

# *Reinvesting in Staff in Tennessee*

## Tennessee WIC Program

### **FINAL REPORT**

WIC Special Project Grant  
Fiscal Year 2000



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Publication Date: June 2006

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## Tennessee WIC Program

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## *Reinvesting in Staff in Tennessee*

### Tennessee WIC Program

#### Abstract

Many factors contribute to the success of nutrition education delivered through the WIC Program. Two of the most important factors are a positive clinic environment that supports learning, and a client-based approach to education in which educators act as facilitators of change. The *Reinvesting in Staff in Tennessee* project was designed to promote a positive clinic environment and to help nutrition staff members become facilitators of change.

The goals of *Reinvesting in Staff in Tennessee* were:

- To enhance the learning environment in WIC that supports the development of healthy habits and healthy feeding relationships for individuals and families;
- To introduce a more client-oriented, behavioral approach to nutrition counseling by training nutrition staff members to identify *Stages of Change*<sup>1</sup> for their clients and to act as facilitators of dietary change; and
- To provide intensive, one-on-one guidance for nutrition staff members to reinforce concepts learned in training.

Each of the three goals was addressed in a separate component of this project, one in each of the three successive years of project funding. Each component included evaluations to measure process and/or impact.

In the first component, implemented during the first year, self-development training was offered to all staff members who worked with WIC participants. Staff members from nutrition, nursing, clerical, and health education services attended a

<sup>1</sup> Prochaska, JO, Velicer, WF. The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 1997; 12(1), 38-48.

training workshop structured to increase job satisfaction, thereby positively influencing the clinic environment. The training was based on a three day, FranklinCovey course entitled, "The 7 Habits of Highly Effective People®".<sup>2</sup> Tennessee staff used a "train-the-trainer" approach, which minimized costs. Representatives from six of the 14 Tennessee health regions were trained to provide the course for other locally based staff members.

The focus of the project's second component was on nutrition staff only; other staff positions were not included. It was designed to help nutrition staff members act as facilitators of change rather than simply conveyors of nutrition information. Nutrition staff attended a newly developed workshop, entitled "Facilitators of Change, Nutrition/Behavior Counseling". Nutritionists learned to recognize the five *Stages of Change* that are essential to long-lasting personal behavior change and developed a better understanding of the science of behavioral counseling.

In the final component, implemented during the third year of the project, two WIC staff members from each of the state's 14 regions were trained as mentors for their fellow nutritionists in a workshop entitled "Facilitators of Change, Mentoring Workshop". The mentors continued to work on-site with other staff members to reinforce the client-based concept of behavioral change learned during the Facilitators of Change training and to provide "real-world" guidance.

Evaluations of project components showed positive impact. Eighty-nine percent of WIC staff members perceived benefits of the self-development training, and six months after their training, 74% of the nutrition staff members reported using the *Stages of Change* model with participants. Almost 70% the state's nutrition staff members were visited by a mentor in the last six months of the project. Staff retention increased after one year of *Reinvesting in Staff in Tennessee*, and stayed elevated compared to the year prior to project implementation. Overall job satisfaction was markedly increased after the last year of the project compared to the year before project implementation. The major goals of *Reinvesting in Staff in Tennessee*, to increase staff retention and job satisfaction, were accomplished.

<sup>2</sup> <http://www.franklincovey.com/the7habits/index.html> (accessed May 1, 2006).

## 1.0 Introduction and Background

### 1.1 The Characteristics of the WIC Program in Tennessee

In the Tennessee Department of Health, the Nutrition Services Section is responsible for five major program areas: WIC, Breastfeeding Promotion, Commodity Supplemental Food Program, Farmers Market Nutrition Program, and Community Nutrition.<sup>3</sup> Each of Tennessee's 95 counties has at least one health department clinic. WIC services are integrated into regular clinic operations. Many of the clinic staff members, including nutritionists, nurses, clerks, and other health education staff, are an integral part of the WIC Program. In Tennessee, there are a total of 174 nutritionists, 308 nurses, and 318 clerical staff members who work in 150 clinics in 95 counties.

The Tennessee WIC Program serves 151,614 participants.<sup>4</sup> Across all age groups, the most frequent reason for WIC certification is inadequate diet. Obesity is a growing problem in the nation and in Tennessee; in 1998, an average of 8.5% of WIC participants in Tennessee were considered overweight, and in 2002 this increased to an average of 9.4%. Anemia also continues to afflict Tennessee WIC participants. In 1998 an average of 11.9% of Tennessee WIC participants had low hemoglobin levels.

### 1.2 Why *Reinvesting in Staff* for Tennessee?

The three major causes of death in Tennessee, heart disease, cancer, and stroke,<sup>5</sup> are nutrition-related. These diseases are at least in part preventable through improved dietary habits and increased physical activity. Since dietary habits are

<sup>3</sup> Staff members in the Nutrition Services Section are responsible for program management and reporting, policy development, standard maintenance, resource allocation, training and technical assistance, grants preparation, and contract development.

<sup>4</sup> Included are 20,232 pregnant women, 5,793 breastfeeding women, 12,665 non-breastfeeding postpartum women, 42,013 infants under age 1, and 70,911 children from ages 1-5.

<sup>5</sup> State of Tennessee Department of Health. Health Information Tennessee (HIT): Monitoring the Health of Tennessee. Tennessee Health Status Report 2001-2002. [http://hit.state.tn.us/Hsr2002\\_cover.aspx](http://hit.state.tn.us/Hsr2002_cover.aspx) (accessed May 1, 2006).

established very early in life, it is important to begin teaching proper nutrition as early as possible.<sup>6</sup> By helping children live a healthful lifestyle including good nutrition and regular physical activity, the WIC Program can have an impact on individuals, families, and communities in Tennessee and nationwide. In fact, WIC has made a difference in Tennessee. In a participant survey conducted in Tennessee in the fall of 1999,<sup>7</sup> approximately 46% of participants reported that they had changed eating habits because of WIC nutrition education. A revitalized nutrition education program has even greater potential to help WIC participants continue to improve their knowledge and choose a more healthful lifestyle.

The success of a vital nutrition education program can be attributed to two factors: (1) a positive clinic environment that supports learning and (2) a client-based approach to education in which educators act as facilitators of behavioral change for participants. Staff member attitudes, whether positive or negative, are shaped to a great extent by job satisfaction, confidence in job performance, and a sense of personal achievement in the workplace. If WIC employees, including nutrition, nursing, clerical, and health education staff, are unsatisfied in their jobs, they will be less effective in helping WIC participants develop healthy habits and healthy eating behaviors.

State-wide focus groups of WIC service providers conducted in 2000<sup>8</sup> revealed that many local staff members involved in providing WIC services do not feel a sense of satisfaction and achievement with their jobs and the clinic environment. They reported that what they liked most about their jobs was helping people and being able to make a difference. What they disliked about their jobs was the level of stress, lack of respect, clinic environment, lack of upward mobility, pay, and staffing. In a written survey of WIC service providers, staff reported an overall mean job

<sup>6</sup> Trahms CM, Pipes PL, eds. Nutrition in Infancy and Childhood, Sixth Edition. WCB/McGraw-Hill Seattle, WA, 1997.

<sup>7</sup> Edge Healthcare Research, Inc. WIC Participant Study-2000: Women, Infants, and Children's Program, Department of Health, State of Tennessee, RFS 343-53-042, page 11; 2000.

<sup>8</sup> Edge Healthcare Research, Inc. Service Provider Focus Groups Study-2000: Women, Infants, and Children's Program, Department of Health State of Tennessee, RFS 343-53-042, pages 6-8; 2000.

satisfaction rating of 3.7 on a 5-point scale.<sup>9</sup> When asked what one or two changes would help improve job satisfaction, respondents answered:

- Increase pay;
- Add staff members;
- Increase supervisor support/feedback;
- Provide more training;
- Increase cooperation among employees;
- Treat all staff members equally with respect.

During the year 2000 (the 12 months preceding this project), the average statewide rate of WIC nutrition staff retention was 73%. In individual regions, the rate of nutrition staff members' retention reached as low as 50%. Staff members gave a variety of reasons for leaving their positions. The most commonly cited reasons were finding another job with more money, personal and family reasons, transfer of a spouse, and moving. However, additional reasons were job performance, promotion, and transfer to another region.

Therefore, to help improve retention of staff members and promote high quality nutrition services, this project, *Reinvesting in Staff in Tennessee*, was designed to focus on staff development and job satisfaction. One of the goals of the *Revitalizing Quality Nutrition Services* project team was to increase statewide WIC staff retention from the year 2000 rate of 73%. The project was implemented statewide and involved all staff members who work with WIC participants, thereby influencing every local clinic.

*Reinvesting in Staff in Tennessee* was designed to directly address job satisfaction, retention, and performance. It is important to remember that job satisfaction and employee retention are factors that a good training program can address. Other factors, however, like staffing ratios and salaries, cannot be addressed with training, and must instead be addressed through the work place infrastructure.

<sup>9</sup> Edge Healthcare Research, Inc. Service Provider Written Study-2000: Women, Infants, and Children's Program Department of Health State of Tennessee, RFS 343-53-042, pages 6-8; 2000.



## 2.0 The Theoretical Basis for *Reinvesting in Staff in Tennessee*

The effectiveness of WIC nutrition education and counseling depends not only on the accuracy of information given, but also on how this information is presented by nutrition and other WIC services staff. *Reinvesting in Staff in Tennessee* was designed to strengthen and revitalize WIC nutrition services through three major approaches, each addressed in a separate component of the program.

Component I was designed to improve the overall clinic environment and create an atmosphere conducive to learning. This was accomplished *by providing self-development training for all WIC staff*. All staff members in the clinic were included because they provide nutrition education to participants, whether directly through nutrition counseling or indirectly by their attitude and actions.

Component II was designed *to train nutrition educators to act as facilitators of behavioral change* rather than conveyors of nutrition information. Unfortunately, nutrition education is often educator-based; that is, it is based on the educator's perceptions of the participant rather than on the participant's actual needs. At the start of this project, the "old-fashioned lecturing-type" of nutrition counseling was widely used by WIC staff in Tennessee. Although somewhat effective (46% of participants reported changing their eating habits as a result of WIC education),<sup>10</sup> better ways of nutrition education were desired. In this project, nutritionists used the *Stages of Change* model to facilitate behavioral change in participants.

The *Stages of Change* model was developed by Prochaska and DiClemente and evolved from work with smoking cessation and the treatment of drug and alcohol addiction and has recently been applied to a variety of other health behaviors. The basic premise is that behavior change is a process and not an event, and that individuals are at varying levels of readiness to change.<sup>11</sup>

<sup>10</sup> Edge Healthcare Research, Inc. WIC Participant Study-2000: Women, Infants, and Children's Program Department of Health State of Tennessee, RFS 343-53-042, page 11; 2000.

<sup>11</sup> Glanz K, Rimer BK. Theory at a Glance: A Guide for Health Promotion Practice. Bethesda, MD: National Cancer Institute, NIH Publication No. 97-3896, 1997.

Participants benefit most from interventions matched to their own level of readiness. Counselors must identify the stage of readiness, and then can adapt appropriate messages and strategies.<sup>12</sup> By incorporating this model for behavioral change into their work, WIC counselors can more effectively design, deliver, and evaluate interventions to help participants adopt more healthful lifestyles.

Finally, Component III of this project was designed *to provide in-depth follow-up assistance through mentoring* to each nutritionist to reinforce the “facilitators of change” training received in the second component. Many public health programs provide continuing education programs for their staff, but follow-up assistance to reinforce newly developed skills and their application is often lacking. The mentoring component of this project not only provided additional training in counseling skills, but also provided assistance and follow-up to ensure that these new skills would be used effectively with WIC participants in “real-world” situations.

<sup>12</sup> Prochaska, JO, Velicer, WF. The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 1997; 12(1), 38-48.

### 3.0 Implementation: How Does *Reinvesting in Staff Work*?

Tennessee chose to implement the project's three components statewide, but the project can also be implemented in a single WIC site or State agency. The project team recommends that all three components be implemented. The following sections detail the steps Tennessee took leading to full preparation, delivery, and evaluation of each component of the project.

Keep in mind that certain costs will be involved in implementing this project. The following is a list of some of the costs that might be involved.

*Materials and supplies:* The cost of the self-development course depends on the course chosen and whether in-house trainers are used. Training manuals must be reproduced for every workshop participant. Program evaluation entails reproduction and postage (for a mailed survey, postcard reminder, and a second survey mailed to non-respondents); costs vary with the number of participants and the degree of follow-up desired. Other costs might include long-distance telephone calls and space on a computer server. A TV/VCR, LCD projector, and laptop computer can enhance the workshop presentations. Alternatively, an overhead projector can be used. The rental of equipment or even meeting space may be necessary.

*Personnel time:* Staff must commit time to develop training materials, plan, coordinate, and conduct workshops and evaluations.

*Travel:* Travel costs for the staff to attend meetings and workshops, as well as travel costs for mentors, may be necessary. This can include local travel, *per diem*, and lodging, depending on how the program phases are implemented.

*Consultants:* Consultants can be used for survey preparation, to develop additional evaluation tools, manage data entry and analysis, and analyze evaluations. They can also be used to adjust curriculum to meet local needs, and to present portions of the workshops. Costs of consultants can include those associated with the contracted work, travel, *per diem* and lodging.

*Indirect costs:* The need to relieve nutrition staff from clinic duties to attend training may result in additional staff expenses or lost opportunity cost because of lighter scheduling of participants. Many agencies have established indirect costs, which need to be added in addition to the total direct costs.

### 3.1 Implementation of Component I: Self-Development of All WIC Staff

Implementation of each component was carried out in several phases: preparation of the component, delivery, and evaluation.

#### 3.1.1 Implementation of Component I: Preparation Phase

The project team developed overall goals, objectives, evaluation tools and timelines before the project began, as part of the granting process. Focus groups, surveys, research and assessments gave baseline measurements in the following areas: job satisfaction, rate of and reasons for staff turnover, recent evaluations of in-services and meetings, and suggestions by participants for improvement of services.

It was determined that staff in Tennessee might benefit from a self-development workshop and objectives were written based on identified needs. Professional efforts are part of a person's life, and all parts of a person's life affect the way she or he works and relates to others. Some of the personal issues to be addressed in the self-development workshop were:

- Acceptance of responsibility and personal accountability;
- Development of a mission and purpose in life and awareness of how the position held helps fulfill that purpose;
- Identification of personal and professional priorities;
- Resolution of conflicts and seeking of mutually beneficial solutions;
- Increase of trust levels through clear communication;
- Awareness of the advantages of diversity so that options can be discovered that are better than "my way" or "your way";

- Awareness of the need for physical, social/emotional, mental, and spiritual renewal.

The Tennessee project team chose the FranklinCovey self-development course, “The 7 Habits of Highly Effective People®”,<sup>13</sup> to address these areas. There are other commercial self-development programs available as alternatives. The decision in Tennessee was based on the following:

- ❑ “The 7 Habits of Highly Effective People®” workshop is pre-approved for continuing education credits by the professional organizations of those who were attending.
- ❑ FranklinCovey uses a “train-the-trainer” approach by training in-house facilitators. Because the 22 facilitators trained in Tennessee were Department of Health staff members, significant cost savings were realized.
- ❑ Several other states and agencies have used the workshop and have described positive results.

*“After completing the workshop, I find that I have a more positive attitude toward my job goals and performance.”* WIC staff member

The 22 staff members chosen to be facilitators/trainers spent about eight days in “train-the-trainers” sessions. They were prepared to guide other WIC staff through the three-day workshop, with the same curriculum as the FranklinCovey course. The project team then requested that all 800 health department staff members participate in a workshop conducted by a staff trainer. Supervisors of the staff members scheduled the sessions and a memo was sent to each staff member with an explanation of the course. The goal was to impact the overall clinic environment and, in Tennessee, WIC clinics are integrated with other health department services. Everyone who came in contact with a WIC participant was to be included.

<sup>13</sup> <http://www.franklincovey.com/the7habits/index.html> (accessed May 1, 2006).

### 3.1.2 Implementation of Component I: Delivery Phase

Because “The 7 Habits of Highly Effective People®” is a three-day workshop, scheduling for 800 staff members was challenging. Consideration in scheduling was given to availability of staff members and how clinic flow would be impacted. These are important variables to be considered at every site. Scheduling (meeting place, attendees, etc.), purchasing (training materials), and evaluation of the workshop required administrative time.

In Tennessee, the workshop was presented to staff members at local sites with no more than 25 staff members in attendance at one time. Across the state, 37 workshops were presented, scheduled in different time frames by region staff:

- Three days in a row,
- One day a week, three weeks in a row,
- One day every other week.

*“As a result of the workshop, I am seeking input from others and making an effort to clarify any misunderstandings.”*

WIC staff member

### 3.1.3 Implementation of Component I: Evaluation Phase

The workshop, “The 7 Habits of Highly Effective People®”, was evaluated for *process* and *impact* using three different questionnaires developed by the project team. The measures of effectiveness were based on the workshop objectives, which were to help the staff members:

- Prepare to significantly increase performance;
- Understand the basic principles underlying interpersonal effectiveness;
- Develop a personal mission statement;
- Understand how to communicate with others effectively;
- Prepare to work with others to influence outcomes.

To evaluate *process*, a “workshop assessment” questionnaire was distributed to attendees immediately after the workshop. The questionnaire focused on satisfaction with the workshop content and presenters and with its relevance to the attendees’ jobs. Using a 5-point scale, attendees indicated the degree to which the workshop was effective in promoting understanding and job preparation (0=not helpful to 5=extremely helpful).

To evaluate *impact*, attendees completed a “baseline assessment” questionnaire just before the workshop began. A second similar questionnaire and a postage-paid return envelope were mailed to a subset of the attendees (185 of the 800) six months after the workshop. A postcard reminder was mailed one week later, and a reminder phone call was placed to non-respondents two weeks after the postcard. Ten questionnaire items in both the baseline and the six-month evaluation asked staff members to report on their perceptions of their own efficacy at work using a 5-point scale (0=not effective to 5=extremely effective). In the baseline questionnaire, 12 other items pertained to demographic information, training, job classification and level of education. The 6-month evaluation also repeated the “workshop assessment” items from the process evaluation questionnaire.

Another questionnaire was mailed to nutrition staff approximately six months after implementation (summer 2003) to gather information needed for grant administrative purposes (Final Grant Report questionnaire). One hundred eighty-five surveys were mailed and 136 were returned for an overall response rate of 74%. This three-part questionnaire included questions on each of the three program components, and focused on staff perceptions of process and impact. Questions were included which referred specifically to the FranklinCovey workshop.

The evaluation instruments are listed in Section 6.1 and can be found on the WIC Works Resource System ([www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks)).

## 3.2 Implementation of Component II: Skills Development for Nutrition Staff

### 3.2.1 Implementation of Component II: Preparation Phase

The project team designed a workshop for development of nutrition staff skills based on the *Stages of Change* model and facilitated group discussion. The workshop, “Facilitators of Change, Nutrition/Behavior Counseling,” was based in part on New Mexico’s “Listen, Share, Support” program<sup>14</sup> and Kentucky’s adaptation of that

<sup>14</sup> New Mexico WIC Program, Facilitator’s Guide for Nutrition Education: Listen, Share, Support. New Mexico: Quintock Publications, 1994.

program.<sup>15</sup> A draft of the curriculum and materials was presented to the regional nutrition directors at a staff meeting six months prior to the training. Changes were made based upon the recommendations of the nutrition directors. The curriculum and materials were then reviewed by a smaller committee comprised mainly of nutritionists from the field at a meeting two months prior to the training. The workshop leaders/facilitators spent several weeks in preparation for the presentation. They needed to be skilled in facilitating group discussions and knowledgeable in the *Stages of Change* model. Administrative time required for this phase involved scheduling (meeting place, attendees, etc.), purchasing (training materials), and evaluation.

### 3.2.2 Implementation of Component II: Delivery Phase

The workshop was divided into three parts. One-half day was spent learning about and practicing how to use *Stages of Change* and appropriate counseling responses. The next full day focused on facilitated group discussion. The last half-day was a workshop on how to use motivational interviewing in nutrition counseling. Each topic in the workshop was developed and presented by an expert in that field.<sup>16</sup> The “Facilitators of Change” workshop was conducted at a conveniently located hotel/conference center with 163 members of the state nutrition staff in attendance.

### 3.2.3 Implementation of Component II: Evaluation Phase

The “Facilitators of Change, Nutrition/Behavior Counseling” workshop was evaluated primarily for immediate impact. All 163 participants completed a self-evaluation form following the workshop, which focused on their confidence and intention to use specific skills learned in the workshop. A similar questionnaire could

<sup>15</sup> Kentucky WIC Program, Facilitator’s Guide for Nutrition Education: Listen, Share, Support, 2001. (Based on the guide of the same name from New Mexico).

<sup>16</sup> In Tennessee, the *Stages of Change* model was presented by Mary Lou Kiel, PhD, RD, a consultant for Pennsylvania State University. The facilitated group discussion section was led by Jane Peacock, MS, RD, Section Chief, and Jeanne Gallegos, MS, WIC Program Director, New Mexico Dept. of Health, Family, Food and Nutrition. The workshop on how to use motivational interviewing in nutrition counseling was led by Marsha Davis, PhD, Associate Professor, Dept. of Human and Organizational Development, Peabody College, Vanderbilt University. Jane Baxter, former Tennessee WIC Director, agreed to be adviser. As adviser, Ms. Baxter helped develop curricula and materials to teach the nutrition staff how to be facilitators of change (both in group and individual settings.)



also be distributed before the workshop, resulting in a pre- and post-evaluation design. However, this process requires additional resources and time.

Two items focusing on staff perceptions of process and impact of Component II were also included in the three-part Final Grant Report questionnaire mailed at six months post-implementation.

### 3.3 Implementation of Component III: Reinforcement of Staff Development through Mentoring

#### 3.3.1 Implementation of Component III: Preparation Phase

The goal of Component III was to reinforce what was learned in the first two components and to foster staff development and retention. This was accomplished through mentoring. The primary role of the mentors was to encourage their peers to use the tools learned in the “Facilitators of Change, Nutrition/Behavior Counseling Workshop”; that is, to be effective facilitators of change using the use *Stages of Change* model.

Mentors were chosen from the clinical nutrition staff within each region. Nutrition staff members were asked to select two mentors from their region by completing a ballot that listed all nutrition staff members who had attended the “Facilitators of Change, Nutrition/Behavior Counseling” workshop. There were 30 mentors appointed from 14 health regions.

The project team designed a workshop to develop the skills of the newly appointed mentors. The workshop, entitled, “Facilitators of Change, A Mentoring Workshop”, was based on “The Learn Together Approach,” a facilitative-style adult learning approach that was developed for the Michigan WIC Program by Susanne Gregory, MPH.<sup>17</sup> The workshop, which required several weeks preparation time, emphasized that mentors needed to give their nutrition staff members positive

<sup>17</sup> The Learn Together Approach, Facilitated Group Discussion, Train-the-Trainer Guide. A collaborative training program by Michigan Department of Community Health, WIC Division & Michigan State University Extension, June 2001. Training Curriculum Development & Delivery: Susanne Phelan Gregory, MPH, Training & Development Consultant, Richmond, VA.

support and encouragement to facilitate change. Administrative time was required to schedule a meeting place and attendees, purchase training materials and evaluate outcomes. The workshop was conducted in a facilitated group discussion style, and lasted one full day.

### 3.3.2 Implementation of Component III: Delivery Phase

The delivery phase of the mentoring component consisted of two stages: development of mentoring skills in the “Facilitators of Change, A Mentoring Workshop,” and the subsequent application of those skills with their peer nutrition staff.

In Tennessee, a facilitator/trainer conducted the six-hour workshop as a two-way audio-video, teleconference with the 30 mentors gathered at 3 different sites in the state. The workshop could also be offered at a statewide or regional meeting, but financial constraints might limit this approach.

Following the workshop each mentor was asked to schedule and spend two full days with each of the 2-6 nutrition staff members assigned to him/her. The mentor’s assignment was to encourage the use of *Stages of Change* and facilitated group discussion by nutrition staff. The mentor then submitted a written evaluation of her meetings with nutrition staff, using the “WIC Counseling Skills Checklist”, which is provided in the Facilitators of Change Workshop Manual posted on WIC Works (see Section 6.1). Mentors were responsible for working with existing and new staff members. To allow time for the mentors to perform their new duties, other staff covered clinic assignments for them while they were working with other nutritionists. To use staff time efficiently, reports by the mentors served as one of the semi-annual staff monitoring visits normally performed by Regional Nutrition Directors in Tennessee.

### 3.3.3 Implementation of Component III: Evaluation Phase

The “Facilitators of Change, A Mentoring Workshop” was evaluated for process and impact by the attendees. A brief questionnaire was distributed immediately after the conclusion of the workshop.

The impact of the mentoring program was also evaluated with eight items focusing on staff perceptions of process and impact of Component III in the three-part Final Grant Report questionnaire mailed at six months post-implementation.

Mentored staff members only were asked about their perception of the mentoring program and the degree to which it had an impact on their work. Questions were directed only at the mentored staff, although a similar impact evaluation could also be done with the mentors themselves.

## 4.0 Impact of *Reinvesting in Staff in Tennessee*: Results of Evaluations

The goal of this project was to revitalize quality nutrition services by investing in staff to 1) improve the clinic environment, 2) teach nutritionists to act as facilitators of change rather than conveyors of information, and 3) follow-up with realistic in-depth, “one-on-one” assistance through trained mentors.

Each component was evaluated as described previously. To determine if the goals of the project were attained, evaluations were designed to answer the following questions:

- Did WIC staff members feel that their skills were enhanced through professional self-development training (Component I)?
- Did the training increase the use of *Stages of Change* in WIC counseling (Component II)?
- How effective were mentors in helping nutrition staff to improve their counseling skills (Component III)?
- Did the intervention increase retention of nutrition staff (overall outcome)?
- Did the intervention increase job satisfaction among employees who work in the WIC Program (overall outcome)?

### 4.1 Results of Component I: Self-Development Training of All WIC Staff

Did WIC staff members feel that their skills were enhanced through the professional self-development training workshop?

Some of the responses from the three questionnaires used to evaluate the impact of the “The 7 Habits of Highly Effective People®” training are summarized here. More detail is reported in a report by Edge Healthcare Research, Inc.<sup>18</sup>

#### 4.1.1 Process Evaluation of Component 1

In the questionnaire completed immediately following the FranklinCovey workshop, attendees described the workshop as very effective in preparing participants:

- To understand how to communicate effectively with others;
- To work with others to influence outcomes;
- To understand the basic principles of personal effectiveness; and
- To understand principles of interpersonal effectiveness.

The workshop was moderately effective in preparing participants:

- To increase performance; and
- To develop a personal mission statement.

The workshop was rated very good for:

- Increasing knowledge and skills; and
- Strengthening participants’ desire to apply what they had learned.

#### 4.1.2 Impact Evaluation of Component 1: Baseline Results

Of the 800 staff members invited to the workshop, 87% participated. WIC staff of all job descriptions, who helped shape the clinic environment for WIC participants, completed the workshop:

- Almost one-third worked as clerks or secretaries and the remaining worked as nurses, nutrition educators, managers/administrators, and dietitians/nutritionists.

<sup>18</sup> Mentoring and Promoting Nutrition Staff Development Evaluation: Women, Infants, and Children’s Program Department of Health State of Tennessee, RFS 343-53-069; 2003.

- Almost half of the participants held no professional credential or license, although about 25% were Registered or Licensed Practical Nurses and 10% were Registered Dietitians.
- About 30% had completed some college as their highest level of education, while 22% had a Bachelor's degree, 18% had a high school degree or GED, 13% had an Associate's degree, and 10% had a Master's degree.
- Attendees had worked in the health care field an average of almost 14 years. Of those who worked in WIC (nine years on average), most were involved in patient care, while almost 30% were involved in administration, 20% in both patient care and administration, and 8% in consultation.

In response to questionnaire items, workshop attendees indicated that they considered themselves moderately effective in most of their work tasks; they rated themselves very effective for accepting work responsibility and being accountable for what they do.

#### 4.1.3 Impact Evaluation of Component 1: Six-Month Follow-up

The demographics of the staff members who returned the six-month follow-up questionnaire differed somewhat from the whole group that took the course and completed the baseline questionnaire:

- Fewer had no professional credential or license, and more were Registered Dietitians, than those completing the baseline questionnaire.
- Fewer clerks or secretaries and more managers or administrators were represented among the follow-up respondents.

When evaluating their own effectiveness at work:

- The follow-up respondents continued to consider themselves moderately effective on most of the areas of effectiveness.
- They considered themselves very effective for accepting work responsibility and being accountable for what they do.
- Over 50% could identify actions that they had taken at work as a result of participating in the workshop.

Results from the six-month Final Grant Report questionnaire were as follows:

- Over eight-in-ten respondents (84%) completed “The 7 Habits of Highly Effective People” workshop and, of these, 90% had discussed the training with coworkers after the workshop.
- Two-thirds of respondents (66%) reported that they would like to participate in additional training like the Covey workshop to help improve their job performance.
- Eighty-nine percent of respondents indicated that some of the Covey habits were useful for improving the way they carry out their job. The most useful habits were:
  - “Seek first to understand, then be understood” (57%) and
  - “Be proactive” (38%).
- Respondents reported that the workshop was most effective in helping them “be a better listener” with a mean rating of 3.5 of a possible high score of 5.0.
- Respondents reported that the workshop had a moderate impact in
  - “The extent to which the training motivated you to make changes in how you interact with people” (3.1 of 5.0) and
  - “The extent to which the training motivated you to make changes in how you set priorities” (3.0 of 5.0).

## 4.2 Results of Component II: Skills Development for Nutrition Staff

Did the “Facilitators of Change, Nutrition/Behavior Counseling Workshop” increase the use of *Stages of Change* by WIC nutrition

Of the 180 nutrition staff members invited to the workshop, “Facilitators of Change, Nutrition/Behavior Counseling”, 144 attended; they had an average of over

10 years of counseling experience in WIC. All attendees completed an evaluation questionnaire immediately following the workshop.

Most attendees were able to identify correctly the five *Stages of Change*, but they had difficulty matching each stage of change with an appropriate counseling strategy.<sup>19</sup> On a scale of 1-7, participants indicated that they were very confident of each of four skills related to *Stages of Change* and facilitated discussion (4<mean scores<5). They felt they were very likely to use the workshop skills in their practice: four of the five skills listed had a mean score greater than 5.

Results from the six-month Final Grant Report questionnaire were as follows: Nearly three-fourths of respondents (74%) who participated in the “Facilitators of Change Nutrition/Behavior Counseling” training reported that they currently used the *Stages of Change* in their counseling at least “moderately”. Twenty-five percent reported they used it in their counseling “very much” or “extremely.” Respondents also reported that facilitated discussion has affected their interaction with participants “very much” or “extremely”.

*“I wanted to write and let you know that my first attempt with the new counseling techniques was successful. I will say that I found it difficult to let go of the lecture style. There were times in my breastfeeding techniques class that I found myself falling back into a lecture mode and then returning back to a facilitator role. I found that in the facilitator role the discussion flowed just beautifully. The participants opened up and really shared with one another and with myself. It was different for me... but good for the patients... the best way of saying thank you is by letting you know that we are beginning to incorporate these new counseling techniques into the clinic. Thanks again.”*

WIC Nutrition Educator

<sup>19</sup> This may have been an artifact of the way an item on the questionnaire was written. The question should be modified for future use. See Lessons Learned!



### 4.3 Results of Component III: Reinforcement of Staff Development through Mentoring

How effective were the newly trained mentors in helping nutrition staff to improve their counseling skills?

The effects of the mentoring program were evaluated with eight items included in the three-part Final Grant Report questionnaire, which was mailed to nutrition staff members, one to six months after their mentoring experience. These eight items were directed only at mentored staff.

There were 85 staff members who were mentored at least one day by one of the 30 trained mentors. Four-in-ten respondents (42%) had a previous formal or informal mentoring relationship, while 22% currently were themselves mentors in the Department of Health Mentoring Program.

Mentored staff were asked to rate several aspects of the mentoring program on a scale of 1 to 5. Respondents rated the mentoring program positively. Most said it was moderately to very helpful (3.0 or greater):

- In helping them practice new counseling skills;
- In helping them improve their work performance;
- In the degree to which information was shared between the mentor and person mentored; and
- For the active listening that was part of the mentoring process.

Nutrition staff trained as mentors in the “Facilitators of Change, Mentoring Workshop” completed a brief questionnaire at the end of the one-day training. Almost all of the 30 trainees were able to describe specific steps they would take to start their mentoring program. All aspects of the workshop evaluated were rated between 4 and 5 on a scale of 1-5. Respondents felt very sure they would be able to

use what they learned, and that the workshop was interesting, met its objectives and was well-conducted.

#### 4.4 Summary of All Evaluations of *Reinvesting in Staff in Tennessee*

Process evaluations of the components showed that:

- 84% of the approximately 800 WIC staff members who were invited to attend the personal self-development course attended (Component I).
- 93% of the nutrition staff members who were invited attended the Facilitators of Change, Nutrition Behavior/Counseling Workshop attended (Component II).
- 100% of the 30 nutritionists invited to be mentors completed the training session and worked with peer nutritionists as mentors (Component III).

Impact evaluations of the components showed that:

- 89% of WIC staff members perceived benefits of the self-development training in Component I.
- Following the workshop in Component II, nutrition staff members indicated that they were very likely to use the *Stages of Change* model in counseling sessions.
- Almost 70% the State's nutrition staff members were visited by a mentor in Component III. Those who were visited reported a positive experience.

Did the intervention increase retention of nutrition staff?  
Did the intervention increase job satisfaction among employees who  
work in the WIC Program?

**Table 1 Changes in Staff Retention and Job Satisfaction During *Reinvesting in Staff in Tennessee***

Year	Nutrition Staff Retention %	Overall Job Satisfaction %
2000 (prior to project)	73.0	73.0
2001 (Year 1)	87.3	not available
2002 (Year 2)	89.8	not available
2003 (Year 3)	86.7	87.0

As seen in Table 1, staff retention increased after one year of *Reinvesting in Staff in Tennessee*, and stayed elevated compared to the year prior to project implementation. Overall job satisfaction was markedly increased after the last year of the project compared to the year before project implementation. As reflected in the results of the impact evaluations and in Table 1, the major goals of the project team were accomplished. Overall, *Reinvesting in Staff in Tennessee* helped change the way staff members work in Tennessee WIC.

## 5.0 Lessons Learned from *Reinvesting in Staff in Tennessee*

- ❖ *Seek input from your staff members!* Include staff members in the development of workshop materials. They can provide valuable insight into their own and other staff members' needs.
- ❖ *Seek input from WIC participants!* This would be most helpful when developing group discussion topics. It would be beneficial to include input about possible discussion topics from other community agencies that serve the same clientele.
- ❖ *It is important to realize that every staff member is in a different stage of change himself or herself.* The counseling techniques taught to encourage participants to progress to the next level of change also are effective when asking staff members to change.
- ❖ *Pretest your questionnaires, even if just informally.* An ambiguous question or ambiguous answer choices will lead to results that are difficult to interpret. If you decide to use a new question, make certain that the question itself and the answer choices are clear.
- ❖ *Individuals who are committed to staff growth and development are important to the success of this project.* It is important to keep in mind that staff development is a major focus of this project. By participating, WIC staff members develop important skills and positive attitudes.
- ❖ *Sometimes what appears at first to a staff member to be an increase in duties can actually be an enriching experience.* Although mentoring represented a change in their normal duties, most mentors were glad to be asked to assist their fellow staff members and to spend time with another professional.
- ❖ *Changes in attitudes and methods cannot be accomplished overnight.* Time is needed to plan and prepare for all phases of this project. This project should be approached in a long-range plan for a WIC clinic.

By *Reinvesting in Staff* in your WIC agency, you will ultimately support your participants in their efforts to live healthier lifestyles. By helping children include good nutrition and regular physical activity in their daily lives, the WIC Program can have an impact on individuals, families, and communities nationwide.

## 6.0 Resources

### 6.1 Tools and Forms

The following tools will help you implement *Reinvesting in Staff in Tennessee* and are available through the WIC Works Resource System ([www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks)):

Component I, Self-Development of All WIC Staff:

- Baseline Assessment, questionnaire
- Workshop Assessment, questionnaire
- Six-Month Workshop Evaluation, cover letter
- Six-Month Workshop Evaluation, workshop impact questionnaire
- Follow-up postcard reminder
- Final Grant Report, questionnaire (also relevant to Components II and III).

Component II, Skills Development for Nutrition Staff:

- Facilitators of Change, Nutrition/Behavior Counseling Workshop Manual
- Workshop Impact, questionnaire

Component III, Reinforcement of Staff Development through Mentoring:

- Facilitators of Change, Mentoring Workshop Manual
- Mentoring Workshop Evaluation

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