

# **Getting to the Heart of the Matter:**

The Search for Emotional Heat in the  
WIC Nutrition Assessment Process

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## **ACKNOWLEDGEMENTS**

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## GOALS AND OBJECTIVES

Quality nutrition services begin with a comprehensive nutrition assessment. A valuable nutrition assessment facilitates rapport, builds trust, creates an environment for open discussion, and prioritizes the participant's personal goals and needs. The primary goal of the *Getting to the Heart of the Matter* project is to expand on the success of Massachusetts' Touching Hearts, Touching Minds initiative by incorporating the project's emotion-based techniques into the WIC nutrition assessment process, while embracing the guidance of USDA's Value Enhanced Nutrition Assessment (VENA) initiative. This undertaking will create an assessment process which acts as a springboard to meaningful and productive nutrition education sessions with WIC families, targeting what is most important to the individual, and ultimately leading to the adoption of positive health behaviors.

The first phase of the *Getting to the Heart of the Matter* project was to objectively examine current assessment techniques, questions and interactions to target areas for improvement. With this aim, the researchers began the first phase of the project by engaging in ethnographic research to reveal the 'true' barriers to 'real' client connections that currently inhibit a value-enhanced, participant-centered, emotion-based nutrition assessment process.

# METHODS

In the first phase of this project, the Massachusetts WIC Program conducted ethnographic research in four WIC clinics during January 2008. Consultant Pam McCarthy, along with Massachusetts WIC state employees Kara Ryan and Damaris Martinez, 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 January 2008, 20 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.

Although the researchers were charged with identifying potential barriers in the nutrition assessment portion of the WIC experience, every aspect of WIC—the clinic environment, staff interactions, handouts, and messages—were taken into account as they serve to enable or hinder an open, honest and productive assessment process. WIC participants develop feelings or opinions that affect the assessment process when they first call for a WIC appointment or walk in the WIC clinic door. The entire clinic environment sets the tone for participant-staff engagement. Limiting the ethnographic research to the assessment and counseling portion of the WIC experience alone would be akin to walking into the middle of a movie, not knowing what occurrences lead to the phenomena observed. Therefore, Massachusetts decided to observe participants from the waiting room straight through to the end of their appointments. This report represents the findings of the ethnographic 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.

# FINDINGS

## **Finding #1: Participants reported positive customer service from WIC staff**

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

“Staff are helpful.”

“She always greets people nicely.”

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

“They do their job; they are customer-friendly.”

“How does WIC change your life? It just makes it easier to have more.”

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

“Honestly, I think they are fine the way they are. They smile just fine, they greet you, they make eye contact with you, they help you as much as they can, and polite.”

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

## **Finding #2: Staff administered nutrition assessments consistently across sites**

The assessment process, the assessment questions and documentation, were amazingly consistent across all four sites. Similar elements noted in the assessment process included:

- Most counselors ask the same questions in the same order at all four sites, making the assessment appear as a checklist. Surprisingly, the question, tone, speed, wording, and order varied very little despite the wide variety of clients served.

“The one-on-one is pretty much the same thing all the time.”

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

“They all do the same thing.”

“A lot of people (participants) want to ask questions, but they won’t, so they (WIC) more or less just ask them for you and you just answer them.”

“I expected it.”

- Almost every counselor started the session in the same way, by identifying how long the session would last and asking about smoking in the home.

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

“It’s annoying. It’s an important question to ask, but if you know there [are] smokers in the household you know. Do not be like ‘is there any smokers in the household’ be like, ‘did you quit smoking yet?’ If it’s in the chart it’s in the chart.”

- The nutrition assessment and counseling were woven together as counselors processed clients through an assessment ‘checklist’ format. After participants answered an assessment question, the nutrition staff would offer advice or logic and go onto the next question. When the questions were over, the appointment was over.

“No, they actually just have their own set of questions set up or something. They’ll ask me something and [then] ask me at the end if I have any concerns. If I have any concerns, then I’ll ask her and then we’ll go from there.”

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

### **Finding #3: Sensitive assessment questions caused negative feelings**

WIC is required to collect certain sensitive information. Some participants reported that they would not give honest answers and others did not understand why WIC would ask such questions. At times, both the nutrition counselor and program assistant asked the same questions of a participant about food availability, fuel assistance and referrals.

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

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

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

“I always wonder why they need [proof of income]. I don’t know if it is because they don’t believe me. Why do you want to know my income? Why do you want to know this? You know I just come here to get help.”

#### **Finding #4: WIC counselors often used leading questions**

Some counselors asked questions in a way that suggested or told participants the answer they expected or wanted. Examples of leading questions observed included:

“You serve cereal in a bowl, right?”

“You offer 2% milk, right?”

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

#### **Finding #5: WIC counselors ask participants knowledge-based questions**

These knowledge-based questions seemed to follow the educator’s agenda, and focused on what the educator knew and wanted to be able to share. Examples included:

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

“How do you know when your baby is full?”

“How does your baby tell you she’s hungry?”

#### **Finding #6: In almost all sessions, counselors talked far more than participants**

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

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

#### **Finding #7: Participants often did not realize the purpose of the nutrition assessment**

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

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

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

“Just to make sure she’s eating and if the checks have helped in any way.”

“There were a lot of questions.”

“She was doing what she’s required to do.”

## **Finding #8: Nutrition education and materials often did not match assessed needs**

At times the nutrition education provided seemed incongruent with the discussion. One new mother mentioned that she wasn't breastfeeding her 5-day-old son and that she had no intention of trying. The nutrition counselor began to talk about a breastfeeding goal for her and gave her a breastfeeding handout. Another woman said she had quit smoking and the nutrition counselor provided a quit smoking handout and discussed a smoking goal.

Nutrition counselors appeared to be primarily focused on completing the assessment 'checklist' and less so on reacting to the participant responses. In many instances, counselors appeared to miss valuable clues provided by participants. One woman mentioned that she might have gestational diabetes, but the counselor never even acknowledged this. In another session, the mother showed the juice-filled baby bottle to the nutrition counselor during the session when asked how much juice the child drank. The counselor concluded the session by offering a handout on a different topic since "the bottle issue is done."

## **Finding #9: Participants reported nutrition counseling was often negative**

Nutrition information provided tended to be negative and focused on what participants were doing wrong. Participants reported negative feelings associated with this.

"They act like they're my mom. I'm an adult. I can make my own decisions."

"They just act like they're perfect and they do not do certain things when you know everybody does."

"I feel like I'm back at home being told by my mother that I shouldn't do this and I shouldn't do that."

"I do not like to be told not to do certain things."

"What I thought was dictating was the cigarettes and the breastfeeding. She was like, 'do not do it and this and this and blah, blah, blah, blah' and I was just like, 'I'm going to do it anyway...'"

## **Finding #10: Nutrition counselors rather than participants usually determine behavior goals**

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

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

"So you're telling me not to smoke a cigarette? If I want to smoke it I'm going to smoke it."

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

### **Finding #11: Participants had some negative feelings about the WIC process and environment**

On average, participants were required to move to another area of the clinic 2-3 times per visit and many expressed negative feelings about this. Several participants also commented on the long wait time. In addition, several participants commented on the general environment.

“Having to go through so many different stations makes you feel scattered.”

“Let the clients know more about how much of a waiting time you have ahead of you. Try not to overbook as much. To have walk ins. [Have] staff for just walk ins.”

“When you go into low income places or places that help you, you always see that there is a lack of the way the place is kept up. That is one thing that I wish that they would fix. And just keep it a little bit cleaner. I’ve worked my whole life and sometimes you just fall.”

### **Finding #12: Participants viewed their WIC experience as a “transaction”**

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

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

“Like I said, I just go with the flow, and I’m like yeah, yeah, yeah.”

“I have experience. I have three kids. I know what they are going to say. I know what is going to come out of their mouth. And maybe it’s their job to do; maybe they are not into it. They get paid to do it. Maybe they do not like to be here. I go with the flow.”

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

### **Finding #13: Participants value WIC checks for food above nutrition services**

Some participants did indicate that they value WIC nutrition services in addition to the WIC checks:

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

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

“[I come for] both really. If I did not care about the nutrition, I wouldn’t get the checks.”

“They usually give good advice.”

However, most comments from participants indicated that the primary value of WIC is to receive checks for food:

“I was just wanting to get coupons to get milk and stuff and eggs.”

“I just feel I’m here for the checks.”

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

“I just see people coming in here looking for the checks.”

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

# DISCUSSION

While WIC as a whole is appreciated and valued by participants, it is clear from the findings above that modifications to the nutrition assessment component of the program—and other related areas—could greatly enhance the perceptions of the program by participants as well as the health outcomes of program participation. The findings can be grouped into the following five areas for considering appropriate and effective strategies for change.

## **The search for ‘emotional heat’**

Throughout the ethnographic research, the WIC experiences observed rarely generated ‘emotional heat.’ WIC appointments generally followed the same path as conversations were kept at a superficial level. Staff were friendly in a customer-service manner, but were not always warm and embracing. When emotional heat is generated, participants are engaged in the conversation in a way that is meaningful to them. Emotional heat can be seen in body language and eye contact and because these conversations are about ‘real’ life situations, they can be felt as these conversations are generally charged with emotions/feelings. Conversations that are meaningful go beyond superficial talk and role playing. They are genuine conversations where trust is given and truth is shared. Emotional heat is essential to behavior change. To create a meaningful value-enhanced nutrition experience, it is necessary to engage clients more fully and at the emotional level.

Some WIC staff are skilled in providing emotion-based nutrition services. One nutrition counselor was especially effective at weaving emotion into the counseling session. A participant was moved to tears while sharing her story. The nutrition counselor listened and affirmed her, then moved on to a different topic with this phrase: “Let’s talk about your pregnancy. Do you want to? It’s a happy time.” The same participant asked about how long she should breastfeed. The nutrition counselor stated the one year recommendation and then assured the participant that she could, herself, determine what was right in her own situation. She concluded the conversation with this statement: “Breastfeeding is the dessert of pregnancy. It’s a beautiful experience.” Another nutrition counselor affirmed the mother by telling her she was a great mom. This greatly affected the mother and added emotional heat to the session.

Good customer service is important in any program, but engaging people emotionally is essential to increasing a nutrition counselors’ influence and achieving behavior change. People need to feel they are unique, special, valued, and liked, something difficult to achieve in a busy WIC clinic. Most clinics seem content to provide good customer service without genuine participant engagement.

## **The drawbacks of ‘consistency’ in the WIC assessment process**

Observed nutrition assessments were surprisingly consistent across all sites. This ‘one-size-fits-all’ assessment led to many negative reactions from WIC participants. WIC participants need to feel unique, respected and affirmed, rather than judged. They want conversations and learning experiences that are personally meaningful, rather than generalized.

Most staff appeared to use a nutrition assessment ‘checklist,’ asking the same questions in the same order at all four sites. This practice makes participants feel as though they are being processed, as they often remember the questions asked at past appointments and feel they have answered them

many times. Being asked the same questions multiple times devalues the questions, making the participant feel that the questions aren't being asked because WIC cares, but because WIC has to ask. The WIC Program is required to collect certain data, but often the way questions are asked inhibits the personal connection between counselor and participant. Counselors rarely framed sensitive questions appropriately and sometimes asked the same sensitive questions multiple times during the appointment.

Some nutrition counselors are so focused on the checklist that they miss valuable clues provided by participants. Participants shared important information that would have opened doors to a participant-centered discussion, but staff were so focused on their list of questions that they did not seem to hear anything that deviated from the response they needed to document. Nutrition counselors appeared to listen to participants, nodding their heads and maintaining eye contact, but preceded quickly to the next question. The consistency of the nutrition assessment did result in the collection of a great deal of information, but nutrition counselors rarely used that information other than for documentation.

Most participants viewed their WIC experience as a 'transaction,' one that they had to 'get through' in order to get the outcome: the WIC checks. Participants do not always recognize the purpose or value of the assessment. The current assessment questions are intended to guide nutrition counselors into a meaningful conversation. However, the process of asking the questions and documenting responses in the computer serves to hinder behavior change because it creates feelings of being processed rather than opening up avenues for stimulating conversation. People who feel processed are unlikely to take the time to share their concerns, challenges and successes with nutrition counselors.

### **The style of questions and answers**

Many nutrition counselors started their sessions by telling participants how long the session would last. While this information was intended to help participants, it also conveyed the nutrition counselors' control and authority. In almost all sessions, nutrition counselors continued to remain 'in control' throughout the assessment process, doing the majority of the talking. Nutrition counselors seemed to feel a need to talk in order to maintain control or to avoid uncomfortable silence. Because nutrition counselors are working from a position of authority, they assume the right to assess and advise without asking for the participants' permission. Perhaps both participants and nutrition counselors expect comments and advice as part of the nutrition counseling session, but asking permission before offering an evaluation of a child's diet communicates respect for the participant as a parent.

Some nutrition counselors tended to use leading questions during the assessment process. Leading questions are not appropriate for an open and honest nutrition assessment as they are phrased in a way that tells participants the answer the nutrition counselor expects or wants to hear (e.g., "you do not use pot or use crack, do you?"). This practice prohibits an honest sharing between participant and nutrition counselor. It would take a bold and confident person to disagree with such statements, regardless of the truth. It also suggests that the nutrition counselors consider assessment questions formalities and not tools to get at the essence of parent concerns. Participants respond in a robotic way, closing down in order to minimize advice. In most cases, the nutrition counselor asked for participant input at the end of the appointment. However, after 20 to 30 minutes of assessment with tired and restless children bouncing on their laps, few responded with anything personal.

Some nutrition counselors ask participants knowledge-based questions. These questions seemed to follow the counselor's agenda, focusing on what the nutrition counselor knew and wanted to be able to share. All adults want to be considered intelligent and knowledgeable. Asking knowledge-based questions can create uncomfortable feelings, especially when nutrition counselors correct the answers. Some of the knowledge-based questions appeared to insult participants. Mothers with years of child-rearing experience seemed to resent being asked questions like "how do you know when your baby is full?" or "how does your baby tell you she's hungry?" These questions may be intended to encourage conversation but they could end in negative feelings with little behavior change.

In most sessions the nutrition assessment *was* the session, not a lead-in to a conversation where the participant's needs are addressed. Nutrition counselors provided quick nutrition sound bites in response to assessment questions. The responses seemed automatic and quick. Most nutrition education was reactive rather than interactive. Checklists allow nutrition counselors to proceed quickly through sessions while covering essential tasks, but do not allow participants the opportunity to share their needs and interests until the end of the session, when nutrition counselors ask for questions.

Nutrition messages were sometimes negative and focused on what participants were doing wrong. People want to feel intelligent, successful, important, in control, and positive about themselves. People are more likely to attend to messages that fulfill their emotional needs and add value to their lives rather than those that make them feel guilty, sad or angry.

In the majority of observations, nutrition counselors rather than participants determined the behavior goals. A common goal set by nutrition counselors for participants was to discontinue the use of baby bottles. Nutrition counselors assumed that all parents wanted to get their children off baby bottles and that is what they wanted to talk about that day. In later interviews, parents confided that they liked to use baby bottles because they encouraged milk drinking and calmed their children on hectic days. These topics never came up in the session because nutrition counselors assumed participants shared *their* goal.

### **The environmental impact of the WIC clinic**

Clinics were generally clean and organized, allowing for optimal clinic efficiency, yet participants sometimes perceived them negatively. The clinics were not perceived as warm and welcoming. People may prefer an environment that feels more home-like rather than a sterile clinic. During the WIC experience, people are asked for personal and sensitive information such as income, educational level, drinking and illegal drug behaviors and how much food they have each month. Feeling comfortable in the environment may make participants more open to sharing these personal details.

The physical arrangement of some clinics facilitated confidential sharing. Participants were invited to sit across from a staff person who was also seated, and private conversations were possible. This was less likely to happen at clinics where the room arrangements forced participants to sit in hallways while staff occupied cubicles filled with desks and computers. The traffic flow at some clinics led to negative feelings. In some clinics, participants were asked to wait before their first intake question, and then moved to a different room where they awaited height and weight

measurements. After that was completed, they waited once again for the counselor to take them to their office. Participants experienced a final wait in the main lobby for their checks. This endless waiting can leave participants feeling unvalued.

As they proceeded through the checklist, counselors documented responses into a computer. The computer was usually positioned so that participants could not see what was being inputted. Some counselors positioned the computer so that participants could see the screens, and this increased participant comfort level. A few counselors focused on their participants throughout the conversation, documenting responses at the end. This made conversations participant- rather than computer- centered.

Poster ‘wallpaper’ contributes negatively to the WIC image. The range of topics and poster styles in each clinic was widely varied. Posters ranged from those listing organizations such as McDonald’s that participated in a recent health event, to posters promoting Vegetarian Month. Voting, breastfeeding, fruit and vegetable, and Head Start posters were often plastered everywhere. Because of the overwhelming visual confusion and varied messages, the posters did not catch the attention of participants, but instead led to an impression of great clutter. A few well-designed posters with targeted behavior change messages presented in a visually pleasing way can help participants feel more successful and important.

Negative, directive signage reminds participants that WIC is in charge. Adults like to feel in control of their lives, and they enjoy positive settings where they feel welcome. Negative signage reminds participants that they must follow the rules of a government program. Observers noted endless signs telling participants not to use cell phones in the WIC clinic, reminding them to watch their children, telling them that lost checks won’t be replaced, dictating that they are not to touch the heat thermostats, noting that deli cheeses aren’t approved by WIC, etc. While these rules may be important, a suggestive, positive or humorous tone with less clutter and negativity may make messages more acceptable.

### **The impact of management evaluation process on the WIC assessment**

WIC staff are familiar with how they will be evaluated, and they carefully follow a process that will lead to a good score. However, it’s possible that counselors could accurately follow the checklists and achieve perfect evaluation scores and yet fail to provide assessment/counseling sessions that can lead to any behavior changes. In fact, this was observed this many times.

In casual conversations, counselors said they focus on dietary assessment checklists because that is how they are trained and evaluated. Current evaluations measure and reward compliance with rules and regulations, not how effectively participants and counselors engage in authentic conversations. The closer they follow the checklist, the better their evaluation. Changing to a participant-focused approach will likely require an overhaul of counselor training as well as evaluation so that counselors are confident that attempts to provide emotion-based nutrition services trump checklists in offering quality care to WIC participants.

# RECOMMENDATIONS

## **Change the traditional WIC assessment process**

For the reasons listed above, it is clear that the current assessment process does not always ‘*Get to the Heart of the Matter*’ for WIC participants in Massachusetts. The focus on consistency and the checklist type assessment and documentation represents a major barrier to a truly participant-centered assessment process. The recommendation from the ethnographic research is to work with participants to fulfill the vision of a participant-centered assessment process that will be unique to each individual and truly responsive to individual needs.

In order to achieve this, WIC should move from the current system in which counselors assess participants within their own preconceived framework to a system in which the WIC counselor becomes a facilitator, guiding the participant to explore their own individual needs and concerns. The traditional WIC nutrition assessment then becomes transformed into a counselor-facilitated ‘self-assessment,’ tailored to each specific individual.

Participants want WIC experiences with emotional heat. They would welcome conversations that engage them at a core level, but often can’t imagine that would be possible at WIC. Together, staff and participants need to reinvent WIC and visualize a shared dream. There is a need to better understand participants’ needs and interests to redefine WIC services in a way that makes it a powerful influence on its participants. Because emotions, not logic and fact alone, drive behaviors, counselors must look for that emotional heat—anything that might tip the behavior change scale in a positive direction.

## **Change the evaluation process**

Shifting from process to outcome evaluation may be an important step toward allowing counselors to focus on behavior change and give them the freedom needed to tailor sessions to their personal styles and the needs and interests of participants. It is not what happens in the session that matters as much as what happens when the participant leaves and chooses to apply or ignore our messages. Giving counselors the freedom to focus on the big picture—genuine participant engagement and behavior change—rather than session details, may move WIC more closely to the new vision. To encourage risk-taking and participant-focused exchanges, evaluations need to reflect a new vision of WIC. There is a need to identify what, beyond checklists, makes the WIC experience valuable to participants, and encourage these in evaluating WIC counselors.

## **Change the environment**

The WIC session begins with a phone call or when the participant first walks into the clinic. The clinic environment sets the tone for participant-staff engagement. In the clinics observed, messages are targeted at participants rather than at guests or friends, making people feel like part of a herd rather than unique individuals. Some staff members tend to treat parents as program participants rather than people, assuming control and authority throughout counseling sessions. This can create feelings of resentment.

The goal is to create an environment that makes participants feel comfortable sharing their honest problems, needs and desires. Before posting a sign it might be helpful to ask: would Target, Nordstrom’s or Wal-Mart display this sign? If not, how would Target, Wal-Mart or Nordstrom’s

communicate this information to their store guests? To facilitate participant engagement, and ultimately behavior change, WIC should create a safe place for parents so they can experience positive emotions and share honest feelings. There are no neutral parts of the WIC experience. Every aspect of WIC, including the environment, serves to enable or hinder behavior change.

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