

Michigan Department of Health and Human Services WIC Management Evaluation
Nutrition Education

Agency & Number _____ Clinic: _____

Consultant: _____ Date: _____

Lesson Plan Contents (5.01 e) Review two (2) nutrition education lesson plans and verify that they contain: * required elements starred	Lesson Plan 1		Lesson Plan 2	
	Yes or N/A	If no, Action Plan needed	Yes or N/A	If no, Action Plan needed
*Title or topic area				
*Learning objectives				
* Target group				
*Learning activities/methods				
*Materials needed				
*Outline of <u>presentation content</u>				
*Summary				
*Evaluation methods and materials				
*References				
Date last reviewed (up to date?)				
6.4a Does the lesson plan include all of the required components?				
6.4a Does the agency maintain lesson plans/modules for group education and self-directed activities? (MI-WIC 5.01e)			Y	N
Best Practice: Does the lesson plan appear to incorporate client-centered approaches?				If no, suggest they do

Comments:

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Interim Nutrition Education –6.2b		
wichealth.org	Yes or N/A	No, need Action Plan
Does the agency offer wichealth.org to clients who do not need face-to-face EDU/NCRD? (i.e., low risk, established breastfeeding)		If no, suggest they do
How does the agency assist client access to wichealth.org? (circle) Brochure Posters NE Plan Word of mouth Demo Other:		
<p>6.2b Does the agency follow up with clients who complete their wichealth.org?</p> <p>If yes, when? (circle)</p> <ol style="list-style-type: none"> 1. Use Online Ed Report-Contact the client 2. At the time on-site education occurs 3 Ask client to call 4. At next cert/eval/face to face visit (Observe during certification) <p>6.2b Was the client with questions provided answers from qualified staff?</p> <p><i>When ^[EN(1)] Internet education is reviewed with the client following the lesson, the initials and evaluation of the staff answering the questions must be entered. MIWIC Policy 5.07</i></p>		

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Education Mall/Self Directed Modules 6.2c		Client 1		Client 2	
		Yes or N/A	Cite if No	Yes or N/A	Cite if No
Does the agency offer a variety of NE options for clients with no internet or low literacy? Circle options: Individual NE Group NE Ed Mall MIHP BF Peer Self Directed Other: _____					
Is the client offered a variety of topics based on nutrition status, language, literacy? 6.2a					
Is the client directed to the topics of their interest? 6.2a					
Are the materials provided easy to understand, current, appropriate for client's needs? 6.4b					
Is there evaluation of client learning? 6.2c (Best Practice - determine/document behavior change stage)					
Does staff provide the client opportunity to discuss learning and offer support? When? (circle) 6.2b <ul style="list-style-type: none"> ▪ At the time the education occurs Y N ▪ At the next recertification visit Y N 					
Client Interview (Self-Directed Learner)		Client 1:		Client 2:	
Did you get to choose from a variety of topics/materials that interested you?					
Did you find the information...? Helpful Not helpful Too easy Just right Too hard					
Did the education give you ideas that will be helpful with a concern of yours?					
Did staff discuss your concerns and your plans to use the information?					
What would make this learning experience more helpful for you?					
Do you plan to make any changes based on this information?					
Observe benefit issuance: (MI-WIC Policy 2.03)		Client 1	Client 2	Client 3	Client 4
O4.2f	Is ID checked before food benefits are issued? (MI-WIC Policy 2.03) (including ID/VOC/WIC Bridge cards)				
O4.2f	Does the agency allow personal recognition by WIC staff at benefit issuance?				
Benefit issuance tied to Nutrition Education Participation				No	If YES, Action Plan
8.1c	Does the local agency deny clients benefits if they do not participate in nutrition education activities? (MI-WIC Policy 5.01 ^{EN(3)})				

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WIC Nutrition Education Materials					
Review two (2) nutrition education materials developed by the local agency (MI-WIC 5.01)		Material or Handout 1		Material or Handout 2	
Nutrition Education Materials Review		Yes or N/A	No, Need Action Plan	Yes or N/A	No, Need Action Plan
MPR	Topic				
6.4b	Is the locally developed material written at a 4-6 th grade reading level? (Acceptable 4-8 th grade level, includes breastfeeding, nutrition education, supplemental, nutritionist or registered dietitian, formula, obesity, vitamins, minerals, vegetables MI-WIC 5.01C) Review copies of 5.01c checklists.				
6.4b	Is the material appropriate for the ethnic-racial diversity of the population served? (MI-WIC 5.01/5.01C)				
6.2a	Are the examples and suggestions used appropriate for the target population (socioeconomic status, food preferences and cultural values)? (MI-WIC Policy 5.01)				
	Are actions explained simply, in a step-by-step fashion using accessible, everyday items/ingredients?				
2.1b	Is the current non-discrimination statement 10/15 on the material (prior to 2013 & new) (if developed by WIC and used for WIC clients, applicants and the general public, and includes mention of WIC)? (MI-WIC Policy 1.09)				
Client Handouts				Yes	If no, Action Plan Needed
6.4b	Are nutrition education materials, that are locally developed or obtained, evaluated for appropriateness using Exhibit 5.01C or equivalent local agency form? Review 5.01c checklists for each item. (State developed or provided materials exempt.)				
6.2e	Are nutrition education materials available that address the danger of using drugs or other harmful substances? (5.01) (i.e., Intro to WIC Program, materials that discuss avoiding drugs, alcohol abuse during pregnancy and while parenting)				
6.4b	Does nutrition education material stress positive relationship between nutrition, physical activity and health for nutritional needs of pregnant, postpartum and breastfeeding women, infants and children less than five years of age? (5.01)				

Comments:

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Breastfeeding Education and Support (6.5 d, 9.1 a)					
		1		2	
Observe education/support interactions with Breastfeeding clients		Yes or N/A	No, Need Action Plan	Yes or N/A	No, Need Action Plan
MPR					
Breastpump Issuance (4.05,4.06, 4.07)		Client ID:		Client ID:	
9[EN(6).1 a	Was the client provided education on Manual expression? Pump assembly and cleaning? Handling and storing breastmilk? PROVIDER: Was the contact documented? Y N BF support screen or NE grid				
BF Peers: Observe education/support interactions provided		Client ID:		Client ID:	
6.5d	Pregnant client –Breastfeeding education offered based on mothers questions and concerns? Peer: Was the contact documented? Y N BF support screen or NE grid	Provider :		Provider	
6.5d	Breastfeeding client –Was the client provided support for breastfeeding questions or problems? Peer: Was the contact documented? Y N BF support screen or NE grid	Client ID: Provider		Client ID: Provider	
6.5d	Ask peer what steps are taken when client presents with an issue outside of peers scope of practice, such as poor weight gain. Who: BF Coord., CLS, CLE, IBCLC Process: Is it timely related to issue?				

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Interim Nutrition Education Contact (5.01, 5.05)						
Observe two (2) separate Interim contacts.						
Obtain lesson plans (group) and nutrition education materials used.						
For each contact, determine whether the following items are present:						
Interim Nutrition Education available (circle all that apply): Individual Group Education Mail wichealth.org Other: _____			Secondary Contact 1		Secondary Contact 2	
Contact Items			Yes or N/A	If no, Action Plan needed	Yes or N/A	If no, Action Plan needed
MPR	Topic					
	Indicate Individual (I) or [DT7] group (G)/ NE facilitator's name	I	G	I	G	
6.4a	Is there a lesson plan/module (group)? (MI-WIC Policy 5.01E)					
6.2a	Is the education appropriate for ethnic-racial diversity?					
6.2a	Does the facilitator relate the topic area to what the client already knows and does?					
3.1b	Is the presenter qualified to provide nutrition education? (MI-WIC Policy 1.07)					
6.2a	Does the NE provided take into consideration/review the client's needs and concerns?					
6.2d	Do the messages provided engage the client in setting simple and attainable goals and provide steps to accomplish those goals?					
6.2a	Are the teaching methods used relevant and easily understood by the client?					
6.2a	Do the activities create opportunities for client interaction and feedback?					
6.2a	Does the client receive reinforcement of the message through materials (posters, handouts, and media)?					
6.2a	Are adult learning principles (respect for client knowledge, and experience) incorporated in the session?					
6.2a	Was there a process to assess for learning and intent of client's behavior change?					
6.2c	Does the education include an evaluation of understanding and outcomes of behavior change to determine the program's effectiveness? (MI-WIC Policy 5.01) How? Circle: post-test open-ended contract Other:					
6.2a	Is the education provided appropriate for the client's individual nutritional needs and concerns, socio-economic status, food preferences, language and cultural values? (MI-WIC Policy 5.01)					
Comments:					[EN(8)]	

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Nutrition Counseling/Care Plan with High Risk Client (MI-WIC Policy 5.06)					
Observe 2 high risk nutrition counseling sessions & review documentation					
High Risk Nutrition Counseling/Care Plan O=Observed D=Discussion		Yes or N/A	If no, Action Plan needed	Yes or N/A	If no, Action Plan needed
MPR	Client Name/ID Provider name				
6.6b	Was a nutrition assessment completed? (i.e. review of all pertinent data – Health history, growth/prenatal weight gain chart, lab, diet, medical status, client’s concerns and readiness for behavior change) Other: _____) Were the client’s MI-WIC Assessment statements checked if applicable (if not, suggest they do)?				
6.6b	Did the RD identify and summarize the client’s problems, concerns, needs and readiness for change?				
6.6b	Does the Subjective/Assessment include summary of client’s primary nutrition problems/concerns/needs, key information and motivation for change?				
6.6b	Was the client’s input central to the plan development?				
6.2a	Does the counseling provided build on or reinforce what the client already knows, with time for discussion/question and answers?				
6.2a	Was the counseling tailored to client’s cultural values, reading level, situation, etc.?				
6.2b	Does the Intervention Plan developed with the client include the following? a) Client’s desired outcomes b) One to three simple, attainable behavior changes c) Practical interventions, including future nutrition education d) Indicators to monitor and evaluate the client progress in follow-up				
6.6b	Was the client’s understanding of the plan/steps evaluated? (How do I know when I am doing it right?)				
6.6b	Was a follow-up session activities planned and future needs discussed and documented?				
6.6b	Were additional referrals offered, if applicable?				
6.6b	Did the RD provide and document appropriate nutrition services in the care plan and on NE screens? (MI-WIC Policy 5.06)				
	Does [EN(10)] the RD “freeze” the Care Plan after completed? (No Citation)		If not suggest they do.		[EN(11)] If not suggest they do
	Comments:				

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High Risk Monitoring			
6.6d	<p>Does the agency monitor high-risk services?</p> <p>How? Circle all that apply:</p> <ul style="list-style-type: none"> a. Record review (at least annually) b. Monthly reports of RD activities c. High Risk Report d. Observations/client interviews (at least annually) <p>Other: _____</p> <p>How often? _____ (at least annually)</p>		[EN(12)]

Comments:

Reviewed by: _____ Date: _____

Consultant: _____ Date: _____