

## Section II: Local Agency Procedure Manual

### II. Local Nutrition Services

#### D. Nutrition Education Contacts

##### **Purpose**

To ensure that all WIC participants are offered appropriate and up-to-date nutrition education.

##### **Policy**

WIC participants will be offered appropriate and up-to-date nutrition education according to standards and staff qualifications.

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#### **1. Nutrition Education Contacts**

- Will be delivered by one of the following methods:
  - Face to face (individual or group) or remotely with qualified staff.
  - Online/app education, and/or
  - Other interactive education provided by a qualified/approved source as described in this policy.
- Will be conducted with the participant, parent/guardian, or their authorized representative and utilize Value Enhanced Nutrition Assessment (VENA). This participant centered method:
  - Identifies and addresses nutrition risks, needs, and interests of the participant in order to provide benefits that are timely and appropriate.
  - Incorporates the use of OARS (open ended questions, affirmation, reflective listening and summary) interviewing techniques.
  - Encourages interaction with the participant.
- Be inclusive and respectful of participant's culture, identity, values, and beliefs.
- Consider factors outlined in care plan, when appropriate.
- Be offered at no cost to the participant.
- Be clearly documented in the participant's folder by the end of the next business day.
- All communications with participants must be conducted via state-approved systems .

#### **2. Frequency of Nutrition Education Contacts During a Certification Period**

- Participants will be offered a minimum of four nutrition education contacts per 12-month certification period and two contacts per 6-month certification period, or approximately each quarter.
  - If a participant is scheduled more frequently (about every 3 months), education shall be provided with each appointment as this indicates high risk or greater intervention per the care plan.

- If the increased frequency is related to scheduling considerations, then additional education is not needed but documentation of appointment is required.

### **3. Individual Follow-up Education**

- Contact will include:
  - A review of the participant's nutrition care plan.
  - Updated anthropometrics if indicated based on age, category, or care plan.
  - Follow-up on nutrition education provided at previous visit(s) including progress on resolving nutrition concerns and nutrition risk codes.
    - High-risk issues (as identified on the *High-Risk Referrals* table) should only be discussed with the appropriate staff identified. WIC staff shall only work within their scope of practice.
    - Low risk education may be provided by any staff who has received appropriate training.
  - Follow-up on and evaluation of prior referrals.
  - Follow-up on and evaluation of the participant's progress toward goals.
    - If the goal previously set has been achieved, a new goal should be set.
    - If the participant declines setting a subsequent goal, this should be clearly documented.
  - Nutrition education based on care plan and/or current issues expressed by participant.
  - Includes accurate and up-to-date information based on the participant's category, dietary history, health history, and stated interests and concerns.
  - The language and cultural preferences of the participants.
  - Documentation of the discussion in the participant folder.

### **4. Contacts for High-Risk Participants**

- Documentation of visits will be maintained in the participant's folder, which includes:
  - Assessment of issues that were the basis of the referral.
  - Any interventions and education provided.
  - Plan for future appointments (RD or release to low risk).
- If the appropriate staff completes the appointment where the risk was identified, the minimum requirement for this contact type will be considered met.
- The next appointment will be made with the appropriate staff.
  - Staff may request participant attend in-person appointment if assessment determines it is necessary
- When RD services are declined, high-risk topics may only be addressed with a CPA if it is within their scope of practice, otherwise, other referrals will be assessed and made to address the issue.

## 5. Alternate Nutrition Education for Low-Risk Participants

- Group Classes:
  - Will be presented according to the lesson plan for the class. Lesson plans must be maintained on file for review and update as needed.
  - Will be presented by staff or volunteers who have been trained on the subject matter prior to teaching the class.
  - Document class name and record of attendance in the participant's folder.
  - If group class is held through another program, such as SNAP Ed, EFNEP, or Head Start, a copy of the lesson plan shall be obtained and reviewed to ensure it meets nutrition education criteria for WIC purposes. The participant will be responsible to present documentation (such as a certificate of completion) to count as the nutrition education contact.
- Web-based education and/or self-paced lessons with an interactive component.
  - An interactive component is defined as a two-way exchange of information and may include face-to-face, computer based through secure meeting software, or telephone.
  - High-risk participants who have met with the RD and are no longer considered high-risk, as their issue may be controlled or resolved, may use this form of secondary nutrition education at the discretion of the CPA/RD with documentation.
  - Online Education:
    - Provide WIC families with information on downloading the WIC Portal app or accessing the portal from a web browser. Direct them to the area in the portal to access online education.
    - May provide guidance on appropriate topics based on the participant's category, nutrition risks, stated interests, concerns, and goals.
    - Document the topic completed in the participant folder.
    - Determine and document the next nutrition contact.
    - Follow up of goal and referral may be completed at next clinic appointment.

## 6. Mid-Year Assessment

- A mid-certification assessment (MCA) will be scheduled for children approximately 5-7 months after certification, and at about 6 months of age for infants and their breastfeeding mothers (if applicable). This MCA will include:
  - Nutrition and Health Assessment
    - Length/height and weight measurements and bloodwork if applicable. Review results with participant/authorized representative.
    - Category appropriate mid-certification nutrition assessment questions.

- ❖ Response required under each question (may put “N/A” or may refer to another question if it’s already been addressed).
- Nutrition Education based on the participant’s stated interests, concerns, risk codes, and/or nutrition care plan.
- Review of referrals and goals made at prior appointments and provide new referrals or setting new goals if appropriate and acceptable to the participant.
- Follow-up on participant’s progress of agreed upon goals, set new goal if applicable.
- Plan for follow up, including:
  - Time (if not the standard 3 months) and type of appointment (if not standard in-person); follow-up items (hgb., wt., ht., etc. if beyond standard); and potential education for next appointment.
- Mid-certification visits may be conducted using a distance method utilizing anthropometric measures and blood-work information from another qualified source within allowable timeframe for such measures.
  - The document needs to be completed in writing, signed, and dated by the healthcare provider or be an electronic health record.
  - The assessment questions and nutrition education may be completed by telephone or using a secure online platform or application.
- If a participant is off schedule or misses their appointment during the timeframe specified, the mid-certification assessment will be completed at their next appointment.

## **7. Nutrition Forms Developed by Local Agencies**

- If a local agency has developed a nutrition form or pamphlet which meets a special need, it will be sent to the State WIC Office by lead local agency for approval before use.
  - Current, relevant, and evidenced-based content is required. Include sources where appropriate.

## **8. Refusal of Nutrition Education**

- Participants may decline nutrition education and will not be denied food benefits for this refusal, this requires documentation.
- Alternative nutrition education activities will be encouraged.
- Determine how many months of benefits to issue so that numerous opportunities for nutrition education contacts still exist.

## **9. Exit Counseling**

- At the final appointment for women participants (pregnancy and postpartum or breastfeeding), it is best practice to provide an exit counseling document (template available in eLearn). The counseling shall include referrals to local programs for

continuity of resource access, health tips for life stage, and local agency contact information.