

## Nutrition Education

- I. The goals of WIC nutrition education are to:
  - a. emphasize the relationship between nutrition, physical activity, and health with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants and children under five years of age
  - b. assist the individual who is at nutritional risk in achieving a positive change in dietary and physical activity habits.
  - c. improve nutritional status and prevent nutrition-related problems through optimal use of the WIC supplemental foods and other nutritious foods.
  - a. ~~raise awareness about the dangers of using drugs and other harmful substances during pregnancy and while breastfeeding. Emphasize participation in nutrition education and its long-term health benefits at each certification.~~
  - b. ~~—~~
  - c. ~~Teach the relationship between diet and good health, including the benefits of eating from a variety of foods in addition to those provided by WIC.~~
  - d. ~~—~~
  - d. ~~Provide and document nutrition education or follow-up based on food benefit issuance schedule and participant needs.~~
- II. Prior to and/or in conjunction with providing nutrition education, the CPA should conduct a thorough nutrition assessment using the VENA approach, and must complete the goal setting process.
  - a. The participant's category, level of nutrition risk (low or high), and nutrition education needs should be considered throughout this process.
  - b. The participant must create the goal(s) with the help of the CPA if needed. The goal(s) must be individualized to the participants' needs and relevant to their personal situation
  - c. Documentation of goal(s) is required for each participant in VISION. This documentation may include:
    - i. Specific, measurable details of the goal(s).
    - ii. Actions and/or steps for completion of the goal(s).
    - iii. Time frame for completion of the goal(s).
  - d. During subsequent visits, the CPA must follow up on the participants' documented previous goal(s).

**Commented [JP1]:** Replaced with wording above. Above wording comes from Nutrition Services Standards FNS document.

- e. If the participant declines goal setting, the CPA must document this and the reason for declining goal setting in VISION.
- f. See “VENA Module” training for additional information on the goal setting process.

Commented [JP2]: This wording was submitted to FNS 4/27/23

III. Nutrition education offered to the participant should be related to the goal(s) set during the appointment.

IV. For all participants, at least two nutrition education contacts shall be made available to the parent/guardian or proxy during each certification period.

a. For all participants certified for a period greater than 6 months, nutrition education contacts shall be offered ~~at a quarterly rate~~ quarterly.

i. The first nutrition education contact is usually individual nutrition education ~~provided by the CPA~~ given during the certification process.

ii. ~~The~~ subsequent nutrition education contact(s) include either individual or group nutrition education. ~~This will, depending~~ depend on the participant’s needs and risk status, ~~and should be determined by the CPA using professional judgement and according to local guidance.~~

b. Nutrition education contacts can be provided the following ways:

i. One-on-one education (in-person or virtual)

ii. Group education (in-person or virtual)

iii. Bulletin board class

iv. Self-paced module

v. Online module (wichealth.org or other)

vi. Other as approved by both state and local agency

c. State developed nutrition classes are available on SharePoint in facilitated discussion, bulletin board, self-paced and web-based formats for use and guidance. Additional Nutrition Education materials are also available on SharePoint for use and guidance.

Formatted

Commented [JP3]: Moved from lower down in doc

Formatted: Font: (Default) Arial, 12 pt

d. If a participant is reluctant to complete nutrition education, consider the following suggestions:

i. Reassess the scheduled education, i.e. - does it meet the participant’s need and schedule?

ii. Reschedule to meet the participant’s needs;

iii. Issue one month’s benefits and schedule the following month’s appointment for nutrition education.

iv. Gently remind the participant that nutrition education is a requirement of the WIC Program.

~~e. Participants cannot be denied supplemental foods for failure to attend or participate in nutrition education activities.~~

**Commented [JP4]:** Moved here from below.

~~V. Nutrition education must be documented in VISION.~~

**Commented [JP5]:** Section has been moved here from below and edited for clarity.

~~a. In "Clinic Services", expand the "Education and Care" branch. Open the "Nutrition Education" screen. You will see a collapsed list of topics for "Nutrition Education Covered" and "Pamphlets Provided". Select education and materials provided here.~~

~~b.~~

~~f. Topics selected under "Nutrition Education Covered" and "Pamphlets Provided" will appear in the "Counseling/Plan" section of the participant's care plan.~~

~~VI. Breastfeeding Education for WIC Participants.~~

~~a. Refer to "BF Counseling" P&P document.~~

**Commented [JP6]:** Moved here from below.

~~II. Nutrition education contacts must be scheduled and documented in the computer (see "Core Contact and General Education" of this section for further information).~~

**Commented [JP7]:** Now included in section IV.

~~##VII. People experiencing homelessness may have unique needs. Nutrition education will be provided to meet the special education needs of the homeless. Each local agency will determine how to provide nutrition education to these individuals based on the VENA process and their clinic setting.~~

~~IV. The CPA and participant develop a plan based on participant's category, level of nutrition risk (low or high), nutrition education needs, and goals. Classes must be assigned by the CPA. The goal setting process will be implemented at every certification visit and tailored to the needs of the individual or family. The participant should create the goal with the help of the CPA if needed. Participants will receive goal related information to take home with them. The results of the goal setting process will be documented in the computer. If the participant declines goal setting, document this in the computer. This documentation may include:~~

~~a. The goal.~~

~~b. Notation of participant's inability to set goal (if applicable).~~

~~c. Goal setting in progress.~~

~~d. Time Frame.~~

~~e. Follow up action and/or steps.~~

**Commented [JP8]:** Pieces of this section have been moved above. This has been edited and relevant information is now listed as section II.

VIII. Nutrition education ~~content must~~ considers the participant's nutritional needs/interests, household situation, religious and cultural values, language spoken and literacy level.

a. It is recommended that the literacy level of the nutrition education materials should be no higher than the 6th-8th grade reading level.

f.b. Since many ~~of our~~ WIC participants have limited literacy, the 4th-5th grade reading level is more ideal for our reading materials.

IX. Provide nutrition education that is appropriate to the individual's participant category and specific status and nutrition risk factor(s).

~~g.~~ If more than one member of the family is enrolled in WIC, prioritize nutrition education using critical thinking skills, professional judgment and the participant's expressed needs and concerns.

X.

**Formatted:** Font: (Default) Arial, 12 pt

—Effective ~~WIC~~ nutrition ~~intervention/~~education should incorporate the following ~~six~~ elements:

**Formatted:** List Paragraph, Indent: Left: 1.25"

~~h. A review of the WIC nutrition assessment to identify the participant's nutrition risks, needs and concerns;~~

**Formatted:** List Paragraph, Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

a. A review or summary of the WIC nutrition assessment to ensure the participant's nutrition risks, needs and concerns have been heard and understood;

b. Messages and interventions that engage and empower the participant to set in setting individual, simple and attainable SMART goals. (see "VENA Module" training for more information on setting SMART goals)

c.

~~i.~~ ~~and~~ provides "how to" support to assist the participant in setting and accomplishing her goals as needed;

d.

~~j. Appropriate counseling methods/teaching strategies that are (see “VENA Module” training) relevant to the participant’s nutritional risks and are easily understood by the participant;~~

~~k.e. A delivery medium that creates opportunities for participant interaction and feedback. Encourage the participant to participate. You may decide to role play, discuss a scenario, offer a quiz, etc.;~~

~~f. Continuous support through informational/environmental reinforcements~~

~~l. Appropriate support (referral programs, etc.);~~

~~m.g. Follow up to assess for behavior change and determine intervention effectiveness. This may be done at the next WIC appointment, or you may plan to follow up with the participant sooner if needed.~~

~~V. Core Contact.~~

~~a. Core contact information must be presented verbally to all WIC participants and parent/guardians at the initial certification. Core contact includes an explanation of:~~

~~i. WIC as a supplemental food program.~~

~~ii. How to use the e-WIC card.~~

~~iii. The nutritional value of the specific supplemental foods per category.~~

~~iv. The importance of health care.~~

~~Importance of supplemental foods being consumed by the participant. The purpose of the WIC Program is to provide nutritional support, e.g., education and strategies for a healthy diet, supplemental foods, referrals and breastfeeding promotion and support, during critical times of growth and development, to improve health and achieve positive health outcomes.~~

~~The nutrition assessment process is necessary to identify nutrition needs (e.g., medical conditions, dietary practices) and interests so WIC can provide benefits that are responsive to the participant’s wants and needs.~~

~~The relationship between WIC staff and the participant is a partnership — with an open dialogue and two-way~~

**Commented [JP9]:** Moved to new “Certification Health Assessment” P&P doc

**Commented [JP10]:** Covered above.

**Commented [JP11]:** Moved to above.

**Commented [JP12]:** Moved to above.

~~communication—working to achieve positive health outcomes.~~

~~—WIC food benefits are prescribed for the individual, to promote and support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients or foods.~~

~~—The food provided by the Program is supplemental, i.e., it is not intended to provide all of the participant's daily food requirements.~~

~~—Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.~~

~~—The nature of the WIC priority system and the priority designation for the individual must be explained, if the local agency is not serving all priorities.~~

~~—~~  
~~—The core contact information may be covered:~~

~~—Exclusively in the certification, or:~~

~~—Incorporated into individual contacts.~~

Commented [JP13]: Moved above.

~~b.h. New applicants must view the WIC orientation video in the most appropriate language during or before the initial certification visit.~~

~~VENA-based WIC Program explanation including the following:~~

~~i. The purpose of the WIC Program is to provide nutritional support, e.g., education and strategies for a healthy diet, supplemental foods, referrals and breastfeeding promotion and support, during critical times of growth and development, to improve health and achieve positive health outcomes.~~

~~ii.i. The nutrition assessment process is necessary to identify nutrition needs (e.g., medical conditions, dietary practices) and interests so WIC can provide benefits that are responsive to the participant's wants and needs.~~

~~iii.i. The relationship between WIC staff and the participant is a partnership— with an open dialogue and two-way communication—working to achieve positive health outcomes.~~

~~iv.i. WIC food benefits are prescribed for the individual, to promote and support the nutritional well-being of the participant and to~~

Commented [JP14]: Moved this section above.

## Utah WIC Local Agency Policy and Procedures Manual

~~help meet the recommended intake of important nutrients or foods.~~

~~v.i. The food provided by the Program is supplemental, i.e., it is not intended to provide all of the participant's daily food requirements.~~

~~vi.i. Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.~~

~~vii.i. The nature of the WIC priority system and the priority designation for the individual must be explained, if the local agency is not serving all priorities.~~

~~e.a. The core contact information may be covered:~~

~~i. Exclusively in the certification, or~~

~~ii. Incorporated into individual contacts.~~

**Commented [JP15]:** Moved above one section.

### ~~VI. General Education.~~

~~a. Appropriate general education items relevant to the nutrition risk factors assigned and an explanation of how to use e-WIC benefits must be presented to all WIC participants at each certification visit. Refer to the Nutrition Risk Manual for additional details.~~

~~b. If the participant refuses to attend or does not attend, documentation should indicate attempts to reschedule for another class or schedule individualized counseling.~~

**Commented [JP16]:** Not needed/covered elsewhere in document.

~~c. Documenting in VISION.~~

~~i. In Clinic Services, expand the Education and Care branch, click to open the "Nutrition Education" panel. You will see a collapsed list of topics for "Nutrition Education Covered" and "Pamphlets Provided".~~

~~ii. Saved topics, subtopics and counseling points are retained in the "Counseling/Plan" section of the "Care Plan - Participant".~~

~~iii. When a pamphlet is provided to a participant, this can be recorded in the "Nutrition Education" panel. Expand the appropriate topic and select the provided pamphlet. Selected pamphlets will be saved to the "Pamphlets" section of the "Care Plan - Participant" panel.~~

~~iv. Only nutrition education content can be added to the Nutrition Education Covered and the Pamphlets Provided areas in the Nutrition Education Panel.~~

Commented [JP17]: Moved above. Now section V.

~~VII.XI.~~ Quick WIC Tips (Exit counseling)

a. Quick WIC Tips (Exit counseling) is a counseling topic and ~~handout~~ to be given to each woman whose categorical participation in the WIC program is ending. The purpose of this ~~handout brochure, along~~ with counseling on next steps, is to reinforce the important health messages provided by the WIC Program. It is not meant to replace individualized nutrition education.

~~i. An additional appointment is not necessary to provide this education. It can be incorporated into other appointments.~~

~~ii. Exit counseling must still be provided shall still be given to a pregnant woman who is planning on recertifying after her delivery. If she received exit counseling at the end of her pregnancy and recertified as postpartum or breastfeeding, an abbreviated exit counseling session may be offered at the end of her postpartum certification.~~

Formatted

Formatted: Indent: Left: 1.5", No bullets or numbering

Formatted: Font: (Default) Arial, 12 pt

b. ~~All women approaching the end of a pregnancy or postpartum certification period, shall be offered next steps counseling and the handout "Quick WIC Tips (Exit Counseling)" that~~ includes the following messages:

Commented [JP18]: This is redundant, covered in "a."

- i. Healthy diet
- ii. Continued breastfeeding, if appropriate
- iii. Immunizations
- iv. Dental Health
- v. Health risks of alcohol, tobacco, and drugs
- vi. Importance of folic acid

~~e.a. An additional appointment is not necessary to provide this education. It can be incorporated into other appointments.~~

Commented [JP19]: Moved above to under "a."

~~d.c.~~ This education ~~must~~ shall be documented in the participant's record by checking the topic "Quick WIC Tips/Exit Counseling" in the Nutrition Education screen. In the Pamphlets Provided section, check "Quick WIC Tips" if the handout is issued to the participant.



## Utah WIC Local Agency Policy and Procedures Manual

~~e.a. Exit counseling shall still be given to a pregnant woman who is planning on recertifying after her delivery. If she received exit counseling at the end of her pregnancy and recertified as postpartum or breastfeeding, an abbreviated exit counseling session may be offered at the end of her postpartum certification.~~

**Commented [JP20]:** Moved above to under "a."

~~The elements of effective nutrition intervention/education can be incorporated through a variety of electronic delivery mediums, such as the Internet, computer software, kiosk and modules by including components that:~~

**Commented [JP21]:** This section is similar to section above. Some is covered in training/not needed in policy. Some information has been included/combined with information in above section (IX)

~~a. Direct the participant to appropriate topics based on the nutrition assessment;~~

~~b.—~~

~~a. Provide interaction, such as use of scenarios or quizzes;~~

~~a.—~~

~~b.—~~

~~Allow the participant to set goals;~~

~~c.—~~

~~d. Provide specific examples on how to attain goals;~~

~~e. Provide "take-home" tips and printable reinforcements;~~

~~f. Provide a method for follow up via a face-to-face meeting, or through email or by telephone, to provide support and allow for the participant to ask questions.~~

~~VIII. All high risk participants must have a hHigh rRisk Care Plan documented at the time of certification by a CPA1 or Registered Dietitian.~~

**Commented [JP22]:** Not needed, this is stated in the high-risk section below.

~~IX. Videos may be used in conjunction with a class, but may not substitute as a class.~~

**Commented [JP23]:** Moved to "Nutrition Education Classes" section below.

~~X. Education requirements for reluctant attendees may be met by:~~

~~a. Reassessing the scheduled education, i.e. does it meet the participant's need?~~

~~b. Rescheduling to meet the participant's needs;~~

~~c. Offering a self-paced lesson;~~

- d. ~~Offering bulletin board lesson and quiz;~~
- e. ~~Individualizing nutrition contacts, or by;~~
- f. ~~Issuing one month's benefits, scheduling the following month for nutrition education.~~

XI. ~~If a participant is late for a class or if the appropriate class for the participant category is not offered, a self-paced module or a bulletin board lesson and quiz may be used to fulfill the nutrition education requirement.~~

XII. ~~Participants may not be denied supplemental foods for failure to attend or participate in nutrition education activities.~~

- a. ~~Breastfeeding Education for WIC Participants. Refer to Policy in Breastfeeding Counseling.~~

~~XII.~~

XIII. ~~Nutrition Education~~ Created by Local Agencies ~~Classes.~~

a. ~~State nutrition classes are available in facilitated discussion, bulletin board, self-paced and web-based formats for use and guidance. Local agencies may create their own nutrition education materials, including classes, handouts, bulletin boards, self-paced modules, etc. When developing nutrition education classes, please consider:~~

- i. ~~the needs of clinic populations; choose topics that address these needs.~~
- ii. ~~various household situations~~
- iii. ~~various religious and cultural values~~
- iv. ~~literacy level~~
- v. ~~readability (graphic design, color choices, font, white space, etc.)~~

b. ~~Videos approved by the state nutrition team may be used as a class. Videos may also be used in conjunction with a class.~~

c. ~~Sources used to create nutrition education materials must be referenced appropriately.~~

d. ~~Newly written~~ Nutrition education classes must include the following elements if written in facilitated discussion or be written in a traditional lesson plan format before submission to the state RD over nutrition education. This will include:

**Commented [JP24]:** Moved to first page for better flow.

**Commented [JP25]:** Moved up above for better flow.

**Commented [JP26]:** Updated to allow videos to be used on their own for a class if approved by state nutrition team.

**Commented [JP27]:** Moved here from above for cohesiveness.

Utah WIC Local Agency Policy and Procedures Manual

- ~~vi. Topic (refer to state class topic list) and title.~~
- ~~vii. Goal(s) and measurable objectives.~~
- ~~viii. List of needed materials.~~
- ~~ix. Content (discussion questions and factual messages for FD).~~
- ~~x. Learning activities.~~
- ~~xi. References.~~

~~a-e.~~

The local ~~agency~~ nutrition ~~coordinator/preceptor~~ must ~~review/approve~~ all nutrition materials ~~created by local staff that are not from the state and~~ submit to the state RD over nutrition education, (if unavailable, to any state RD), at least two weeks prior to implementation ~~for review and approval~~, for review, comment and acceptance for clinic and statewide use. Electronic submission is ~~strongly~~ preferred (e-mail). ~~Modifications by the state may be requested prior to implementing the class.~~

~~Nutrition education materials will be added to the appropriate folder under the "Nutrition" tab in SharePoint and made available for statewide use.~~

~~f. Nutrition education materials from USDA, FNS, and other federal health and nutrition programs, such as SNAP or EFNEP, may be used locally after approval by the local agency nutrition coordinator/preceptor.~~

- ~~i. Nutrition education materials from other sources wanting to be used by local clinics must be reviewed by the local agency nutrition coordinator and submitted to the state RD over nutrition education for approval prior to use. This includes materials from other WIC agencies, USDA, FNS, and other health and nutrition programs, such as SNAP.~~

~~b. Nutrition education classes must be in lesson plan format and cite current references. Examples of approved formats include:~~

- ~~ii. Facilitated Discussion (FD)~~
- ~~iii. Emotion-Based~~
- ~~iv. Traditional~~
- ~~v. Bulletin Board~~
- ~~vi. Self-Paced Modules~~
- ~~vii. Web-Based~~

~~c. When developing nutrition education classes, the nutrition preceptor should:~~

- ~~viii. Assess the needs of the clinic population and pick topics that address these needs.~~

**Commented [JP28]:** We don't have this..?

**Commented [JP29]:** Unnecessary. "For review" above should cover this.

**Commented [JP30]:** Locally created materials may not always be added to SharePoint and/or be made available for statewide use.

**Commented [JP31]:** Name change of role.

**Commented [JP32]:** Clarifying which materials are okay to use with local nutrition coordinator approval, and which need state RD approval.

**Formatted:** Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

**Commented [JP33]:** Moved above to "d."  
Examples of approved formats covered elsewhere in document, not needed.

**Formatted:** Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

~~ix. Coordinate the nutrition education schedule and computer documentation with the administrator/Nutrition Education Plan.~~

~~d.a. Newly written classes must include the following elements if written in facilitated discussion or traditional lesson plan format:~~

- ~~x.i. Topic (refer to state class topic list) and title.~~
- ~~xi.i. Goal(s) and measurable objectives.~~
- ~~xii.i. List of needed materials.~~
- ~~xiii.i. Content (discussion questions and factual messages for FD).~~
- ~~xiv.i. Learning activities.~~
- ~~xv.i. References.~~

Commented [JP34]: Section moved above and edited, now "d"

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

~~XIV-XIII.~~ Nutrition Education Committee (NEC)

~~a.~~ Each fiscal year (October 1), the president of the Utah Association of WIC Administrators (UAWA) shall provide recommendations of local staff who can serve on this committee to the state ~~nutrition coordinator~~RD over nutrition education.

~~a.b.~~ The Nutrition Education Committee (NEC) will meet as needed – at least quarterly. Meetings will be held virtually.

~~b.c.~~ Local staff on this committee may not serve more than two consecutive years to ensure a diverse and varied committee composition.

~~e.d.~~

~~d.~~ The nutrition education materials that are identified, developed or revised shall be culturally sensitive, based on current evidence and acceptable to the Utah WIC population.

~~XV.~~

~~XVI-XIV.~~ Benefit Pickup

~~a.~~ A "Benefit Pickup" is an appointment used to issue benefits only and can be used in between routine nutrition education contacts. It cannot serve the purpose of any of the following:

~~i.~~ be used in place of nutrition education contacts; it can be used in between routine nutrition education contacts. A benefit pickup cannot be

~~ii.~~ scheduled in lieu of a class, a high-risk contact or due to a missed appointment. In these circumstances, the participant should be scheduled for an alternate class or an individual contact with a CPA or RD as needed.

b. A ~~benefit pickup~~ appointment may be scheduled for clients doing an online class. However, when these clients come into the clinic to pick up their benefits, a new record must be created in the "Nutrition Education" ~~screen panel~~.

~~ii. If an online class was completed through wichealth.org, the class topic is automatically documented in the "Nutrition Education" screen upon completion of the class and a new record does not need to be created. The appropriate online class must be selected under "Nutrition Education covered".~~

~~XVII.XV.~~ High-Risk Contacts.

a. A ~~high-risk~~ high-risk participant is defined as a participant who has been assigned any risk factor(s) designated as "high-risk". Each ~~high risk~~ high-risk participant must have:

i. A ~~high-risk Care Plan~~ High-Risk Care Plan (HRCP) documented in the computer at the time of certification by a CPA or RD. Documented in computer means ~~going to the selection of~~ Care Plan-Participant ~~screen~~ in the Education and Care section ~~In VISION, of the computer,~~ selecting New to create a new Care Plan record date and adding relevant information in the SOAP ~~n~~Note format.

~~ii. An individualized assessment by a Registered Dietitian (RD must complete A/P note).~~

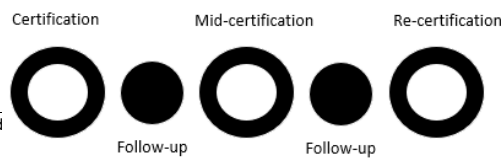
ii. SOAP note format for ~~high-risk~~ high-risk participants must include an assessment and documented plan for follow up (see ~~XVII~~).

iii. The RD must be responsible for ~~documenting~~ the overall management and coordination of ~~C~~are ~~P~~lans for ~~high risk~~ high-risk participants.

1. ~~Each local agency must establish a standardized process that provides consistent tracking and documentation of high-risk~~ high-risk participants by an RD.

a. ~~Minimum requirements include are to have a Care Plan written by an RD or a Care Plan written by a CPA and co-signed by an RD at each follow up visit.~~

Diagram of Minimum Requirements



**Commented [JP35]:** All text from here down has been moved to new "High Risk Protocols" doc. Not going to cross out on this doc yet so changes/edits to this section can be seen.

**Commented [JP36]:** Once formatting is fixed, section XVII should be the "Components of the High-Risk Care Plan" section.

**Formatted:** Font:

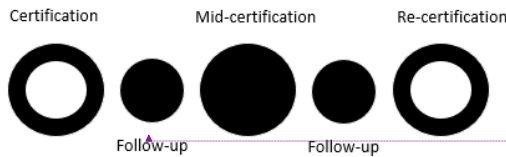
**Formatted:** Font:

**Formatted:** Font:



b. Best practice is to have ~~includes~~ a Care Plan written by an RD or a Care Plan written by a CPA and co-signed by an RD at each follow up and ~~mid-certification~~ midcertification visits.

Diagram of Best Practice



iv. When high-risk nutrition risk factors are assigned to participants, do not use the phrase, "high-risk" ~~when~~ counseling, educating and ~~verbal~~-communicating about scheduling appointments ~~with WIC participants~~.

~~v.1.~~ It is important to not use labels when communicating with participants. Rather than, "your child is high risk for a very low iron value and we want to schedule a high risk visit to check your child's iron again", ~~use~~ ~~More~~ customer friendly wording ~~may be used~~ such as "we have a concern about your child's iron value and would like to schedule a follow up visit to check your child's iron again".

b. Registered dietitians who have successfully completed their ~~6-month~~ ~~6-month~~ probation in the WIC clinics of the Utah WIC Program ~~must~~ ~~may~~ change the status of a ~~high-risk~~ ~~high-risk~~ designation for a particular risk factor by marking the "HR Resolved" checkbox ~~in the Risk sScreen~~ "HR Resolved" when the risk factor is no longer applicable. The reason for changing the status of a ~~high-risk~~ ~~high-risk~~ designation must be documented in ~~VISION~~ ~~the computer~~.

- Formatted: Font: 9 pt
- Formatted: Font: 9 pt
- Formatted: Font: 9 pt
- Formatted: Font: 9 pt
- Formatted: Font:
- Formatted: Normal, No bullets or numbering
- Formatted: Font:

- Formatted: Font:
- Formatted: Indent: Left: 2.5", No bullets or numbering
- Formatted: Normal, No bullets or numbering
- Formatted: Font: (Default) Arial, 12 pt
- Formatted: Font: 9 pt
- Formatted: Font: 9 pt
- Formatted: Font: 9 pt
- Formatted: Font: 9 pt

Formatted

c.

~~d.~~ IBCLCs who have successfully completed their ~~6-month~~6-month probation in the WIC clinics of the Utah WIC Program may change the status of a ~~high-risk~~high-risk designation for breastfeeding risk factors 602 and 603 by marking the ~~checkbox~~ “HR Resolved” ~~checkbox in the Risk screen when the risk factor is no longer applicable~~. If other high risk nutrition risk factors are assigned, in addition to 602 and 603, a registered dietitian needs to be consulted before changing the overall risk status to “HR Resolved”.

~~d.~~

~~e.~~ If VISION automatically assigns the ~~high risk~~high-risk designation to a client at the time of certification and the registered dietitian determines the client is not high risk, the RD ~~may must~~should resolve the ~~high risk~~high-risk indicator at that certification appointment. A ~~high risk~~high-risk ~~eCare pPlan should must~~ still be written and the reason for resolving the high risk designation needs to be documented in the ~~eCare pPlan~~.

~~f.~~ ~~Each agency must have a consistent method for documenting high risk care plans.~~

~~g-e.~~ ~~High-r~~Risk ~~f~~Follow-up ~~a~~Appointments.

~~i.~~ When a ~~high risk~~high-risk client comes in for a follow up appointment, ~~this should be marked by checking the~~the “High Risk Follow Up Appointment” ~~checkbox must be marked~~ in the “Nutrition Education” ~~screenpanel~~ under ~~the~~ “Education and Care” ~~section~~.

1. By ~~marking this checkbox, checking this box, high risk follow up appointment,~~ YES will be generated into the High Risk Follow Up column on the “Follow-up Nutrition Risk Assessment report”, under “Assessment and Education”, under “Clinic Services Reports” in VISION. It also will show on the AdHoc Report: “All Nutrition Risk Factors” HR Follow-Up column on SharePoint.
2. ~~The~~ese reports ~~facilitates~~ monitoring of risk factors and ~~high risk~~high-risk clients.

~~xviii-xvi.~~ Components of the High-Risk Care Plan.

Formatted: Font: (Default) Arial, 12 pt

Formatted: Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Commented [JP37]: Covered above.

Formatted: Font:

- a. In the VISION system the SOAP ~~eC~~are ~~pP~~lan format is used. All high-risk Care Plans must include the “Assessment” and the “Plan” components of the SOAP format. The SOAP format is defined as the following:
- i. Subjective data is the information the participant reports. It includes the perception of risk, reported information on the medical/diet history, formula history and/or reported symptoms.
  - ii. Objective data includes laboratory data and other measurable data such as, age, LMP, number of pregnancies, etc.
  - iii. Assessment is the CPA’s evaluation of the participant’s nutrition risk.
  - iv. Plan includes:
    1. Brief summary of the nutrition services provided/needed;
    2. Goals set to resolve the concern/risk;
    3. Any referrals made; (Participant referrals should also be entered on the “Referrals – Participant” panel under “Family/Intake”).
    4. Data that needs to be assessed at the next follow-up visit (e.g., ht., wt., Hgb, Hct., formula tolerance, follow through on referrals, etc.)

~~The status of a high risk designation for a particular risk factor should be resolved if no longer high risk. This can be done by marking the checkbox in the Risk Screen “HR Resolved”. The reason for changing the status of a high risk designation must be documented in the computer. If a new risk record is created that will not designate high risk you do not need to resolve the previous care plans high risk.~~

Formatted: Font:

Commented [JP38]: Covered above.

#### ~~XIX~~.XVII. High-Risk Phone Contacts.

- a. ~~In emergency situations only,~~ Phone contacts or telehealth may be substituted for an individual assessment ~~by a registered dietitian (RD), IBCLC, or designated breastfeeding expert (DBE)~~ when:
- i. ~~The RD or other appropriate staff or DBE~~ cannot be scheduled to meet individually with the participant within the required time frame AND;
  - ii. ~~The~~ exchange of information required during the follow-up appointment is minimal, can be obtained over the phone, and a physical assessment (e.g., height, weight,



hemoglobin/hematocrit, observation of breastfeeding) is ~~not required~~ available from health care referral data that has been collected within the 2 weeks prior to the appointment AND;

- iii. ~~The~~ participant has a permanent phone number where he/she can be reached easily and has agreed~~she agrees~~ to participate in a phone counseling session.

- b. All phone contacts must be documented in ~~the computer~~ VISION~~comment screen~~.

- ~~c. Phone contacts cannot be substituted for certification visits.~~

- ~~d.c.~~ The registered dietitian is still responsible for the overall management of nutrition care for ~~high risk~~high-risk participants.