

Nutrition Risk Cheat Sheet

* While this document is not meant to replace policies it is meant to summarize the key pieces of assessing nutrition risk.

- ✓ A nutrition risk factor (NRF) is a condition or set of circumstances that indicate a person is either more likely to get or already has a nutrition-related problem.
- ✓ Risks are assigned by:
 - checking the box or radio dial next to the risk on the panel where it is listed,
 - clicking on the risk to highlight it and moving it over to the Assigned Risks box on the risk panel, or
 - in some cases, the data system auto-assigning based upon parameters built into the system.
 - If there is a radio dial or check box on a panel in the data system, you need to be familiar with the risk and assign it as appropriate. The Nutrition Risk Definitions policy gives you a condensed version of risk definition, otherwise, the full risk definitions can be found on the WIC web portal.
- ✓ You must assign all nutrition risks identified during the certification process.
- ✓ A new nutrition risk determination must also be done at the health update appointment and should be done at any other point where new information is presented that signals assignment of a new risk (e.g., A woman reports she's recently become homeless and is "couch surfing" when she is in for her nutrition education appointment).
 - Risks found at the certification appointment must be carried forward when doing a new risk determination throughout the course of the certification period.
- ✓ Nutrition risk should be used to tailor the food package; address nutritional needs; design appropriate nutrition education, including breastfeeding promotion and support; and make referrals to health and social services for follow-up, as necessary and appropriate.
- ✓ The Additional Assessment Needed checkbox on the nutrition risk panel should be marked if a CPA determines that follow-up should occur with the participant. Typically, the participant would be scheduled for a follow-up appointment the following month.
- ✓ Self-reporting of a diagnosis by a physician or other recognized medical authority should not be confused with self-diagnosis, where a person simply claims to have or has had a medical condition, without any reference to professional diagnosis of that condition.
 - When an applicant self-reports a diagnosis, it is not necessary to obtain documentation of that diagnosis from a physician or psychologist but should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis and treatment plan.
 - Self-reporting for "History of..." conditions should be treated in the same manner as self-reporting for current conditions requiring a physician's diagnosis (e.g., the applicant may report to the CPA that s/he was diagnosed by a physician with a given condition at some point in the past).
- ✓ The WIC data system automatically identifies some participants as high-risk based on their assigned risks.
 - Participants who are at high-risk must have at least one individual education contact by a licensed dietitian and have a nutrition care plan. This contact may take place at certification or at the second education contact.

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- All second education contacts for high risk participants must include a one to-one contact and an updated care plan. High risk participants can complete wichealth.org but will still need a one-to-one follow up in person or by phone afterwards.
- WIC CPAs can and should manually assign high-risk status for participants based on their professional judgment.
- ✓ The type of nutrition risk you assign also tells the system how to determine a participant's priority class. Participants with medical nutrition risks are considered to be more at risk so are assigned to higher priority classes (I, II, and III). Participants with dietary risks are considered to be at lower risk so are assigned to lower priority classes (IV, V, and VI). In times of limited or restricted funding, participants with lower priority classes may be placed on a waiting list.
- ✓ Breastfeeding dyads should always have their priorities aligned and must be placed in the highest priority level for which either is qualified. The system does this by looking at each of their priority assignments after risks have been determined and if they are not the same, it will assign the associated risk that corresponds to the higher priority that their infant or mother is. For mother's this would be risk 601A, 601B or 601D. For an infant this would be risk 702A, 702B or 702D.
 - Example 1, Breastfeeding mom is a priority I and infant is a priority II before certifying, risk 702A should be assigned to the infant to align their priorities and make the infant a priority I too.
 - Example 2, Breastfeeding mom is a priority IV and the infant is a priority II, before certifying, risk 601B should be assigned to the breastfeeding mom to align their priorities and make the mom a priority II as well.
- ✓ The following two risks are available for assignment when a complete nutrition assessment has been performed and no other risks have been identified. The system does not allow assignment of these NRFs in the Risk panel when other NRFs have already been assigned.
 - 401: Failure to meet Dietary Guidelines for Americans - Women and children two years of age and older.
 - 428: Dietary risk associated with complementary feeding practices - infant > 4 months to child < 24 months.
- ✓ Regression is defined as a possible decline in nutritional status related to a nutrition risk criterion from which the participant is newly recovered. This is allowed to avoid the "revolving door" syndrome in which participants get worse after short term improvement during program participation. It cannot be used at an initial certification. Regression may be used more than once during the time an individual participates in WIC as long as it is not used for consecutive time periods.
 - The Competent Professional Authority must follow the steps below to certify a participant on the basis of possible regression:
 - Review the completed nutrition interview history to rule out the existence of any other current risk factors.
 - Manually assign the risk for regression.
 - Generate a nutrition care plan and identify the risk factor to which the participant may regress.