

MI-WIC POLICY

Nutrition Services

5.0 Nutrition Services

Effective Date: 5/15/13

5.01 Content of Nutrition Education

PURPOSE: This policy describes the nutrition education benefits a WIC client shall receive during a certification period. The CPA's role is defined which includes determining a nutrition education plan for the client, providing an explanation of eligibility, and communicating relevant nutrition education messages to clients using appropriate counseling techniques. The required content of nutrition education contacts and the manner in which the education is provided are also specified.

A. POLICY

1. Required Number of Nutrition Education Contacts Per Client

Number of Contacts

During each certification period, local agencies shall make available the required nutrition education contacts on separate days to clients and the parents or caretakers of infant and child clients, and whenever possible, the child clients themselves at the following rate:

# of Months of Certification	Number of Required Contacts
10-12 months	4
7-9 months	3
4-6 months	2
1-3 months	1

For infants or children certified in excess of six months, parents or caretakers of the infant or child shall be offered nutrition education encounters at the rate of one per quarter of certification. For Breastfeeding Women certified for one year, the client shall be offered at least four nutrition education contacts in the one year period. Two or more of the contacts should be offered in the first six months, emphasizing the early certification period when the client may need more assistance.

To be counted as a nutrition education contact for the client, the CPA shall document the nutrition education provided in the client's record. (See Policy 5.03 Documentation of Nutrition Services) Nutrition information, support groups and telephone contacts other than interacting about the wichealth.org certificate are not counted as a nutrition education contact. The exception to telephone contacts is breastfeeding problem-solving counseling or education by trained nutrition staff and Breastfeeding peer counselor, which will count as a nutrition education contact for a breastfeeding client.

Regardless of the number of topics presented and recorded on a given date, education provided that day counts as only one of the required contacts.

2. Required Eligibility Explanation

The eligibility explanation is the information the CPA is required to provide to the authorized person on behalf of the client at certification and each recertification to convey why they are being enrolled in the WIC Program.

The information that is provided to the client is to include:

- a. The benefits of being on the WIC Program and how it relates to their health concerns.
- b. Food Benefits provided are:
 - supplemental to other sources of food for a limited period of time
 - for the client and not the client's household.
- c. Other WIC services that are provided include:
 - nutrition education
 - referrals for additional services from other agencies
 - breastfeeding support and education

3. Content of Nutrition Education Contacts

- a. The local agency shall design nutrition education to achieve the following two broad goals:
 1. Stress the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants and children less than five years of age.
 2. Assist the individual with health concerns in achieving a positive change in food selection, eating habits, and physical activity, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the WIC supplemental foods and other nutritious foods.
- b. The WIC nutrition education/ intervention should incorporate the following six elements:
 1. A review of the WIC nutrition assessment to identify the client's nutritional risk factors, needs and concerns.
 2. Messages that engage the client in setting individual, simple and attainable goals and provide clear and relevant "how to" actions to accomplish those goals.
 3. Counseling methods/ teaching strategies that are relevant to the client's health concerns and are easily understood by the client.
 4. A delivery medium that creates opportunities for client interactions and feedback.

5. Continuous support through information/ environmental reinforcements.
 6. Follow-up to assess for behavior change, stage movement, and determine intervention effectiveness/ follow-up of planned behavior change.
- c. It is important that the client prioritize, in conjunction with the CPA their health concerns to be discussed at certification, recertification, and infant/child health/nutrition evaluation (IEVAL/CEVAL). It is not expected that all health concerns, especially if there are many, will be covered at the initial certification. Additional identified health concerns and those of the client can be covered at subsequent nutrition education contacts. At the time of certification and recertification the client will receive a Nutrition Education Plan that will list the broad categories of all health concerns identified at that visit (Exhibit 5.01D).
 - d. The local agency shall provide nutrition education based on the client's individual nutritional needs and concerns, socioeconomic status, food preferences, cultural values and resources available.
 - e. Individual or group nutrition education shall be made available to all WIC clients.
 - f. During nutrition education, the local agency WIC staff shall provide information about the danger of drugs and other harmful substances.
 - g. The CPA shall instruct the parent or guardian of infants and young children to feed WIC juice to the client from a cup to prevent "bottle caries."
 - h. All pregnant clients shall be encouraged to breastfeed unless contraindicated for health reasons in accordance with Policy 4.01 Breastfeeding.
 - i. All postpartum breastfeeding women shall be encouraged to continue breastfeeding in accordance with Policy 4.01 Breastfeeding.
 - j. The CPA shall stress the positive long term benefits of nutrition education and encourage the client to attend and participate in nutrition education activities.
 - k. The CPA shall stress the importance of regular health care and keeping referral appointments.
4. Development of a Nutrition Education Plan for future visits

The local agency shall assure the nutrition education needs of individuals are determined and this information is used to plan and provide nutrition education to the individual. Refer to Exhibit 5.01B for suggestions when creating a nutrition education plan for an individual. The local agency shall document the nutrition education offered each client in accordance with Policy 5.03 Documentation of Nutrition Education. Documentation of a nutrition education plan must be evident in the client record as the NE Plan for the Current Certification Period.

5. Self-Directed Second Nutrition Education Contact

- a. In order for self-directed nutrition education to count as a second contact, either on the Internet via wichealth.org or by self-directed activities offered in the WIC clinic, there must be a method for face-to-face interaction. This interaction provides an opportunity to discuss what they have learned, examine goals/progress toward goals and provide support. The interaction may be incorporated during the second nutrition education contact or occur at recertification or IEVAL/CEVAL, depending upon the self-directed method used.
- b. Face-to-face interaction during the second nutrition education contact requires a trained nutrition staff interacting with the client after they complete a self-directed activity or when they bring an Internet certificate into the clinic. Face-to-face interaction at recertification or IEVAL/CEVAL requires a trained nutrition staff interacting with the client regarding progress toward goals/barriers encountered after completing the self-directed activity or Internet topic. The second contact face-to-face interaction taking place at recertification or IEVAL/CEVAL, rather than immediately following the education, is allowable for Internet wichealth.org education only, due to the interactive, stage-oriented nature of this education. In addition, the interactions described in “d” below, insure further support for the client.
- c. The use of the following reinforcements independent of a face-to-face interaction should not be counted as a nutrition education contact; publications/pamphlets, take-home activities/newsletters, videos, posters/bulletin boards/displays/ health fairs and public service announcements/radio/TV advertisements.
- d. Internet Education – Clients may notify the clinic of completion of an Internet wichealth.org education module by calling the clinic, emailing the Certificate of Completion, or bringing the Certificate of Completion to the clinic. Upon notification of completion, staff shall:
 - i. Verify completion through data provided from wichealth.org to the MI-WIC system.
 - ii. In the case that the data has not been provided from wichealth.org (i.e. due to data entry error or timing of module completion), verify completion using the “wichealth.org Error Report” or with a Certificate of Completion provided by the client. Staff should then enter the data into the MI-WIC system.
 - iii. For clients that call and/or email to notify the clinic of wichealth.org education completion, if the client wants to receive EBT benefits without visiting the clinic the clinic shall:
 - Instruct clients to call the clinic when the wichealth.org module has been completed. Determine if the client has questions or needs to speak with a CPA or other Nutrition Education staff.OR

- Call the client to ask if they have questions about the education and offer a chance to speak with a CPA or other Nutrition Education staff.
OR
- If no phone is available, the client may be contacted by mail with their next appointment and a phone number to call if there are questions about the education or if the next appointment needs to be changed.

6. Nutritional High Risk Clients

For clients identified at nutritional high risk, the CPA shall have the client scheduled to see a Registered Dietitian for the development of an individual nutrition care plan. The CPA shall explain to the client the benefits of seeing the Registered Dietitian as part of their WIC services. (See Policy 5.02 Required Services for Nutritional High Risk Clients.)

Other clients may be scheduled to see a Registered Dietitian for the development of an individual nutrition care plan if the CPA determines the need for such a plan or if the client, parent or caretaker requests such a plan.

7. Lesson Plans or Modules

Local agencies shall assure that all nutrition education provided, whether group, self-directed or individual education, contain accurate and up-to-date nutrition information.

Local agencies shall maintain up to date written lesson plans or modules for each group topic area used for nutrition education classes and self-directed activities.

The minimum components of a lesson plan are:

- Title or topic area
- Learning objectives
- Target group
- Learning activities or methods
- Materials needed
- Outline of content
- Staff qualified to present
- Evaluation methods
- References

Please refer to Exhibit 5.01 A Nutrition Education Lesson Plans.

8. The local agency shall not deny individual clients WIC supplemental foods for failure to attend or participate in nutrition education activities.

9. The local agency shall assure that all WIC staff who provide nutrition services and breastfeeding education have received appropriate training. (See Policies 4.01 Breastfeeding Promotion and Support and 1.07 Local Agency Staffing)
10. Local agencies shall review materials used for nutrition services and breastfeeding education, using the WIC Nutrition Education Materials Evaluation Form (Exhibit 5.01) or equivalent local agency form. Evaluations shall be kept on file at the local agency.

B. GUIDANCE

WIC Nutrition Assessment

The WIC nutrition assessment directs nutrition education by answering the questions: “What topic(s) is most important to cover at this time?”, “What counseling method or teaching strategy will most effectively assist the client to improve her health status and/or achieve a positive change in dietary habits?”, “What may be the most effective way(s) to deliver the message -- in person, and/or by self-directed education activities, classes, or participating in an internet education lesson on wichealth.org?”, and “What reinforcements can support the nutrition education provided?” Based on the assessment, WIC staff should use critical thinking skills and professional judgment to establish the client’s nutrition education goal and determine how to best meet the client’s needs and maximize the nutrition services offered to the client.

A quality WIC nutrition assessment includes:

1. Applying communication skills to foster openness and rapport with the participant.
2. Collecting accurate and essential information.
3. Organizing, synthesizing and evaluating the collected information.
4. Drawing accurate conclusions and relationships from the information collected.
5. Identifying solutions, prioritizing the issues discovered, developing a plan of care.
6. Documenting the information and conclusions concisely and accurately.
7. Referring to other needed resources.
8. Closing the loop by providing follow-up as necessary.

Client-centered Counseling Methods

Effective nutrition education consists of counseling methods that consider multiple learning aptitudes identified during the WIC nutrition assessment process and subsequent follow-up. Counseling methods that are client-centered using strategies such as those from Motivational Negotiation/ Motivational Interviewing and Prochaska’s Stages of Change allow the client to identify their own goals in making health behavior changes.

A characteristic shown to effectively change behavior is interaction that engages the client with an opportunity for a two-way exchange of information. Interactive approaches to nutrition education also provide clients the opportunity for questions and feedback. Using strategies that engage the clients in identifying individual goals or important issues as well as creating solutions that work for them will enhance the effectiveness of nutrition education.

Discussion of health concerns that are relevant to the client

At initial certification, recertification, and IEVAL/CEVAL, the CPA is not expected to discuss all of the health concerns that were identified through the WIC nutrition assessment, especially if there are many. Covering all of the health concerns at a single visit can be overwhelming for the client. The CPA and client should jointly agree on prioritizing health concerns that will be discussed in the first visit, related to the client's interest and the CPAs assessment. Client health concerns that will be addressed at a later date should also be planned. The client will receive a Nutrition Education Plan that will list the broad categories of all health concerns identified at that visit.

Case example 1:

A pregnant woman being seen in the WIC clinic for certification is currently having problems with nausea and vomiting, losing weight and having a poor appetite. The CPA also determines from the nutrition assessment that she is not taking her prenatal vitamins and her diet is low in fruits and vegetables and dairy products. The CPA recognizes that this woman has many health concerns and needs to prioritize with the client which ones need to discuss on this visit and which ones can be covered at a follow-up appointment. The client tells the CPA that she is concerned about the nausea and vomiting and being able to eat more food, especially because she is tired all of the time. The CPA recognizes that this is the priority of the client and even though taking her prenatal vitamins and eating a healthy diet is very important for pregnant women, the CPA addresses the concerns of the client by helping her manage her nausea and vomiting and giving her suggestions about what foods she may be able to tolerate at this time. The CPA then makes a high risk appointment with the Registered Dietitian in a month to re-evaluate the health status and if the nausea and vomiting has resolved, the other health concerns can be addressed and/or any other identified health concerns at the next visit.

Case example 2:

A two year old child and his mother are being seen in the WIC clinic for recertification and the mother tells the CPA that he is a very picky eater and all he wants to eat is fruit snacks and macaroni and cheese. The CPA also notices from the nutrition assessment that the child's iron is low and his diet is low in fruits and vegetables and dairy products. Based on the nutrition assessment the child has many health concerns, therefore the CPA needs to prioritize with the client the ones that need to be addressed at this visit. The mother is very concerned about her child not eating a variety of foods and the CPA recognizes that if she/he talks with the client's mother about how to work with the picky eating the child may be able

to increase his food intake thus addressing the low iron and the lack of fruits, vegetables and dairy in his diet. The CPA then counsels the mother on picky eating and schedules the follow-up appointment for a self-directed activity, which may include wichealth.org and the mother can then learn more about healthy eating in children and/or other areas she feels are important. The iron levels are checked at the next CEVAL and if they remain low, the mother may feel this is the next priority to address for her child's health.

Follow-up and support

In order to provide follow-up and support to the client the CPA is responsible for developing the nutrition education plan at certification, recertification or IEVAL/CEVAL based on the priorities that have been set by the client and the CPA. Follow-up provides an opportunity for both the nutrition educator and the client to examine progress towards those goals, to provide positive support, to identify barriers that may be hindering the client's progress and to reassess and refine future nutrition education plans.

Delivery Medium

The WIC nutrition educator may use multiple delivery media during nutrition education contacts. Although face-to-face personalized contact is considered the optimal medium for providing nutrition education, new technology, such as wichealth.org, may allow WIC nutrition education second contacts to meet the needs of clients through a variety of delivery media while still providing effective nutrition education. Any medium, including self-directed activities, that incorporates the elements of an effective nutrition education contact/intervention- (discussed in the policy section under "content") and engages the client may be appropriate in WIC.

Telephone contacts can count as nutrition education for the specific topic of breastfeeding problem-solving counseling or education. Telephone contacts are an acceptable medium for the on-going follow-up required for the breastfeeding woman, which includes continuing education in addition to reinforcement of messages and breastfeeding goals. This supports the federal requirement for Breastfeeding Promotion and Support by providing clients access to breastfeeding promotion and support from the clinic. Clients calling for follow-up breastfeeding assistance or staff calling clients to follow-up are addressing an immediate need, where the client is open and ready for guidance, education, and behavior change to improve their breastfeeding situation.

Welcome to WIC Program Booklet

This booklet must be given to each new client. It provides basic information on the WIC Program, purpose of the program, use of EBT Benefits and health messages related to substance abuse, dental caries and encouragement to breastfeed.

Nutrition Education Plan

Refer to Exhibit 5.01D which displays the Nutrition Education Plan document (NE Plan). This document should be printed for each client and is a tool that can reinforce:

- Client's planned Behavior Change(s), including their signature indicating commitment.
- Client's next planned education Topic and planned Method for the education.
- Health concerns identified during the assessment in broad category, client-friendly terminology.
- Health messages reinforcing education on alcohol/substance abuse, prevention of "bottle caries", and encouragement to breastfeed.
- Reinforcement of the Eligibility Explanation.

C. DEFINITIONS:

Nutrition Education

Nutrition education includes both the communication of food and nutrition facts appropriate to the needs of the client and the evaluation of the educational program's effectiveness. Nutrition education should encourage the client's motivation and increase knowledge, awareness and skills in making informed decisions about diet and nutrition practices.

Nutrition Education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits. Nutrition Education should emphasize the relationship between nutrition, physical activity and health, all in keeping with the personal and cultural preferences of the individual.

Breastfeeding Support/ Education

1. WIC Support Groups

WIC Support Groups are specific groups promoted by the local agency for the purpose of WIC clients sharing information or experiences. The support groups can provide a forum for problem-solving and encouragement. Examples of WIC Support Groups are breastfeeding, smoking cessation and weight management. This type of WIC service does not count as a nutrition education contact. It is considered a source of information because facts are given without determining individuals' needs and no evaluation of the appropriateness of information or client's understanding occurs. However, it is recommended that the staff leading a WIC support group record this encounter in the Note section of the client's record, to acknowledge time spent by WIC staff.

2. Hospital Visits

A hospital visit is a situation where a nutrition education provider, breastfeeding peer counselor, or lactation consultant/educator meets with the WIC client or caregiver at a hospital to provide breastfeeding and/or nutrition education or counseling on a one-to-one basis. The purpose of the visit is determined by nutritional need and/or risk of the client.

3. Home Visits

A nutrition education provider, breastfeeding peer counselor, or lactation consultant/educator meets with a WIC client or caregiver in their home or other home-like setting arranged by the client. The purpose of the visit is determined by the nutritional need and/or risk of the client. The visit is conducted in an informal manner that allows the client to discuss nutrition-related problems and decide behavioral changes to resolve or modify the problem.

References:

Federal Regulations 246.11

WIC Nutrition Services Standards, USDA, FNS, October, 2001.

From WIC Final Policy memorandum #1004-5, Implementation of Certification and General Administration Provision of P.L. 108-265.

WIC Nutrition Education Guidance, USDA WIC Program, January 26, 2006.

USDA: Guidance for Providing Quality WIC Nutrition Services during Extended Certification Periods. August 29, 2011.

Cross References:

5.02 Required Services for Nutritional High Risk Participants

4.01 Breastfeeding Promotion, Protection and Support

5.03 Documentation of Nutrition Services

1.07 Nutrition and Breastfeeding Staffing

5.04 Nutrition Education Collaboration, Exhibit: Collaboration Between WIC and EFNEP/FNP

Exhibits:

5.01A Nutrition Education Lesson Plans

5.01B Developing a Nutrition Education Plan for WIC Participants

5.01C WIC Nutrition Education Materials Evaluation Form

5.01D Nutrition Education Plan/Verification of Certification