

5.0 Nutrition Services

Effective Date: 9/9/2024

5.01A Nutrition Education Definitions

Implementation Date: 10/21/2024

1. **Client-Centered Services** – Places the client at the center of the nutrition education process and focus the education/intervention on topics identified as relevant by the individual client. Client-centered services encourage staff-client dialogue, listening and feedback, and small steps toward healthy behaviors versus traditional didactic education models.
2. **Collaborative Agency** – An organization working in partnership with a WIC agency to provide nutrition education to clients. An agreement is established to determine the roles and responsibilities of both parties.
3. **Critical Thinking Skills** – The process of gathering and organizing information to evaluate and prioritize appropriately. As part of the **nutrition assessment** process, these skills allow staff to collect all the necessary information before deciding upon the best course of action.
4. **Individual care plan (ICP)** – A defined plan (based on **nutrition assessment**) created between the client and the Registered Dietitian (RD) during **nutrition counseling** to address specific and individual health behavior change. Clients at high risk are prioritized for ICP development.
5. **Medical Nutrition Therapy** – Nutrition component included in an individualized medical treatment plan provided by a health care provider (HCP). Medical Nutrition Therapy (MNT) is outside the scope of WIC practice.
6. **Nutrition Assessment** – The process of collecting, synthesizing, and prioritizing relevant client information using approved assessment tools and **critical thinking skills** to identify risks and determine client-centered education. See also **VENA**.
7. **Nutrition Counseling**- A nutrition education contact of interactive process between a client, often high risk, and a RD that involves further nutrition assessment to address an **individual care plan** (ICP).
8. **Nutrition Education** – Nutrition education is the process of instructing or training clients in a skill or to impart knowledge to help clients voluntarily manage or modify their lifestyle choices to maintain or improve their health.
9. **Nutrition Education Contact** – A client-centered exchange of nutrition information provided by an educator through an individual, group or self-directed interaction.
 - a. **Initial Nutrition Education Contact** – Nutrition education/counseling provided at certification/recertification appointments that should be based on identified nutritional needs (concerns/needs of the client/caregiver, risks, anticipatory guidance).

- b. **Interim Nutrition Education Contact (formerly referred to as the “Second or Secondary Nutrition Education contact”)** – A nutrition education contact based on identified nutritional needs (concerns/needs of the client/caregiver, risks, anticipatory guidance) that is conducted on a day separate from the certification/recertification or infant/child evaluation appointment. The contact may be individual, group or self-directed.

10. Nutrition Education Delivery Methods – The process by which nutrition education is provided to accommodate individual learning styles and needs. Types may include:

- a. **Individual:** Nutrition education provided to one person, based on their unique circumstance, without high risk care plan development. Individual nutrition education can take place in-person, or by using a secure telephone, audio, or video connection.
- b. **Nutrition Counseling with a WIC RD (NCRD):** See definition above for Nutrition Counseling. NCRD can take place in-person, or by using a secure telephone, audio, or video connection.
- c. **Facilitated Group Discussion:** Group discussion facilitated by a staff member who moderates a discussion, rather than following a lecture-style class. Facilitated group discussions include a lesson plan with discussion ideas, with sessions varying in content and style, topics, and the personalities and needs of the clients involved. This method allows for a more meaningful experience involving shared, active learning.
- d. **Group:** Nutrition education utilizing a lesson plan directed to two or more persons (e.g., prenatal education, breastfeeding, kids in the kitchen, etc.)
- e. **Self-Directed Education (SDE)** – A nutrition education module which the client chooses and completes independently at their own pace.

Types of SDE may include:

- i. **Internet (www.wichealth.org):** Online, interactive nutrition education modules in English and Spanish, available 24 hours per day, 7 days per week with active links to selected information based on client’s Stage of Change responses. Client lesson completion and behavior intent comments are automatically entered in MI-WIC.
- ii. **Nutrition Education/Information Mall:** Collection of client SDE modules located at a clinic site.
- iii. **Take-home lessons:** Lessons designed for the client to complete at home.
- iv. **Kiosk:** A computer located at the clinic site that is set up to provide nutrition education to clients.

11. Nutrition Education Plan (NE Plan) – The MI-WIC summary that includes the client/family nutrition behavior change/goals, the next planned NE method, weight, height/length, and hemoglobin results. The NE Plan provides a written WIC Program Explanation and health messages. A copy of the NE Plan must be provided to the client at the certification, recertification, and mid-certification health evaluation appointments.

12. **Planned Nutrition Education (NE) Method** – The next planned nutrition education method for the client’s next appointment (see Nutrition Education Delivery Methods above). Documentation (in MI-WIC) is required at certification/recertification and mid-certification health evaluation appointments, and optional at interim nutrition education appointments.
13. **Stage of Change** – Part of the Trans-theoretical Model, Stages of Change provides a framework for understanding the change process involving progress through 5 behavior stages. The stages include:
 - a. *Pre-contemplation* (Not Ready): Clients in this stage are unaware there is a problem or have no intention of changing their behavior in the foreseeable future.
 - b. *Contemplation* (Getting Ready): Clients in this stage are aware a problem exists, are thinking about addressing it, yet have not made a commitment to take action.
 - c. *Preparation* (Ready): Clients in this stage are taking steps and getting ready to change.
 - d. *Action*: Clients in this stage modify their behavior, experiences, or environment in order to achieve a goal or overcome a problem. Action involves overt behavior change, requiring a commitment of time and energy.
 - e. *Maintenance*: Clients in this stage work to prevent relapse and maintain any gains attained.
14. **Time Study** – Federal regulations require one/sixth (about 17%) of all local agency administrative funds be spent on nutrition education and breastfeeding promotion and support activities, excluding breastfeeding peer counselor (BFPC) grant funds. This is monitored in local agencies by a triennial nutrition education and breastfeeding time study.
15. **Value Enhanced Nutrition Assessment (VENA)** – An assessment process developed by the Food and Nutrition Service (FNS) to improve nutrition services in the WIC Program. VENA sets client-centered standards for nutrition assessment that determines eligibility, enabling local agency nutrition standards for staff to personalize nutrition education, provide more relevant referrals, and tailor food packages to the individual client’s needs.