have that book, and it’s something that they can take home and fill up with pictures and stuff like that.”

“The wand... I think it gets moms to think in a different way, ‘You really want that to disappear, but you can make it happen.’ And that helps to remind mom that she can.”

“I’d say the concern list... and the smiley faces ...‘cause again, they get to talk about what they’re concerned about. And not just have a nutritionist telling them the same thing they tell everybody else.”

C. Overcoming Challenges and Suggestions for Improvement

Tools and Techniques

Some of the WIC staff modified the tools (e.g., the metaphor images and the doors) to make them easier to use and increase their visibility throughout the office for both staff and WIC participants. These modifications, such as lamination of the cards, might be considered in future production of the tools for additional sites. In addition, the documentation requirements were questioned as being disruptive to the flow of the session.

“The metaphor images and the doors, just give them to the participant to look through? Or, spreading them on your desk or on the floor? It wasn’t a very user-friendly...So then I used a poster board...and then I had them laminated so that you don’t have two posters, you just kind of turn it around when you want to use the other side. Once I did that, everyone started using them.”

“We laminate them we put them in a big poster... so it’s easier for them to view. I feel like that helps a lot for me and everybody here in the office.”

“The amount of documentation and paperwork that we’re required, really interferes and it... disrupts the flow of the conversation...we have to stop and put something in the computer, or... put it in the chart.”

Staff training

WIC Staff found the training to be useful and adequate in preparing them to integrate the new techniques into their counseling sessions. Interviewees spoke of features such as role playing and continued practice were found to be especially useful, particularly in the first few weeks to months of use of the new techniques and tools. Additional feedback, in the form of updates, peer feedback or observation, and training refreshers, was suggested as a way to increase confidence in and use of the tools.

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

“Maybe doing separate ones, like for the nutritionist, and then the staff....We should know everything, but I don’t think the [program assistants] should.”

“Practicing it yourself is what’s gonna make you most comfortable. I’m sure we have the information we needed from the training.”

“When you introduce the stuff give the people a few months to start, and then maybe go in and answer questions or observe.”

“Examples of how you could use the doors... after they did the training, they sent some information saying, ‘People are having issues with the doors, don’t like the doors, maybe you should try it with prenatal clients. It works good with them.’”

“We talked about it at the staff meeting and just shared ideas off each other. There was a couple people that actually liked using them, and they would, you know, tell someone else how they used them and how they were comfortable using them.”

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

Summary

The mixed method evaluation of the GHM intervention was designed to provide complementary perspectives on the WIC provider-client interaction drawn from surveys and from qualitative research techniques, e.g., focus groups and in-depth interviews. Comparison of pre-test and post-test surveys in WIC participants and WIC staff in GHM intervention sites, compared with control sites, showed that a highly positive assessment of the WIC provider-client interaction at baseline was maintained at follow-up, as described elsewhere. The qualitative research component of the evaluation was designed to provide insight into how and why the GHM intervention worked, in a purposive sample of WIC participants (focus groups) and WIC staff (in-depth interviews) drawn from diverse sites participating in GHM. Specific areas of common inquiry with WIC staff and participants centered on 1) changes in the WIC experience, including the use of emotion-based tools, and 2) suggestions for improvement.

WIC participants in focus groups were somewhat but not widely aware of the use of the new GHM tools, with the exception of the baby book. Not all tools used in GHM were shown to participants at the focus groups, and not all tools were used for the entire course of the GHM intervention, so this might have limited recall by focus group respondents. Some participants mentioned tools that were not specifically shown at the focus groups, but that they saw as enhancing their ability to convey their concerns and to learn about healthy foods, such as food models and the checklist that queried food security. WIC participants in focus groups did convey an overall positive perception of their comfort and connection with the WIC provider and emphasized the importance of an ongoing relationship with a single provider. In addition, participants said that when WIC staff tailored information to their needs, they perceived it as useful and also increased their confidence in their ability to follow nutrition advice. Suggestions

for improvement largely centered on ways to make the appointments more efficient and focused on their concerns, including coming to visits without their children and being able to send questions in advance. In addition, a few respondents suggested record keeping of the points discussed in the visit, to provide continuity. It is possible that an increased emphasis on interaction through use of GHM tools and techniques lead to less focus on record keeping. Methods to promote continuity from one appointment to the next could be addressed as GHM is used more widely in the Massachusetts WIC Program. While focus group participants while did not appear to be aware of specific GHM tools and techniques, they referred to other tools that are traditionally part of the assessment process and/or nutrition education that were integral to their experience. Although participants did not perceive marked changes in an already positive relationship with WIC, they consistently highlighted aspects of a participant-centered approach that were central to seeing information as useful and to their having confidence in their ability to follow nutrition advice. As with findings from the quantitative component of the GHM evaluation, it is not possible to disentangle the influences of other participant-centered interventions in the Massachusetts WIC Program implemented since 2007, such as Touching Hearts, Touching Minds (Colchamiro et al., 2010), VENA (FNS & WIC 2008) and implementation of the revised WIC food packages (IOM 2005) on focus group findings reported here.

By contrast, WIC staff reported using the tools in a wide range of circumstances and stated that they helped facilitate interactions with WIC clientele and helped them address participants' concerns directly, more quickly and in a more personable manner. WIC staff pointed to use of tools as important in increasing participants' confidence and making changes in their health behaviors. This dimension of the WIC provider-client interaction was also mentioned by clients, e.g. confidence in following nutrition advice, but related to the ongoing

relationship with the WIC provider but not specifically to use of the GHM tools. Similarly, WIC participants mentioned the importance of the WIC staff tailoring the information and the counseling visit to their concerns, whereas WIC staff saw GHM tools as directly supporting this process. WIC staff repeatedly noted that the tools were useful in eliciting participants' underlying concerns and mentioned that such concerns might not have arisen with use of standard assessment techniques. WIC staff also perceived that the use of GHM emotion-based tools and techniques, in combination with counseling, to address clients' concerns lead to their increased satisfaction with WIC services. GHM tools and techniques appeared to build staff members' confidence in their ability to conduct a full assessment, deliver nutrition education, and make referrals and recommendations and to be attentive and focused on participants' concerns in delivering information. In addition, staff felt they were more connected to WIC clients and their concerns. WIC staff noted that both WIC participants and staff themselves were initially hesitant to use the tools, but this hesitancy resolved with practice and was facilitated by the conversational approach of the GHM techniques. The variety of tools appeared important to the positive response of WIC staff to the tools and to their ability to use different tools with different clients. Interactive training, including observing others, feedback and refreshers were seen as useful to adopting and continuing use of GHM tools for nutrition assessment. Suggestions for improvement were minimal, focusing on adaptation of the tool format to improve durability and usability, such as laminating cards.

In summary, qualitative results of focus groups with WIC participants and in-depth interviews with WIC staff from sites receiving the GHM intervention jointly provide a rich, detailed endorsement of the emotion-based approach and tools for implementing VENA in local programs. GHM appeared to also enhance the nutrition counseling, providing a seamless

encounter for the WIC client. Positive influences of GHM were perceived by both clients and staff and included increased comfort, confidence and satisfaction. Minor improvements to logistics of the appointment (e.g., documentation to ensure continuity in successive visits) and an ongoing commitment to training and staff development would be essential to the success of GHM as the intervention is disseminated more widely.

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APPENDICES

Appendix 1-A

GHM WIC Participant Focus Group Guide

Pre-ample: My name is _____. Thank you all for participating in this focus group today. Our discussion will focus mainly the sessions you have with WIC staff. Please remember that this focus group is not about the benefits of the WIC program (i.e. food vouchers, food packages) but about the conversations you have with staff during your scheduled WIC sessions over the past few years and any changes you have noticed. We hope that the knowledge we gain will help us to improve WIC services for current and future participants.

Before we begin, I want to remind you that this conversation will be completely private. I will be tape-recording and taking a few notes. This will help me remember what you say. Feel free to comment or ask questions at any time. There are no right or wrong answers to these questions, and you do not have to answer questions if you do not wish to. Your name will not be revealed, so please feel comfortable to share your views. Do you have any questions before we get started?

For the facilitator to keep in mind: If participants start to talk about the actual benefits of the WIC program (i.e. food vouchers, food packages), please guide the discussion back to the communication between WIC participants and the WIC staff.

I. Warm-up questions (5 minutes)

1. Let's start off by introducing ourselves. Let's say where you are from, how long you have been at this particular WIC site, and your favorite dish to make for your family (*This can be done either by going around the circle or popcorn style*).

II. Overall Sense of Change in Participant-Staff Communication (30 minutes)

Great! Let's get started on our discussion.

- 2. Take a minute to think about your experiences at WIC. Describe any changes you have noticed between now and about two years ago. Probes: How do these changes make you feel?

(facilitator takes out some tools i.e. the baby book, the toy animals)

- Talk about how these tools have been used in your conversations with WIC staff.
- How have these tools changed/influenced your conversations with WIC staff?

3. Do you feel differently about your sessions with WIC staff now compared to about two years ago?

- Probes: If so, can you give examples?
- How do you feel about these differences?
- Describe your ability to share your concerns with WIC staff now.

4. Have you noticed changes in how you and the WIC staff connect during sessions lately?

- Probes: Describe how you relate with WIC staff.
- What would make you feel more comfortable about opening up to WIC staff?
- How do you feel about the way that they ask questions about you and your family?

5. At your last few WIC sessions, did you feel that you came away with useful information?

- Probes: Describe any advice you have received recently that has been more personalized or relevant compared to two years ago.
- Talk about how confident you feel in being able to follow the nutritional advice you were given for you and your family.
- Explain how these feelings or experiences were similar to what you remember from two years ago.
- Explain how they were different.

6. Describe how satisfied you are with WIC services today as compared to about two years ago.

- Probes: Talk about how satisfied you are in your relationship with WIC staff compared to two years ago.

III. Suggestions for Improvement (10 minutes)

7. What suggestions do you have for making your conversations with WIC staff more helpful or meaningful?

- Probes: Is there any additional information you would have liked discussed? Further discussion on certain topics?

8. If you were a WIC staff member, what changes would you make in order to improve the overall WIC experience for participants?

Probes:

- Do you feel there are any changes that need to be made at WIC to make the experience more enjoyable and useful? If yes, please describe examples.

IV. Concluding Questions (2 minutes)

Is there anything else you would like to add that we haven't talked about today?

Do you have any questions for me?

Here is some contact information if you have any questions or comments in the future. Thank you for your time and participation.

Appendix 1-B

GUIA PARA GRUPOS DE ENFOQUE

Preámbulo: Mi nombre es _____. Muchísimas gracias a todos/as por su participación hoy en esta discusión, grupo de enfoque. Nuestro debate se enfocará principalmente sobre las citas y encuentros que usted ha tenido con el personal del Programa de WIC. Por favor, recuerde que esta discusión de grupo no se enfocará en los beneficios del programa de WIC, tales como (cheques, paquetes de alimentos, etc.), pero si en las conversaciones y cambios que usted haya notado con el personal de WIC durante los últimos años. Esperamos que la información que obtengamos nos ayude a mejorar los servicios de WIC para los participantes actuales y del futuro.

Antes de comenzar, quiero recordarles que esta conversación será totalmente privada. Nosotros estaremos grabando la conversación y también estaremos tomando algunos apuntes, porque no queremos perder ninguno de sus comentarios. Siéntanse libres de hacer cualquier comentario o pregunta en el momento en que ustedes lo deseén. No hay respuestas correctas o incorrectas y queremos que ustedes se sientan cómodas y hablen libre y honestamente, aun cuando lo que ustedes quieran decir sea diferente a lo que otras personas quieran decir. Ustedes también tienen el derecho de no contestar las preguntas si no lo quieren hacer. ¿Tienen algunas preguntas antes de empezar?

Para tener en cuenta por el facilitador: Si los participantes comienzan a hablar sobre los beneficios reales del programa WIC (cheques de comida, o acerca de los paquetes de alimentos), por favor, regrese a la discusión acerca de la comunicación entre los participantes y el personal de WIC.

I. Preguntas de calentamiento (5 minutos)

I. Vamos a empezar por presentarnos, Por favor díganos de dónde vienen, y cuánto tiempo han estado participando en el programa local de WIC. También podrían añadir cuál es el plato o platillo favorito que a ustedes les gusta preparar para su familia. (*Esto se puede hacer bien sea en alrededor de un círculo o en estilo salto de maíz*).

II. Cambios en la comunicación entre los empleados y participantes en sentido general (30 minutos).

Excelente! Vamos a comenzar con nuestra discusión o debate.

2. Tome un minuto para pensar en sus experiencias en el programa de WIC.

¿Describa cualquier cambio que usted ha notado ahora y hace dos años?

Sondeos: Cómo estos cambios la hicieron sentir?

(facilitador saca algunos instrumentos como un libro de bebé, algunos animales de juguete, etc.)

- *¿Hable acerca de cómo estos instrumentos se han usado en sus conversaciones con el personal de WIC?*
- *¿Cómo estos instrumentos han cambiado/influenciado sus conversaciones con el personal de WIC?*

3. ¿En estos momentos, se siente usted de manera diferente a cómo se sentía hace dos años concerniente a la comunicación entre usted y el personal de WIC?

- Sondeos: En caso afirmativo, ¿Puede darnos algunos ejemplos?
- *¿Cómo se siente acerca de estas diferencias?*
- *¿Describa sus habilidades para compartir sus preocupaciones con el personal de WIC ahora?*

4. ¿Ha notado usted algunos cambios en la forma en que el personal de WIC y usted se comunican durante las sesiones últimamente?

- Sondeos: *¿Describa cómo se relaciona usted con el personal de WIC?*
- *¿Qué la haría sentirse más cómoda al comunicarse con el personal de WIC?*
- *¿Cómo se siente usted acerca de la manera que ellas/ellos hacen las preguntas sobre usted y su familia?*

5. ¿En las últimas citas con el programa WIC, sintió usted que obtuvo alguna información útil?

- *Sondeos: ¿Describa cualquier consejo que usted ha recibido recientemente que ha sido más personalizado o relevante comparado con hace dos años?*
- *¿Hable acerca de cuanta confianza siente usted de poder seguir los consejos nutricionales que se le ofrecieron a usted y su familia? ¿Por qué o Por qué no?*
- *¿Explique cómo estos sentimientos o experiencias fueron similares o diferentes a los que usted recuerda de dos años atrás?*

6. ¿Describa cuánta satisfacción siente hoy con los servicios de WIC en comparación con cerca de dos años atrás. Sondeos: Hable acerca de cuan satisfecha esta usted con su relación con el personal de WIC comparada con dos años atrás?

III. Sugerencias para mejorar (10 minutos)

7. ¿Qué sugerencias tiene usted para hacer sus conversaciones con el personal de WIC más útiles o significativas?

- *Sondeos: ¿Hay alguna información adicional que a usted le hubiera gustado discutir? Nuevos debates sobre ciertos temas?*

8. ¿Si usted fuera un miembro del personal de WIC, qué cambios haría usted para mejorar las experiencias de los participantes?

Sondeos:

- *¿Cree usted que hay más cambios que deben de hacerse en el programa de WIC para hacer la experiencia más agradable y útil? En caso afirmativo, sírvase describir, con algunos ejemplos?.*

IV. Preguntas finales (2 minutos)

¿Hay algo más que les gustaría añadir de lo que no hemos hablado hoy?

¿Tienen algunas preguntas para mí?

Aquí están algunos contactos informativos por si tienen algunas preguntas o comentarios en el futuro. Gracias por su tiempo y participación.

Appendix 2

GHM Staff In-depth Interview Guide

(Please note the probes only serve as a guide for the direction of the interview, or if the interviewee gets stuck on answering a question).

Pre-ample: My name is _____. Thank you for participating in this interview. Our discussion will focus mainly on participant-staff communication at WIC and your thoughts about the nutrition assessment session before and after the WIC Getting to the Heart of the Matter pilot. We hope that the knowledge we gain will help us to improve WIC services for current and future participants.

Before we begin, I want to remind you that, as explained in the consent form that you received in the mail, our conversation will be completely private. Did you receive, sign and return this consent form? *[If no, please get verbal consent: Have you been satisfactorily informed of the procedure for this study along with its possible risks and benefits as described in the form you were sent? Do you give your permission for participation on this study?]* I will be tape-recording and taking a few notes. This will help me remember what you say. Feel free to comment or ask questions at any time. There are n right or wrong answers to these questions, and you do not have to answer questions if you do not wish to. Your name will not be revealed, so please feel comfortable to share your views. Do you have any questions before we get started?

I. Warm-up questions (5 minutes)

1. Tell me a little bit about yourself. Are you local to this area? How long have you been working at this WIC clinic?
2. What is your current position here?
 - Probes: Can you tell me about some of the tasks and responsibilities your position involves?
 - How many clients on average do you see per day? How much time do you usually spend with them?

II. Overall Sense of Change in Participant-Staff Communication (30 minutes)

3. Think back to before you received GHM pilot training in emotion-based techniques. Do you sense any changes in how nutrition assessment is going for you and the families you work with since pilot training?

- Probes: If so, can you tell me about the changes you've noticed? Specifically, any changes in:
 - The participant/staff relationship?
 - How long it takes to identify participant interests/needs?
 - The comfort level of participants in being able to ask questions?
 - If so, can you provide specific examples?
 - What else have you noticed that has changed?

4. Have you noticed any changes in WIC participants' confidence in making behavior changes since you've started the pilot?

- Probes: If so, can you describe them?
- What about actually making the changes? Is that any different?
- Have you noticed any changes in behaviors or parental self-efficacy? If so, what are some specific examples?

5. Overall, what is your take on participants' reactions to the use of emotion-based techniques during nutrition assessment sessions/counseling?

- Probes: Do clients seem to respond positively? Negatively? Have clients noticed any difference?
- Can you provide specific examples?

6. Have you noticed any changes in your nutrition counseling skills since you've received training on emotion-based assessment techniques?

- Probes: If so, can you describe them?
- Have you noticed any changes in:
 - Your confidence in interacting with clients?
 - The relevance or appropriateness of nutritional information you provide?
 - The way you utilize available nutrition education materials?

7. Probes: Since the pilot training, do you sense any changes in participant satisfaction with WIC services? Tell me more.

- Tell me about any changes you've noticed in how you and your participants connect during the assessment sessions.

- Since the pilot training, do you feel any difference in your connection with the WIC program and its goals? In your satisfaction at work? Can you say more about that?

III. Implementation of Emotion-based Techniques (15 minutes)

8. How easy was it to incorporate the emotion-based techniques you learned about from the pilot training into the nutrition assessment sessions?

- Probes: What made it easy? What were some difficulties you encountered?
- How long did it take for you to feel comfortable using emotion-based techniques in these assessment sessions?
-

9. If you had challenges using specific techniques, how did you overcome those challenges?

- Probes: Were you able to obtain all the information you needed?
- Did your participants have enough time to ask questions?
- Which technique do you like the most and why?
- Which technique do participants like most and why?

IV. Suggestions for Improvement (10 minutes)

10. What are some suggestions you have for improving the staff training?

- Probes: Are there any additional topics or activities you would have liked to cover?
- Was the length of training appropriate?
- Did you feel adequately trained in using emotion-based techniques in your sessions with WIC participants ?

11. Can you think of any suggestions for improving the overall WIC experience for participants? For staff?

V. Concluding Questions (2 minutes)

Is there anything else you would like to add that we haven't talked about today?

Do you have any questions for me?

