



Participant-Centered Nutrition Education Model



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OVERVIEW

The Participant-Centered Nutrition Education (PCE) model is a promising approach to helping individuals adopt positive nutrition- and health-related behaviors. PCE is a systems approach designed to focus nutrition education on topics and issues that are relevant to the participant. In this model, the nutrition educator and the participant form a partnership to engage in interactive discussions based on the particular needs and circumstances of the participant. The PCE approach may be useful in individual or group settings; it is especially effective in targeting and influencing some of the most important determinants of behavior change, such as self-efficacy, skills building, and readiness to change.

The PCE model expands the U.S. Department of Agriculture's (USDA) efforts to enhance WIC nutrition education and services for positive health outcomes through their Revitalizing Quality Nutrition Education initiative and its Value Enhanced Nutrition Assessment (VENA) project. The model is an approach that puts the participant's needs and the goal of healthy eating behaviors at the core of WIC service delivery. PCE moves the WIC program from basic nutrition assessment and education to a comprehensive strategy that gives participants tools and strategies that support healthy eating behavior.

Participant-centered nutrition education focuses on a person's capacities, strengths, and developmental needs – not solely on her problems, risks, or negative behaviors.

The outcome-based PCE model takes a systems approach to promoting healthy eating behaviors. PCE is not a project or a program but a completely new model for participant interaction that touches upon all aspects of WIC functions and service delivery, expanding the traditional nutrition educator-WIC participant relationship. PCE affects not only every interaction between a participant and *all* local WIC staff, but also the interactions among WIC staff and supervisors and local, State, and Federal agencies.

Within the PCE framework, the nutrition educator provides counseling and advice, listening to and guiding the participant around nutrition-related decisions and behaviors. This approach contrasts with the traditional, didactic WIC assessment and education model. The traditional model is more static: the nutrition educator is an authority figure from whom the participant simply receives information and direction. Although this approach is successful in delivering information and increasing participant nutrition knowledge, it is less effective at promoting real behavior change.

Implementing the PCE model requires a systems approach that focuses on the entirety of the WIC program, rather than on one component or another. The systems approach considers:

- WIC policies that enhance or impede customer service
- Clinic processes that participants must navigate to receive WIC services and benefits, and their effect on participant interactions
- WIC staff interpersonal skills for delivering WIC services in a customer-focused manner including how all staff work together to provide services.

ASSUMPTIONS OF THE PCE MODEL

At its core, the PCE model recognizes that people are more likely to be influenced by and respond positively to health education approaches based on exchange and dialogue, not lecture; nutrition educators who engage participants by listening to their needs and concerns, and who offer support and guidance in adopting healthy eating habits, are key to the model's successful implementation. This approach is fundamentally different from the traditional WIC approach, which relied on nutrition educators who told participants what to do or what was healthy, but who did not present this information within the context of the participants' actual experience. This model is infused throughout the entire WIC system and is reflected in policies, procedures, and interactions at Federal, State, and local agencies levels.

Several assumptions support the PCE concepts:

Assumption 1: The PCE model is considered within the context of the WIC service delivery environment. The PCE model can offer an effective and efficient approach to supporting participant healthy eating behaviors, even in the face of limited staff time and resources.

Assumption 2: PCE is based on a trusting relationship between the nutrition educator and the participant. Educators need the skills and support to engage the participant in a meaningful discussion that addresses her needs and interests.

Assumption 3: Although PCE strives to engage the participant, it acknowledges that ultimately, the participant determines the degree to which she will be active in exploring behavior change options.

Assumption 4: PCE is not a one-size-fits-all process. Instead, each nutrition educator uses critical thinking skills to frame a discussion that helps participants to identify goals and actions. Nutrition educators customize the nutrition education approach to each participant.

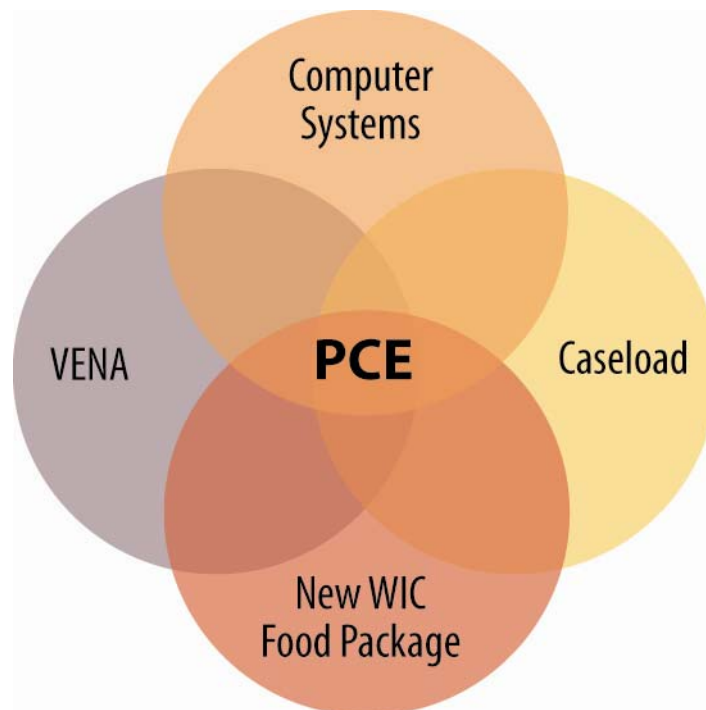
Assumption 5: PCE flows from VENA. It focuses on translating assessment into action. By focusing on this shared approach, the PCE model can provide a key strategy for providing nutrition educators with important information to guide behavior change.

The PCE model coincides with and complements changes and priorities already under way throughout WIC (see Figure 1 below). The model enhances, supports, and strengthens the effectiveness and ease of these changes. In turn, these changes and priorities facilitate and support the adoption of the PCE model. For example, in the current WIC environment, these priorities and changes include:

- Implementation of new computer systems that save participants and staff time
- Application of VENA, which collects comprehensive assessment information with a participant-centered, positive approach to provide the most relevant nutrition education for each participant
- Implementation of the new WIC food package, which will give participants the opportunity to practice positive dietary behaviors and enhance their nutritional health

Implementing these changes in conjunction with the application of the PCE model will make managing caseloads a little easier. Participants will be more willing and interested in returning to WIC, not just to receive their WIC vouchers, but because they feel engaged in a process that helps them to adopt healthy nutrition behavior changes.

Figure 1. WIC Priorities and PCE

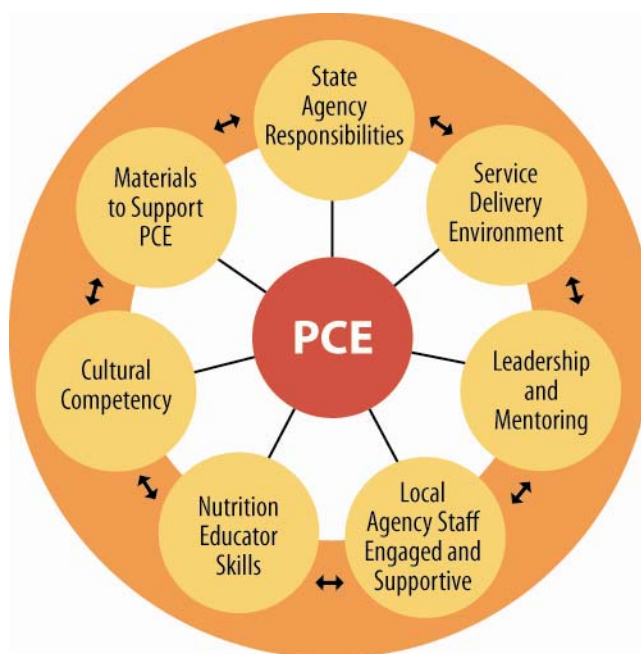


STRUCTURE OF THE PCE MODEL

The PCE model builds on a series of domains and features. The domains include a high-level framing of a systems concept and are designed to help describe an important role or responsibility. Within each domain are specific features defined to produce the desired outcome. Seven domains comprise the PCE model (see Figure 2). Each domain touches on an aspect of the WIC system, within which all WIC staff and leaders have roles and responsibilities:

- **State Agency Responsibilities** – the role of the State agency in implementing and supporting PCE.
- **Service Delivery Environment** – the environment reflects PCE and its importance in reaching participants.
- **Leadership and Mentoring** – a framework for internal peer and management support for implementation and maintenance of the PCE model.
- **Local Agency Staff Are Engaged and Supportive of PCE** – the roles and responsibilities of staff at all levels.
- **Nutrition Educator Skills** – the skills and training nutrition educators may need to effectively implement PCE.
- **Cultural Competency** – critical to providing services to a diverse population. PCE relies on staff who understand the role of cultural beliefs and values and who can effectively interact with diverse clientele.
- **Materials to Support PCE** – participant-centered materials that enhance each participant's understanding and support efforts toward behavior change and that also support the educator in facilitating this process.

Figure 2. PCE Model Domains



Domain 1: State Agency Responsibilities

State agency support is fundamental to successful integration of the PCE model into WIC services. Because of the important role the State agency plays in providing ongoing leadership, guidance, and support, its long-term commitment to the PCE model is essential.

- The State agency frames the concept of PCE for local agencies, defining its components, reviewing and refining policies and procedures that affect its implementation, and providing support and resources for that implementation.
- The State agency customizes the PCE model to meet the State's unique needs.
- The State agency bases PCE implementation on a strategic planning process that engages local agencies in an interactive process, modeling the approach through which nutrition educators are to interact with their participants.
- State agency staff model participant-centered skills and customer-focused services in their work with local agency staff and other WIC partners.

A number of features (see textbox below) have been identified to help State agencies successfully lead implementation of PCE

Features of Domain 1: State Agency Staff Responsibilities

- Identify and allocate the financial resources necessary to support the development, implementation, and maintenance of PCE.
- *All* State staff understand the principles of PCE and receive training in its concepts and in the skills needed to model and support its implementation.
- *All* State staff support PCE goals and objectives.
- State officials support readiness assessments of local agencies and their review of systems assessments.
- Provide PCE support and mentoring, by including PCE concepts in local agency monitoring, feedback, and quality assurance,
- Recognize that local agencies are unique and may implement PCE at a varying pace.

Domain 2: Service Delivery Environment

Local WIC agencies provide a service delivery environment that supports PCE implementation and sustainability; such an environment is critical because it affects how participants experience the program and engage in it.

Strong customer service supports are critical for creating an environment that participants find friendly, supportive, and warm. To ensure such customer service, the PCE model encompasses three key elements of a participant's WIC visit:

- All parts of the overall WIC experience with which participants interact and come in contact during the visit
- The logistics participants must manage in order to visit WIC offices (e.g., transportation, childcare)
- The system through which all clinic staff function as a team to provide services (including internal customer service)

Each of these systems can have an effect, positive or negative, on a participant's readiness for and receptiveness to nutrition education.

The primary goal of the PCE model is to help participants adopt or continue healthy behaviors. Participants who find the service delivery environment confusing or overwhelming may be less receptive to the services that nutrition educators provide. At times, other issues in a participant's life may affect her ability to be receptive to nutrition education; by treating these participants with care and respect, local staff can help them to have a positive experience at the WIC clinic. Although WIC staff cannot solve the participant's struggles, providing services in a clinic that encompasses the PCE model will facilitate staff's ability to help participants feel supported and understood, enabling them to feel more positive about their WIC experience and encouraging them to participate in nutrition education in subsequent visits. To promote positive interactions, local agency and WIC staff need to ensure that the service delivery environment fully reflects and embraces the concepts of PCE. The following textbox describes the key features of the Service Delivery Environment.

Features of Domain 2: Service Delivery Environment

- Clinic environment supports the principles of the PCE model. The physical space is attractive, comfortable, welcoming and child-friendly.
- The participant's time is valued; customer service policies are in place to allow staff to convey this to the participant.
- Staff provide nutrition education in a location and manner that facilitate participant engagement and discussion.
- Staff, policies, and processes respect participant privacy.
- Throughout the clinic, signage, posters, videos, and handouts reflect PCE concepts and messages.

Domain 3: Leadership and Mentoring

State and local agencies create a system to identify and support people to become champions and lead the effort to promote and facilitate the adoption of PCE. These PCE champions can ensure that the spirit and style of PCE is included in all aspects of service delivery and can model PCE skills. A PCE skills mentoring process, for example, that includes both peers and supervisors, would create an environment in which constructive, nonjudgmental feedback and support to improve skills and practices could be implemented.

Absent the support of such champions, the PCE model risks being seen as ‘just another project’ that will be replaced by something else or forgotten about down the road. The presence of champions and mentors helps to ensure that the PCE approach becomes vital to WIC services and is evident in every aspect of service delivery. PCE implementation will not be successful simply through a series of trainings or by integrating it into employee performance reviews. It is adopted in its entirety and maintained through a continuous, ongoing process of feedback, practice, and development. Leadership and mentoring features are described in the following text box.

Features of Domain 3: Leadership and Mentoring

- Leadership is provided within each local agency to support all staff in PCE implementation, both through peer supports and supervisor modeling.
- Leaders develop a mentoring process to provide ongoing support to staff as they implement the PCE model.
- Specific “job” descriptions define how mentors can provide ongoing support to staff. This description addresses the mentor’s role, responsibilities, and commitments so that mentors and staff understand expectations.
- Mentors receive training on the skill sets they need to successfully model and support other staff members. These skills include PCE skill sets, as well as skills specific to providing mentoring support and feedback.

Domain 4: Local Agency Staff are Engaged in and Supportive of PCE

To succeed, the PCE approach requires the support and engagement of all WIC staff, who must understand their role in the process. All staff, including those who are not providing nutrition education, should be engaged in creating an environment encounter that reflects the style and spirit of PCE. All interactions, including staff to participant and staff to staff interactions reflect the style and spirit as well. Only by engaging all staff in this ongoing process will a systems-level change be affected. The features listed in the following box may increase the likelihood that local agency staff will be engaged in PCE implementation.

Features of Domain 4: Engaged and Supportive Local Agency Staff

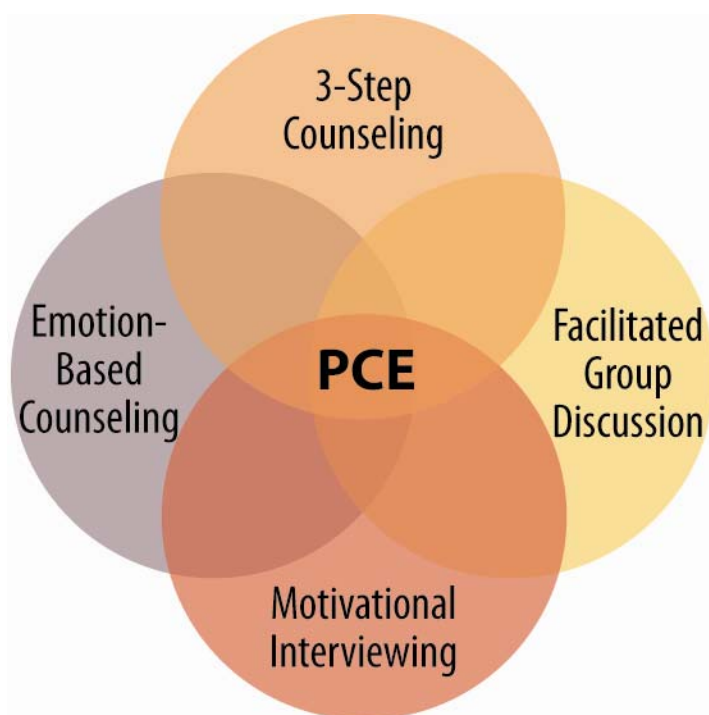
- PCE encourages *all* WIC staff to work together to reach the primary goal of quality WIC nutrition service through improved health outcomes. PCE is *not* just another project or something to be adapted only by nutrition educators.
- *All* staff have a clear understanding of what PCE is, why it is important, and receive ongoing training and support on PCE concepts and skills.
- PCE concepts become an integral part of new employee orientation and training. This is done in a holistic manner, incorporated into all aspects of their training and introduction to WIC service delivery
- Nutrition educators understand and use the skills needed to provide PCE. Nutrition educators receive ongoing training, practice, and peer support.
- At each clinic, a PCE champion motivates and encourages staff to adopt and use PCE concepts and principles.

Domain 5: Nutrition Educator Skills

The PCE model centers the nutrition education process on the individual participant, focusing on topics of interest to her. In this model, the educator serves as a counselor or advisor who listens to and guides the WIC participant on decisions about nutrition and health behaviors that reflect her particular needs and circumstances. The PCE model responds to an individual's capacities, strengths, and developmental needs rather than focusing on her problems, risks, or negative behaviors. To use a PCE approach, nutrition educators need a comprehensive set of skills that they can use in different ways at different times with different participants.

Nutrition educators may vary their approaches to PCE, using strategies such as motivational interviewing, three-step counseling or emotion-based messaging. To engage participants, the PCE model encourages nutrition educators to incorporate skills and techniques used in many other counseling and education models (see Figure 3 below).

Figure 3. PCE & Other Counseling Approaches



Nutrition educators will need to understand the specific skill set required to implement the PCE model. This skill set should be clearly defined and its purposes explained. Local agencies will translate the PCE framework (provided by the State) into an operational model for delivery. However, the model's ultimate success will depend on the skills and abilities of the nutrition educator.

Nutrition educators will not be able to implement PCE overnight. Understanding and developing the necessary skill sets will take time, practice, and the support of supervisors and peers. The features described below will guide local agencies toward implementing a model that enables nutrition educators to develop a participant-centered practice.

Features of Domain 5: Nutrition Educator Skills

- Although individual skill sets will vary according to the definition and implementation of the PCE model, certain basic skills are necessary to support the concept of PCE. This skill set includes:
 - Active and reflective listening
 - Rapport building
 - Critical thinking
 - Using open-ended questioning
 - Affirming
 - Motivational support
 - Change talk
 - Summarizing
 - Affirmation
 - Skills to translate ideas into action
 - Stages of change theory
- Behavioral support and change is framed in a way that is relevant to the WIC environment. Tools such as circle charts and topic guides can be an effective strategy for framing discussions and identifying behavioral outcomes.
- Nutrition educators understand that facilitative communication is key to engaging the participant and helping her to identify her personal goals and actions.
- Nutrition educators have the necessary nutrition knowledge in a PCE environment that responds to participant needs.
- Nutrition educators understand when a referral is appropriate. A nutrition professional is available to provide the necessary referral support to nutrition educators.
- Nutrition educators and participants understand that to be effective, both parties must truly engage and participate in the process.
- Implementing a process for follow-up with participants is critical to gather information and provide support.

State and local agencies can facilitate the development of nutrition educator and staff skills by adapting the features described in the accompanying box. Ultimately, this systemwide shift to a PCE approach will help to transform WIC into a program that offers relevant and useful nutrition education to guide and facilitate behavior change.

**Features of Domain 5: Nutrition Educator Skills:
Supporting Skills Development**

- Peer support encourages the nutrition educator to develop and enhance PCE skills.
- Ongoing training enables nutrition educators to build upon and sharpen skills.
- Supervisors assess and support PCE skills when evaluating nutrition educators. Staff are not likely to develop these skills uniformly and will do so at their own pace. To this end, supervisors support and mentor each staff member, allowing time and providing support toward developing competency.
- Nutrition educators have the tools necessary to develop care plans and provide appropriate participant-centered materials to each client.
- Skill development is influenced by participant feedback and suggestions for improving services.

Domain 6: Cultural Competency

In the PCE approach, the needs of WIC's culturally diverse participant population are considered in all components of WIC services. To meet their participants' needs WIC staff are culturally competent; that is, they respect and interact with people from an array of other cultures. Cultural competency incorporates multiple levels. As a first step toward cultural competence, WIC staff first becomes aware of their own cultures and worldviews. Once aware of their own culture, staff can also become more knowledgeable about other cultures and develop or enhance cross-cultural skills to effectively communicate and interact with participants. Finally, staff can learn from participants about each individual's cultural values and beliefs, truly become participant-centered.

Features of Domain 6: Cultural Competency

- *All* staff, not just nutrition educators, understand the importance of cultural competency.
- An agency-wide process helps staff to understand how cultural and linguistic differences impact behaviors, and help staff achieve and maintain cultural competency.
- Nutrition educators represent diverse racial, ethnic, and cultural backgrounds.
- Staff understand how to include language interpreters in a PCE environment.
- Interpreters understand the concepts of PCE and how to integrate them into their work.

Domain 7: Materials to Support PCE

The success of the PCE model requires that nutrition educators have the tools necessary to interact with and engage participants. In WIC, nutrition educators often use educational and ancillary materials. PCE materials convey desired messages, engage participants, and provide information that supports their nutritional goals. The nutrition educator and participant can use such materials to structure their discussion. Tools used need to reflect and support the values of PCE by providing information tailored to participants' needs.

Features of Domain 7: Supporting Materials

- Easy-to-use materials are relevant to participant, and may include approaches such as circle charts and emotion-based messages.
- Materials are adapted from other WIC programs and customized to meet specific participant needs.
- Materials are tested and validated as being appropriate and effective (e.g. readability, cultural appropriateness).
- Clinic has a process to review materials for adherence to PCE concepts and principles.
- Staff periodically assess materials to ensure that they complement and support the PCE approach.
- Staff and participants provide feedback regarding the effectiveness, usefulness, and appropriateness of the materials.

SUMMARY

The primary goal of WIC service delivery is to promote and support healthy eating and nutrition behaviors. The PCE model puts the participant's needs and goals at the core of service delivery. This outcome-based model, which comprises seven domains of activity, reflects a systems approach to health services improvement. Each domain includes specific descriptions and features for its implementation; however, these are not a checklist for PCE implementation. Rather, the domains and the accompanying features provide a framework for State and local agencies to use to review and adapt WIC service delivery as they implement a system-wide PCE nutrition education approach to improve the health and nutrition outcomes of WIC families.



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