

## Nutrition Education Contacts

### Policy

**USDA Federal Regulations:** 246.11(e) Participant contacts. (1) The nutrition education including breastfeeding promotion and support, contacts shall be made available through individual or group sessions which are appropriate to the individual participant's nutritional needs. All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons.

(2) During each six-month certification period, at least two nutrition contacts shall be made available to all adult participants and the parents or caretakers of infant and child participants, and wherever possible, the child participants themselves.

(3) Nutrition education contacts shall be made available at a quarterly rate to parents or caretakers of infant and child participants certified for a period in excess of six months. Nutrition education contacts shall be scheduled on a periodic basis by the local agency, but such contacts do not necessarily need to take place in each quarter of the certification period.

(4) The local agency shall document in each participant's certification file that nutrition education has been given to the participant in accordance with State agency standards, except that the second or any subsequent nutrition education contact during a certification period that is provided to a participant in a group setting may be documented in a master file. Should a participant miss a nutrition education appointment, the local agency shall, for purposes of monitoring and further education efforts, document this fact in the participant's file, or, at the local agency's discretion, in the case of a second or subsequent missed contact where the nutrition education was offered in a group setting, document this fact in a master file.

(5) An individual care plan shall be provided for a participant based on the need for such plan as determined by the competent professional authority, except that any participant, parent, or caretaker shall receive such plan upon request.

(6) Contacts shall be designed to meet different cultural and language needs of Program participants.

### Authority

7 CFR Part 246.11(e)(1-6)

### Procedures

Nutrition services shall be provided by bilingual staff or through the use of volunteer or paid interpreters when needed.

The initial nutrition education contact is completed at the time of certification/recertification in a one-to-one setting. One-to-one settings may be in person or via teleWIC. The CPA that certifies the participant during this appointment provides the initial nutrition education contact.

- If a licensed dietitian (LD) CPA is the one who certifies a high-risk participant and writes the nutrition care plan, this contact immediately meets the policy requirement for one individual contact by a licensed dietitian. The dietitian should then determine the appropriate level of service for subsequent contacts (LD or another CPA) and schedule it accordingly.
- If a non-LD CPA certifies a high-risk participant, that CPA writes the initial care plan, and provides nutrition education, but the participant must have a contact with a licensed dietitian within their certification period, to meet policy requirements, either at a nutrition education contact or the health update appointment.

Required messages for initial nutrition education topics based on participant category are listed below. These are in addition to other topics of interest or concern for the participant.

Participant category	Required topic
All participants at first certification	The nutritional value of the supplemental foods they will receive from WIC and how to obtain benefits using the eWIC card.
Pregnant women	Encouragement to breastfeed unless contraindicated for health reasons.
Pregnant, breastfeeding and postpartum women	Written information about the dangers of using tobacco, alcohol and street drugs and a list of local resources for drug/other harmful substance-abuse counselling and treatment if needed.

Participants must be given the choice of how they want to do their subsequent nutrition education appointments. Nutrition education contacts may be done:

- In group settings (where available), or
- One-to-one contacts, including:
  - Face-to-face contacts.
  - Wichealth.org
    - For participants who use wichealth.org, agencies must provide a method for follow-up via a face-to-face meeting, through email, text messaging or by telephone, to provide support, allow for the participant to ask questions, verify food packages before issuance and schedule the next appointment.
  - TeleWIC contacts.

Subsequent nutrition education contacts that occur at nutrition education appointments or health

**update appointments** can be divided into high-risk and low-risk based on the nutrition risk conditions of participants.

- Any CPA may **do any or all of the nutrition education contacts for** low-risk **participants**.
- High risk participants may use wichealth.org or attend group nutrition classes **as long as** one-to-one follow-up is completed (in person or by teleWIC) and the high-risk condition is assessed.
  - If the initial contact **(at certification/recertification)** was done by a licensed dietitian, anyone can provide the follow up unless the dietitian determined they should speak to a dietitian again.
  - If the initial contact was done by a non-dietitian, the follow up must be done by a licensed dietitian.
- At the time of the high-risk nutrition education appointment, the CPA seeing the participant shall:
  - Complete an individualized assessment,
  - Update the care plan that was initiated at certification,
  - Provide education and counseling, and
  - Schedule additional contacts or return visits as appropriate.
- Participants with high-risk conditions may be enrolled in other nutrition programs and receive nutrition education from those programs. These contacts cannot be counted as nutrition education contacts for WIC though because the contacts may not reassess the participant's high-risk conditions.
  - The one exception is high-risk contacts may be provided by a Head Start licensed dietitian if the dietitian also works for WIC and therefore has access to the child's record. This ensures continuity of services, education, and nutrition care plan documentation. However, these high-risk contacts may be scheduled at the WIC clinic if that meets the family's scheduling needs better.

Nutrition education activities in the EFNEP, and Head Start or Early Head Start programs may be counted as completed low-risk nutrition education contacts (as long as a memorandum of understanding (MOU) or other agreement is in place) when acceptable documentation of the contact is provided to the local WIC program. These contacts include but are not limited to Head Start classroom activities with children, Early Head Start home visits, Head Start and Early Head Start parent meetings, and lessons completed as part of EFNEP participation.

- Acceptable documentation includes the participant's name, the date of the contact and the topic. This documentation can be provided in an attendance list, letter, memorandum, or other written document provided in person or electronically by the other program or by the participant.
- Due to the limited number of nutrition education topics available in the data system, record the nutrition topic that is the most similar to the actual topic presented. If there is not a relevant topic, select "Other" and identify the specific topic in a nutrition care plan.

The local WIC and Head Start agencies (including Early Head Start) must develop a memorandum of understanding (MOU) or other agreement between their programs in order to

count any Head Start nutrition education activities as **WIC nutrition** education contacts. A written agreement is still required when Head Start or Early Head Start programs and WIC programs are in the same agency. The agreement must ensure that the activities comply with WIC regulations and nutrition education as well as address the following issues:

- Who will provide the education,
- The guidance or input available from a licensed dietitian,
- Whether take-home materials for parents are provided,
- The method for obtaining documentation of contacts, and
- Participation in at least one meeting per year to address program coordination, including the sharing of nutrition education materials, training, planning, and evaluation.

The local WIC and EFNEP programs must develop a memorandum of understanding (MOU) or other agreement between their programs to address the method for providing documentation for contacts that take place outside of the WIC clinic setting. It is not necessary for the agreement to address who will provide the education, the guidance or input available from a licensed dietitian, or whether take-home materials for parents are provided because EFNEP personnel in Iowa receive standardized training and use a standardized curriculum. In addition, the state EFNEP, and WIC program agreement addresses program collaboration and referrals.

Completed nutrition education contacts must be recorded on the nutrition education panel to document the provision of program benefits and ensure continuity of services for participants.

- When completed one-to-one nutrition education contacts are documented in the WIC data system, the following information is recorded:
  - Date,
  - Nutrition education covered topic,
  - Pamphlets provided, and
  - Name of the CPA that provided the contact (or the name of the CPA that recorded the contact for another program).
- When a class is documented, the individual nutrition education topics are automatically recorded in the participant's record.
- When an internet-based module contact is completed via [wichealth.org](http://wichealth.org), documentation in the WIC data system will be automatically completed during the nightly data system batch jobs.

## Best Practices

WIC agencies are strongly encouraged to use appropriate print and audiovisual materials to reinforce the nutrition and health messages provided during WIC appointments. These materials can be provided in person, mailed or sent electronically. **WIC staff have access to the [wichealth.org](http://wichealth.org) resource library for texting, emailing and even printing materials.**

Other visual aids may be especially helpful in obtaining information about food intake or providing nutrition education for participants with limited English proficiency. Examples include:

- Three-dimensional food models,
- Paper food models,
- Posters and/or pictorial notebooks including pictures of foods from various cultures,
- Online resources

Nutrition education contacts should be centered on addressing the participant's individual issues and questions and could include instruction on one or more of the following topics, plus additional topics at the discretion of the participant:

- The participant's particular nutritional needs according to categorical status,
- The relationship of diet to good health,
- The benefits of consuming a variety of foods in addition to those provided by the WIC Program,
- Foods or nutrients of special interest or need to the participant,
- Desirable changes in eating patterns and methods for accomplishing those changes, and
- Breastfeeding information and support.

TeleWIC contacts and the use of [wichealth.org](http://wichealth.org) for nutrition education appointments are useful when scheduling difficulties or health conditions limit the ability of a participant or parent/caretaker to come to a WIC clinic (e.g., a pregnant woman confined to bed rest or with other participants as needed based on work and school obligations).

Every woman whose eligibility or participation in the WIC Program is about to end may be offered an exit nutrition education contact in person or teleWIC, whichever they prefer. This is a nutrition education contact with specific health messages. The intent of this contact is to reinforce previous participant instruction. The following health messages could be discussed at the exit contact:

- The importance of folic acid intake in reducing neural tube defects in future pregnancies,
- Continued breastfeeding as the preferred method of infant feeding,
- The importance of children's immunizations,
- The health risks associated with using alcohol, tobacco, and other drugs, and
- The need for a well-balanced diet.

A brochure or other print materials addressing all of these health messages may be provided during exit contacts. If the appointment is occurring via teleWIC, the print materials could be provided electronically or mailed. The handout, "Make Healthy Choices for You and Your Family" addresses all of these messages.

Exit counseling is recommended although not required for parents/guardians of children before the child's categorical eligibility ends. This is a nutrition education contact with specific health messages. The intent of this contact is to reinforce previous participant instruction.

Some WIC participants including those who are temporarily unhoused may have common

nutritional concerns. The table below identifies potential concerns and suggests appropriate actions for WIC staff.

Concern	Suggested Action
Limited or no food storage options	<ul style="list-style-type: none"> <li>● Provide information about safe food storage based on the participant’s circumstances.</li> <li>● Tailor the food package to maintain quality and safety of the WIC foods.</li> </ul>
Minimal or no cooking facilities	<ul style="list-style-type: none"> <li>● Discuss meals and snacks that require minimal or no cooking facilities.</li> <li>● Suggest non-traditional foods or meal plans in order to use available foods and facilities.</li> </ul>
Food Insecurity	<ul style="list-style-type: none"> <li>● Identify and refer to other community resources such as food banks, food pantries, soup kitchens, Supplemental Nutrition Assistance Program, etc.</li> <li>● Identify transportation needed to access food resources, and assistance available for obtaining transportation.</li> </ul>
Limited intake of fruits, vegetables and grains	<ul style="list-style-type: none"> <li>● Provide information about buying low-cost foods from these food groups.</li> <li>● Discuss how to store these foods safely.</li> </ul>

Low-risk, one-to-one or group nutrition education contacts can be counted when provided by other health professionals (licensed dietitians, certified family consumer scientists, registered nurses, health educators, and registered dental hygienists employed by other nutrition and health programs) when the contacts are approved activities. It is strongly recommended that a WIC dietitian or nutrition educator work with the health professional to plan the content. Information about the demographic characteristics of the WIC clients, including their learning styles and information needs, will help the health professional prepare information targeted to your clients. Discuss your expectations with the speaker including:

- Learning objectives,
- Interactive format,
- Use of Value Enhanced Nutrition Assessment (VENA) or participant centered counseling and facilitating skills,

- Print or other materials to reinforce messages,
- Activities to practice new skills and,
- How WIC specific questions can be addressed

This helps ensure that nutrition education needs of clients are still addressed. Coordination and collaboration with other programs should result in consistent nutrition messages and reduce duplication in services. Examples of nutrition and health programs include but are not limited to the following:

- Iowa State University Extension and Outreach
- Iowa Egg Council
- Dairy Council
- Community hospital nutrition and health promotion programs
- Community nutrition coalitions
- Title V Maternal, Child, and Adolescent Health (MCH) Programs