

## **Nutrition Education**

- I. Emphasize participation in nutrition education and its long term health benefits at each certification.
- II. 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.
- III. Provide and document nutrition education or follow-up based on food benefit issuance schedule and participant needs. For all participants, at least two nutrition education contacts shall be made available to the endorser or proxy during each certification period. For all participants certified for a period greater than 6 months, nutrition education contacts shall be offered at a quarterly rate. The first contact is usually individual nutrition education given during the certification process. The subsequent nutrition education contacts include either individual or group nutrition education, depending on the participant's needs and risk status.
- IV. Nutrition education contacts must be scheduled and documented in the computer (see "Core Contact and General Education" of this section for further information).
- V. 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.
- VI. 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. 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.
- VII. Nutrition education content considers the participant's nutritional needs/interests, household situation, religious and cultural values, language spoken and literacy level. It is recommended that the literacy level of the nutrition education materials should be no higher than the 6th-8th grade reading level. Since many of our WIC participants have limited literacy, the 4th-5th grade reading level is more ideal for our reading materials.
- VIII. Provide nutrition education that is appropriate to the individual's specific status and nutrition risk factors. If more than one member of the family is enrolled in WIC, prioritize nutrition education using critical thinking skills, professional judgment and the participants expressed needs and concerns.
- IX. Effective WIC nutrition intervention/education should incorporate the following six elements:
- a. A review of the WIC nutrition assessment to identify the participant's nutrition risks, needs and concerns;
  - b. Messages and interventions that engage and empower the participant in setting individual, simple and attainable goals and provides "how to" support to assist the participant in accomplishing her goals;
  - c. Counseling methods/teaching strategies that are relevant to the participant's nutritional risks and are easily understood by the participant;
  - d. A delivery medium that creates opportunities for participant interaction and feedback;
  - e. Continuous support through informational/environmental reinforcements;
  - f. Follow up to assess for behavior change and determine intervention effectiveness.
- X. 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:

- a. Direct the participant to appropriate topics based on the nutrition assessment;
  - b. Provide interaction, such as use of scenarios or quizzes;
  - c. Allow the participant to set goals;
  - 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.
- XI. All high risk participants must have a High Risk Care Plan documented at the time of certification by a CPA or Registered Dietitian.
- XII. Videos may be used in conjunction with a class, but may not substitute as a class.
- XIII. 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 checks, scheduling the following month for nutrition education.

- XIV. If a participant is late for a class or if the appropriate class for the participant category is not offered, a nutrition education module or a bulletin board lesson and quiz may be used to fulfill the nutrition education requirement.
- XV. Participants may not be denied supplemental foods for failure to attend or participate in nutrition education activities.
- XVI. Breastfeeding Education for WIC Participants.
  - a. At a pregnant woman's initial certification visit, the CPA will complete a breastfeeding assessment by collecting the breastfeeding data and by following VENA guidelines.
  - b. 3 Step Counseling, VENA or similar client based counseling skills should be used by:
    - i. First, elicit the pregnant participant's attitudes, concerns, and knowledge related to breastfeeding.
    - ii. Second, acknowledge her concerns and what she has reported.
    - iii. Third, provide applicable breastfeeding education.
  - c. At least one breastfeeding class/individual contact must be offered to each pregnant woman enrolled in WIC. The following breastfeeding core content must be covered in this class/individual contact:
    - i. Benefits of breastfeeding/risks of using ABM,
    - ii. Basics of milk production, maintaining production,
    - iii. Exclusivity and frequency of breastfeeding,
    - iv. How to determine baby is getting enough,
    - v. Latch, positioning, transfer of milk, management of colostrum transition to next milk,
    - vi. Hospital experience, breastfeeding birth plan,
    - vii. First days at home, incorporation of breastfeeding in lifestyle,
    - viii. Support (family, lactation educator, Peer Counselors, etc.)
  - d. The following content must be assessed, and prioritized with subsequent individually tailored education being provided in a VENA participant-centered approach during this individual/class contact. This contact must be documented in a consistent manner by the local agency.
    - i. Encouragement to breastfeed.
    - ii. Benefits of breastfeeding for mother and infant.

- iii. Basics of breastfeeding including the principles of breast milk production.
  - iv. Common concerns.
  - v. Utah Breastfeeding Peer Counselors.
  - vi. Anticipatory guidance/avoiding problems.
  - vii. Early breastfeeding (immediately after delivery).
  - viii. Frequent breastfeeds (8-12 times/day).
  - ix. Rooming-in.
  - x. Avoiding artificial nipples (bottles and pacifiers).
- e. At all prenatal contacts, breastfeeding education must be provided. In an effort to increase breastfeeding durations, education should reinforce the above information as well as focus on individual breastfeeding planning to meet the participant's circumstances. Additional information may be provided on other topics such as embarrassment and work/school.
- f. At a postpartum woman's breastfeeding certification visit, the CPA will complete a breastfeeding assessment by collecting the breastfeeding data and by following VENA guidelines. 3 Step Counseling or similar client based counseling skills should be used to provide breastfeeding education.
- g. At all postpartum visits in which the participant is breastfeeding, staff must discuss with the participant her breastfeeding status in order to provide anticipatory guidance and information on avoiding problems and on how to continue breastfeeding.
- h. One breastfeeding class/individual contact must also be offered to each breastfeeding woman in all WIC clinics to encourage the continuation of breastfeeding. The following breastfeeding core content must be covered in this class/individual contact:
  - i. Support/encouragement to continue breastfeeding,
  - ii. Problem solving,
  - iii. Anticipatory guidance for breastfeeding,
  - iv. Adequate milk supply,
  - v. Growth spurts/feeding problems,
  - vi. Working/school and breastfeeding,
  - vii. Feeding cues
  - viii. Breastfeeding minimum recommendations (e.g. AAP, WHO).

- i. The above information may be covered during certification counseling, follow-up counseling, group classes, or breastfeeding support groups. Additional state-approved breastfeeding class outlines are available on SharePoint under the Nutrition tab in Nutrition Education: Class Outlines: Breastfeeding.

XVII. Food Instrument Pickup.

- a. A Food Instrument (FI) pickup is an appointment used to issue checks only. It cannot be used in place of nutrition education contacts; it can be used in between routine nutrition education contacts. A FI pickup cannot be scheduled in lieu of a class, a high risk contact or due to a missed appointment. The participant should be scheduled for an alternate class or an individual contact with a CPA.
- b. An FI pickup appointment may be scheduled for clients doing an online class. However, when these clients come into the clinic to pick up their checks, a new record must be created in the "Nutrition Education" panel. The appropriate online class must be selected under "Nutrition Education covered".

XVIII. Core Contact.

- a. Core contact information must be presented verbally to all WIC participants and endorsers at the initial certification. Core contact includes an explanation of:
  - i. WIC as a supplemental food program.
  - ii. How to use food instruments and cash value vouchers.
  - iii. The nutritional value of the specific supplemental foods per category.
  - iv. The importance of health care.
  - v. Importance of supplemental foods being consumed by the participant.
- b. New applicants must view the WIC orientation video in the most appropriate language during or before the initial certification visit.
- c. 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. 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. 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. 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.
- v. 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. Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.
- vii. 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.
- viii. If participants miss their scheduled appointment and reschedule later in the month with 20 or 10 days remaining, the amount of supplemental foods provided will be 2/3 and 1/3 the full month amount, respectively.

d. The core contact information may be covered:

- i. Exclusively in the certification, or;
- ii. Incorporated into individual contacts.

## XIX. General Education.

- a. Appropriate general education items relevant to the nutrition risk factors assigned and an explanation of how to use WIC checks 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.

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.

XX. High Risk Contacts.

- a. A high risk participant is defined as a participant who has been assigned any risk factor designated as “high risk”. Each high risk participant must have:
  - i. A High Risk Care Plan (HRCP) documented in the computer at the time of certification by a CPA or RD;
  - ii. An individualized assessment by a Registered Dietitian (RD must complete A/P note).
  - iii. The RD must be responsible for documenting the overall management and coordination of care plans for high risk participants.
- b. Registered Dietitians who have successfully completed their 6 month probation in the WIC clinics of the Utah WIC Program may change the status of a high risk designation for a particular risk factor by marking the checkbox “HR Resolved”. The reason for changing the status of a high risk designation must be documented in the computer.
- c. If VISION automatically assigns the 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 resolve the high risk indicator at that certification appointment. A high risk care plan should still be written and the reason for resolving the high risk designation needs to be documented in the care plan.



- d. Each agency must have a consistent method for documenting high risk care plans.
- e. High Risk Follow-up Appointments.
  - i. When a high risk client comes in for a follow up appointment, this should be marked by checking the “High Risk Follow Up Appointment” box in the “Nutrition Education” panel under “Education and Care”. By 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”.
  - ii. This report facilitates monitoring of risk factors and high risk clients.

XXI. Components of the High Risk Care Plan.

- a. In the VISION system the SOAP care plan format is used. All 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.)

XXII. Phone Contacts.

- a. In emergency situations only, phone contacts or Telehealth may be substituted for an individual assessment by a Registered Dietitian (RD) or lactation educator (CLC, CLE, LE) when:
  - i. The dietitian or lactation educator 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 AND;
  - iii. The participant has a permanent phone number where she can be reached easily and she agrees to participate in a phone counseling session.
- b. All phone contacts must be documented in the computer comment screen.
- c. Phone contacts cannot be substituted for certification visits.
- d. The Registered Dietitian is still responsible for the overall management of nutrition care for high risk participants.

XXIII. Nutrition Education Classes.

- a. State nutrition classes are available in facilitated discussion, bulletin board, self-paced and web-based formats for use and guidance.
- b. The local Nutrition Preceptor must approve all nutrition classes 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, comment and acceptance for clinic and statewide use. WIC and extension agency materials available from USDA, FNS, and WIC-Works may be used after approval by the local Nutrition Preceptor. The Nutrition Preceptor must initial the lesson plan, indicate the date of approval and maintain a current file in the clinic.
  - i. Electronic submission is preferred (e-mail). Modifications by the State may be requested prior to implementing the class.
  - ii. Class outlines will be added to the "Class Outlines" folder in SharePoint and made available for statewide use.
- c. Nutrition education classes must be in lesson plan format and cite current references. Examples of approved formats include:

- i. Facilitated Discussion (FD)
  - ii. Emotion-Based
  - iii. Traditional
  - iv. Bulletin Board
  - v. Self-Paced Modules
  - vi. Web-Based
- d. When developing nutrition education classes, the Nutrition Preceptor should:
  - i. Assess the needs of the clinic population and pick topics that address these needs.
  - ii. Coordinate the nutrition education schedule and computer documentation with the Administrator/Nutrition Education Plan.
- e. Newly written classes must include the following elements if written in facilitated discussion or traditional lesson plan format:
  - i. Topic (refer to State class topic list) and title.
  - ii. Goal(s) and measurable objectives.
  - iii. List of needed materials.
  - iv. Content (discussion questions and factual messages for FD).
  - v. Learning activities.
  - vi. References.
  - vii. Evaluation.

XXIV. Nutrition Education Committee

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