VENA and Nutrition Risk

I. Value Enhanced Nutrition Assessment.

   a. Value Enhanced Nutrition Assessment (VENA) is an initiative from the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) to improve nutrition services in the WIC program. VENA provides WIC nutrition assessment guidance to enhance and ensure the collection and interpretation of accurate and relevant nutrition/health information - the first step in providing targeted and relevant nutrition services to WIC participants.

   b. VENA is the bridge that connects WIC nutrition assessment to effective and appropriate nutrition intervention that best meets each participant's needs. It provides information and guidance to enable WIC staff to perform a quality WIC nutrition assessment that screens for nutrition risk criteria (anthropometric, biochemical, and dietary) as well as other health indicators (clinical/health/medical and predisposing risks). The collection of comprehensive, relevant nutrition assessment information is necessary to deliver meaningful nutrition services to WIC participants.

   c. A quality WIC nutrition assessment is a blending of art and science. It requires staff well-trained in communication, critical thinking skills, and fundamentals of assessment using a systematic approach to collect accurate and essential nutrition assessment information.

   d. VENA is incorporated into the VISION computer system with starters and prompts at the bottom of each nutrition interview screen. Scroll through these to find the appropriate open-ended questions for the applicable nutrition interview section. It is necessary to complete all bolded questions and items in each nutrition interview screen to ensure accurate data reporting. Risk assignment between certification appointments is not required. If nutrition risks or other factors that impact nutritional status are identified after the initial certification visit, these may be documented in the certification file according to local agency policy.

   e. The process of a quality WIC nutrition assessment includes:
      i. Collecting accurate and essential information,
      ii. Applying communication skills to foster openness and rapport with the participant,
      iii. Organizing, synthesizing and evaluating the collected information,
      iv. Drawing appropriate conclusions and relationships from the information collected,
      v. Identifying solutions, prioritizing the issues discovered, developing a plan of care,
      vi. Documenting the information and conclusions concisely and accurately,

      vii.   Referring to other needed resources,

      viii.   Closing the loop – providing follow-up as necessary.

f.   The collection of comprehensive, relevant nutrition assessment information is necessary to deliver meaningful nutrition services to WIC participants. When conducting a nutrition assessment, the CPA must open a new nutrition interview record at the certification appointment, identify and assign all NRFs for which an applicant qualifies, provide and document nutrition intervention/education and refer to other health related services. Following a nutrition assessment based on NRFs assigned, the participant will be placed at the highest possible priority. Nutrition services should be based upon the participant's highest priority needs and their interests/requests. Intervention and education are not required on all identified nutrition risk factors in one clinic visit.

II.   Nutrition Risk

a.   Nutrition risk is a requirement for certification in the WIC program. It is defined broadly by Public Law 94-105 as, "(a) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measures, (b) other documented nutritionally related medical conditions, (c) dietary deficiencies that impair or endanger health, (d) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions." (WIC Nutrition Risk Criteria, A Scientific Assessment, Institute of Medicine, National Academy Press, Washington, D.C., 1996) The general categories of nutrition risk include:

- Anthropometric
- Biochemical
- Clinical/Health/Medical
- Dietary
- Other

b.   RISC is the National Risk Identification and Selection Collaborative which is made up of appointed federal and state representatives. The purpose of RISC is to develop, review, research, and update each of the risks on a cyclic basis in response to emerging research. Each state WIC agency is allowed to determine which nutrition risks are to be considered "high risk" and which risks are to be considered "low risk". The Institute of Medicine (IOM) recommends that nutrition risks that have a strong relationship to risk and potential to benefit from the services of the WIC program be considered high risk.

c.   Nutrition Risk Assessment. Nutrition risk assessment is critical to the operation of the WIC Program. It is essential for determining program

eligibility. Nutrition risk assessment involves the use of a risk criterion which consists of a risk indicator and a cut-off point. According to the IOM, "a risk indicator is any measurable characteristic or circumstance that is associated with an increased likelihood of poor outcomes, such as poor nutrition status, poor health, or death" (Summary Report, 1996). The cutoff point represents a specific measurable value or the existence of a condition. Nutrition risk assessments are conducted by Competent Professional Authorities (CPAs) as defined by Federal Regulations. The process of nutrition risk assessment involves review of the general categories of nutrition risk including, anthropometric, biochemical, clinical/health/medical, dietary, and other.

NRF #	Description	Risk is auto assigned	High Risk for (will auto assign unless otherwise stated)
101	Underweight Women	X	
103a	UnderweightAt Risk of Underweight (Infant or Child)	X	
103b	Underweight (Infant or Child)	X	• Infants • Children
111	Overweight Women	X	
113	Obese (2-5 Years of Age)	X	
114	Overweight or At Risk of Overweight	X	
115	High Weight for Length (Infants/Children <24 months)	X	
121a	At Risk of Short Stature (Infants/Children)	X	
121b	Short Stature (Infants/Children)	X	
131	Low Maternal Weight Gain		
133	High Maternal Weight Gain		
134	Failure to Thrive		• Infants • Children
135	Slowed/Faltering Growth Pattern	X	• Infants $\leq$ 6 months-of-age
141a	Low Birth Weight (LBW)	X	Infants
141b	Very Low Birth Weight (VLBW)	X	Infants
142a	Preterm Delivery	X	• Infants
142b	Early Term Delivery	X	
151	Small for Gestational Age		• Infants
152	Low Head Circumference (Infants/Children <24 months)	• Auto assigned for infants • Manually assigned for children $\leq$12	

		months to <24 months	
153	Large for Gestational Age		
201	Low Hematocrit/Hemoglobin	X	Hct >3%ile below cut-off (Manual) Hgb >1 g/dl below cut-off (Manual)
211	Elevated Blood Lead Levels	X	
301	Hyperemesis Gravidarum		• Pregnant
302	Gestational Diabetes		• Pregnant
303	History of Gestational Diabetes		
304	History of Preeclampsia		
311	History of preterm or early term delivery		
312	History of Low Birth Weight	• Auto assigned for BF/nonBF women • Manually assign for pregnant women	
321	History of Spontaneous abortion, fetal, or neonatal loss		
331a-b	Pregnant at ≤20 years at conception	X	• Pregnant
332	Short Interpregnancy Interval	X	IPI <6 months (Manual)
334	Lack of Prenatal Care	X (if question 1f marked as "No" in Nutrition Interview)	3rd trimester (Manual)
335	Multifetal Gestation	X (if Multifetal Gestation checkbox in the pregnancy screen is checked)	• Pregnant • Breastfeeding
336	Fetal Growth Restriction		• Pregnant
337	History of a Large for Gestational Age Infant	• Auto assigns for BF/nonBF women • Manually assign for pregnant women	
338	Pregnant Woman Currently Breastfeeding		
341	Nutrient Deficiency or Disease		• All categories
342	Gastro-Intestinal Disorders		

NRF #	Description	Risk is auto assigned	High Risk for (will auto assign unless otherwise stated)
343	Diabetes Mellitus		• All categories
344	Thyroid Disorders		
345	Hypertension and Prehypertension		
346	Renal Disease		• All categories
347	Cancer		• All categories
348	Central Nervous System Disorders		
349	Genetic and Congenital Disorders		
NRF #	Description	Risk is auto assigned	High Risk for (will auto assign unless otherwise stated)
351	Inborn Errors of Metabolism		• All categories
352a	Infectious Diseases – Acute		
352b	Infectious Diseases – Chronic		
353	Food Allergies		
354	Celiac Disease		
355	Lactose Intolerance		
356	Hypoglycemia		
357	Drug Nutrient Interactions		
358	Eating Disorders		• Pregnant • Breastfeeding
359	Recent Major Surgery, Physical Trauma, Burns		
360	Other Medical Conditions		
361	Mental Illnesses		
362	Developmental Delays		
363	Pre-diabetes		
371	Maternal Smoking	X (if cigarettes per day is >0)	
372a	Alcohol Use	X • Pregnant: alcohol per week 0 • BF and nonBF women: alcohol per week >5	• Pregnant
372b	Substance Use		• Pregnant
381	Oral Health Conditions		
382	Fetal Alcohol Spectrum Disorders		• All categories

383	Neonatal Abstinence Syndrome		
401	Failure to Meet Dietary Guidelines for Americans		
411a-k	Inappropriate Nutrition Practices for Infants		
425a-i	Inappropriate Nutrition Practices for Children		
427a-e	Inappropriate Nutrition Practices for Women		
428	Dietary Risk Associated with Complementary Feeding Practices		
501	Possibility of Regression		
502	Transfer of Certification	X	
601	Breastfeeding Mother of Infant at Nutritional Risk	X	
602 a-h	Breastfeeding Complications or Potential Complications (Women)		• Breastfeeding (all except 602f and 602h)
603 a-d	Breastfeeding Complications or Potential Complications (Infants)		• Infants
701	Mom on WIC/Mom Not on WIC During Pregnancy		
702	Breastfeeding Infant of Woman at Nutritional Risk	X	
801	Homelessness	X	
802	Migrancy	X	
901	Environmental Risk		
902	Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions		
903	Foster Care	X*	
904	Environmental Tobacco Smoke	X*	

*Auto-assigns in some cases. See complete risk factor explanation for more details.