

Nutrition Education Contacts

Policy

USDA Federal Regulations: (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 masterfile. 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.

Members of the Committee were concerned that the benefits of nutrition education and counseling sessions provided to women while they are participating in the WIC Program be reinforced when a woman “graduates” from WIC. Therefore, the Committee recommended in its accompanying Report that participating women be given one last counseling session along with a written exit brochure to reinforce the important health messages she has been receiving through the WIC Program.

Authority

7 CFR Part 246.11(e)(1-6)
WIC Policy Memorandum: #9-9

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 in a one-to-one setting. One-to-one settings may be in person or via teleWIC. Any CPA can provide initial nutrition education contacts.

- If a licensed dietitian certifies the high-risk participant and writes the nutrition care plan, this contact meets the policy requirement for one individual contact by a licensed dietitian. The dietitian should determine the appropriate level of service for the second education contact (L.D. or another CPA) and schedule it accordingly.
- If a non-L.D. CPA certifies the high-risk participant, this CPA can write the initial care plan identifying the participant as high-risk, provide nutrition education, and schedule a second education contact with a licensed dietitian.

Required messages for initial nutrition education topics based on participant category are listed below.

Participant category	Required topic
All participants	The risk criteria that determined eligibility.
All participants at first certification	The nutritional value of the supplemental foods they will receive from WIC.
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 option of how they want to do their second nutrition education appointment. Second nutrition education contacts may be done:

- In group settings (where available), or
- One-to-one contacts, including:
 - Face-to-face contacts;
 - Electronic mediums such as the Internet, computer software, kiosks and modules;
 - The Iowa WIC program only approves www.wichealth.org for participant

internet-based nutrition education contacts. 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 and allow for the participant to ask questions.

- Scheduled teleWIC contacts.
 - TeleWIC contacts should be at least five minutes in length in order to identify the purpose of the call, set the direction for the conversation, and allow for discussion during the call.

Second nutrition education contacts can be divided into high-risk and low-risk contacts based on the nutrition risk conditions of participants. Any CPA may provide low-risk exit contacts.

Schedule all high-risk participants for one-to-one second contacts.

- High risk participants may use internet-based nutrition education if one-to-one follow-up is completed (in person or by teleWIC) following completion of the online nutrition education lesson and the high-risk condition is addressed.
 - If the initial contact was done by a licensed dietitian, anyone can provide the follow up on the second ed 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 second education contact, 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 second nutrition education contacts for WIC because the contacts may not address 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 a WIC agency 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.

Every woman whose eligibility or participation in the WIC Program is about to end must be offered an exit nutrition education contact in person or teleWIC, whichever they prefer. This is a second nutrition education contact with specific health messages. The intent of this contact is to reinforce previous participant instruction. The following health messages must 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 the required health messages must be provided during exit contacts. **If the appointment is occurring via teleWIC, the print materials may be provided electronically or mailed.** The handout, “Make Healthy Choices for You and Your Family” addresses all of the required messages.

Nutrition education activities in the EFNEP, FNP, and Head Start or Early Head Start programs may be counted as completed low-risk second 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 or FNP 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.
- 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 second 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 and FNP personnel in Iowa receive standardized training and use a standardized curriculum. In addition, the state EFNEP, FNP, and WIC program agreement addresses program collaboration and referrals.

Completed nutrition education contacts must be recorded on the nutrition education tab 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, 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 initial and second nutrition education contacts. **These materials can be provided in person, mailed or sent electronically.** Other visual aids may be especially helpful in obtaining information about food intake or providing nutrition education for participants with limited English proficiency. Examples of may include:

- Three-dimensional food models,
- Paper food models,
- Posters and/or pictorial notebooks including pictures of foods from various cultures,
- Online resources, and
- WIC Spanish dictionary and language training materials.

Second 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.

Tele**WIC** contacts and the use of wichealth.org for second ed 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.)

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

At the contract agency’s discretion, certifications and nutrition education contacts may be offered on-site at a homeless facility. This option may be desirable if several participants reside at a given facility or address. This reduces the transportation burden for homeless participants. The table below identifies potential problems and suggests appropriate actions for WIC staff.

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

Low-risk, one-to-one or group second 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 VENA or participant centered counseling and facilitating skills
- Print or other materials to reinforce messages, and
- Activities to practice new skills.

- How WIC specific questions can be addressed

This helps ensure that nutrition education needs of clients are 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
- Iowa Egg Council
- Dairy Council
- Community hospital nutrition and health promotion programs
- Community nutrition coalitions
- Title V MCH Programs