

Nutrition Education

Policy

USDA Federal Regulations: Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.

(1) Nutrition education including breastfeeding promotion and support, shall be considered a benefit of the Program, and shall be made available at no cost to the participant. Nutrition education including breastfeeding promotion and support, shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education including breastfeeding promotion and support, shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations.

(2) The State agency shall ensure that nutrition education, including breastfeeding promotion and support, as appropriate, is made available to all participants. Nutrition education may be provided through the local agencies directly, or through arrangements made with other agencies. At the time of certification, the local agency shall stress the positive, long-term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities.

(3) As an integral part of nutrition education, the State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in the program. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.

(b) Goals. Nutrition education including breastfeeding promotion and support, shall be designed to achieve the following two broad goals:

(1) Emphasize the relationship between nutrition, physical activity and health with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants and children under five years of age, and raise awareness about the dangers of using drugs and other harmful substances during pregnancy and while breastfeeding.

(2) Assist the individual who is at nutritional risk in improving health status and achieving a positive change in dietary and physical activity habits, and in the prevention of nutrition-related

problems through optimal use of the supplemental foods and other nutritious foods. This is to be taught in the context of the ethnic, cultural and geographic preferences of the participants and with consideration for educational and environmental limitations experienced by the participants.

(c) State agency responsibilities. The State agency shall perform the following activities in carrying out nutrition education responsibilities, including breastfeeding promotion and support,:

(1) Develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs and available nutrition education resources.

(2) Provide in-service training and technical assistance for professional and para-professional personnel involved in providing nutrition education to participants at local agencies. The State agency shall also provide training on the promotion and management of breastfeeding to staff at local agencies who will provide information and assistance on this subject to participants.

(3) Identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English, considering the size and concentration of such population and, where possible, the reading level of participants.

(4) Develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents and guardians of infant or child participants, as well as child participants, whenever possible.

(5) Monitor local agency activities to ensure compliance with provisions set forth in paragraphs (c)(7), (d), and (e) of this section.

(6) Establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph (e) of this section.

(7) Establish standards for breastfeeding promotion and support which include, at a minimum, the following:

(i) A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding;

(ii) A requirement that each local agency designate a staff person to coordinate breastfeeding promotion and support activities;

(iii) A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients; and

(iv) A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

(d) Local agency responsibilities. Local agencies shall perform the following activities in carrying out their nutrition education responsibilities, including breastfeeding promotion and support,:

(1) Make nutrition education, including breastfeeding promotion and support, available or enter into an agreement with another agency to make nutrition education available to all adult participants, and to parents or caretakers of infant and child participants, and whenever possible and appropriate, to child participants. Nutrition education may be provided through the use of individual or group sessions. Educational materials designed for Program participants may be utilized to provide education to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the program.

(2) Develop an annual local agency nutrition education plan, including breastfeeding promotion and support, consistent with the State agency's nutrition education component of Program operations and in accordance with this part and FNS guidelines. The local agency shall submit its nutrition education plan to the State agency by a date specified by the State agency.

Authority

7 CFR Part 246.2

7 CFR Part 246.11(a)(1-3)

7 CFR Part 246.11(b)(1-2)

7 CFR Part 246.11(c)(1-7)(i-iv)

7 CFR Part 246.11(d)(1-2)

Procedures

WIC participants must be offered at least two opportunities for nutrition education contacts during each six-month certification period. Nutrition education contacts shall be made available at a quarterly rate to participants or parents/caretakers of infant and child participants certified for a period in excess of six months. A nutrition education plan identifying the topic and setting for these contacts should be developed at the time of certification by the Competent professional authority.

- Provide the first nutrition education contact at the time of certification.
- Make the appointment for the second nutrition education contact with the participant at the time of certification.
 - If a participant is unable to attend their scheduled second nutrition education, explain the option of wichealth.org or reschedule them for another nutrition appointment within the same month if possible. If neither of the above options are possible, allow the participant to receive one month's issuance of benefits and reschedule the participant for the nutrition contact the following month.

- Nutrition education contacts are also part of the Health Update appointments for children, breastfeeding women and infants certified to their first birthday.

The content of nutrition education contacts and the setting (face-to-face with individuals or groups, telephone, or electronic mediums) must address individual needs such as:

- Nutritional needs and interests,
- Nutritional risk,
- Health history,
- Household situation,
- Anticipatory guidance for nutrition and physical activity through the lifecycle,
- Cultural preferences,
- Language spoken and literacy level, and
- The CPA's evaluation of appropriate teaching strategy and setting.

Note: The Iowa WIC program only approves www.wichealth.org for participant electronic internet based nutrition education contacts.

Nutrition education contacts must involve participants in more than information sharing in order to affect or influence food choices and health behaviors. Nutrition education must be completed using the participant centered approach. The participant centered approach involves engaging the participant through talk, information exchange, listening, and feedback. This type of interaction helps build rapport, improves the quality of information the participant is provided, and allows feedback to flow smoothly between WIC staff and the participant. Receiving print or other take home materials, watching an audiovisual program, looking at a display, tasting recipes or foods and listening to a lecture in and of itself cannot be counted as a contact because there is no opportunity for interaction. Examples of strategies that promote participant-centered nutrition education during contacts follow:

- Dialogue and interactive discussion using open-ended questions
- Topics focused on issues relevant to the participant
- Problem-solving
- Skill-building and other application activities, and
- Goal-setting.

Problem solving and goal setting between WIC staff and the participant should be participant centered. Participants should be engaged in the goal making process. Goals should be developed that are specific, measurable, achievable, realistic, and time-specific (SMART).

The same nutrition education topic codes will be used by all local WIC agencies. Staff must document the nutrition education topic(s) provided at the contact in the participant record on the nutrition education panel.

- Staff must limit their counseling points to one to three per contact.
- Participants who refuse any second nutrition education offered during the initial or subsequent certifications may not be denied food benefits. The local agency shall document "NE Refusal" in the participant's electronic record on the nutrition education panel.

Best Practices

WIC agencies and staff use appropriate print, audiovisual, and other materials (posters, bulletin boards, displays, health fairs, public service announcements, etc.) to reinforce the nutrition and health messages provided in nutrition education contacts.

The most effective WIC nutrition education contacts incorporate these elements:

- Review nutrition assessment to determine nutrition education needs;
- Select and tailor messages that engage participants in setting goals;
- Use interactive counseling methods and teaching strategies;
- Select appropriate setting;
- Provide informational or environmental reinforcements; and
- Follow-up at the next contact to evaluate progress, provide support, identify barriers and reassess/redefine nutrition education plan.