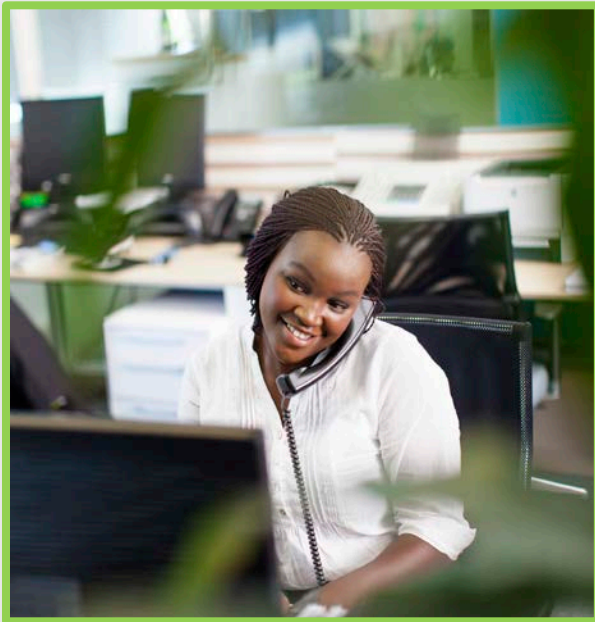


Oregon WIC Training Certifier Guide Module



Staff Training



57-6637 ENGL (03/2019)

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Oregon WIC Training: Certifier's Guide

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0-1 Welcome to WIC!



We are glad you're joining the Oregon WIC Team! This Certifier's Guide will help as you learn everything you need to know to do your job.

Goal of the Certifier's Guide

The Certifier's Guide will support new WIC certifiers like you, as you complete required training and will orient you to the unique set of skills needed to be an effective WIC Competent Professional Authority (CPA) and counselor.

Using this guide will help you

- Identify the roles of a WIC Competent Professional Authority (CPA);
- Describe your role in program integrity;
- Describe how the social determinants of health, the family environment, and adverse childhood events impact counseling;
- Demonstrate a complete nutrition and health screening and assessment;
- Complete the required actions related to nutrition-focused counseling as outlined in the Framework for Nutrition-focused Counseling;
- Explain appropriate referrals;
- Document appropriately in participant records; and,
- Take an active role in your continuous learning.

Tab 1

1-1 Getting started

Working with your training supervisor

Every WIC program has a training supervisor whose job it is to make sure you get trained. Your training supervisor will use this *Certifiers Guide* to take you step by step through everything you need to learn to be a WIC Certifier and will guide you through all the different training activities.



Who is your training supervisor? _____

Phone: _____

Email address: _____

Some ways your training supervisor will help you:

- Answer your questions and show you where things are;
- Show you how to use your computer to access online training;
- Make sure you have the materials you need;
- Schedule your time to complete training and observe other WIC staff; and,
- Track what needs to be done.

In some agencies the WIC Coordinator and training supervisor are 2 different people. You might even have a different supervisor who is your “boss.”



Who is your WIC Coordinator? _____

Who is your supervisor (boss)? _____

Some ways your supervisor (boss) may help you:

- Complete hiring paperwork;
- Orient you to your agency;
- Help get you set up with an email address, phone, computer, internet access, etc; and,
- Contact the state WIC office to get your WIC data system access, login, and password.

How to use the Certifiers Guide

We recommend that you start at the beginning of the guide and complete the training in the order it is offered.

- The guide is divided into chapters.
 - Each chapter will include multiple activities to be completed.
 - Each activity has a lesson in the guide.
 - Each lesson is numbered. For example, this is lesson 1-1. All lessons in Chapter 1 are numbered 1-1, 1-2, etc.

The [Training Checklist](#) at the end of this lesson gives you a list of all the chapters and lessons you will need to do. Your training supervisor will tell you if they want to change the order of the lessons or have you complete additional training.



Write today's date next to Lesson 1-1 on the [Training Checklist!](#)

Types of training activities

The checklist shows several different types of training activities to complete and the estimated time it will take to finish. You will do some by reading lessons in this guide, others will require you to complete training in other ways.

Type	How to complete
Guide	Read a lesson in the <i>Certifiers Guide</i> and complete any activities described in the lesson.
Paper	The <i>Certifiers Guide</i> lesson will direct you to a separate training module that can be read from the WIC website or your training supervisor can order you a paper copy to complete. Let your training supervisor know which way works better for you.
Online	The <i>Certifiers Guide</i> lesson will direct you to an online course that will be completed on a state website called iLearn .
Other	The <i>Certifier Guide</i> lesson will direct you to another type of training.

Your training supervisor will use the checklist to let you know when you will be working on each activity and track when you have finished it.

What you will need to get started

In addition to the *Certifiers Guide*, you will need access to WIC training paper modules and online courses.

Paper modules:

- Access them electronically from the [Training modules and online courses webpage](#); or,
- Your training supervisor will order paper copies from the [Oregon WIC Publications Shopify store](#).

Online courses:

- Set up your computer using the [Technical Requirements and Troubleshooting](#) document;
- Set up an iLearn account by following the instructions in the [Getting Started in iLearn for Local Agency Staff](#) document. You will need your email address to complete this step.

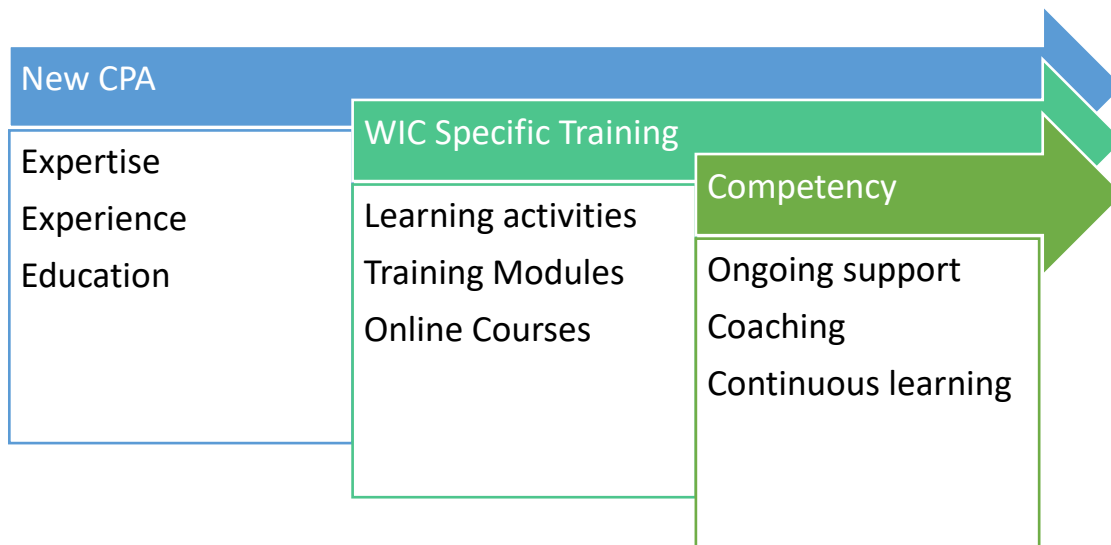
Becoming a CPA

All kinds of people become WIC certifiers. They get hired with different backgrounds, skills, levels of education, and types of experience. Regardless of their background or experience, all new CPAs must learn a very specific set of things to do their job.

The set of skills, actions or behaviors needed to be a certifier are described as **competencies**. The list of certifier competencies can be found in [Policy 660](#). Certifier competencies describe the tasks or skills a CPA should be able to do, so they can be observed by their training supervisor. Each learning activity, training module, or online course helps you meet one or more of the CPA competencies. The activity completion form lists the competencies that were covered, and your training supervisor will note how you are doing.

It is not expected that CPAs will meet all the competencies listed in the policy after just completing the required WIC training modules or online courses. All certifiers need ongoing support, coaching, and training. Your agency may have other

competencies they want you to achieve because it improves the quality of the services you can provide to participants.



Training completion




To complete each training activity, you will need to follow these steps:

1. Read the lesson in the *Certifiers Guide*.
2. Complete the actions described in the lesson, which may include:
 - a. reading information,
 - b. finding and writing answers to questions,
 - c. talking with other WIC staff,
 - d. observing WIC procedures or being observed,
 - e. reviewing resources,
 - f. completing paper modules or online courses, or
 - g. other kinds of learning activities.
3. Take a post-test for paper modules and online courses. You can reference any of the training materials when taking the post-test. You will need to score 90% or higher to pass.
4. Discuss your questions and what you learned with your training supervisor using the [Talk It Over](#) section in the *Certifiers Guide*.
5. After talking with your training supervisor and completing all the required learning activities, you and your training supervisor will sign a completion form.
6. The post-test and completion form will be kept on file by your training supervisor.
7. Your training supervisor will document completion of each requirement in the data system.

Using the Oregon WIC website

Bookmark the [WIC Staff Resources](#) launch page on your browser. Most of the resources you will need are available here.

Explore the website by clicking on the subject heading or using the + sign by each icon to see a listing of webpages related to that topic.

 Calendar of Events +	 For coordinators, training supervisors and nutritionists +
 Staff training +	 Nutrition education +
 Forms and publications +	 Breastfeeding +
 Policies, rules, and regulations +	 Staff newsletters +
 Outreach and collaboration resources +	 eWIC +

Learning activity



1. Where on the website did you find the policy on required WIC training?
2. Where would you go on the website to find a listing of all the online courses and paper modules you need to complete?



Talk it over

1. Ask your training supervisor any questions you have about completing required training.
2. Decide how often and when is the best time to meet to discuss training activities.
3. Work together to fill in the *Date Scheduled* column on the *Training Checklist* for the first several learning activities.

1-1 Job Aid – Training Checklist



Use this checklist to keep track of what training you need to complete. Work with your training supervisor to decide when is a good time to do each activity.

#	Training Activity	Type	Est. Hrs.	Date Scheduled	Date completed
Chapter 1 – Getting Started					
1-1	Getting Started • Job Aid: Training Checklist	Guide	.5		
1-2	Civil Rights Training • Completion Form	Other	1		
1-3	Introduction to WIC • Completion Form	Paper	2-5		
Chapter 2 – What it means to be a certifier					
2-1	Road map of certifier duties	Guide	.5		
2-2	WIC Customer lifecycle	Guide	.5		
2-3	Critical thinking	Guide	.5		
2-4	Program integrity	Guide	.5		
2-5	Providing Participant Centered Education - Introduction module	Online	.5		
2-6	PCS – Setting the Stage • Completion Form	Online	1.5		
2-7	Breastfeeding Level 1 • Completion Form	Online	1.5		
2-8	Food Package – Chapter 1	Paper	2		
2-9	TWIST CPA Training • Completion Form	Other	24		
Chapter 3 – Interacting with WIC Participants					
3-1	Introduction to participant centered counseling	Guide	.5		
3-2	WIC Participant Centered Education – remaining modules • Completion Form	Online	7-8		

#	Training Activity	Type	Est. Hrs.	Date Scheduled	Date completed
3-3	Adverse Childhood Experiences • Completion Form	Online	1-2		
3-4	Understanding families	Guide	.5		
Chapter 4 – Completing an assessment					
4-1	Nutrition risks and risk levels	Guide	.5		
4-2	Selecting and assigning risks • Job Aid: Selecting risks - Prenatal • Job Aid: Selecting risks - Children • Job Aid: Selecting risks - Infants • Job Aid: Selecting risks - Postpartum	Guide	.5		
4-3	What is a complete assessment? • Job Aid: What is a complete assessment? • Job Aid: Probing Questions	Guide	.5		
4-4	Assessment variables • Job Aid: Conversation tracking tool	Guide	.5		
4-5	Anthropometrics • Completion Form	Online	2		
4-6	Hematology • Completion Form	Online	2		
4-7	Nutrition Risk Module – Chapter 1	Paper	1		
4-8	Nutrition Risk Module – Chapter 2 All Categories	Paper	1		
4-9	Basic Nutrition • Completion Form	Online	4		
4-10	Nutrition Risk Module – Chapter 3 All Women	Paper	1		
Complete prior to certifying pregnant women					
4-11	Nutrition Risk Module – Chapter 4 Pregnant Women	Paper	1		
4-12	Prenatal Nutrition • Completion Form	Online	2		
Complete prior to certifying children					

#	Training Activity	Type	Est. Hrs.	Date Scheduled	Date completed
4-13	Nutrition Risk Module – Chapter 5 Infants and Children	Paper	1		
4-14	Child Nutrition • Completion Form	Online	2		
4-15	Responsive Parenting and WIC (TBD) • Completion Form	Online	TBD		
4-16	Toddler Behavior • Completion Form	Online	1		
Complete prior to certifying infants					
4-17	Infant Feeding and Nutrition • Completion Form	Paper	3		
4-18	Baby Behaviors • Completion Form	Online	2.5		
4-19	Infant Formula • Completion Form	Paper	3		
Complete prior to certifying postpartum women					
4-20	Nutrition Risk Module – Chapter 6 Postpartum Women • Completion form	Paper	1		
4-21	Postpartum Nutrition • Completion Form	Online	2		
4-22	Breastfeeding Level 2 (Paper or face-to-face) • Completion Form	Other	16		
Chapter 5 – Providing nutrition-focused counseling					
5-1	Moving from Assessment to Nutrition-focused Counseling • Job Aid: Framework for Nutrition-focused Counseling	Guide	.5		
5-2	Checking for Understanding • Job Aid: Anticipatory Guidance Topics	Guide	.5		
5-3	Planning for quarterly nutrition education	Guide	.5		

#	Training Activity	Type	Est. Hrs.	Date Scheduled	Date completed
5-4	Finding reputable evidence-based resources	Guide	.5		
Chapter 6 – Assigning food packages					
6-1	Shopper education and tailoring food packages	Guide	.5		
6-2	Food Package – Chapter 2 • Completion form	Paper	2		
Chapter 7 – Making referrals					
7-1	Making good referrals	Guide	.5		
7-2	Required referrals	Guide	.5		
7-3	High risk referral process	Guide	.5		
Chapter 8 - Documentation					
8-1	Where and how to document	Guide	1		
8-2	Writing next steps	Guide	.5		
8-3	Documenting quarterly NE	Guide	.5		
Chapter 9 – Continual Learning					
9-1	Ongoing training and observation expectations	Guide	.5		
9-2	Level 3 Certifier Academy (cohort and face-to-face training – TBD)	Guide	TBD		
9-3	Providing Participant Centered Groups (optional) • Completion Form	Paper	9-10		
9-4	Certifier’s Guide • Completion form	Guide	.5		

1-2 Civil Rights training

Every WIC staff person is responsible for treating all participants or their caregivers equally. Beyond common courtesy, federal regulations provide guidance on exactly how this should happen. Complete the *Civil Rights* training to understand how this works.

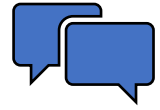
What you need to do



1. Work with your training supervisor to determine a time to complete the *Civil Rights* training. It takes about 1 hour.
Date and time _____
2. Review the [Civil Rights training materials](#) from the WIC website or complete the training provided by your agency.
3. Make note of any questions or concerns you have about Civil Rights or that come up while reviewing the training materials.

4. Schedule a time to discuss what you learned with your training supervisor using the *Talk It Over* section below.
Date and time _____
5. Work with your training supervisor to complete and sign the *Training Completion* form at the end of this lesson.

Talk it over



1. Review your notes from the training and ask any questions you have.
2. What protected classes are you likely to see represented in your agency's participants?
3. What kinds of discrimination might our participants experience as a part of their WIC participation?
4. What does the WIC program do to try to prevent discrimination or resolve issues if they come up?
5. What is your role in preventing Civil Rights discrimination?

References

[Oregon WIC Policy 452: Civil Rights](#)



1-2 Completion form: Civil Rights

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Civil Rights* training and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing *Civil Rights* training, you should meet the following competency:

#	Competency	Yes/No/NA
1.9	Complies with the provisions of Civil Rights laws, regulations and policies .	

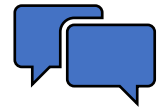
Training Supervisor:

I have met with or observed _____ and can verify that they have achieved the learning objectives of the Civil Rights training and the competency listed above.

Date: _____

Signature: _____

Talk It Over



1. Review your notes from the training and ask any questions you have.
2. How does the WIC program improve the health of WIC participants?
3. What issues or concerns might come up when screening a potential WIC participant for eligibility in the WIC program?
4. What are the most common issues WIC participants' encounter when shopping for their WIC benefits?
5. What is your role in the WIC program?

References

See the [Oregon WIC Policies](#) listed in the training module.



1-3 Completion Form: Orientation to WIC

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the [Orientation to WIC](#) training module, passed the [post-test](#) and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Orientation to WIC* training module, you should meet the following competencies:

#	Competency	Yes/No/NA
1.5	Performs duties within the context of written policies of the agency where employed, Oregon State policy and USDA regulations.	
1.6	Obtains release of information (Participant Signature Form) according to State agency policy before sharing any participant data.	
1.7	Protects participants' confidentiality in all conversations.	
1.8	Maintains confidentiality of all electronic participant records and information.	
2.1	Correctly describes the WIC program to potential participants.	
2.2	Directs participants through the clinic flow.	
2.3	Correctly explains a WIC participant's rights and responsibilities.	

#	Competency	Yes/No/NA
2.4	Correctly identifies the 4 primary WIC services (Nutritious food, nutrition education, breastfeeding promotion and support, referrals into health and social services).	
2.5	Correctly explains the value of WIC services to the participant and the impact WIC can have on the life course of their family.	
2.6	Describes how the WIC program fits within the public health field.	
2.7	Correctly screens participants for eligibility.	
2.8	Correctly issues food benefits to participants.	
2.9	Educates WIC shoppers on the correct use of WIC food benefits.	
3.23	Promotes breastfeeding as the biological norm for feeding infants.	
6.12	Utilizes principles of health literacy in spoken or written communication with participants.	
6.13	Uses health literacy techniques to ensure participant understanding, such as avoiding WIC and medical jargon, or using the teach back method.	
7.1	Respects different belief systems about issues such as blood work, immunizations, dietary supplements, alternative medicine, and traditional healers.	
7.8	Recognizes impact of the social determinants of health on participant's family environment.	
7.9	Tailors services provided to participants based on their family environment.	
7.10	Appropriately screens and refers for food insecurity.	
10.1	Positively promotes nutrition education to WIC participants.	

Training Supervisor:

Orientation to WIC post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Orientation to WIC* training module and the competencies listed above.

Date: _____

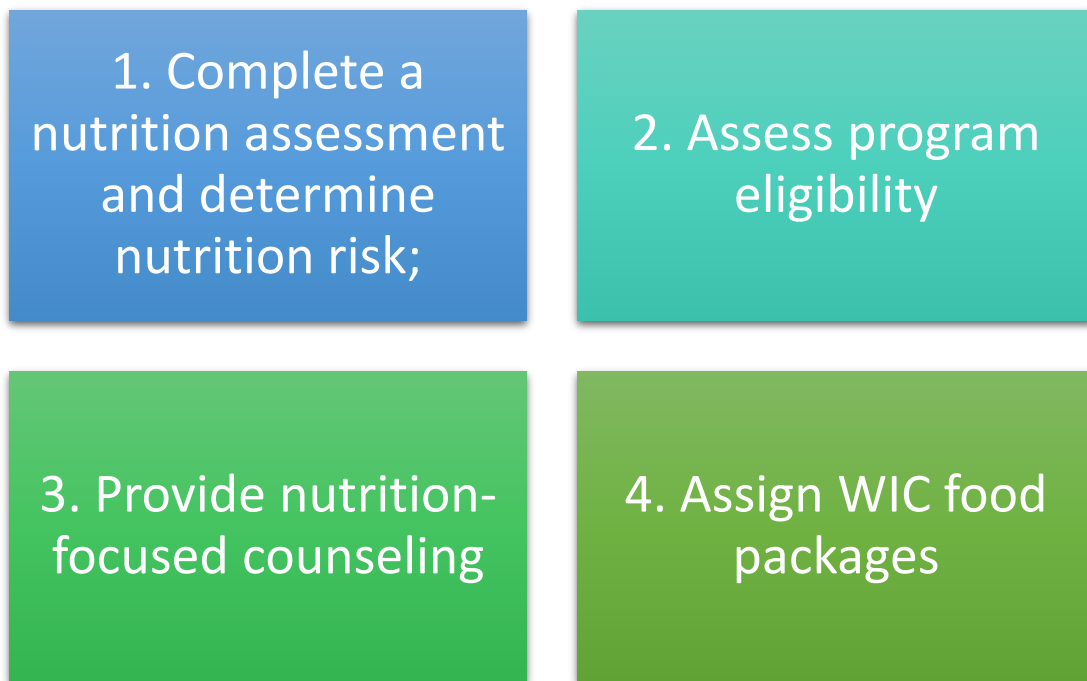
Signature: _____

2-1 Road Map of Certifier Duties

What is your role?

Each WIC staff member has a role in delivering WIC services to participants. Your special role is “certifier.” WIC calls your role a certifier because you will be the person who certifies participants to be on the program. Every WIC program must have someone trained to be a certifier.

Certifiers are the only WIC staff who can:



You will learn the details about each of these certifier roles in another chapter of the *Certifier Guide*.

- Chapter 4 – Completing an Assessment
- Chapter 5 – Providing Nutrition-focused Counseling
- Chapter 6 – Assigning Food Packages

Note: Clerical staff, or any staff not trained as a certifier, may not prescribe or assign food packages for participants. All food packages must be approved or assigned by a certifier. This guide leads you through all the special training you need to be a certifier.

Certifiers are responsible for additional things, but other WIC staff can also help with tasks such as the following:

- Performing other certification procedures, including required documentation in the data system;
- Providing breastfeeding promotion and support;
- Referring to health care and community services;
- Referring high-risk participants to a WIC nutritionist for follow-up and individual care plans if needed.

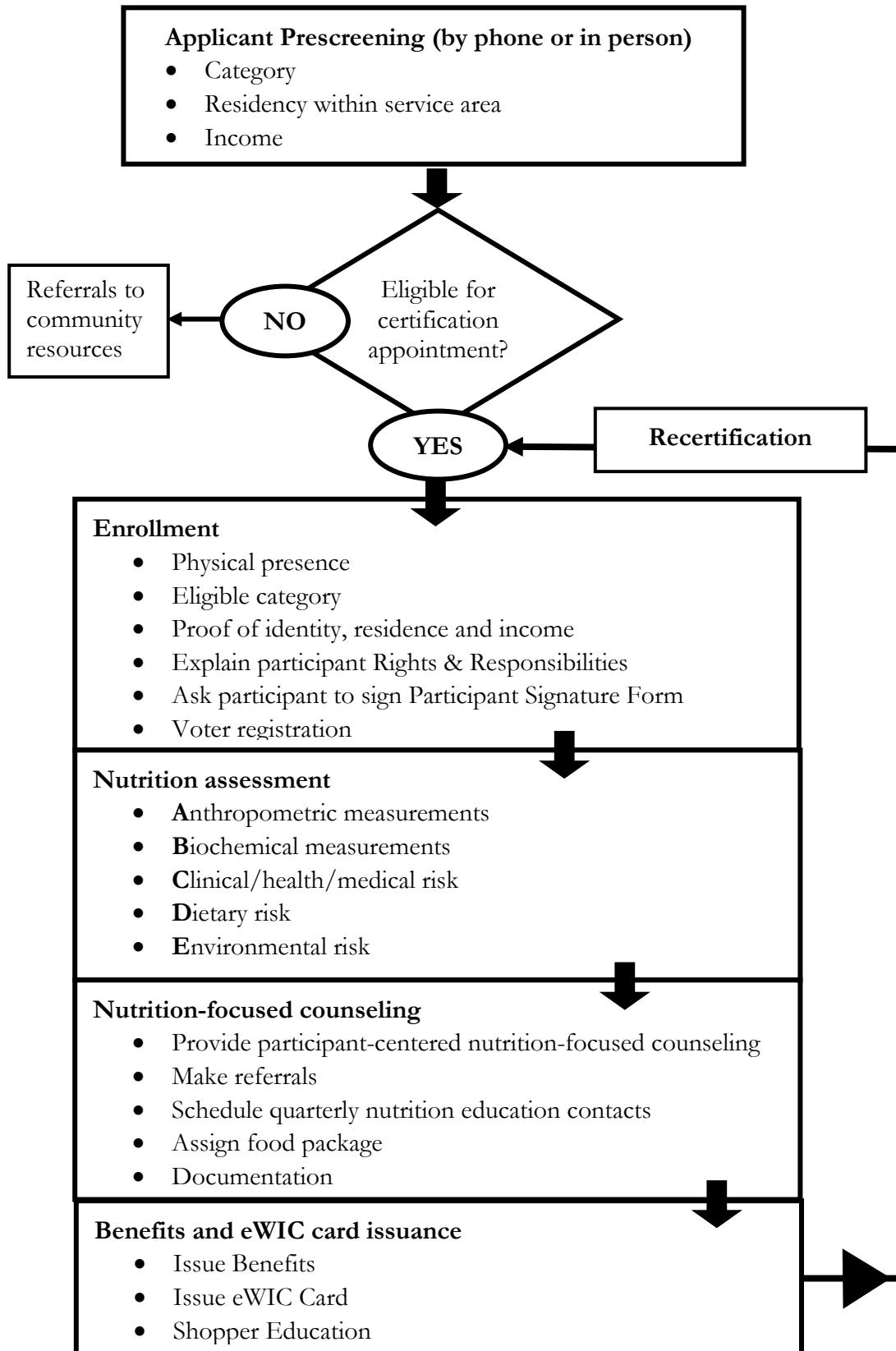
Learning activity



When you completed the *Introduction to WIC* training module, you learned about the certification process which is outlined on the next page.

1. Look at the certification process flow chart. How does it compare with what you have observed in your clinic?
2. Circle the items on the chart that only a certifier can do.
3. Who in your clinic does the other items listed?
4. Talk with your Training Supervisor about your questions.

Certification process flow chart



Other names for certifier

WIC certifiers may be called different things. In policy, certifiers are referred to as CPA's. That's because WIC federal regulations call certifiers "Competent Professional Authority." The regulations define who can be a CPA and what kind of training is required to do CPA-specific tasks.



What are certifiers called in your agency?

- Certifiers
- CPA's
- Counselors
- Nutrition Assistants or Aides
- Something else? _____

Three kinds of certifiers

There are 3 different kinds of certifier, depending on their education and qualifications. The type of certifier you are determines which participants you can see and the nutrition counseling you can provide.

Paraprofessional CPA: A certifier who does not have a health-related college degree. A health professional will oversee the paraprofessional CPA's direct contact with WIC participants. Qualifications or requirements to be a paraprofessional certifier include:

- At a minimum, must have a high school diploma or GED equivalent;
- Has received WIC specific training in specified competency areas by completing WIC training modules or online courses; AND,
- Works under the direct supervision of a health professional (Professional CPA) who is also responsible for ongoing job training and evaluation.

Professional CPA: A certifier with a bachelor's or master's degree in a health profession, such as nutrition, nursing or health education. Qualifications to be a professional CPA include:

- Bachelor's degree in nutrition or nutritional sciences;
- Bachelor's or master's degree in health education or public health;
- International Board-Certified Lactation Consultant (IBCLC);
- Physicians;
- Registered nurses;
- Physician's assistants.

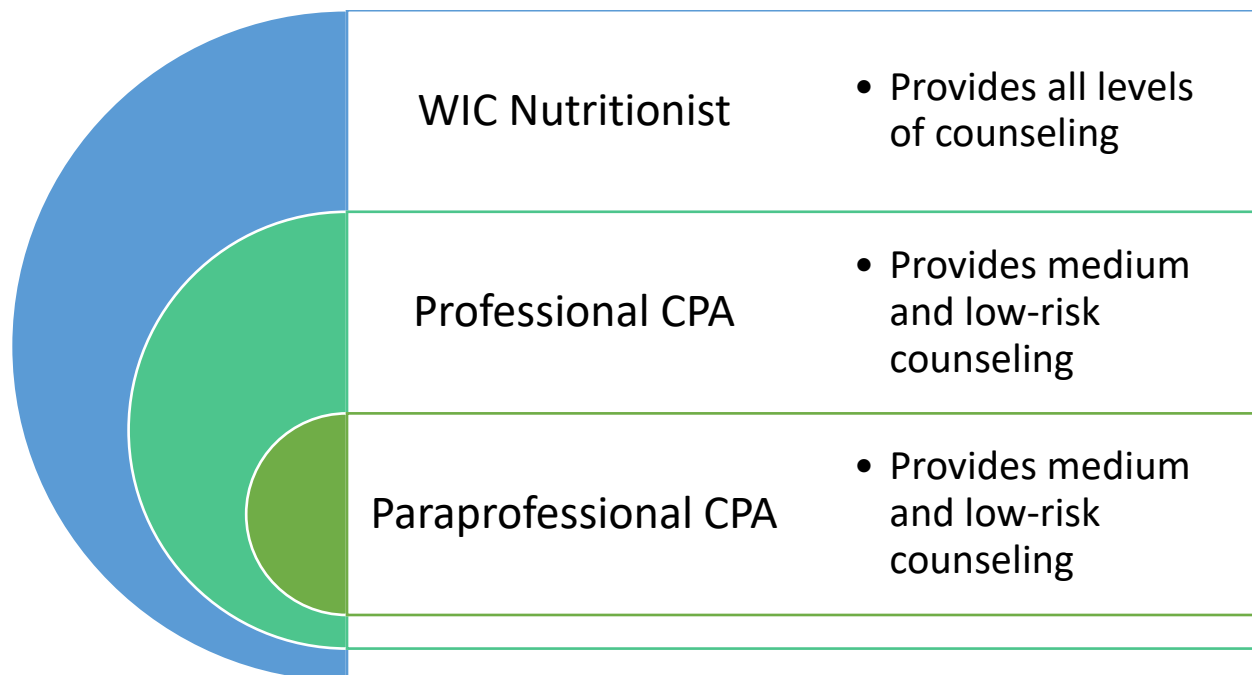
WIC Nutritionist: A nutrition professional working in WIC. Qualifications to be a WIC Nutritionist include:

- Registered dietitian nutritionist (RDN) with the Academy of Nutrition and Dietetics;
- Oregon Licensed Dietitian (LD);
- Master’s Degree in nutrition; or,
- A person who is eligible for RDN registration.

Note: Every agency must have access to a WIC Nutritionist.

The difference is the level of counseling you can provide

When you certify WIC participants you will find that most of them have very minor concerns and uncomplicated nutrition risks, and you can provide basic nutrition counseling. But sometimes you will certify someone with much more complicated health issues and a higher level of nutrition risk. Only a WIC nutritionist can provide high risk levels of counseling.



The Paraprofessional CPA role

In most agencies a paraprofessional CPA will do the majority of certifications. That means that they assess and assign nutrition risks for most WIC participants. That also means that a paraprofessional CPA will provide the initial counseling for most participants, regardless of their risk level.

Provide basic or “normal” or low-risk nutrition-focused counseling

After assigning nutrition risks, the CPA can provide basic nutrition-focused counseling for participants. Some examples of low-risk or basic or “normal” nutrition counseling topics include:

- Healthy eating during pregnancy;
- Breastfeeding promotion;
- Basic breastfeeding skills;
- Breast pump instruction;
- Infant feeding – how to mix formula, when to introduce new foods;
- Healthy eating for children; and,
- How to have a healthy feeding relationship with children.

Make referrals to other WIC team members or community resources

When a paraprofessional certifier identifies a high-risk participant, they will refer them to the WIC nutritionist for high-risk counseling and follow-up. Participants with more complicated breastfeeding concerns are referred to your agency breastfeeding specialist.

The Professional CPA role

The Professional CPA must also receive training from WIC on how to provide WIC services.

In addition to providing the same services as paraprofessional CPAs, health professionals may also supervise the work of the paraprofessional CPAs.

Many clinics also have health professionals who are specially trained to provide breastfeeding support and counseling to breastfeeding women. The breastfeeding specialists may be a health professional with advanced lactation training who is an International Board-Certified Lactation Consultant (IBCLC).

The WIC Nutritionist role

The WIC nutritionist has completed extensive education in nutrition before working for WIC. RDNs are the nutrition experts of the health and medical profession. The WIC nutritionist is key to providing accurate nutrition information in the local WIC clinic.

The WIC nutritionist's role includes:

- Providing nutrition counseling for high-risk participants;
- Developing individual care plans;
- Tracking high-risk participants' health improvements;
- Reviewing or prescribing specialized WIC food packages;
- Referring high-risk participants to other health-related and social services and assisting them in accessing services;
- Coordinating nutrition care for infants receiving special medical formulas; and,
- Documenting outcomes of WIC services.

Note: It is important to note that WIC nutritionists do not diagnose medical conditions. If they suspect a participant has a medical condition that has not yet been diagnosed, they should refer the participant to their health care provider.

Your "Scope of Practice"

During certification, a paraprofessional CPA will encounter participants with problems that are beyond the scope of their training. The participants with complex nutrition risks are referred to someone else for nutrition counseling, such as the WIC nutritionist. A certifier may refer a participant to community resources to address issues that are outside of the WIC program's expertise. Some examples of problems to refer to another person include:

- Participants with complex medical or health problems, such as diabetes, kidney problems, drug abuse or development delays, would be referred to the WIC nutritionist.
- Participants with breastfeeding complications would be referred to an IBCLC.
- Participants with substance abuse or mental health issues would be referred to an organization that specializes in that type of counseling.

It may feel awkward to tell a participant that they need to see someone else. Here is what a CPA might say when referring them to another staff member or community resource.

I'd like you to talk to Susan. She is our expert on helping women with diabetes during pregnancy.

You sound really motivated to stop smoking during this pregnancy. Would you like the free stop smoking hotline number for support?

As part of the services WIC offers, Beth, our nutritionist, meets with all clients on special diets. She is in the office on Wednesdays. I'd like to schedule an appointment for you to talk with her. Would this Wednesday work for you?

Maricela is the person who can help you with breastfeeding concerns. Let me see if she can see you now.

Note: If you are a paraprofessional CPA, remember that the most important part of your job is to know what you can and can't handle. Referring participants to other staff or resources is an important part of your job.

Learning activity

How would you change the wording in the examples above?



Case study - Camille



Camille is a high-risk pregnant woman in her first trimester. This example shows how WIC services can be provided to this high-risk participant.

New Enrollment Appointment



Joanne, a CPA, assesses Camille's health by reviewing her medical data, her health history questionnaire, and her diet information. Joanne assigns nutrition risks to Camille based on the information she reviews during certification. Camille has kidney disease which makes her high-risk. Joanne provides education on health habits to Camille, but does not provide nutrition counseling because of Camille's kidney disease. Camille's medical problems are too complex and go beyond "normal" nutrition. Joanne schedules Camille to return the following month to talk to the WIC nutritionist, Ada.

High-risk Follow-Up Appointment



When Ada sees Camille the following month, she finds out more about Camille's medical condition and the special diet the doctor has prescribed. Ada and Camille talk about how the WIC foods can fit into her current diet. Ada writes an individual care plan for Camille in her "Progress Notes," and schedules her for a weight check and a class.

Individual Follow-Up Appointment: Weight Check



Joanne sees Camille to check her weight gain. She knows by reading the individual care plan that she should schedule Camille for an appointment with Ada if her weight gain is too high or too low or if Camille has questions about her diet. Camille is doing fine, so Joanne reminds her about attending the breastfeeding class.

Next Nutrition Counseling Contact: Group Class



Camille does not see the WIC nutritionist every time she comes to WIC. This time she attends a breastfeeding class. Congratulations! Camille gives birth to a beautiful baby boy!

Ask the WIC Nutritionist in your agency to describe a recent high-risk participant that she provided counseling to. What was the concern and what did they talk about? What was the plan for further follow-up, if any?

2-2 WIC Customer Lifecycle

What is a customer lifecycle?

Customer lifecycle is a term used in business to describe the steps a customer goes through when considering, purchasing, using, and maintaining loyalty to a product or service.

For a participant to get the most benefit from WIC, it is important that we support them throughout their WIC lifecycle, so they stay on the program as long as they are eligible. In WIC, the customer lifecycle would be the steps a participant goes through from deciding to be on WIC, getting certified, receiving WIC services and benefits, and deciding to stay on WIC as long as they are eligible to do so. For some families, the WIC customer life cycle could begin when a mom is pregnant with her first child and continue until the youngest of her children is 5 years old.

What are the 6 stages of the WIC customer lifecycle?



Let's take a look at each of these stages and see your role in the lifecycle of WIC participants.



Stage 1: Awareness

- This is when someone becomes aware that the WIC program exists and that it might be something that can help them or someone they know.
- This could happen when they hear about WIC from a friend or family member; when they see an ad or social media post; or, if they get a referral from health care or service provider.
- **Your role** – You are a *WIC ambassador*. What you say to others and how you talk about the program makes a difference.



Stage 2: Learning more

- Potential participants start paying attention to what others are saying about the program. They may ask friends about their experience with WIC. They may check out social media or websites. They might learn more from their doctor or someone whom they trust.
- They might contact your office to ask about what they have to do to apply and make an appointment.
- **Your role** – You are a *WIC representative*. You help make sure that the public, health providers, and social service agency staff understand the WIC program mission and goals. This might include participating in WIC outreach activities.



Stage 3: Evaluating the benefit of being on WIC

- This is the point that a prospective participant evaluates whether the benefit of being on WIC is greater than the time and trouble of getting on WIC.
- They are figuring out what they need to bring and how they will get to the appointment.
- They need information about the program, the benefits and the enrollment process to decide if it is worth it to come to their appointment.
- **Your role** - You are a *WIC information source*. Providing good customer service makes a good impression. Providing clear and accurate information and materials makes it easier for participants to make decisions.



Stage 4: Participation

- In business this would be when someone buys the product. In WIC, this stage starts when they come to their first appointment.
- This stage includes their first shopping experience, how they use the foods they get from WIC, and the quarterly nutrition education they participate in.
- How the participant feels about these first experiences determines how much effort they put in to continuing to be on WIC.
- **Your role** – You are the *WIC service provider*. You are the one that appreciates the effort it takes to show up for the appointment. You make sure they understand what is happening, what they need to do, and how the program works.



Stage 5: Getting support

- This is the stage where participants are on the program have questions about what they are supposed to do, either in the clinic or at the grocery store. Sometimes things go wrong and they need help figuring them out.
- They need to know that someone at WIC will answer their questions and help them navigate program requirements, shopping and WIC appointments.
- In business they say that attracting a new customer is 6 or 7 times more expensive than keeping an existing one. With that in mind, you can see why many people say that this is the most important stage of the WIC lifecycle.
- **Your role** – You are the *WIC customer service representative*. You explain every step, answer every question, and help resolve problems.



Stage 6: Bonding

- This stage is when the relationship between the participant and the program is cemented.
- At this point participants may talk positively about the program and will make an effort to stay involved. They will come back to the program if they get pregnant again.
- They are more comfortable and engaged with WIC staff.
- **Your role** – You are the *WIC counselor*. You continue to provide quality service and support, nurture connections with the participant, and take every opportunity to create an emotional bond.

Learning activity



Take a look at this description of Anna's [WIC lifecycle](#).

Where would you be involved in Anna's WIC lifecycle?

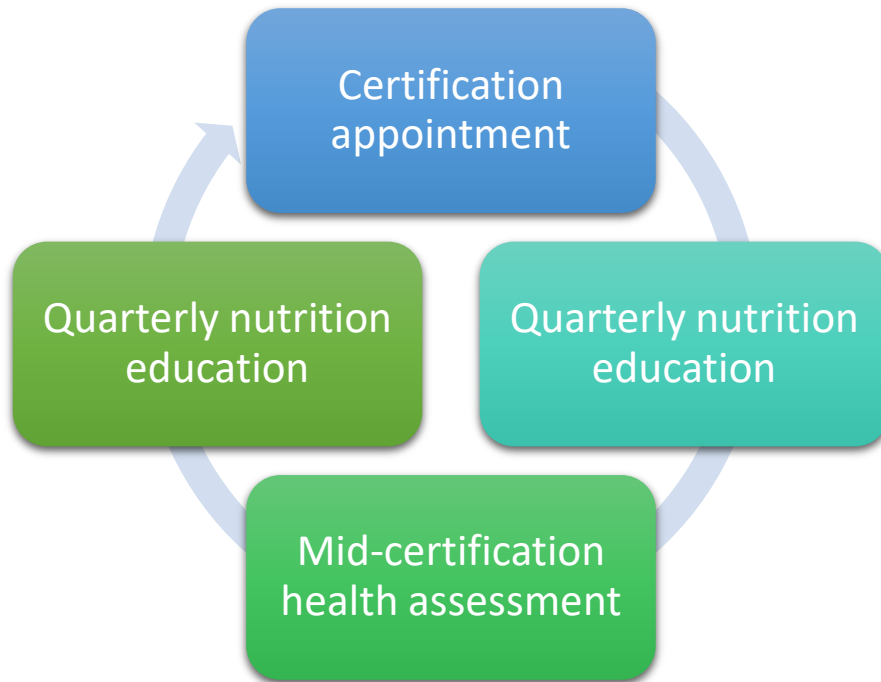
How would your role change, depending on which stage in the lifecycle Anna is in?

Based on this chart, describe a few of the contacts with the WIC program will Anna have over her WIC lifecycle?

The cycle of a WIC certification period

The lifecycle of a WIC participant can be made up of several enrollment cycles referred to as certification periods, and each certification period has its own cycle. While certification periods can vary in length, there are some things they all have in common.

1. All certification periods start with an enrollment appointment where eligibility and the length of the certification period is determined depending on the participant's category. If the participant is currently on WIC, this appointment might be called a recertification since they are already enrolled.
2. Benefits can only be issued for up to 3 months at a time.
3. Participants need to be offered some type of nutrition education every 3 months. This is considered "quarterly" nutrition education.
4. If the certification period is for one year, participants need to be seen for a mid-certification health assessment with a certifier. This appointment is very similar to an enrollment appointment, but you won't have to check proofs or determine eligibility.
5. At the enrollment appointment, the certifier develops a plan that coordinates benefit issuance and nutrition education for the entire certification period. The certifier will look at the whole certification period, not just the current appointment with the participant.



The certifier makes a plan for the certification period

At the enrollment appointment, the certifier will consider everything they have learned from the participant and use that information to make a plan. The plan for what the participant needs during their certification period is documented in their record so other WIC staff understand it and can help the participant.

Here are some of the things that a certifier must consider when making the plan:

1. What is the risk level of this participant? Will they need any special appointments, like a follow-up with the WIC nutritionist or a breastfeeding specialist or peer counselor?
2. Is there any information that WIC still needs from the participant, such as missing proofs?
3. What kind of nutrition education will be the most useful for the participant? When is that offered?
4. What referrals are needed? When will WIC follow-up on those?
5. Are there any other family members on WIC that need to be considered?
6. What month will the participant run out of benefits and need to be issued more?
7. Which food package is most appropriate for the participant? Will that change during the certification period?

8. Does the food package require medical documentation that requires the WIC dietitian to review and approve?

Learning activity



Let's go back to Anna's [WIC lifecycle](#).

How many certification periods were there during Anna or her child's time on WIC?

What kind of quarterly nutrition education opportunities were provided?

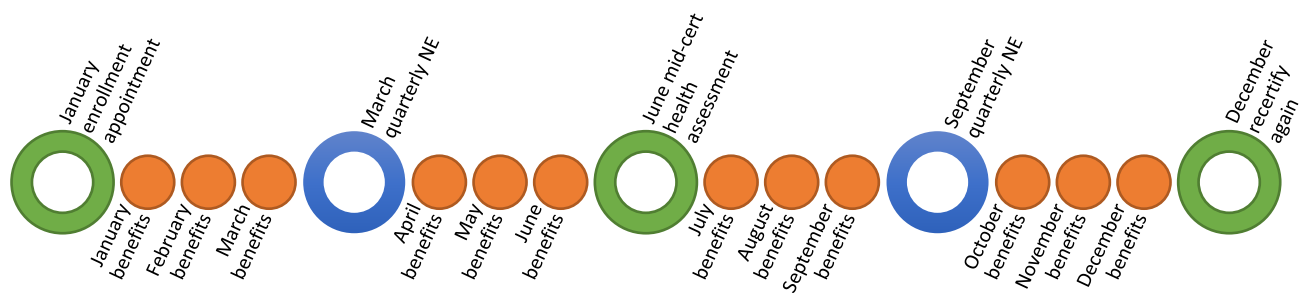
What kinds of referrals did Anna get from WIC?

Case study – Malik

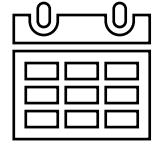


Two-year-old Malik was enrolled in January. At that appointment, Sara (the certifier) issued him January, February, and March benefits. She also scheduled his mom to complete an online nutrition class in March with instructions to call when it is done so April, May and June benefits can be issued. Sara plans for Malik to come back in June for his mid-cert health assessment. In June, Sara will plan quarterly nutrition education for September. He'll get 3 months of benefits when his mom completes each appointment.

What, if anything, do you notice about this certification cycle?



Every clinic has a cycle



Did you notice that every WIC activity is scheduled for a specific calendar month? That means that every WIC clinic has to be able to offer the activities participants need every month. Your WIC coordinator will set up a monthly schedule of activities with enough appointments for every participant your agency serves to be seen when they need to be seen. You will be scheduled for specific activities for each day you work. Your daily work schedule will likely include a variety of different types of appointments or other WIC activities.

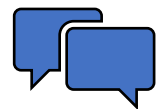
- ✎ How many days a week is your clinic open? What are the normal clinic hours?
- ✎ What does a normal month in your WIC clinic look like?
 - When are certification or mid-certification health assessment appointments scheduled?
 - When is nutrition education offered?
 - When are staff meetings or other clinic activities scheduled?
 - Who checks for online lesson completion?
 - Where can you see the examples of what online lessons look like?
- ✎ What will your normal schedule of WIC participants be? What kind of appointments or activities will you be responsible for?

On days when you do certifications or mid-certification health assessments, you will likely be scheduled to see more WIC participants than you can easily get done. That is because there are usually some participants who don't show up for their appointments. Some days every person on the schedule will show up and you will be busy trying to complete all the certifications and other appointments. On other days, participants may not show up to their appointments and things will be a little slower. Because most clinics have very busy schedules, staying on track during appointments and dealing with time constraints will be important.

- ✎ How much time is scheduled for each appointment?
- ✎ How many appointments will you be scheduled for each day?

Talk it over

Talk with your supervisor about the WIC customer lifecycle and how your agency supports the needs of participants.



2-3 Critical Thinking

What is critical thinking?

Critical thinking is when you apply, analyze, and evaluate information you have gathered from the participant in order to guide what action you will take. As a certifier, critical thinking is important to make sure you are providing counseling, food packages, and referrals that are the most appropriate and useful for the participant.

It sounds easy, but it can be harder than you think.

For example, when you enter information into the data system, it is easy to assume that the result the computer gives you is correct. But what if you accidentally hit the wrong key? Critical thinking is when you see something and think, “that doesn’t look quite right, maybe I should double-check it.”

Why is critical thinking important?

The purpose of a WIC certification is to tailor WIC benefits and services to best help the participant meet their health goals. Your role is to find out what the participant wants and needs and match that to what WIC can offer.

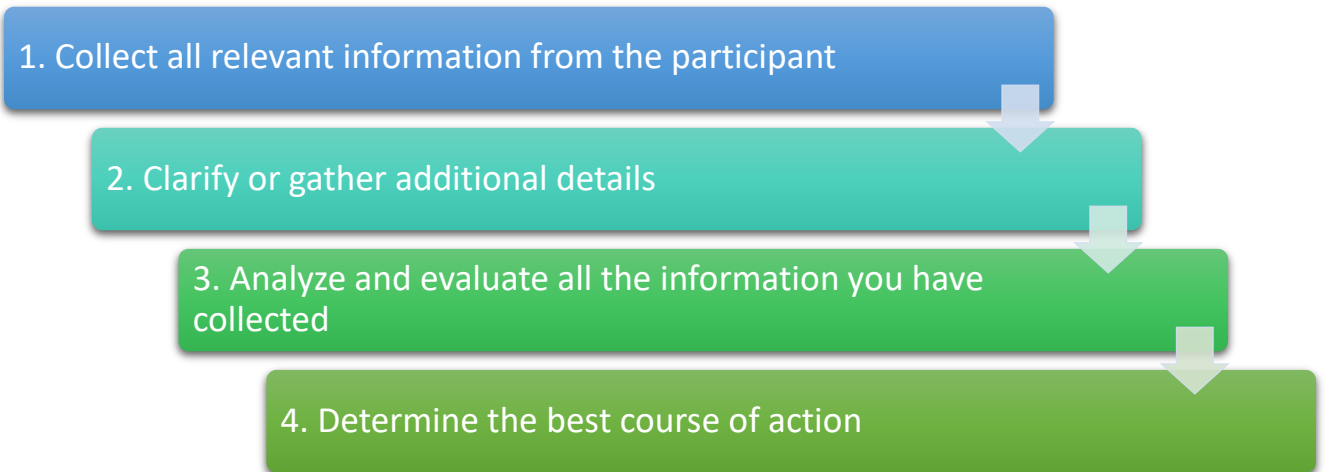
Besides just avoiding errors, critical thinking also helps us look a little deeper at situations, so we can get to the root of an issue. In counseling, we are talking with participants about complicated and personal things like their medical history and their diet. They don’t usually start by giving us all the details – instead they give us generalizations. It is easy to make assumptions about what they are telling us. You use critical thinking to find out more and check your assumptions before you determine what action to take.

Critical thinking is not the same as being critical

Being critical is when you judge someone or something and find fault. It often includes giving unwanted suggestions and can be rude or angry. We don’t want that!

The basic steps of critical thinking

There are four basic steps to critical thinking.



Step 1. Collect all information

During a certification you will need to collect all the information you can, before you draw any conclusion or take any action. Some information will come from the conversation with the participant and may include answers to both open-ended and closed-ended questions. Other information will come from things you observe, like the participants' weight, height and blood test.

Things you hear participants say are considered **subjective**. Although you assume participants are telling you the truth, sometimes they tell you what they think you want to hear. Things you observe are **objective** and would be considered true or accurate.

Subjective
<ul style="list-style-type: none">• Information you collect from talking with the participant.• What they tell you about their health, diet, or living situation.

Objective
<ul style="list-style-type: none">• Information you collect like weights, heights, or blood work.• What you learn by using your senses. For example: what you see, such as condition of clothing or marks on the participant; smells; or, behaviors you notice.

The WIC data system will help you decide what information you need to collect. Ultimately, you will have to decide what information is necessary and what is the best way to ask questions.

In this step, you would consider:

- What information do you need?
- What information is relevant to providing WIC services?
- How do you know the information is accurate?
- What important information may have been left out?

Learning activity – collecting information



Based on what you know about WIC so far, list 3 subjective and 3 objective types of information you would might need to collect if you were seeing Cheyenne, who is 5 months pregnant and enrolling in WIC.

Subjective
• 1.
• 2.
• 3.

Objective
• 1.
• 2.
• 3.

Step 2 – Clarify or gather additional details

Both objective and subjective information should be considered when deciding what action to take with a participant. You will want to compare what the participant is telling you with what you observe, to see if it matches, or if there is a logical connection.

For example, if Cheyenne from earlier, says she feels great and is eating well, but the weight you took in WIC looks like she has lost weight, you would need to dig deeper to figure out what is going on. You will need to ask additional questions to clarify information or gather more details. This is the step when you also need to check the accuracy of inconsistent or unusual measurements.

In this step, you would consider:

- Is there a difference between what the participant says and what you are observing?
- Do you need to re-check any information you gathered?
 - What factors may have influenced the accuracy of height, weight or blood work measurements (e.g. uncooperative child or faulty equipment)?
 - Should you re-check the measurement or document the problem?
- What could the participant be leaving out and how can you get that information?
- Do you need to check any of your assumptions?
- What else do I need to know? How can I find that out?

Learning activity –clarifying details



Earlier we gave an example of a pregnant woman, Cheyenne, who said she feels great and is eating well, but WIC shows a weight loss. List 3 things that you would do to clarify details or get more information from Cheyenne.

- 1.
- 2.
- 3.

Step 3 – Analyze and evaluate the information you have

Before assigning a risk, referring a participant, or moving on to the next step in the certification, you would take a minute to consider all the information you have gathered and make sure that what you heard matches what you observed. Consider the participant’s point of view regarding their needs, concerns, and nutrition and health priorities first.

In this step, you would consider:

- What information provided by the participant is off-track or not related to the counseling session?
- What factors might contribute to the identified nutrition problem?
- What might be the relationships between the health or nutrition behaviors of the participant and what you are observing?
- Have you double-checked to make sure everything is entered into the data system and the information it is displaying is correct?

- How are you looking at this situation? Is there another point of view that should be considered?

Learning activity – analyzing the information



Here is a list of additional things that you learned from Cheyenne.

- She is a runner and did a 10K run 2 weeks ago.
 - She runs with her German Shepard, Max.
 - She says that the doctor told her she had gained 3 pounds since the beginning of her pregnancy.
1. Which of these facts could explain what you are seeing? Why?
 2. What, if anything, would you double check?

Step 4 – Determine the best course of action

Based on the subjective and objective information, your observations, your experience, and good critical thinking you will be able to draw conclusions about what is happening with the participant and can determine what is the best course of action to offer.

In this step, you would consider:

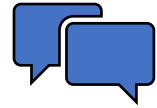
- Which nutrition concern is the highest priority to be addressed?
- What nutrition-focused counseling should be offered?
- What referrals should be made?
- What food package is the most appropriate to assign based on the participants' category, risk, and personal preferences?
- What WIC appointments should be scheduled?

Learning activity – choosing the best course of action



Using critical thinking helped you learn enough to decide the best options for Cheyenne. If a certifier hadn't taken the time to dig a little deeper, what assumptions might they have made about what was happening? How might that have changed the course of action they recommended?

Talk it over



At this point in your training you will not know everything that must be considered when counseling participants. As you complete your training, you will be more able to use the 4 steps of critical thinking and make good recommendations when counseling participants.

In this lesson we used a case study about Cheyenne to consider how the steps of critical thinking influenced counseling. Talk with your training supervisor about the case study and the role critical thinking played.

2-4 Program Integrity

What is integrity?

Having integrity means doing the right thing in a reliable way. Integrity means following your moral or ethical convictions and doing the right thing in all circumstances, even if no one is watching you. Here is a [video on integrity](#).



Integrity is one of the fundamental values that employers seek in the employees that they hire. It is the hallmark of a person who demonstrates sound moral and ethical principles at work. Honesty and trust are central to integrity.

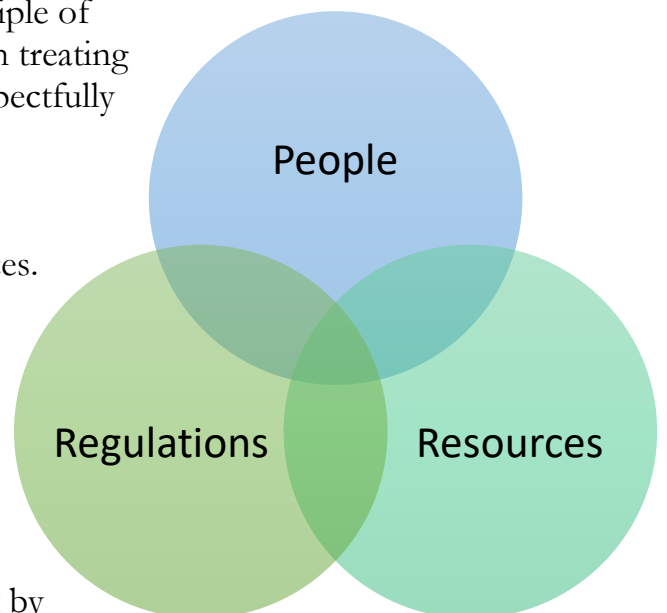
Integrity means you do what is good for individuals, your community, and the WIC program.

What is program integrity?

Program integrity just means you apply the principle of integrity to what a program does. That starts with treating participants, your co-workers, and the public respectfully and professionally.

Program integrity also means the responsible management of WIC program funds and resources. When we talk about resources, we aren't just referring to money. We are also talking about things like WIC benefits, staff time, WIC property or materials, or information we collect from participants.

In WIC, program integrity can also mean following the policies and regulations that are set by USDA and by the state WIC program.



Every staff person ensures the integrity of the WIC program by doing the following:

- Acting in a respectful and professional manner;

- Following WIC policies and guidance;
- Keeping participant information confidential;
- Using WIC program resources appropriately;
- Avoiding conflicts of interest; and,
- Ensuring accurate eligibility determination.

Acting in a respectful and professional manner

Acting professionally means you respect others regardless of their beliefs, values, race, or any other personal characteristic. A professional takes responsibility for their actions, including any consequences that might happen and how their actions will affect others.

Examples of unprofessional actions:

- Verbally or physically abusing WIC participants or other WIC program staff;
- Entering false and/or misleading information in participant records;
- Observing a co-worker doing something inappropriate, and not reporting it to your manager. (If you are not comfortable going to your manager, you can report this behavior to the State WIC office.)

Following WIC policies and guidance

Like most programs, WIC has a lot of rules and policies. Don't worry - you will learn about most of them as you complete your training. All [WIC policies](#) are posted on our website, so they are easy to find if you ever have a question. Your coordinator can answer most of your questions or you can contact the state WIC office if you need more information.

[Policy 596 – Acknowledgment of Employee Responsibility](#) is the one that requires you to follow policies and maintain program integrity. Your coordinator will have you sign a form that shows you understand your responsibilities and agree to follow all WIC policies.

How to read a policy

When you look at a policy, you will see the policy number, title, and date it was last updated at the very top.

Example policy

WIC OREGON

Policy 595
Program Integrity: Separation of Duties
July 13, 2018

POLICY
Local WIC programs shall separate staff income eligibility from risk determination.

PURPOSE
To ensure program integrity and prevent program abuse by assigning certification functions to more than one staff at the local level.

RELEVANT REGULATIONS
ASM 99-94—Separation of duties in WIC of
7 CFR 246.4(a)(26)—State plan: Confli
WIC Policy Memorandum #2016-5 – Separ

OREGON WIC PPM REFERENCES

- ◆ 215 - Local Program Monitoring and Review
- ◆ 500 - Certification Introduction and Overview
- ◆ 510 - eWIC Cardholder Requirements
- ◆ 511 - Food Benefit Issuance
- ◆ 596 - Program Integrity: Acknowledgement of Employee Responsibilities
- ◆ 620 - Certification and Issuing Benefits to Relatives, Friends and Coworkers

This policy is described in detail on the pages that follow.

USDA regulations or memos the Oregon policy is based on are listed.

Lists related policies in the Policy and Procedure Manual (PPM).

Keeping participant information confidential

WIC is kind of like a doctor's office in that we collect all kinds of personal information from participants. Our job is to make sure it stays private. All information concerning participants that you learn because you are a WIC employee must be kept in confidence. That means that you cannot share it with anyone who is not a WIC staff person, except in certain circumstances.

[Policy 450 – Confidentiality](#) outlines what this means and what needs to happen before you can share participant information with anyone else. Your agency will probably have a privacy or confidentiality policy that you will also need to follow.

[Policy 901 - Data system security](#) clarifies how you keep the information you entered into the computer confidential.

Examples of not keeping information confidential:

- Talking about WIC participants with your family;
- Gossiping about WIC participants with your co-workers;
- Talking about a participant’s concerns with your agency dietitian in a hallway;
- Walking away from your computer without locking the screen;
- Talking with participants about private information where other participants can overhear or in a public place;
- Leaving a computer printout with participant names, addresses, or phone numbers on your desk; or,
- Giving information to someone on the phone without verifying their identity.

[Using WIC program resources appropriately](#)

Simply put, using WIC program resources appropriately means that they are used for work purposes only, are not wasted, and are not used for personal gain.

Examples of inappropriate use of resources:

- Using supplies or equipment purchased with Oregon WIC program funds for non-WIC activities or for non-WIC clients;
- Using WIC program goods or services for personal use;
- Issuing WIC benefits to oneself;
- Creating fake participants so you can purchase or sell benefits;
- Assigning or issuing inappropriate benefits to people you know;
- Certifying oneself, co-workers, relatives or friends in the program without a supervisor knowing.

[Avoiding conflicts of interest](#)

Conflict of interest is a situation where a decision or action you make as a WIC employee could benefit you personally, could benefit someone you know, or could put you in a position of influence or power over someone else.

You will need to report any potential conflict of interest to your manager. That includes telling your manager about any friends or family members who are on WIC in your agency. [Policy 620 – Certification and Issuing Benefits or eWIC Cards to Themselves, Co-workers, Relatives and Friends](#) tells you how to handle those situations.

Examples of conflicts of interest:

- Giving preferential treatment to specific WIC participants;
- Not telling your coordinator that your best friend is getting enrolled in WIC today; or,
- Referring participants to a grocery store your family owns.

Ensuring accurate eligibility determination

WIC depends on the information that is entered into the data system to show that participants are eligible. It is important that information entered in the computer is accurate and reflects the truth. We all must be careful that we get the right information and enter it correctly.

[Policy 595 – Program Integrity: Separation of Duties](#) requires that we have 2 WIC staff involved in every certification to make sure we correctly determine eligibility for the WIC program.

Examples of inaccurate eligibility determination:

- Using previous proof information in TWIST instead of reviewing current proof of income, identity, or residence; or,
- Using incorrect techniques to take measurements.

Learning activity

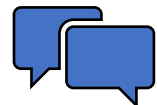


After reading the situation, decide whether the activity is okay or not, and why.

Situation	Okay	Not okay	Why?
Using office supplies to make your child’s birthday party invitations during your break.			
You use your work email to ask your relatives to buy Girl Scout cookies.			

Situation	Okay	Not okay	Why?
You check a website on your break.			
You take home a report of WIC participants, so you can make appointment reminders from your home phone in the evening.			
Your friend calls you for a WIC appointment and you squeeze her in the next day.			
You issue benefits to a mom you know that missed an appointment because you know she really needs the food.			
Discussing a participant's risk factors with your agency dietitian in her office.			
Using the WIC FAX machine to send order confirmations for your home business.			

Talk it over



After you discuss the program integrity policies with your coordinator, they will have you sign the [Employee Responsibility Form](#).

2-5 Providing Participant Centered Education Online Course – Introduction Module

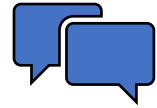
WIC staff strive to keep the participant’s strengths, needs, and wants at the center of everything we offer. In WIC we call this providing Participant Centered Education (PCE) or Participant Centered Services (PCS).

You will complete a 10-part online course that covers this in detail. The introduction module of the course gives a good overview of what a certification appointment might look like. You will complete the other 9 modules of this course in Lesson 3-2.

What you need to do

1. If this is your first online course, check with your training supervisor if you have any questions about accessing this module on the [iLearn website](#).
2. Work with your training supervisor to determine a time to complete the introduction module of the *Providing Participant Centered Education* online course. It takes less than 30 minutes to view.
Date and time _____
3. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select *Providing Participant Centered Education – Introduction*.
4. Complete the *Providing Participant Centered Education – Introduction* module only and complete the learning activities.
5. Make note of any questions or concerns you have about information in the module.
6. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. Thinking about the 4 roles specific to WIC certifiers, what did you notice in the video? What assessment or nutrition-focused counseling did you see?
3. Where in the WIC customer lifecycle would you think this participant was?
4. What kinds of information did the certifier gather when talking to the participant?
5. How does what you saw when you viewed this online course compare to what you have observed in the WIC clinic?

References

Here is a [Comparison of Nutrition Education Approaches in WIC](#).



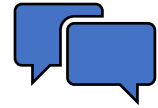
2-6 Participant Centered Services – Setting the Stage online course

Providing participant centered services (PCS) begins as soon as a participant walks through the front door of a WIC clinic. The experience they have in those initial interactions with WIC staff sets the stage for the rest of their appointment.

What you need to do

1. Work with your training supervisor to determine a time to complete the [Providing Participant Centered Services – Setting the Stage](#) online course. It takes about 1.5 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select [Providing Participant Centered Services – Setting the Stage](#).
3. Complete the [Providing Participant Centered Services – Setting the Stage](#) online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the ***Talk It Over*** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. Some of the skills reviewed in this course could be helpful, regardless of your role in WIC. Which skill did you think would be most helpful?
3. As a certifier you might not see what happens when a participant checks in to the WIC front desk. How might the participant's experience at the front desk impact your interaction with the participant during the certification?
4. What kind of information might someone at the front desk learn that would be useful for you to know as a certifier?
5. How does what you saw when you viewed this online course compare to what you have observed in the WIC clinic?

References

Learn more about [Participant Centered Services](#) on the WIC website.
[What is Participant Centered Services?](#)
[Interpersonal Style: Motivation Enhancing](#)



2-6 Completion Form: PCS Setting the Stage

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *PCS – Setting the Stage* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *PCS – Setting the Stage* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
6.1	Uses appropriate techniques to establish a relationship and begin a conversation.	
6.2	Practices active listening and observation skills.	
6.3	Collects information without interrupting or correcting the applicant.	
6.4	Checks for understanding by paraphrasing or reflecting what was heard.	
6.5	Compares participants' verbal responses to non-verbal behaviors to assess participants' attitude, feelings, and readiness for change.	

#	Competency	Yes/No/NA
6.6	Uses an effective balance of open-ended and closed-ended questions.	
6.7	Affirms participants' feelings, beliefs and efforts.	
6.8	Expresses empathy for the participants' situation.	
6.11	Provides excellent customer service in person and on the phone to WIC participants, vendors, medical providers, community partners, and referral organizations.	

Training Supervisor:

PCS – Setting the Stage post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *PCS – Setting the Stage* online course and the competencies listed above.

Date: _____

Signature: _____

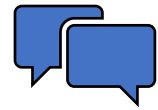
2-7 Breastfeeding Level 1 online course

One of the 4 main services that WIC provides is breastfeeding promotion and support. Breastfeeding supports the health of our participants and community in a number of different ways.

What you need to do

1. Work with your training supervisor to determine a time to complete the [***Breastfeeding Level 1***](#) online course. There are 2 modules in this course. It takes about 1.5 hours to complete both.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select [***Breastfeeding Level 1***](#).
3. Complete both modules of the [***Breastfeeding Level 1***](#) online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the ***Talk it over*** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How does the information in this course compare to your own understanding or experience related to breastfeeding?
3. How do you see your role promoting breastfeeding?
4. What does your agency do to promote and support breastfeeding with participants? In the community?
5. How does what you saw when you viewed this online course compare to what you have observed in the WIC clinic?

References

Find WIC breastfeeding resources here - [Breastfeeding education and promotion](#).

Check out the Oregon Health Authority public [breastfeeding promotion](#) website.



2-7 Completion Form: BF Level 1

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Breastfeeding – Level 1* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Breastfeeding – Level 1* online course, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/ NA
3.23	Promotes breastfeeding as the biological norm for feeding infants.	
3.9	Identifies the impact of infant development on feeding.	

Training Supervisor:

Breastfeeding – Level 1 post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Breastfeeding – Level 1* online course and the competencies listed above.

Date: _____

Signature: _____

2-8 Food Package training module – Chapter 1

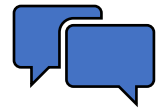
Another of the 4 main services that WIC provides is nutritious supplemental foods. The WIC foods are probably the service that most people think of first, so it is helpful to know how the food packages are assigned and how they connect to good health.

What you need to do

1. Work with your training supervisor to determine a time to complete Chapter 1 of the *Food Package* training module. There are 4 lessons in Chapter 1 of this training module. It takes about 2 hours to complete. You will complete the rest of this module in Lesson 6-2.
Date and time _____
2. The [Food Package](#) training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a hard copy from [Shopify](#).
3. Complete the 4 lessons from Chapter 1 of the *Food Package* training module and learning activities.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____



Talk it over



1. Review your notes and ask any questions you have about the course.
2. What is your role related to food package assignment?
3. What is the difference between what you can do with food package assignment and issuance compared to what a clerk can do?
4. How do you think the food package affects the WIC customer experience?
5. In your agency, where in the certification process does food package assignment happen? Where does food package issuance occur?

References

Find WIC Food Lists here – [Oregon WIC Approved Foods](#)
Learn more about - [Shopping with your eWIC card](#)



2-9 TWIST Training for Certifiers

TWIST is the name of the data system that WIC uses to record all participant information, and track participant appointments and food benefits. You need to learn to use TWIST in order to do just about everything in WIC. Learning TWIST is different than completing other training modules and online courses. You can't just read the TWIST training manual and be done.

Some agencies choose to train staff on TWIST in their clinic over several weeks using the [TWIST Training Manual](#) on the website as a resource. Others send new staff to a 3-day training at the State WIC Office in Portland.

What you need to do

1. Work with your training supervisor to determine the best way to get trained on the use of TWIST. Information on TWIST training in Portland can be found at the bottom of [this webpage](#).
2. Talk with your training supervisor or WIC coordinator about access to TWIST. This lesson on [TWIST security](#) will help. In order to use TWIST, you will need access to Citrix, a computer program. To log in to Citrix you will need a P number and a password from the state office. Then your coordinator will provide a separate login and password for TWIST.
3. You can practice using TWIST in a separate practice data base. Ask your training supervisor for the practice data base login and password for your agency. Check out the lesson on [using the practice data base](#) for more information.
4. Track which TWIST tasks you have learned to do with the list on the next page.
 - **Recommendation:** Read the related TWIST lesson as you need to learn how to do each new WIC task.
 - Only basic lessons are listed here. There are many other TWIST functions that you can learn about in other lessons.
5. Make note of any questions or concerns you have about TWIST as you go along and talk them over with your training supervisor.

Ch.	Sec.	#	Lesson	Done
2	1	100	Client Search and Demographics	
3	1	100	Applicant Prescreening	
3	1	102	Enrollment	
3	3	300	Risk Criteria and Risk Level	
3	3	301	Anthropometric/Biochemical for a Woman	
3	3	302	Anthropometric/Biochemical for an Infant/Child	
3	3	303	Health History	
3	3	304	Diet Assessment	
3	4	402	Nutrition Education Provided	
3	4	403	Next Steps	
3	4	404	Referrals	
3	4	405	Progress notes	
3	5	500	Assigning and Forecasting Food Packages	
3	5	501	Modifying Food Packages	
3	5	502	Change Package Mid-certification	
3	7	700	Recertification	
3	8	800	Transaction Types	
3	8	801	Reactivate and Reinstate	
3	8	803	Updating Client Information Mid-Certification	
3	8	805	Terminations / Ineligible	
3	8	806	Category Change	
3	8	807	Immunization Status button	
3	8	808	Changing WIC ID Numbers – Foster Families, Custody Changes	
3	9	900	Individual Follow-ups	
3	9	902	Nutrition Education Refusal	
3	11	1100	Family Summary Screen	
3	11	1101	Benefits List	
3	11	1103	Family Cardholder Screen	
4	2	202	Daily Clinic Schedule	
4	3	301	Appointment Requests	
4	3	302	Coordinating Family Appointments	
4	4	400	Family Appointment Record	
4	4	402	Schedule Appointment Now	
4	5	501	Rescheduling an Appointment	
		5022	Cancel an Appointment	
4	6	600	Documenting Appointment Attendance	
8	1	103	Complaints	

2-9 Completion Form: TWIST Training

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed ***TWIST Training*** face-to-face training or on-the-job training and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing *TWIST Training*, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/ NA
9.1	Demonstrates basic computer skills.	
9.2	Records correct participant information in the data system.	
9.3	Uses the data system to document nutrition assessment data including anthropometric measurements, hemoglobin or hematocrit levels, health history and diet assessment information.	
9.4	Uses the data system to record participant contacts, care plans, and nutrition education provided.	
9.5	Makes appropriate food package selections and correctly records them in the data system.	
9.6	Identifies appropriate food benefits to be issued.	
9.7	Coordinates food benefit issuance with nutrition education.	

#	Competency	Yes/No/NA
9.8	Schedules appropriate appointments for participants.	
9.9	Enters data accurately.	
9.10	Locates and utilizes needed reports.	

Training Supervisor:

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *TWIST Training* and the competencies listed above.

Date: _____

Signature: _____

3-1 Introduction to Participant Centered Education (PCE) or Counseling (PCC)

Why participant centered education or counseling?

So far, you have been learning about what the WIC program does and your role in the program. Now you need to learn how to do that job.

Most of your job will be interacting with WIC participants.

- Sometimes you will be finding out information from them.
- Other times you will be offering ideas to them based on what you learn from them.

This back and forth conversation is called participant centered counseling or education. We call it that because it is always centered on what the participant needs and wants rather than on what you think they should do.

We use participant centered counseling in the WIC program because participants know best about what they need and what will work for them. Our job is to actively listen to them, find out why things are going the way they are, and then respectfully offering them suggestions to select from.

Active listening is so important that we want the participant to talk more than the certifier. We call that **talk time balance**.



Learning activity



Think about a time when you went to the doctor, either for yourself or for a family member.

- How did you know if the doctor was interested in you and that the doctor understood what your concerns were?
- How did you know they were listening to you?
- Who did most of the talking? How did that feel?



Don't Panic! You will get more information on the skills you will need to provide participant centered counseling when you complete the remaining modules of the PCE online course in lesson [3-2](#).

The 4 processes of counseling



Every counseling session will include these 4 processes, as the certifier actively guides the conversation with each participant. Let's take a look at how each of these processes relate to counseling.

Engaging the participant

The first process is engaging the participant. This includes everything we do to establish rapport with the participant and start developing a safe relationship with them. Participants won't be open to listening to us unless they trust us.

Ways to engage the participant:

- Show them the spirit of participant centered counseling
 - Show acceptance of who they are
 - Be non-judgmental
 - Express empathy
 - Support their autonomy
 - Have compassion
 - Build a partnership with them
 - Be curious
- Be aware of your state of mind, facial expressions, and body language
- Set the stage at the beginning of every appointment (Use AIDET to remember)
 - **A**cknowledge everyone at the appointment
 - **I**ntroduce yourself and show them where they will be
 - Tell them the expected **d**uration of the appointment
 - **E**xplain what will be happening and ask if they have any questions
 - **T**hank them for being there
- Ask permission at every step
- Be transparent about what to expect
- Use plain and simple language

Learning activity



Think again about the visit with the doctor.

- What did they do to make you feel at ease?
- If you were the doctor, what would you do differently, if anything?

Focusing the conversation

The next process is focusing the conversation. It is always nice to talk with people, but ultimately, we need to figure out what is going on with the participant and narrow down the discussion. Focusing is all about doing a complete and thorough assessment so we have a good understanding of what is going on with the family and can then prioritize what has the biggest impact. We could think of this as unpacking – taking a look at what they are carrying around and why it is important to them.

Ways to focus the conversation:

- Review information from the last visit in the participant record
- Review information captured at the front desk (income, homelessness, residence, participation in SNAP or TANF)
- Active listening
 - Listen with curiosity
 - Listen with your eyes as well as your ears
- Use critical thinking
- Use OARS skills (See the **Participant Centered Education** online course)
 - Open-ended questions
 - Affirmations
 - Reflections
 - Summaries
- Complete the assessment (See **Chapter 4** of this guide)
- Prioritize what to explore
 - Identify what are the key issues and focus on those
 - Avoid getting off track
 - Prioritizing what has the biggest impact on the health of the family
 - Decide what issues are nutrition-focused

Evoking more insights

When we say evoke, what do you think of?

Other words that mean the same as evoking are suggesting, reminding, bring to mind, or to draw out. In counseling the word means to call forth the wisdom, experience, and expertise of the participant. The skills needed here are the ones you would use to encourage the participant to come up with their own ideas for change. What you learn from them will help you guide the conversation.

Ways to evoke more insights:

- Listening for the participant's ideas of what they want to change
- Reflecting those ideas back to the participant to see what they think
- Exploring what that change might look like or how it might work
- Asking permission to share ideas then asking what they think of the ideas you offered
- Observe the participant's body language and guess how they are reacting
- Consider what might be coming soon for the family based on the child's age and developmental stage
- Determine what is in your scope of practice versus something that requires a referral

Learning activity



Think again about the visit with the doctor.

- How did the doctor gather information about you?
- What did the doctor focus on during the visit? Besides the reason for your visit, what else did the doctor ask about?

Planning next steps

The last process is guiding the participant towards planning their next steps. This is when you work with the participant to come up with a concrete action that they can take, no matter how small it might be. The plan will come from them and will be based on what you hear them say they want to try.

Ways to help participants plan their next steps:

- Review the plans in the participant's record from their last visit and check-in with them about how that is going
- Summarize the ideas you have heard from the participant and ask which one or two they would like to work on
- Help them think about the steps they will need to take to make the change
- Reflect back the specific steps they planned, even if it is a small one
- Document the next step in the data system so the next WIC staff person to see them can follow-up
- Summarize their hopes for a healthy outcome for their child

Learning activity



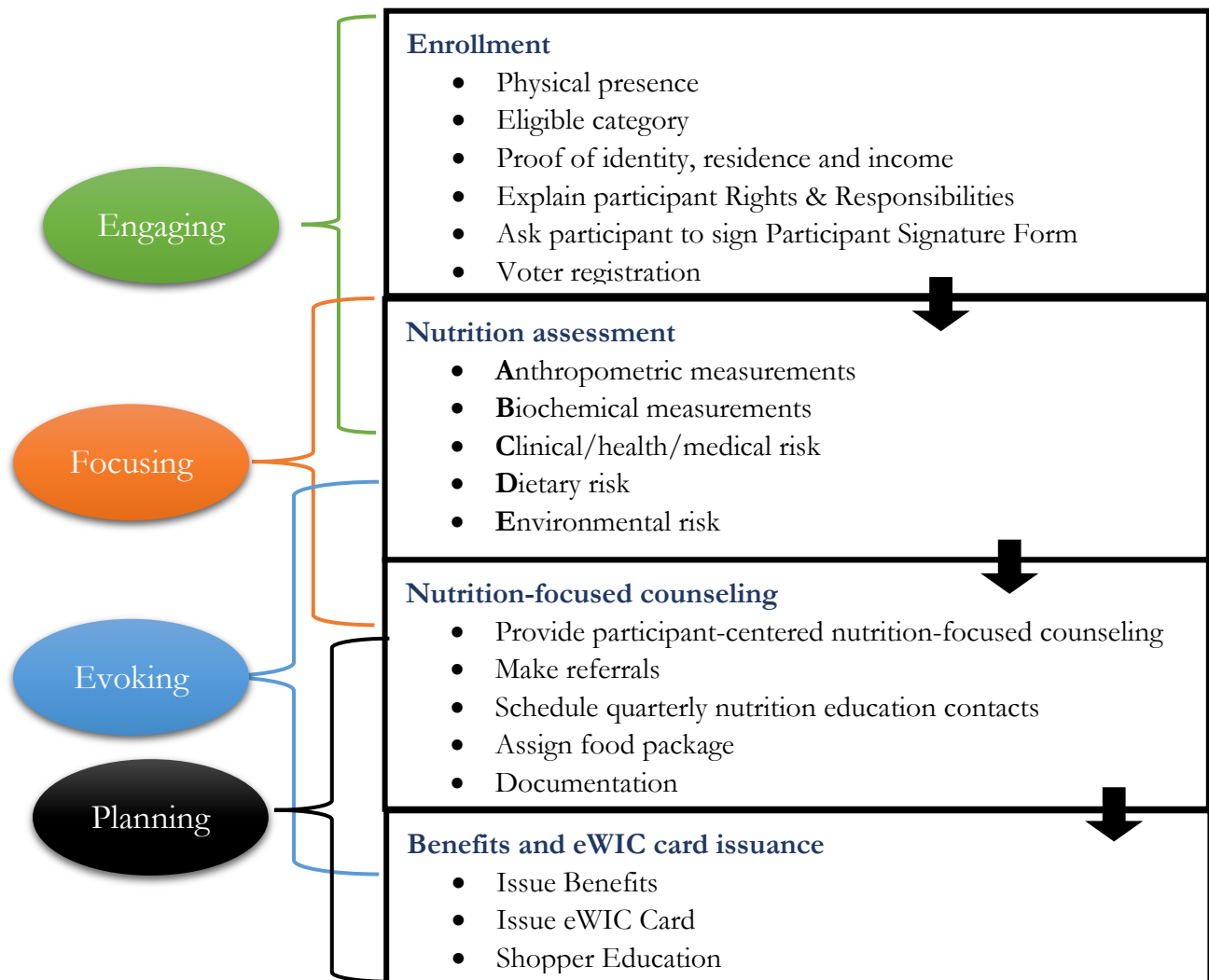
At that doctor's visit, think about what the doctor did to resolve your concerns.

- How did the doctor make sure you understood what actions or next steps you should take?
- After the visit, how confident were you that you could successfully take those next steps? What did the doctor do to make you confident?

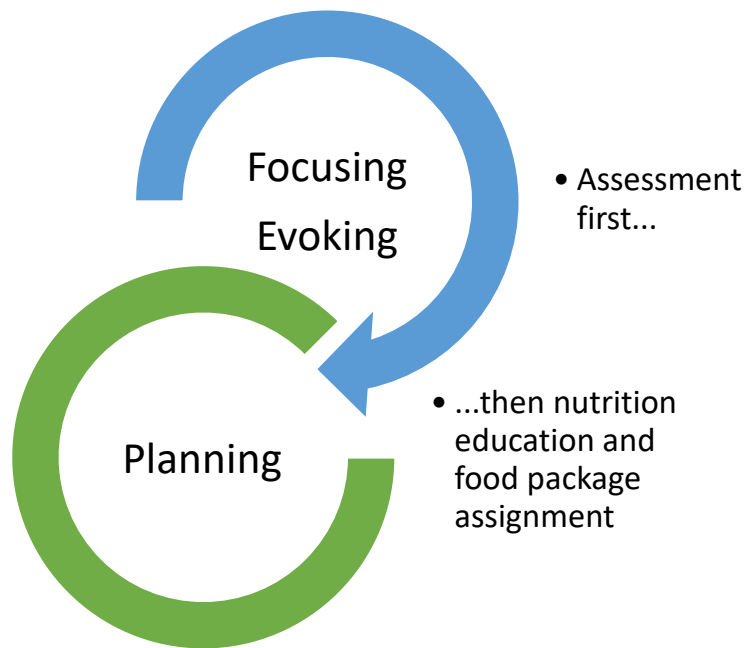
How would this look in a certification appointment?

These 4 processes are not considered sequential, rather they are skills that we use over and over during the conversation with participants. They build on each other and connect to each other. Each process layers upon the other or provides different routes that you can take during counseling. They help make sure we don't miss opportunities to provide nutrition-focused counseling. This focus on the participant makes our counseling more effective and targeted – hopefully saving time.

Looking at the parts of a certification appointment, you can see how the 4 processes might overlap or happen in a different order. Generally, we start with engaging and end with planning.



Just remember



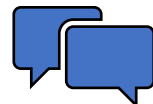
Learning activity



Watch another certifier complete a certification appointment.

- What do you notice about how they engaged the participant?
- How did the certifier focus the conversation and evoke the participant's insights and ideas?
- What plans or next steps did the participant decide upon?

Talk it over



Discuss what you observed with your training supervisor and ask any questions.

Keep engaging, focusing, evoking, and planning in mind as you complete the **Participant Centered Education** online course.

3-2 Providing Participant Centered Education Online Course – Modules 1-9

Providing Participant Centered Education (PCE) while counseling means using a specific set of skills to identify what the participant wants to change, if anything, and then helping them figure out how to make that change. Modules 1-9 of this online course teaches those skills.

What you need to do

1. Work with your training supervisor to determine a time to complete the modules 1-9 of the ***Providing Participant Centered Education*** online course. It takes 7 – 8 hours to complete all 9 modules.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select each module of the ***Providing Participant Centered Education*** course.
3. Complete the ***Providing Participant Centered Education*** modules and learning activities.
4. Make note of any questions or concerns you have about information in the 9 modules.
5. Schedule a time to discuss what you learned with your training supervisor using the ***Talk It Over*** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. Which of the 4 OARS skills do you think will be most challenging?
3. How does a “next step” differ from setting a goal?
4. What would be the purpose of talking about a health outcome with a participant?
5. How does what you saw when you viewed this online course compare to what you have observed in the WIC clinic?

References

There are many resources on [Participant Centered Services \(PCS\)](#) on our website.



3-2 Completion Form: PCE Online Course

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed *all 10 Modules of the PCE* –online course and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *PCE* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
6.1	Uses appropriate techniques to establish a relationship and begin a conversation.	
6.2	Practices active listening and observation skills.	
6.3	Collects information without interrupting or correcting the applicant.	
6.4	Checks for understanding by paraphrasing or reflecting what was heard.	
6.5	Compares participants' verbal responses to non-verbal behaviors to assess participants' attitude, feelings, and readiness for change.	

#	<u>Competency</u>	Yes/No/ NA
6.6	Uses an effective balance of open-ended and closed-ended questions.	
6.7	Affirms participants' feelings, beliefs and efforts.	
6.8	Expresses empathy for the participants' situation.	
6.9	Completes nutrition assessment tasks before providing nutrition counseling.	
6.10	Selects forms and materials for participants to complete that are appropriate for the target population (i.e. language, reading level, length, format) according to State agency policy.	
7.1	Respects different belief systems about issues such as blood work, immunizations, dietary supplements, alternative medicine, and traditional healers.	
7.5	Uses socio-culturally appropriate communication styles to collect nutrition assessment information and provide participant centered counseling.	
8.4	Considers the applicant's point of view regarding their needs, concerns, and nutrition and health priorities.	
10.2	Uses and demonstrates key educator behaviors of participant-centered education.	
10.3	Understands the factors that influence an individual's food behavior.	
10.4	During a given visit, selects with the participant, a limited number of issues to discuss from all the potential nutrition issues.	
10.5	Uses assessment information to select nutrition education concepts that engage the participant in setting individual, simple and attainable next steps to improve their health outcomes.	
10.6	Provide participants with clear and relevant "how to" actions and ideas to accomplish participant-identified next steps.	
10.7	Focuses nutrition education on participant strengths and interests.	
10.8	Provides health-outcome based anticipatory guidance.	
10.9	Uses effective counseling methods or teaching strategies that are relevant to the participants' nutritional risk and interests and are easily understood.	
10.10	When providing nutrition education, assesses the effectiveness of previous interventions on behavior change.	
10.11	Selects research-based education materials based on the participants' language, culture, literacy level and interests and effectively presents the material to the participant.	

#	<u>Competency</u>	Yes/No/ NA
10.12	Maintains an environment that promotes good nutrition and health.	
10.13	Uses counseling strategies to build participant self-efficacy.	

Training Supervisor:

I have met with _____ and can verify that they have achieved the learning objectives of the *PCE* online course and the competencies listed above.

Date: _____

Signature: _____

3-3 Adverse Childhood Experiences (ACEs) online course

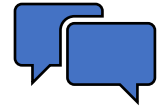
The [*Adverse Childhood Experiences*](#) course focuses on how traumatic events in childhood may have long lasting effects. These experiences can impact someone's physical and mental health for their entire life and influence how they interact with others.

What you need to do



1. Work with your training supervisor to determine a time to complete the [*Adverse Childhood Experiences*](#) online course. It takes about 1.25 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select Adverse Childhood Experiences
3. Complete the [*Adverse Childhood Experiences*](#) online course and learning activities. (Note: The course contains information which may cause you to remember difficult things about your personal life or professional experience. All the information that you enter is private and is only to give you an idea of your own ACE and resiliency scores. It will not be shared with anyone else.)
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the ***Talk it over*** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How will knowledge of Adverse Childhood Experiences help you provide better services to WIC participants?
3. What is your role in supporting resilience in participants?
4. What are common adverse childhood experiences observed in your area?

References

[Trauma Informed Oregon](#)
[Adverse Childhood Experiences](#) – from Substance Abuse and Mental Health Services Administration



3-3 Completion Form: Adverse Childhood Experiences (ACEs)

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Adverse Childhood Experiences* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Adverse Childhood Experiences* online course, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
6.14	Recognizes the prevalence and impact of trauma on participants and staff.	
6.15	Provides services that promote the physical and emotional safety of participants.	
6.16	Provides services which facilitate healing, avoid re-traumatization, and promote choice and empowerment.	
6.17	Provides services that focus on strength and resilience.	

Training Supervisor:

Adverse Childhood Experiences post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Adverse Childhood Experiences* online course and the competencies listed above.

Date: _____

Signature: _____

3-4 Understanding Families

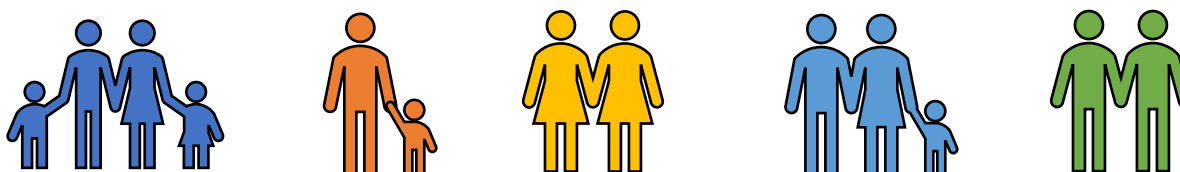
Checking your assumptions

Imagine a family. What do you think of when you think of a family? Maybe you picture your own family, or an idealized version of what a family “should” look like. Maybe your mind goes to all sorts of different families you’ve known or have thought about. Here in WIC, we see it all. To get us started on the topic of understanding families, let’s check our assumptions.

Are all WIC participants the same? No, of course they aren’t.

Are all WIC families the same? Again, no they aren’t.

Do all WIC families have the same backgrounds, hardships or concerns? No!



A basic principle in WIC is that we make an effort to accept all WIC participants and families as they are, without judgement. Sometimes this can be difficult because:

1. We don’t understand what makes someone who they are.
2. We have our own set of beliefs, assumptions and biases that influence how we view the world and the people we meet.

It is human nature to make assumptions about ourselves and others based on our own experiences. We assume that everyone thinks like we do. Sometimes those biases are so ingrained we don’t even know we have them. When that happens, we call them **implicit biases**. Our beliefs, assumptions and biases influence how we react to situations and the people we encounter.



Examples:

- If we believe being on time is respectful of others – we may assume that people who are late to appointments are being disrespectful.
- If we believe that mothers are the best caregivers – we may assume that when dads bring their child to WIC appointments it is because the mother is at work and couldn't come to the appointment.

Taking a look at your own beliefs, values, and background may help you be aware of your personal assumptions and biases.

Learning activity

Let's start by taking a look at who you are and what influences your thoughts and actions.



Characteristics	What is yours?	How does it influence the way you see the world?
Language(s) spoken		
Race(s) and ethnicities		
Culture(s) I identify with		

Characteristics	What is yours?	How does it influence the way you see the world?
Gender identity		
Current age – young, middle-aged, older		
Raised in poverty, middle-class, or wealth		
Final decision maker in your family		
Education background		
Religion(s)		
Political viewpoint		
Current health status		
Are you able bodied or living with a disability?		
Family situation		
The 3 most important roles you play		
3 most important values		

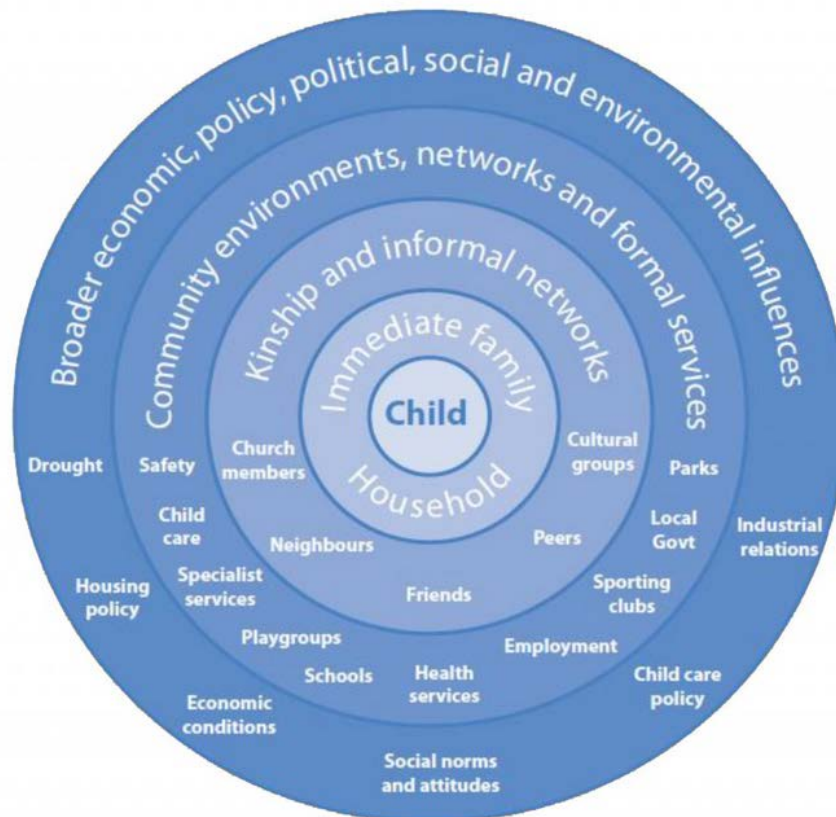
What stands out to you about this activity?

How do you think these characteristics influence the way you approach your work in WIC?

Learning Activity



As you've reflected on the previous section, you may have noticed how many of our beliefs, values, and interactions with each other are influenced by family. In this visual, each of the rings in the circle represents an influence on an individual.



Looking at this chart what do you think has the most direct influence on a child's health?

Where does WIC fit in?

Social determinants of health

Understanding WIC families begins with understanding all the different factors that influence a person's lifelong health and well-being. These factors are called the determinants of health, many of which cannot be controlled by the person. The factors not related to a person's biology or health habits are called social determinants of health. Here is a list of some common social determinants of health.



We define social determinants of health as the conditions in which people are born, live, learn, work, play and age. Social determinants influence a person’s lifelong health and well-being. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Examples:

- If someone doesn’t have a car and lives in a neighborhood where the only store is a convenience store, it is more difficult for them to eat healthy.
- If a caregiver never graduated from high school and works at a low paying job, they may have to choose between buying diapers or buying food. The baby may get changed less frequently resulting in rashes and urinary tract infections.
- If a family lives in a community far from their support system and there are no local community supports, they may suffer from more depression and stress which can impact their health.
- If a family’s health care provider doesn’t speak their language or understand their health beliefs, they may not be able to follow the providers instructions. They may be seen as non-compliant when they don’t do what the provider asks and be treated differently than other patients.

Learning activity



How could the following situations impact someone’s health or well-being?

Social Determinant	Possible health impact
Living in an apartment with no yard and no park nearby	
The lumber mill in town shuts down	
The neighborhood has no sidewalks and the streets are busy	
A migrant family speaks very little English	
A caregiver is on probation and is looking for a job	
A caregiver has a new job and doesn’t have anyone to babysit	
Being a person of color in a predominately white space	

Trauma and resilience informed practices



One common determinant of health is experiencing trauma. After completing the [Adverse Childhood Experiences \(ACEs\)](#) online course you are familiar with how common trauma is and how it impacts lifelong health and well-being. One of the reasons WIC provides participant-centered services to everyone participating in our program is because trauma and ACEs are so common. We could also call providing participant-centered services “trauma and resilience informed practices.”

Just like participant-centered services, trauma and resilience informed practice is an approach, based on knowledge of the impact of trauma, aimed at making sure the clinic environment and WIC services are welcoming and engaging for WIC participants and WIC staff.

The more we understand the principles of trauma and resilience informed practices, the better able we are to support WIC participants and their health and well-being.

Trauma-informed care is a strengths-based framework that is grounded in the understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper, Bassuck, and Olivet, 2010)

Principles of trauma and resilience informed practices:

Trauma awareness:

- We understand that trauma, adversity, and stress are social determinants of health.
- We understand how common trauma is among WIC participants and staff;
- We recognize the signs of ACEs or trauma in ourselves, participants and their families;
- We understand that some participants may be re-traumatized by experiences in the WIC clinic (e.g. measurements, bloodwork, closed office doors);
- We understand that the history of events in a community may impact current experiences or trauma (e.g. floods, fires, plant closures, history of children being removed from families, discriminatory laws or practices).



Safety:

- We commit to providing physical and emotional safety for WIC participants and staff, and we actively resist re-traumatization;
- We strive to be respectful, trustworthy and transparent in all our dealings (e.g. we let participants know what we are doing, why, and how long it will take);
- If we cannot avoid a potentially traumatizing situation, we try to be transparent about what is happening and why;
- We make our clinic environment feel as safe as possible (e.g. we ask if the participant would like the door open or closed, we let participants choose where to sit, we maintain neat, uncluttered offices).

Choice and empowerment:

- We emphasize choice and empowerment for both participants and staff;
- We understand and respect that it is always the participant’s choice;
- We value collaboration with participants rather than authority.

Strengths-based:

- We focus on strength and resilience, so participants and staff build skills that will help them move in a positive direction;
- We know that building respectful, nurturing relationships with participants can be a protective factor that supports resilience and helps families to flourish.
- We understand the importance of social networks and how they build resilience for participants.

Learning activity



For each situation below, come up with a trauma and resilience informed practice you might use.

Situation	Trauma informed practice
A participant seems anxious and keeps glancing at the door of your office	
A caregiver tells you that her child has been terrified of doctors since they were in the emergency room after an accident	
A WIC participant brings in their friend who has just arrived from a refugee camp	

Different kinds of literacy

Another factor that can influence your interaction with participants is their literacy level. You may think of literacy as the ability to read, but it can be more complicated. There are several different kinds of literacy.



Health literacy

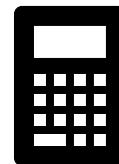
Health literacy is the ability to obtain, read, understand and use healthcare information to make appropriate health decisions and follow instructions for treatment. Here are several things that can impact a participant's health literacy at any given time:



- The communication skills of a professional, like a certifier or health care professional
- Education
- Immigration status
- Limited English Proficiency or LEP (limited ability to speak, read, write or understand English)
- Chronic illness
- Trauma or stress

Numeracy

Numeracy is like literacy except with numbers. It means the ability to understand and work with numbers. Some people may be able to read but still struggle with anything to do with numbers. Some areas of WIC where numeracy makes a difference include:



- Food benefit amounts
- Income guidelines
- Measurements, growth grids, or blood test results

Technology literacy

Because so many of us have computers and Smart Phones, we may assume that everyone can use technology to do what they need to do. This is an incorrect assumption. Technology literacy is sometimes referred to as “problem solving in technology-rich environments.” Which means a person can use technology tools effectively to access and evaluate information, to communicate with others, and perform practical tasks. Like the other types of literacy, there are many things that influence someone's ability to use technology. We should not



assume that based on someone's age they can or cannot use a type of technology. Some areas in WIC that requires technology literacy includes:

- Accessing online nutrition education
- Setting a PIN for an eWIC card
- Accessing food benefit balance
- Finding accurate information on the internet

What can you do?

Looking at all these factors that affect the health of the families we serve can be overwhelming. Below are some things to consider as you interact with participants.

Be curious:

- Consider how your personal experiences, biases, or barriers influence the way you interact with others;
- Be open to listening and learning from the participant about what their life is like;
- Be humble and willing to learn from and about participants;
- When thinking about a participant's behavior, ask yourself "what happened to you?", rather than "what's wrong with you?"



Don't assume:

- Don't assume that you know best or that you know what a participant "should" do;
- Don't assume that participants can or can't handle what is happening in their lives.



Focus on strengths:

- Actively seek out and highlight the strengths each person brings to the table;
- Use your participant-centered services skills to help participants get the most out of WIC.



Learning activity

Observe several interactions between WIC staff and participants.

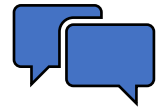


What social determinants of health do you believe might be impacting this participant's life?

How did those factors influence the participant?

How did the WIC staff person show curiosity, avoid assumptions, and focus on strengths?

Talk it over



Discuss your questions with your training supervisor.

What social determinants of health are common concerns in your community?

References



[What is implicit bias?](#) video 2:17 minutes

[Social Determinants of Health – an introduction video](#) 6:27 minutes

[What is Trauma Informed Care?](#) From Trauma Informed Oregon
[Trauma Informed Oregon website](#)

[Health Literacy](#) – From Agency for Healthcare Research and Quality (AHRQ)
[Quick Guide to Health Literacy](#) – From US Department of Health and Human Services

4-1 Nutrition Risks and Risk Levels

What is a “nutrition risk”?

WIC is a government-based nutrition program that helps low-income households, similar to the Supplemental Nutrition Assistance Program (SNAP). WIC is different than SNAP and other food assistance programs. Income eligibility is not the only reason participants qualify for WIC. WIC participants must also have a nutrition need or risk to qualify for WIC services. A **nutrition risk** is a health problem, medical condition, diet deficiency or other issue that can affect the health of a participant.

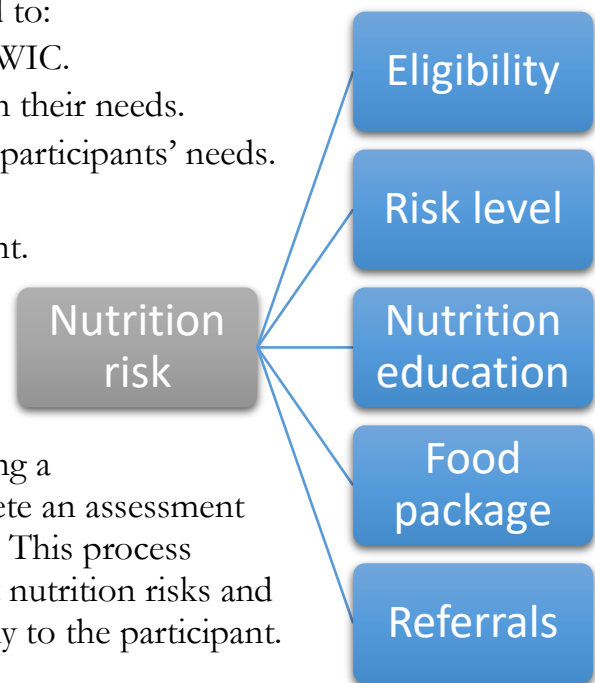
Once we know what risks a participant has, WIC uses nutritious food and nutrition education to improve the participant’s health and growth. **Nutrition risk factors** are key to personalizing WIC services.

In the WIC clinic, nutrition risk factors are used to:

- Certify that the participant is eligible for WIC.
- Focus participants’ nutrition education on their needs.
- Identify which WIC foods best meet the participants’ needs.
- Determine the participants’ risk level.
- Identify referrals needed by the participant.

Risk assignment

Only a certifier can assign a nutrition risk. During a certification appointment, a certifier will complete an assessment to determine if a participant has a nutrition risk. This process requires the certifier to understand the different nutrition risks and to be able to figure out if any of these risks apply to the participant.



What are the nutrition risks? Think ABCDE

Nutrition risks are sometimes referred to as risk criteria because each one can only be assigned if the participant meets certain criteria or conditions. The nutrition risk criteria are standardized throughout the United States. The risk criteria are reviewed and recommended by a national group of health professionals. The federal WIC office at the USDA requires state WIC programs to use these standardized risks. Every risk is given a number, and the numbers are mostly grouped together with similar risks.

There are over 100 different nutrition risks that can be classified into 5 groups:

- A = Anthropometrics
- B = Biochemical
- C = Clinical
- D = Dietary
- E = Environmental

Risk Group	Description	Risks related to:
Anthropometric 100's	Based on measurements of a person's physical size	<ul style="list-style-type: none"> • Height • Weight • Head circumference • Rate of growth or prenatal weight gain
Biochemical 200's	Based on blood tests	<ul style="list-style-type: none"> • Anemia • Blood lead level
Clinical 300's	Based on a health history and current health status	<ul style="list-style-type: none"> • Chronic illnesses • Birth problems • Genetic conditions
Dietary 400's	Based on feeding behaviors and daily intake of the participant	<ul style="list-style-type: none"> • Inappropriate nutrition practices
Environmental 500's, 600's, 700's, 800's, 900's	Based on social and safety factors that influence nutrition	<ul style="list-style-type: none"> • Smoking • Substance use • Foster care • Domestic violence

Learning activity

For each example, write which risk group the criteria might describe.



Nutrition Risk criteria	Risk Group
A 3-year old child gets a bottle of Kool-Aid to sleep with	
A woman has been diagnosed with gestational diabetes	
An infant's weight is high for their length	
A mom reports smoking marijuana to reduce nausea	

The Nutrition Risk training module

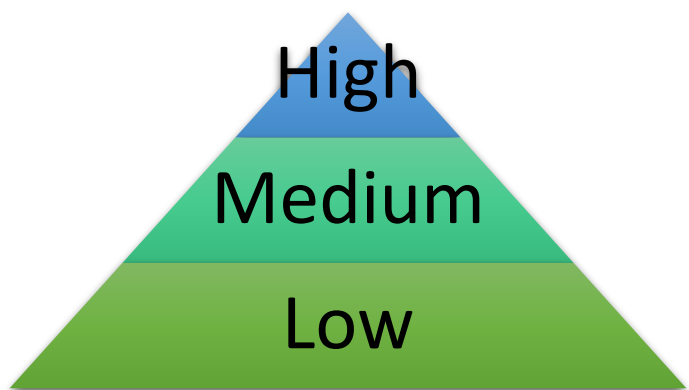
The **Nutrition Risk** training module includes risk information sheets for every risk. We call these sheets, “risk info sheets”. The risk info sheet explains each risk in detail and includes the criteria for when it should be assigned. The **Nutrition Risk** module is divided into chapters by participant category, with the nutrition risks specific to each category of WIC participant. You must complete the Nutrition Risk module chapter for a category before you can complete an assessment and certify that category of participant. For example, your training supervisor may decide that you will start with certifying only pregnant women, so you’ll complete Chapters 3 and 4 in the Nutrition Risk Module before you certify women.

What is risk level?

Every nutrition risk is assigned a risk level. The risk levels indicate the seriousness of the risk and how likely it is to impact the participant’s long-term nutrition status.

Nutrition risk levels can be:

- High
- Medium, or
- Low



How is risk level determined?

The State WIC office determines which risk factors are high-risk, medium-risk or low-risk. Each risk factor has an assigned risk level in the data system. When you assign a risk factor to a participant, the data system automatically assigns the correct risk level. The participant's overall risk level will be the same as the highest risk level of the nutrition risk factors assigned during your assessment.



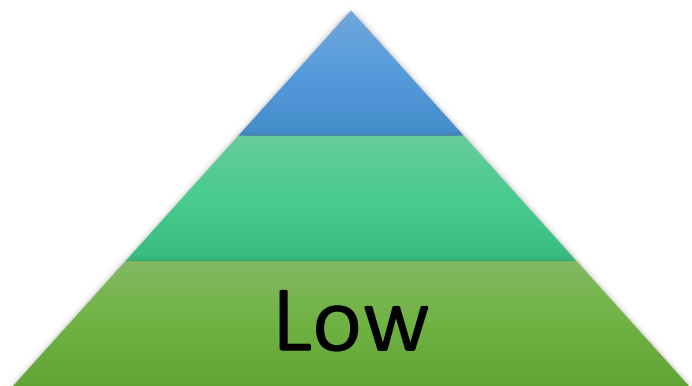
Why is risk level important?

The participant's risk level determines who provides follow-up and counseling ([See Lesson 2-1](#)).

Risk level:	Description	Follow-up provided by:
High	Serious health conditions that can have significant impact on long term health	WIC nutritionist must provide the follow-up
Medium	Moderate health conditions	Any trained certifier
Low	Minor or normal health conditions	Any trained certifier

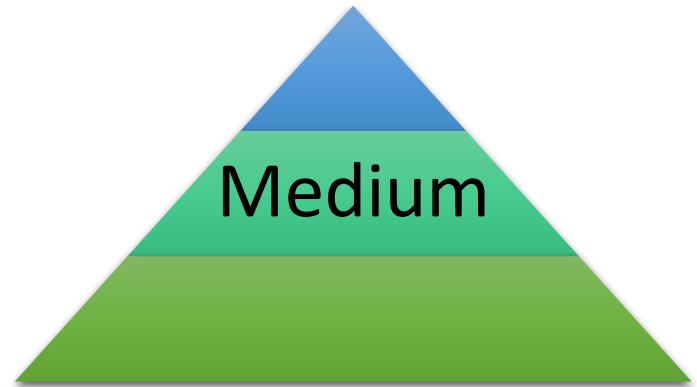
A low-risk participant:

- Is counseled by any certifier at the certification appointment.
- Chooses whichever type of quarterly nutrition-education works for them.
- The certifier has the option to refer low participants to the WIC nutritionist if there are concerns, such as multiple risks.



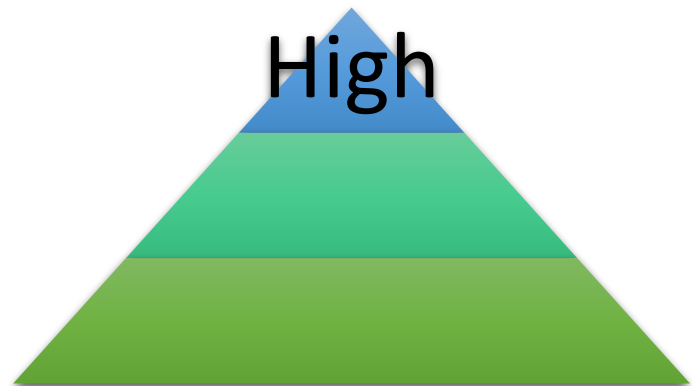
A medium-risk participant:

- Is counseled by any certifier at the certification appointment.
- Chooses whichever type of quarterly nutrition-education works for them, including online classes or individual follow-up.
- The certifier is encouraged to consider whether referring medium risk participants to the WIC nutritionist would be beneficial for the participant, especially if there are multiple concerns or limited follow-up with their health care provider.
- The certifier should document what they have learned about the participants health condition in progress notes. This helps the next WIC staff person to see the participant make sure the participant gets appropriate care and follow-up.



A high-risk participant:

- Requires more intensive nutrition counseling.
- Once identified as high-risk, is required to be referred to and monitored by the WIC nutritionist.
- Will be seen by the WIC nutritionist individually.
- Will have a high-risk care plan that describes what type of follow-up that the WIC nutritionist recommends.
- **Note:** In cases when the WIC nutritionist cannot see the high-risk participant during their initial certification, the certifier should avoid providing specific diet recommendations that could interfere with the participant's health condition. The certifier can explore what the participant knows or as tried regarding their health condition. This information should be documented in progress notes. This will help the WIC nutritionist when they follow up with the participant.



When can risk levels be changed?

There is only one situation where a certifier would change the risk level assigned by the data system, otherwise the risk level should remain unchanged.

Risk 201 Low Hemoglobin / Hematocrit is assigned as a medium risk if the blood test values entered in the data system are below a certain level. You must change the risk level to high and refer to the WIC nutritionist if:

- The level is more than one point below normal; and,
- You rechecked the participant's blood and got the same reading.

See [Policy 661 – Competent Professional Authority: Appropriate Counseling for Risk Levels](#) for a complete list of medium and high risks.

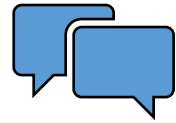
Learning activity



What would you do?

1. A low-risk participant would like to complete an online class for her quarterly nutrition education.
2. A certifier, who is not a WIC nutritionist, is certifying a high-risk child whose caregiver asks about a special formula.
3. A certifier, who is not a WIC nutritionist, is certifying a pregnant woman with medium level risks who has a lot of questions about the medical diagnosis that the health care provider gave her.

Talk it over



Ask your training supervisor:

Who follows-up with high-risk participants in your agency?

Who follows-up with medium-risk participants in your agency?

References



[Policy 675 – Risk Criteria Codes and Descriptions](#) gives a complete list of each nutrition risk factor and the criteria for using the risk.

4-2 Selecting and Assigning Risks

How are the participant's risks assigned?

Each participant is assigned nutrition risks during the certification appointment. This part of the appointment is called the **assessment**. An assessment is when the certifier gathers information from the participant and uses that information to assign risks.

Gathering information from the participant in order to complete the assessment is as much art as it is science. It is the art of conversation. It is up to the certifier to engage the participant in a conversation about their health and diet, and to do it in such a way that the participant feels comfortable *and* the certifier gets the information they need.



It is important to note that **all** of the assessment steps are used to determine eligibility. Only after all of the information is gathered for a full assessment, is it time to provide counseling and nutrition education. This saves time by helping you narrow down the most important topics to cover.

Remember ABCDE?

Nutrition risks are selected based on what you learn from the participant. You will record the information you gather in the data system.

There are 3 ways that risks are identified:

1. The data system automatically identifies a risk based on data you enter;
2. You select answers to questions in the data system that identifies a risk; or,
3. You select a nutrition risk from a list of options based on what you learn.

Risk Group	What you do	How are risks selected
Anthropometric 100's	You enter measurements into the data system.	The data system assigns risks based on what you enter.
Biochemical 200's	You enter blood test results in the data system.	The data system assigns risks based on what you enter.
Clinical 300's Dietary 400's Environmental 500's, 600's, 700's, 800's	<ol style="list-style-type: none"> 1. During intake, staff select answers to questions about migrancy or homelessness. 2. You select answers to questions in the data system. 3. You interview the participant and learn of a risk. 	<ol style="list-style-type: none"> 1. The data system assigns risk based on which answers are selected. 2. The data system assigns risk based on which answer you select. 3. You select the risk from a list in the data system.

What information is used to select risks?

The information used to assess participants for nutrition risks comes from several places.

Source of information	How you get it	Example
Collected by WIC staff	You collect the information needed to assign the risk as part of the certification process.	WIC measures and weighs participants. This provides the information needed to assign an anthropometric risk.
Historical data	For participants who are being recertified, WIC has information from previous certifications.	The data system keeps track of the weight gain of an infant over several visits to WIC. This information is used to determine if the infant is growing at the correct rate for their age.
Provided by the participant	The participant will tell you about their circumstances during the interview	The participant tells you about their health habits, meal patterns and living situation.
Information received from the health care provider	Participants might bring information from their health care provider about their medical history which could be used to assign a risk.	An infant has a prescription for a special formula which also lists information about the infant's medical diagnosis. This information is then used to enter a clinical risk.
Self-reported by participant	WIC allows participants to self-report that their doctor has diagnosed them with a health condition.	A participant tells you that her doctor has diagnosed her with gestational diabetes.

The data system will help guide the assessment

The data system will help you remember what kinds of information you are looking for. The data system has a series of standard questions related to the ABCDE's of risk assessment that will remind you of what to talk to the participant about. The questions cover broad topic areas related to health, family environment, feeding

behaviors, attitudes about food or feeding, actions related to food or feeding, and supplementation.

Which questions do you need to answer?

There are 2 types of questions in the data system.

1. Mandatory questions – which means you must answer them.
2. Optional questions – which means that in certain circumstances you do not need to answer them.

You must assess for all the different topics in the data system questionnaires, regardless of whether the question is mandatory to answer or not.

Learning activity



Review the 4 job aids that go with this lesson:

- *Job Aid: Selecting Risks – Pregnant*
- *Job Aid: Selecting Risks – Postpartum*
- *Job Aid: Selecting Risks – Infants*
- *Job Aid: Selecting Risks – Children*

How can you tell which questions are mandatory to answer?

How can you tell which answer selection will generate a risk automatically in the data system?

Personalizing the assessment questions

The data system provides prompts that will assist you in asking questions related to specific risks, but these are **only** prompts. They are not intended to act as a script that must be read or followed word-for-word.

- The data system questions are close-ended, because they are to collect specific answers. We know that you will learn more by asking open-ended questions.
 - It is okay to change the questions into your own words to make them open-ended.

- Even if you reword the questions, you can still select the right answer for that given question in the data system, in order to assign a risk.
- The conversation will move from open-ended questions to more specific probing questions, as you discuss their health and feeding behaviors.
- Open-ended questions encourage participants to explore their feelings and thoughts about a subject and will provide more detailed information than close-ended questions.
- It is okay to ask the questions in a different order, as long as you gather the necessary information by covering all the topic areas.
- The assessment questions are a guide, not a script. Both you and the participant will feel more comfortable having a conversation, rather than asking a series of close-ended questions.

Learning activity



Use the *Job Aid: Selecting Risks – Pregnant* to answer questions about the case study.

Case study

Sophia is 3 months pregnant. Her only child, Max, is a 2-year old child already on WIC. When she comes to your office, you smell cigarette smoke.

What would you take into consideration before you started the assessment?

Based on what you know so far, how would you change the questions in the data system?

Personalized assessment questions

When completing the assessment, you will want to use your own words to ask the questions in the data system. Here are some examples from different situations that show how you could reword the data system questions while still gathering the same information.

Data system question

Have you had any medical problems with this or any previous pregnancy?

How can you tell when your baby is hungry or full?

How often does your baby breastfeed in 24 hours?

Your question

“Tell me about any medical problems you are having with your pregnancy? What about when you were pregnant before?”

“What are some ways that she lets you know she’s ready to eat? How does she act when she is done eating?”

“How many times a day is she letting you know she’s ready to breastfeed?”

Learning activity



Practice re-writing the assessment questions from the data system in your own words.

- What foods, if any, do you avoid for health or other reasons?
- What is your plan for introducing infant cereal and baby foods to your baby?
- How well does your child feed himself/herself?

Change these close-ended assessment questions into open-ended questions.

- Is your child receiving fluoride?
- If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?
- Have you had any medical problems with this or any previous pregnancy?
- Do you eat raw or undercooked meat, poultry, fish or eggs?

The importance of accuracy

It is your job during a certification to make sure that all of the correct nutrition risks are assigned.

Check, check, double check!

- ✓ You must make sure that all measurements are taken accurately and correctly entered into the data system, so the correct risks are selected.
- ✓✓ You must make sure you get accurate information from the participant and select the correct response in the data system.
- ✓✓✓ You must use critical thinking and review what you have entered in the data system, then make any necessary corrections or assign any risks.

You have to know what is a risk and what isn't

In order to know what **a nutrition risk is**, you need to know what is **not** a nutrition risk. That means comparing what is considered “within normal limits” to what you learn from the participant, then plan. You need to know a lot about nutrition and the risks to complete an assessment and assign a risk.

Don't worry! Your training supervisor will work with you to complete the required training on normal nutrition and nutrition risks for each category, before you can assign risks.

You will be trained to understand basic nutrition and what is "within normal limits" for every WIC participant category.

Then, during an assessment, you will ask questions to gather information from the participant.

You will use **critical thinking** to compare what you learn with the criteria for each nutrition risk.

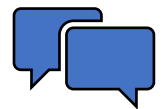
Then, you can assign the risk in the data system.

Learning activity



Work with your training supervisor to arrange a time for you to observe another certifier completing an assessment. Use the appropriate *Job Aid: Selecting Risks* for the category of participant being certified. Make note of the way the certifier asks the assessment questions.

- What did the certifier change? Wording? Order?
- What felt comfortable or natural to you?
- What would you do differently?



Talk it over

Talk with your training supervisor about any questions you have.

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behaviors, attitudes about food or feeding, actions related to food or feeding, and supplementation.

Which questions do you need to answer?

There are 2 types of questions in the data system.

1. Mandatory questions – which means you must answer them.
2. Optional questions – which means that in certain circumstances you do not need to answer them.

You must assess for all the different topics in the data system questionnaires, regardless of whether the question is mandatory to answer or not.

Learning activity



Review the 4 job aids that go with this lesson:

- *Job Aid: Selecting Risks – Pregnant*
- *Job Aid: Selecting Risks – Postpartum*
- *Job Aid: Selecting Risks – Infants*
- *Job Aid: Selecting Risks – Children*

How can you tell which questions are mandatory to answer?

How can you tell which answer selection will generate a risk automatically in the data system?

Personalizing the assessment questions

The data system provides prompts that will assist you in asking questions related to specific risks, but these are **only** prompts. They are not intended to act as a script that must be read or followed word-for-word.

- The data system questions are close-ended, because they are to collect specific answers. We know that you will learn more by asking open-ended questions.
 - It is okay to change the questions into your own words to make them open-ended.

- Even if you reword the questions, you can still select the right answer for that given question in the data system, in order to assign a risk.
- The conversation will move from open-ended questions to more specific probing questions, as you discuss their health and feeding behaviors.
- Open-ended questions encourage participants to explore their feelings and thoughts about a subject and will provide more detailed information than close-ended questions.
- It is okay to ask the questions in a different order, as long as you gather the necessary information by covering all the topic areas.
- The assessment questions are a guide, not a script. Both you and the participant will feel more comfortable having a conversation, rather than asking a series of close-ended questions.

Learning activity



Use the *Job Aid: Selecting Risks – Pregnant* to answer questions about the case study.

Case study

Sophia is 3 months pregnant. Her only child, Max, is a 2-year old child already on WIC. When she comes to your office, you smell cigarette smoke.

What would you take into consideration before you started the assessment?

Based on what you know so far, how would you change the questions in the data system?

Personalized assessment questions

When completing the assessment, you will want to use your own words to ask the questions in the data system. Here are some examples from different situations that show how you could reword the data system questions while still gathering the same information.

Data system question

Have you had any medical problems with this or any previous pregnancy?

How can you tell when your baby is hungry or full?

How often does your baby breastfeed in 24 hours?

Your question

“Tell me about any medical problems you are having with your pregnancy? What about when you were pregnant before?”

“What are some ways that she lets you know she’s ready to eat? How does she act when she is done eating?”

“How many times a day is she letting you know she’s ready to breastfeed?”

Learning activity



Practice re-writing the assessment questions from the data system in your own words.

- What foods, if any, do you avoid for health or other reasons?
- What is your plan for introducing infant cereal and baby foods to your baby?
- How well does your child feed himself/herself?

Change these close-ended assessment questions into open-ended questions.

- Is your child receiving fluoride?
- If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?
- Have you had any medical problems with this or any previous pregnancy?
- Do you eat raw or undercooked meat, poultry, fish or eggs?

The importance of accuracy

It is your job during a certification to make sure that all of the correct nutrition risks are assigned.

Check, check, double check!

- ✓ You must make sure that all measurements are taken accurately and correctly entered into the data system, so the correct risks are selected.
- ✓✓ You must make sure you get accurate information from the participant and select the correct response in the data system.
- ✓✓✓ You must use critical thinking and review what you have entered in the data system, then make any necessary corrections or assign any risks.

You have to know what is a risk and what isn't

In order to know what **a nutrition risk is**, you need to know what is **not** a nutrition risk. That means comparing what is considered “within normal limits” to what you learn from the participant, then plan. You need to know a lot about nutrition and the risks to complete an assessment and assign a risk.

Don't worry! Your training supervisor will work with you to complete the required training on normal nutrition and nutrition risks for each category, before you can assign risks.

You will be trained to understand basic nutrition and what is "within normal limits" for every WIC participant category.

Then, during an assessment, you will ask questions to gather information from the participant.

You will use **critical thinking** to compare what you learn with the criteria for each nutrition risk.

Then, you can assign the risk in the data system.

Learning activity



Work with your training supervisor to arrange a time for you to observe another certifier completing an assessment. Use the appropriate *Job Aid: Selecting Risks* for the category of participant being certified. Make note of the way the certifier asks the assessment questions.

- What did the certifier change? Wording? Order?
- What felt comfortable or natural to you?
- What would you do differently?



Talk it over

Talk with your training supervisor about any questions you have.

4-2 Job Aid: Selecting Risks – Pregnant

Selecting the answers in **Bold** assigns the risk.

*Indicates a mandatory question.

Other column - **Doc** indicates additional documentation required when the risk is assigned; **High** indicates risk level and a referral to the WIC nutritionist.

Clinical (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – pregnancy history			
*Is this your first pregnancy?	<ul style="list-style-type: none"> No Yes 	None	
*For births after 20 weeks, were any still births or neonatal deaths?	<ul style="list-style-type: none"> Yes No 	321 - History of Fetal or Neonatal Loss	
*Were any babies born at or before 38 weeks?	<ul style="list-style-type: none"> Yes No 	311 - History of Preterm Delivery	
*Did any of your babies weigh 5 lb 8 oz or less at birth?	<ul style="list-style-type: none"> Yes No 	312 - History of Low Birth Weight	
*Did any of your babies weigh 9 lb or more at birth?	<ul style="list-style-type: none"> Yes No 	337 - History of a Large for Gestational Age Infant	
*What was the date that your last pregnancy ended?	Enter date	None	
*Are there less than 18 months between the end of the last pregnancy and the beginning of this pregnancy?	<ul style="list-style-type: none"> Yes No 	332 - Closely Spaced Pregnancy	
Topic – prenatal care			
*When did you start going to a doctor or a clinic for prenatal care for this pregnancy?	<ul style="list-style-type: none"> No care yet, in the first trimester (1st, 2nd, 3rd month) No care yet, in the second or third trimester (4th-8th month) 	334 - Lack of or Inadequate Prenatal Care	Doc
Topic – health concerns			
Tell me about your health and pregnancy.	Type in response	None	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
*Have you had any medical problems with this or any previous pregnancy?	<ul style="list-style-type: none"> • Yes • No 	Medical risks selected by certifier from pop-up	High
Do you take any medications now?	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions • Yes, but no known nutritional impact • No 	357 - Drug Nutrient Interaction	High Doc

Environmental (Health history)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic - Smoking			
*Do you smoke cigarettes now?	<ul style="list-style-type: none"> • Yes • No 	371 - Maternal Smoking	
*How many cigarettes do you smoke per day?	Enter number	None	
Does anyone living in your household smoke inside the home?	<ul style="list-style-type: none"> • Yes • No 	904 - Exposure to Environmental Tobacco	
Topic – alcohol and drugs			
*Have you had any beer, wine, or hard liquor to drink during this pregnancy?	<ul style="list-style-type: none"> • Yes • No 	372 - Alcohol or Substance Use	Doc
*How many drinks do you have per week?	Enter number	None	
*Have you used any drugs during this pregnancy?	<ul style="list-style-type: none"> • Yes • No 	372 - Alcohol or Substance Use	Doc
Topic - safety			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you?	<ul style="list-style-type: none"> • Yes • No • Unable to ask question 	901 – Recipient of abuse	
Topic – feeding plans			
How do you plan to feed your baby after he or she is born?	<ul style="list-style-type: none"> • Breastfeed • Breastfeed and formula feed • Formula feed • Undecided 	None	
What have you heard about breastfeeding?	Type in response	None	

Dietary (Diet assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – prenatal nutrition			
*What changes have you made to your eating habits since becoming pregnant?	Type in response	None	
What have you heard about eating during pregnancy?	Type in response	None	
Topic – meal pattern			
Thinking about a typical day, what meals and snacks and beverages would you have?	Type in response	None	
Topic – nutrition concerns			
How do you feel about the weight changes you have had with this pregnancy?	Type in response	None	
Have you had any discomforts with eating during this pregnancy?	<ul style="list-style-type: none"> • No • Yes <ul style="list-style-type: none"> ○ Nausea and/or vomiting ○ Constipation ○ Heartburn ○ Poor appetite ○ Other, please list 	None	
What foods, if any, do you avoid for health or other reasons?	Type in response	None	
Are you on a low calorie or restricted diet?	<ul style="list-style-type: none"> • No • Vegan • Macrobiotic • Low carbohydrate, high protein • Other, please list 	427.2 - Eating Very Low Calorie or Nutrient Diets	Doc
Do you eat anything that is not food?	<ul style="list-style-type: none"> • No • Yes, please list 	427.3 - Pica	Doc
Topic – food security			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> No Yes 	None	
Topic – food safety			
Do you eat raw or undercooked meat, poultry, fish or eggs?	<ul style="list-style-type: none"> No Yes 	427.5 Eating Potentially Harmful Foods	Doc
Do you use unpasteurized dairy products or juice?	<ul style="list-style-type: none"> No Yes 	427.5 Eating Potentially Harmful Foods	Doc
Topic - supplements			
What vitamins or other supplements do you take?	<ul style="list-style-type: none"> Vitamin or supplement with iron and iodine None or supplement without iron and iodine Unknown 	427.4 - Inadequate Iron, Iodine or Folic Acid Supplementation	

4-2 Job Aid: Selecting Risks – Children

Selecting the answers in **Bold** assigns the risk.

*Indicates a mandatory question.

Other column - **Doc** indicates additional documentation required when the risk is assigned; **High** indicates risk level and a referral to the WIC nutritionist.

Clinical (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – health			
Tell me about your child’s health.	Type in response	None	
*Does your child have any health problems or medical concerns?	<ul style="list-style-type: none"> • Yes • No 	Medical risks selected by certifier from pop-up	High
What has your dentist said about your child’s dental health?	<ul style="list-style-type: none"> • No oral health conditions • Diagnosed with oral health conditions 	381 – Oral Health Conditions	Doc
Is your baby taking any medicine now?	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions • Yes, but no known nutritional impact • No 	357 - Drug Nutrient Interaction	High Doc
Topic – immunizations			
*Are DTaP vaccines up to date?	<ul style="list-style-type: none"> • Yes, record reviewed • No, record reviewed, referral made • Unknown, no record available, referral made • Older than 24 months, no screening 	None	

Environmental (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic –smoking			
Does anyone living in your household smoke inside the home?	<ul style="list-style-type: none"> • Yes • No 	904 - Exposure to Environmental Tobacco	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic - safety			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your child?	<ul style="list-style-type: none"> • Yes • No • Unable to ask question 	901 – Recipient of abuse	

Dietary (Diet Assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – breastfeeding history (age 12 to 23 months)			
*Are you breastfeeding your child now?	<ul style="list-style-type: none"> ▪ No ▪ Yes 	None	
*If breastfeeding: How many times does your baby breastfeed in 24 hours?	<ul style="list-style-type: none"> ▪ Numeric 	None	
*If not breastfeeding: How long did you breastfeed?	<ul style="list-style-type: none"> ▪ Length of time 	None	
*At what age did you start giving formula to our child?	<ul style="list-style-type: none"> ▪ Age 	None	
Topic – mealtimes			
*Tell me about mealtimes in your home.	Type in response	None	
*What is mealtime like for you and your family?	Type in response	None	
What is going well or is challenging at mealtimes?	Type in response	None	
How many meals and snacks does your child usually eat each day?	<ul style="list-style-type: none"> ▪ Numeric 	None	
Who decides when, how much or what your child eats?	Type in response	None	
What happens if your child does not eat the food that is offered?	Type in response	None	
Besides home, where else does your child eat?	Type in response	None	
How well does your child eat in places other than home?	Type in response	None	
Topic – feeding skills			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
How well does your child feed himself/herself?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ No self feeding 	425.4 - Inappropriate Feeding Practices	Doc
What does your child use when drinking?	<ul style="list-style-type: none"> ▪ Cup or glass ▪ Sippy cup ▪ Cup and bottle before age 14 months ▪ Bottle after 14 months of age 	425.3 – Inappropriate Use of Bottles, Cups and Pacifiers	Doc
If your child is using a bottle, what is your plan for weaning?	Type in response	None	
Topic – food selection			
*Tell me about feeding your child.	Type in response	None	
What type of milk does your child usually drink?	Type in response	None	
What type of milk does your child usually drink?	<ul style="list-style-type: none"> • Whole milk or 2% • Goat’s milk • WIC approved soy beverage • Non- fat or 1% milk • Inadequately fortified rice, soy or almond beverages 	425.1 – Inappropriate Beverage as Milk Source	Doc
What beverages other than milk does your child usually drink?	<ul style="list-style-type: none"> • Non-sweetened beverages • Sweetened beverages • Both sweetened and non-sweetened beverages 	425.2 – Feeding Sweetened beverages	Doc
What are some of your child’s favorite or least favorite foods?	Type in response	None	
How willing is your child to try new foods?	Type in response	None	
What foods do you usually offer to your child?	<ul style="list-style-type: none"> • Offering a variety of age appropriate foods • Not offering variety of age appropriate foods 	425.4 - Inappropriate Feeding Practices	Doc
How do you involve your child in choosing foods for meals and snacks?	Type in response	None	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – food security			
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> • Yes • No 	None	
Topic – food safety			
Does your child eat raw or undercooked meat, poultry, fish or eggs?	<ul style="list-style-type: none"> • No • Yes 	425.5 – Feeding Potentially Harmful Foods	Doc
Does your child drink unpasteurized milk or juice?	<ul style="list-style-type: none"> • No • Yes 	425.5 – Feeding Potentially Harmful Foods	Doc
Topic - supplements			
Is your child receiving a vitamin D supplement?	<ul style="list-style-type: none"> • Yes • No but drinks 1 quart of milk per day • No • Unknown 	425.8 – Inadequate Fluoride and Vitamin D Supplementation	
Is your child receiving fluoride?	<ul style="list-style-type: none"> • Yes, fluoridated water or fluoride supplements • No • Unknown 	425.8 – Inadequate Fluoride and Vitamin D Supplementation	
What vitamins or other supplements does your child take?	Type in response	None	

4-2 Job Aid: Selecting Risks – Infants

Selecting the answers in **Bold** assigns the risk.

*Indicates a mandatory question.

Other column - **Doc** indicates additional documentation required when the risk is assigned; **High** indicates risk level and a referral to the WIC nutritionist.

Clinical (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic –health and growth			
Tell me about your baby’s health.	Type in response	None	
*Does your baby have any health problems or medical concerns?	<ul style="list-style-type: none"> • Yes • No 	Medical risks selected by certifier from pop-up	High
How do you feel about your baby’s growth?	Type in response	None	
Is your baby taking any medicine now?	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions • Yes, but no known nutritional impact • No 	357 - Drug Nutrient Interaction	High Doc
Topic – immunizations			
*Are DTaP vaccines up to date?	<ul style="list-style-type: none"> • Yes, record reviewed • No, record reviewed, referral made • Unknown, no record available, referral made • Younger than 3 months, no screening 	None	

Environmental (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic - smoking			
Does anyone living in your household smoke inside the home?	<ul style="list-style-type: none"> • Yes • No 	904 - Exposure to Environmental Tobacco	
Topic – mother’s history			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
*Was the baby's mom on WIC during the pregnancy?	<ul style="list-style-type: none"> • Yes and baby is less than 6 months old • No and baby is less than 6 months old • Baby is older than 6 months • Unknown 	701 - Infant Born to WIC Mom or WIC Eligible Mom	
If the baby's mother was not on WIC during her pregnancy, did she have any risks during her pregnancy that would have qualified her for WIC?	<ul style="list-style-type: none"> • Yes, and the baby is less than 6 months old, document in notes • No 	701 - Infant Born to WIC Mom or WIC Eligible Mom	Doc
Was there any use of alcohol or drugs during this pregnancy?	<ul style="list-style-type: none"> • Yes • No 	902 – Woman or Infant/Child of a Primary Caregiver with Limited Ability to make Feeding Decisions or Prepare Food	High Doc
Topic - safety			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt your baby?	<ul style="list-style-type: none"> • Yes • No • Unable to ask question 	901 – Recipient of abuse	

Dietary (Diet Assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – breastfeeding			
*How are you feeding your baby?	<ul style="list-style-type: none"> ▪ Breastfeeding ▪ Partially breastfeeding ▪ Formula feeding 	None	
*If fully breastfeeding: How often does your baby breastfeed in 24 hours?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Less than 8 feedings in 24 hours before age 2 months 	411.7 -Infrequent Breastfeeding	
If fully breastfeeding: Is your baby breastfeeding as often as he/she wants?	<ul style="list-style-type: none"> ▪ Yes ▪ No, scheduled feedings 	411.7 -Infrequent Breastfeeding	
*If partially breastfeeding: How often does your baby breastfeed in 24 hours?	<ul style="list-style-type: none"> ▪ Numeric 	None	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
*If formula feeding only: How long did you breastfeed?	<ul style="list-style-type: none"> ▪ Length of time 	None	
*If partially breastfeeding or formula feeding, at what age did you start giving formula to your baby?	<ul style="list-style-type: none"> ▪ Age 	None	
Topic – bottle feeding			
If partially breastfeeding or formula feeding, how much formula does your baby drink each day?	<ul style="list-style-type: none"> ▪ Numeric 	None	
*If offering formula, how are you preparing the formula?	<ul style="list-style-type: none"> ▪ Correct ▪ Incorrect 	411.6 – Incorrect Dilution of Formula	Doc
If using a bottle, what does your baby drink from the bottle?	<ul style="list-style-type: none"> ▪ Breastmilk and/or formula ▪ Substitute for formula or breast milk (cow’s milk, goat’s milk, soy beverage) 	411.1 – Use of Substitutes for Breast Milk or Formula	Doc
If using a bottle, what besides breastmilk or formula do you put in the bottle?	<ul style="list-style-type: none"> ▪ Breast milk, formula or water only ▪ Juice or other sweetened beverages ▪ Infant cereal ▪ Both sweetened beverages and cereal ▪ Other 	411.2 – Inappropriate Use of Bottles and Cups	Doc
If using a bottle, does your baby fall asleep with the bottle at nap or bedtime?	<ul style="list-style-type: none"> ▪ No ▪ Yes 	411.2 – Inappropriate Use of Bottles and Cups	Doc
If using a bottle at one year, what is your plan for weaning?	Type in response	None	
Topic – feeding skills (younger infants)			
How can you tell when your baby is hungry or full?	<ul style="list-style-type: none"> ▪ Recognizes appropriate cues ▪ Does not recognize cues 	411.4 – Inappropriate Feeding Practices	Doc

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
What is/was your plan for introducing infant cereal and baby foods to your baby?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Introduce early, before 6 months 	411.3 – Early Introduction of Solid Foods	
At what age did you start offering infant cereal and baby foods to your baby?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Introduce early, before 6 months ▪ Introduce late, after 8 months 	411.3 – Early Introduction of Solid Foods 411.4 – Inappropriate Feeding Practices	Doc
What baby foods have you offered?	<ul style="list-style-type: none"> ▪ Appropriate for age ▪ Inappropriate for age 	411.4 – Inappropriate Feeding Practices	Doc
What is your plan for introducing finger foods?	Type in response	None	
What is your plan for introducing a cup?	Type in response	None	
Topic – feeding skills (older infants)			
How well does your baby feed himself/herself?	<ul style="list-style-type: none"> ▪ Appropriate for age • No self feeding 	411.4 – Inappropriate Feeding Practices	Doc
How well does your baby use a cup?	<ul style="list-style-type: none"> ▪ Appropriate for age • No cup use 	411.4 – Inappropriate Feeding Practices	Doc
What finger foods do you offer your baby?	<ul style="list-style-type: none"> ▪ Appropriate for age • Inappropriate for age 	411.4 – Inappropriate Feeding Practices	Doc
Topic – food safety			
How do you handle and store expressed breast milk or leftover formula?	<ul style="list-style-type: none"> • Appropriate • Inappropriate 	411.9 – Improper Handling of Breast Milk or Formula	Doc
Does your baby eat honey, undercooked meat or drink unpasteurized juice?	<ul style="list-style-type: none"> • No • Yes 	411.5 – Feeding Potentially Harmful Foods	Doc
Topic – supplements			
Is your baby receiving a vitamin D supplement?	<ul style="list-style-type: none"> • Yes • No but drinks 1 quart of formula/day • No • Unknown 	411.11 – Inadequate Fluoride and Vitamin D Supplementation	
Is your baby receiving fluoride after age 6 months?	<ul style="list-style-type: none"> • Yes, fluoridated water or fluoride supplements • No • Unknown 	411.11 – Inadequate Fluoride and Vitamin D Supplementation	
Topic – food security			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> • Yes • No 	None	
Screened and offered infant FVB?	<ul style="list-style-type: none"> • Yes • No 	None	

4-2 Job Aid: Selecting Risks –Postpartum

Selecting the answers in **Bold** assigns the risk.

*Indicates a mandatory question.

Other column - **Doc** indicates additional documentation required when the risk is assigned; **High** indicates risk level and a referral to the WIC nutritionist.

Clinical (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – pregnancy outcome			
Tell me about your labor and delivery.	Type in response	None	
*How would you describe your health?	Type in response	None	
*For the pregnancy just completed, how many babies were delivered?	<ul style="list-style-type: none"> One More than one 	335 - Multiple Fetus Pregnancy	Doc
Did you have a Caesarean delivery?	<ul style="list-style-type: none"> Yes, less than two months ago Yes, more than two months ago No 	359 - Recent Major Surgery, Trauma or Burns	Doc
Was your baby born at or before 38 weeks?	<ul style="list-style-type: none"> Yes No 	311 - History of Preterm or Early Term Delivery	
What was your baby's birth weight?	<ul style="list-style-type: none"> Less than or equal to 5 lbs 8 ozs Between 5 lbs 8 oz and 9 lbs More than or equal to 9 lbs 	312 - History of Low Birth Weight 337 - History of a Large for Gestational Age Infant	
Topic – health concerns			
*Do you now have or during your pregnancy did you have any health conditions or medical problems?	<ul style="list-style-type: none"> Yes No 	Medical risks selected by certifier from pop-up	High

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Do you take any medications now?	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions • Yes, but no known nutritional impact • No 	357 - Drug Nutrient Interaction	High Doc

Environmental (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic - smoking			
*Do you smoke cigarettes now?	<ul style="list-style-type: none"> • Yes • No 	371 - Maternal Smoking	
*How many cigarettes do you smoke per day?	Enter number	None	
Does anyone living in your household smoke inside the home?	<ul style="list-style-type: none"> • Yes • No 	904 - Exposure to Environmental Tobacco	
Topic – alcohol and drugs			
*Do you routinely drink 2 or more servings of beer, wine or hard liquor daily?	<ul style="list-style-type: none"> • Yes • No 	372 - Alcohol or Substance Use	Doc
*Have you used any drugs since delivery?	<ul style="list-style-type: none"> • Yes • No 	372 - Alcohol or Substance Use	Doc
Topic - safety			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you?	<ul style="list-style-type: none"> • Yes • No • Unable to ask question 	901 – Recipient of Abuse	

Dietary (Diet Assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – meal pattern			
*On a typical day since you had your baby, what meals, snacks and beverages do you have?	Type in response	None	
Topic –appetite			
How would you describe your appetite?	Type in response	None	
Topic –food security			

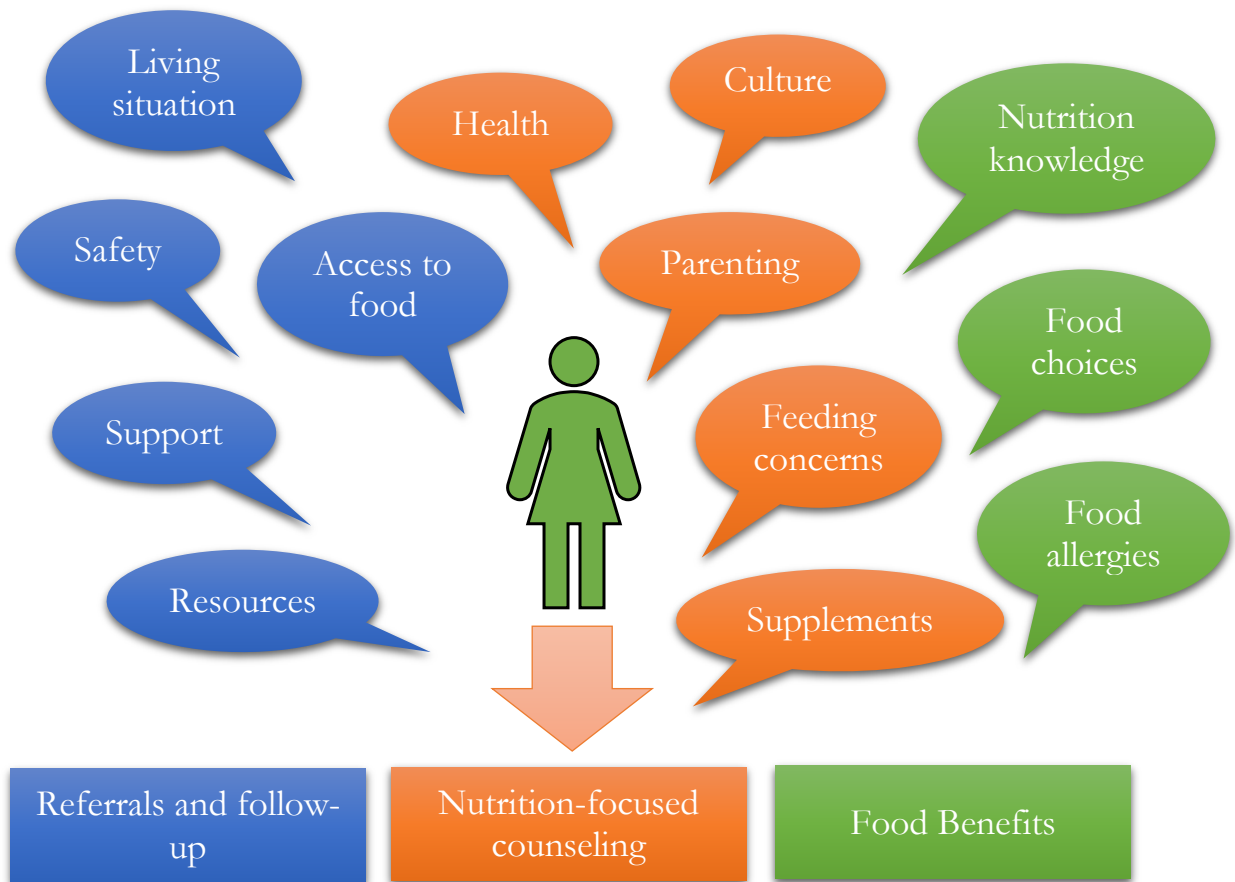
Questions in TWIST	Answers in TWIST	Risk Assignment	Other
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> • Yes • No 	None	
Topic – nutrition concerns			
How do you feel about the weight changes you have experienced since delivery?	Type in response	None	
What foods, if any, do you avoid for health or other reasons?	Type in response	None	
Are you on a low calorie or restricted diet?	<ul style="list-style-type: none"> • No • Vegan • Macrobiotic • Low carbohydrate, high protein • Other, please list 	427.2 Eating Very Low Calorie or Nutrient Diets	Doc
Do you eat anything that is not food?	<ul style="list-style-type: none"> • No • Yes 	427.3 Pica	Doc
Topic - supplements			
What vitamins or other supplements do you take?	<ul style="list-style-type: none"> • Vitamin with folic acid or folic acid supplement • None or supplement without folic acid • Unknown 	427.4 - Inadequate Iron, Iodine or Folic Acid Supplementation	

4-3 What is a complete assessment?

Complete the assessment first

Before you begin providing nutrition education, it is important to make sure you have done a thorough and complete assessment and that you have assigned all the appropriate nutrition risks. How will you know when you are done with the assessment and ready to move on to the next part of the certification? It can be difficult to tell when you have gathered all the information you need, especially when there are so few mandatory assessment questions.

You will know when the assessment is complete when you have a complete picture of what is happening with the participant, so you can provide meaningful, targeted nutrition-focused counseling, make useful referrals, and assign a food package that meets the participant needs.



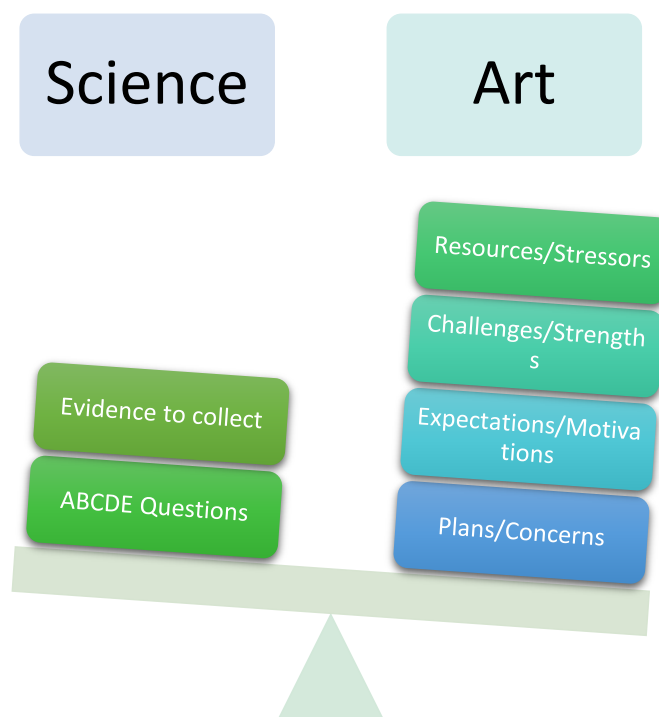
The art and science of assessment

The problem is - you could ask all the questions from the data system and still not get important information from the participant. You have to look, listen, and feel what is happening in the participant's life.

For example, the term “feeding behaviors” is used to describe everything about a person's relationship with food. Feeding behaviors are more than just what or how much a person eats on any given day. Feeding behaviors include:

- How a person feels about eating – and why they feel that way;
- What their normal meal patterns are like – and what are the reasons they eat when and what they do;
- Foods they prefer or avoid – and why they do so;
- Dietary supplements they take – and the reasons they take them;
- Foods or food habits that are specific to their culture – and how important that is to them.

The science of assessment is all the data you collect with questions. The art of assessment is when you use observation and intuition to find out why things are the way they are – and what the participant wants to do.



5 Steps to a complete assessment

The job aid from this lesson titled *Job Aid: What is a complete assessment?* summarizes the step-by-step process for doing an assessment. These steps will be explained in more detail later in this lesson.



Step 1 – Record review and greeting

Record review

Your assessment starts before you even meet the participant. The first thing you do is take a look at any information in the data system about the participant.



- If the participant has been on WIC before, review the information that is in the participant record. This gives an idea of what was going on before and what the participant was working on. Look at:
 - Risks that were assigned last time;
 - Growth trends;
 - Next steps they were working on;

- Notes or progress notes; and,
- Appointments they were scheduled for and whether they attended.
- Review the information that was gathered during the intake process (at the front desk.) This information will help you get an idea of their living situation.

Look at:

- For women and infants, look at what category was assigned to see feeding method;
- Household size and income to get an idea of family resources;
- Participation in TANF, OHP, and SNAP; and,
- Any referrals recorded at the front desk.

Greeting the participant

In previous lessons, we have talked about how important it is to engage the family and establish trust and rapport from the beginning.



This initial contact is a time to begin the assessment by using your senses to learn about what is going on with the participant or caregiver. You can't make assumptions based on what you sense, but it does give you an idea of what might need to be explored.

- Sight – what do you see when you look at the participant?
 - Do you see any visible signs of stress or strong emotion?
 - How does the participant act? Nervous, calm, tired?
 - What kind of body language are you seeing?
 - We are not talking about whether they are dressed well or not. That isn't really a good indicator of income or anything else, but children without coats in cold weather could indicate resource limitations.
- Hearing – what do you hear from the participant, caregiver, or other family members?
 - What are the interactions between the group like?
 - What is the tone of voice
- Smell – what smells, if any, do you notice?
 - Are there smells of tobacco, alcohol, or marijuana?
 - Poor hygiene may be an indicator of a difficult living situation or a mental health issue like depression.
 - Baby smells are just a normal part of WIC life, but it may give you an opportunity to offer a place to change diapers! 😊

Learning activity



Read the scenario and answer the questions.

You are about to see Sara for a new pregnancy. Her record shows that she was on WIC when she was pregnant with her daughter Lindsay, who is 14 months old. At intake, the front desk staff noted that Sara is not on OHP, but they made a referral. When Sara walks towards you in the waiting room, you notice she is scowling and very red-faced. Lindsay is with her and is crying. Sara smells strongly of cigarette smoke.

- What did you learn that applies to the prenatal assessment?
- Based on what you learned, what might you want to explore further?
- It is easy to make assumptions. What assumptions did you make that you would want to check?

Step 2 – Assess ABCDE

This is the science part of the assessment. During your conversation with a participant, you will use the data system questionnaire topics as a way to make sure you ask enough questions so that you feel like you have a complete picture of her health and normal feeding behaviors.

Risk Area	Assessment	Notes
Anthropometric	<ul style="list-style-type: none"> • Take accurate height/length and weight measurements. • Record accurately • Review growth or weight gain grids • Interpret trends 	<ul style="list-style-type: none"> • Use correct techniques for accuracy • Recheck if needed • Can use info from health care provider
Biochemical	<ul style="list-style-type: none"> • Collect accurate blood sample for hemoglobin • Record accurately • Interpret results 	<ul style="list-style-type: none"> • Use correct techniques for accuracy • Recheck if needed • Can use info from health care provider
Clinical	<ul style="list-style-type: none"> • Collect info related to all topics identified in the data system questionnaires • Review health or medical concerns or diagnosis 	<ul style="list-style-type: none"> • Review health history • Need health care provider diagnosis for specific medical conditions
Dietary	<ul style="list-style-type: none"> • Collect info related to feeding behaviors topics identified in the data system questionnaires • Open the conversation about feeding or eating habits • Attitudes (the participant/caregiver thoughts, feelings, or concerns) • Actions (what the participant/caregiver does) • Supplementation (prescribed, over-the-counter, traditional, herbal) 	<ul style="list-style-type: none"> • Review diet assessment and note if whole groups of foods are avoided or limited • Compare intake to norms for category and age • Note development of feeding skills for infants and children • Consider feeding relationships and family mealtimes
Environmental	<ul style="list-style-type: none"> • Collect info related to all topics identified in the data system questionnaires • Review family health habits and living situation 	<ul style="list-style-type: none"> • Consider family stressors, i.e. income, homelessness, domestic violence • Consider family resources, strengths and supports

Diet Assessment

Because WIC is focused on nutrition, we need to find out more about the **Dietary** part of the assessment. For the sake of simplicity, we have identified 3 basic topic areas to describe feeding behaviors: **attitudes, actions, and supplementation**. You need to make sure that you cover these 3 basic topic areas during your diet assessment.

Since you **do not** need to ask every question on the data system questionnaire, you will need to ensure your questions, and the participants' responses, fall into the 3 basic topic areas: attitudes, actions and supplementation. The question prompts in the data system act as a reminder to cover these topics. The questionnaires start by offering broad open-ended questions, then move toward more specific questions and probes. As the participant talks, you will hear clues about potential dietary risks.

Attitudes

This broad topic area addresses what the participant **thinks** or **feels** about their own or their child's food choices and overall diet.

When talking to a participant you might hear them talk about their appetite, or about how they feel about certain foods or entire food groups. They may express concerns about what their child is eating, or about getting the right nutrients. The participants' attitudes about food and feeding will give you your first clues about what to ask about next.

Actions

This topic area relates to a participant's actions related to food. These actions address what the participant **does**, rather than what they think. They might talk about how often they eat, foods their children like or dislike, or what they eat or tries to avoid eating. The participant may talk about how, or what, they feed their children. The participant may also talk about foods typical of their culture or what they eat during cultural or religious events.

Supplementation

When a participant shares information about any **vitamins** or **minerals** that have been prescribed by their health care provider for themselves or their child, we refer to this as supplementation. The participant may also talk about over-the-counter **vitamins, herbs, botanical remedies, herbal teas**, or items purchased at a health food store.

The specific information discussed with a participant about each of these broad topic areas (**actions**, **attitudes**, and **supplementation**) varies from one category to the next.

Step 3 – Dig deeper

Critical thinking

Only after gathering **all** of the information will you be able to decide whether or not to assign a risk, and if your assessment is complete. Use these questions to determine if your assessment is complete:



- Think about the possible risks for the participant’s category and whether you heard the caregiver speak about those topics.
- Think about what you have seen and heard. Ask yourself: does the information make sense? If not, why doesn’t it make sense?
- Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- Is there any other information you need in order to complete the assessment?
- Do you need to ask any probing questions to learn more about a particular issue that was raised by the participant?
- **Have you missed any opportunities to learn more?**

Using OARS to gather more information

To make sure you have a clear understanding of what was said, you will sometimes need to follow up to get more information from the participant. Using OARS skills will help you explore their concerns, motivations, expectations, strengths and challenges. Depending on the participant’s answer to your initial question, you can use additional reflections, summaries, and probing questions to get more information.

Open-ended extending probes – Ask the participant to tell you more about what she just said.

“So, Jamie, what are your plans for introducing Tyson to solid foods?”

“What else have you heard about weaning from the bottle, Monique?”

“Sara, tell me more about the special diet you are on?”

Open-ended clarifying probes – Ask the participant to clarify what she said.

“Marge, tell me why you are pretty sure Maggie is allergic to milk?”

“Homer, what are your reasons for avoiding those foods?”

Reflections as probes – Restate what the participant said so they know you heard them. It encourages them to say more. Reflections work well to learn about concerns, motivations, and challenges.

“So, Simone, you don’t think Patrick will eat any vegetables.”

“You’re worried about what will happen when you start to wean Kira.”

Redirecting probes – Direct the participant to explore a different but related concern.

“Other than your concern about Tyler’s allergies, is there anything else that worries you about what he is eating?”

“What has the doctor told you about starting solids?”

Summaries as probes – Summarizing what you heard will allow the participant to clarify or add on to what was already said.

“You’ve mentioned grabbing the spoon, sitting up, and pointing at your food. What else are you noticing?”

“Common dinners are tacos, hot dogs, soup, and noodles. What else does Leo eat at dinner?”

Close-ended questions - Sometimes you need specific information in order to correctly assign a risk. In those situations, you may need to ask a close-ended question to get a specific answer.

“Is your child taking fluoride?”

Read an example:

In time, you will be able to personalize the assessment questions, so that the process feels more natural for both you and the participant. You may be thinking, “How do I know when I need to ask more probing questions?” The answer is quite simple - once you get the information you need, move on! Let’s look at a scenario that demonstrates how it might look.

Certifier: Tai, now that you are pregnant, how is eating going for you? (Open-ended question)

Tai: Not so good.

Certifier: I’m sorry to hear that. Can you tell me a bit about your concerns? (Probing question)

Tai: Well, I can’t seem to keep anything down...I get sick all the time.

Certifier: That’s too bad. How are you dealing with being sick all the time? (Probing question)

Tai: I try to nibble on some saltines. That’s seems to be the only food I can stomach.

Certifier: So it sounds like you are not able to eat very much.
[CPA mentally compares what Tai is saying to Tai’s reported weight gain and notes that her weight gain is a little lower than ideal.] (Critical thinking)

What does your doctor say about your nausea and weight gain? (Probing question)

Tai: The doctor was the one that suggested the crackers. He said that this is pretty normal for the first part of a pregnancy and not to worry if I don’t gain much at first. He thinks I will make up for it later.

Certifier: I bet you were glad to hear that! So Tai, given how you are feeling, are you taking any vitamins to supplement your diet? (Close-ended question)

Tai: I have tried, but unfortunately, I usually end up throwing them up too.

Learning activity



For each of the following scenarios, develop a probe using an OARS skill that will allow you to dig deeper and gather more information from the participant. You can use the *Job Aid: Probing Questions* for ideas.

Certifier: “What do you like about the way you eat?”

Participant: “I eat a lot.”

Certifier probe:

Certifier: “What concerns do you have about the way your baby eats?”

Participant: “I worry that she is not eating enough.”

Certifier probe:

Step 4 – Assign risks and document assessment

After your conversation with the participant, you will use your critical thinking skills to confirm if you have:

- Identified all possible risks;
- Reviewed the risks listed in the data system and made sure they are correct;
- Confirmed that all the risks you identified are assigned in the data system; and,
- Documented the information needed to support any risks you have assigned.
 - This includes documenting what information you assessed that did not result in a risk.
 - Documentation may include putting answers to questions in the data system or entering a note.



Step 5 – Decide on topics for nutrition-focused counseling

Remember that one of the purposes of an assessment is to guide nutrition education. By doing a **complete** assessment you get a better understanding of any possible issues, and what is of greatest interest or concern to the participant. You will use the information you gathered to provide relevant participant-centered nutrition education.

- What topic(s) would you propose to the participant as a priority for nutrition-focused counseling?
- What anticipatory guidance would be appropriate?
- How could this information lead to next steps?
- What referrals or follow-up might be useful?

Learning activity



Read the following assessment scenario and answer the questions that follow.

Certifier: So Kaitlin, tell me about how your eating has changed since you became pregnant?

Kaitlin: Well, I used to have coffee and a bagel for breakfast and then just grab whatever during the day. Now that the baby is coming, I'm trying to make sure I eat more often throughout the day. I'm eating a lot more than I used to.

Certifier: That's great that you see the connection between your diet and the health of your baby! How well do you think the amount that you are eating is supporting the amount of weight you need to gain for this pregnancy?

Kaitlin: My doctor says he's happy with my weight gain, so I am just enjoying myself really.

Certifier: That's great. Yes, I see that your weight today does put you in the normal range of weight gain. So, what kinds of foods are you enjoying eating?

Kaitlin: I am really enjoying fruits... I can't get enough of them. Besides that, I am pretty much eating the same diet as before, just more of it.

Certifier: I sure am glad to hear you are enjoying fruits so much. Tell me, is there anything out of the ordinary you seem to be craving?

Kaitlin: Not unless you count chocolate.

Certifier: No, that seems pretty ordinary to me! Do you have anything else you would like to discuss today?

Kaitlin: Now that you mention it, I do miss my morning cup of coffee. Do I need to totally eliminate caffeine from my diet?

- Based on the dietary section of *Job aid: Selecting Risks – Pregnant*, would you consider this a complete assessment?
- What other dietary topics still need to be assessed? What do you think are Kaitlin’s concerns, motivations, challenges, etc.?
- What probes were used to dig deeper? What additional probes would you use?
- What missed opportunities to learn more and dig deeper did you notice?
- What should be documented in the data system?
- What topic would you propose to Kaitlin as a priority for nutrition-focused counseling?

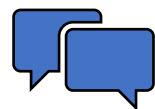
Learning activity



Arrange with your training supervisor to observe a certification. Use the *Job Aid: What is a complete assessment?* to follow the steps of the assessment.

- What risks were identified?
- How did the certifier know it was an appropriate risk?
- What was documented in the data system?

Talk it over



After completing this lesson and the certification observation, talk with your training supervisors about the learning activities and any questions you have.

4-3 Job Aid: What is a complete assessment?

Assess **first**, before you take any other action

Before you offer any nutrition-focused counseling or anticipatory guidance or assign a food package, you must complete the assessment.

Five steps for completing an assessment

Step 1: Record review and greeting

- If available, review participant record from previous appointments, e.g. risks, next steps, documentation, plans, appointment history
- Review information gathered at intake, e.g. category, income, resources being utilized (e.g. OHP, SNAP, TANF), migrancy, homeless status, referrals made
- Greet participant and look for visual or non-verbal clues

Step 2: Assess ABCDE

- You must assess each of these areas (see the table for details):
 - A = Anthropometrics
 - B = Biochemical
 - C = Clinical
 - D = Dietary
 - E = Environmental
- Topics to be explored in the clinical, dietary, and environmental areas are listed at the end of the job aid.

Risk Area	Assessment	Notes
Anthropometric	<ul style="list-style-type: none"> • Take accurate height/length and weight measurements. • Record accurately • Review growth or weight gain grids • Interpret trends 	<ul style="list-style-type: none"> • Use correct techniques for accuracy • Recheck if needed • Can use info from health care provider
Biochemical	<ul style="list-style-type: none"> • Collect accurate blood sample for hemoglobin • Record accurately • Interpret results 	<ul style="list-style-type: none"> • Use correct techniques for accuracy • Recheck if needed • Can use info from health care provider
Clinical	<ul style="list-style-type: none"> • Collect info related to all topics identified in the data system questionnaires • Review health or medical concerns or diagnosis 	<ul style="list-style-type: none"> • Review health history • Need health care provider diagnosis for specific medical conditions
Dietary	<ul style="list-style-type: none"> • Collect info related to feeding behavior topics identified in the data system questionnaires • Open the conversation about feeding or eating habits • Attitudes (the participant/caregiver thoughts, feelings, or concerns) • Actions (what the participant/caregiver does) • Supplementation (prescribed, over-the-counter, traditional, herbal) 	<ul style="list-style-type: none"> • Review diet assessment and food groups being limited or excluded • Compare intake to norms for category and age • Note development of feeding skills for infants and children • Consider feeding relationships and family mealtimes
Environmental	<ul style="list-style-type: none"> • Collect info related to all topics identified in the data system questionnaires • Review family health habits and living situation 	<ul style="list-style-type: none"> • Consider family stressors, i.e. income, homelessness, domestic violence • Consider family resources, strengths and supports

Step 3: Dig deeper

- Use **critical thinking** to review information you have gathered from the participant and identify any missed opportunities to learn more
- Use participant centered counseling skills such as OARS to gather more information
- Find out about caregiver plans, expectations, concerns, and motivations
- Explore family resources, strengths, and challenges

Step 4: Assign risks and document assessment

- Use **critical thinking** to review assigned risks and make sure they are correct and complete
- Assign any additional nutrition risks needed based on risk criteria
- Document assessment information in the data system

Step 5: Decide on topics for nutrition-focused counseling

- Once you have done a complete and thorough assessment, you are ready to provide nutrition-focused counseling, anticipatory guidance, referrals, and the appropriate foods!

Clinical topics to explore during Step 2 of the assessment

	Women	Infants	Children
Opening	<ul style="list-style-type: none"> • Current health status (Tell me about your pregnancy/labor and delivery.) 	<ul style="list-style-type: none"> • Current health status (Tell me about your baby's health.) 	<ul style="list-style-type: none"> • Current health status (Tell me about your child's health.)
Health	<ul style="list-style-type: none"> • General health history • Past pregnancies and postpartum periods • Medication use • Prenatal care • Postpartum checks 	<ul style="list-style-type: none"> • Health history • Growth • Medications • Well child checks • Access to medical care • Immunizations (screen for DTaP) 	<ul style="list-style-type: none"> • Health history • Growth • Dental health • Medications • Well child checks • Access to medical care • Immunizations (screen for DTaP)
Common concerns	<ul style="list-style-type: none"> • Weight management • Physical changes • Energy levels 	<ul style="list-style-type: none"> • Physical development (rolling, sitting, crawling) • Social development (bonding, engaging, interactions) • Sleep patterns 	<ul style="list-style-type: none"> • Physical development (walking, coordination, toilet training) • Cognitive development (colors, numbers, letters) • Language skills

Dietary topics to explore during Step 2 of the assessment

	Women	Infants	Children
Opening	<ul style="list-style-type: none"> Eating habits (Tell me how you are eating.) 	<ul style="list-style-type: none"> Feeding (How are you feeding your baby? Tell me about feeding your baby.) 	<ul style="list-style-type: none"> Eating habits (Tell me about feeding your child.)
Attitudes	<ul style="list-style-type: none"> Eating issues Interest in eating Appetite Nutrition knowledge 	<ul style="list-style-type: none"> Breastfeeding success/concerns Feeding relationship Recognition of feeding cues Interaction during bottle feeding (propping, etc.) 	<ul style="list-style-type: none"> Feeding relationship Feeding concerns Support for independent eating Division of responsibility Recognition of hunger/fullness
Actions	<ul style="list-style-type: none"> Eating behaviors Meal patterns Food preferences Food fads Food avoidance Cultural issues Food safety Milk type and intake Food security 	<ul style="list-style-type: none"> Feeding behaviors Developmental stages Frequency of feeding Breastfeeding skills Preparation of formula Formula type and tolerance Appropriate introduction of solids/cup Progression of textures/Finger foods Food safety 	<ul style="list-style-type: none"> Feeding behaviors Developmental stages Meal patterns Weaning, use of cup/bottle Self-feeding Food preferences Food avoidance Food safety Milk type and intake Food security
Supplements	<ul style="list-style-type: none"> Use of vitamin or mineral supplements Herbal or traditional supplements 	<ul style="list-style-type: none"> Use of fluoride or Vitamin D supplements Herbal or traditional supplements 	<ul style="list-style-type: none"> Use of fluoride or Vitamin D supplements Herbal or traditional supplements

Environmental topics to explore during Step 2 of the assessment

	Women	Infants	Children
Opening	<ul style="list-style-type: none"> • Living situation (Tell me about your household.) 	<ul style="list-style-type: none"> • Living situation (Tell me about your baby's home) 	<ul style="list-style-type: none"> • Living situation (What is your child's home like?)
Smoking	<ul style="list-style-type: none"> • Tobacco • Marijuana • Vaping 	<ul style="list-style-type: none"> • Second hand smoke exposure (smoking in the home or car) 	<ul style="list-style-type: none"> • Second hand smoke exposure (smoking in the home or car)
Substance use	<ul style="list-style-type: none"> • Alcohol • Opioids • Illicit or illegal drugs 	<ul style="list-style-type: none"> • Parental substance use 	<ul style="list-style-type: none"> • Parental substance use
Home	<ul style="list-style-type: none"> • Stability of household • Support systems • Access to resources • Breastfeeding status • Number of children 	<ul style="list-style-type: none"> • Family (siblings, parents, extended family) • Care providers (parents, daycare, etc.) • Stability of household • Mom on WIC during pregnancy 	<ul style="list-style-type: none"> • Family (siblings, parents, extended family) • Care providers (parents, daycare, preschool etc.) • Stability of household
Safety	<ul style="list-style-type: none"> • Domestic violence 	<ul style="list-style-type: none"> • Physical safety • Emotional support • Nurturing • Parenting style 	<ul style="list-style-type: none"> • Physical safety • Emotional support • Discipline • Parenting style

4-3 Job Aid: Probing Questions

Dig deeper and get more information from the participant

General

- Tell me more about that.
- Tell me about what that was like.
- Is there anything about _____ you would like to be sure to discuss today?
- What have you tried? What has worked?
- What happens when _____?

Motivation, concerns, challenges, support

- Tell me how this could affect you (your baby, your pregnancy, breastfeeding, your child).
- What is influencing your confidence about _____? (Breastfeeding, making a change, trying this with your child, weaning, etc.)
- Tell me why you are or are not confident about _____.
- Tell me about your plans for _____.
- What sort of help or support do you need?
- Tell me more about this feeling.
- How do you cope when you are _____?
- What do you do when _____?
- What do you know to be true for you?
- At what weight did you feel most healthy?

Clinical

- Tell me what your doctor has told you.
- What changes has your doctor recommended?
- What does your doctor think about that?
- For what condition do you take this?
- What have you discussed with your doctor?
- How are you managing the (discomfort)?

Dietary

- Tell me about these foods.
- Tell me about your usual meal pattern?
- What do you like about the way (the person) eats?
- What are your child's most/least favorite foods?
- What are your reasons for limiting or avoiding these foods?
- How do you choose which foods to offer to your child?
- What does meal time look like at your house?
- Are there any special food practices associated with your heritage/culture?
- How has (the concern) affected your eating?
- How is that food prepared?
- How do you feel when your child _____?
- What was mealtime like for you as a child?
- How do you want mealtime to be like in your home?

Environmental

- What resources do you use to help with that?
- What would you like to change, if anything, about that situation?
- What supports do you have?
- Who do you turn to?

4-4 Assessment variables

What kind of variables are there?

Many things can make completing an assessment a little more challenging. This lesson covers some of the more common situations you may encounter during assessments.

- Variations in risks – routine/not routine, appropriate/inappropriate
- Participants speaking other languages or using interpreters
- Diagnosis from the health care provider
- Focusing on the computer, not the person
- Getting sidetracked
- Growth grids – explain or not?
- Breast pump issuance
- Participant’s living situation or stressors
- Mandatory reporting

Variations in risks

Some risks are more difficult to assess than others. If a person has been diagnosed by their health care provider with a specific disease, it is easy to say they have a particular risk based on that diagnosis. If their hemoglobin falls below a certain level, the data system will assign the risk for you.

Some risks are not as clear cut because they are based on the participant’s behavior related to food. These behaviors might change every day. What, where, when and how a person eats or feeds their child changes from one day to the next. Certifiers will have to get clarification from the participant, interpret what the participant says, and use critical thinking to determine if they have a particular risk. The risk criteria use certain terms which indicate that a risk is not clear-cut.

“Routine”

Many risk descriptions use the word “routine.” What does routine mean? A routine behavior is one that happens on a regular basis. It means the behavior is habitual, something that is repeated, or is a standard procedure. If a behavior only happened once, or happens rarely, and doesn’t impact the participant’s health, then it would not be considered routine, and therefore, would not be a risk.

These are routine:

“I always put him to bed with a bottle.”

“The only thing Lexie drinks from a cup is Kool-Aid.”

“I never let Shanie use the spoon. She is just too messy.”

These are NOT routine:

“She tried Pepsi once, and really didn’t like it.”

“Even though he is a year old, his grandma still treats him like a baby and gives him baby foods sometimes.”

“Since she is so close to a year old, we have been giving her a little whole milk in the cup every once in a while.”

Critical Thinking: Since “routine” can vary from situation to situation, it is very important to ask probing questions to get more information from the caregiver. That will help you find out if the feeding behavior is routine and decide if you need to assign the dietary risk or not.

“Appropriate” and “Inappropriate”

Two other words that are not clear-cut are the words “appropriate” or “inappropriate”. What is appropriate for one participant could be inappropriate for another. Appropriate feeding practices are matched to the person’s age, development,

and abilities. For example, giving a bottle to an infant is appropriate for that age and developmental stage. Giving a bottle to a healthy three-year old would be inappropriate for that age and developmental stage.

There are many variables to consider when determining if something is appropriate or not. Since children develop at different rates, they can be developmentally ready for feeding changes at very different times. Illness or special health care needs can also impact what is appropriate for a child at any given time. You will learn more about what is appropriate for each participant category by completing other training modules, such as the [Infant Feeding and Nutrition Module](#).

Critical Thinking: Talk with the WIC nutritionist or a more experienced CPA if you are unsure whether a feeding behavior is appropriate or not. Your agency’s WIC nutritionist can answer your questions about what is appropriate for children with special health care needs.

Learning activity

Use *Risk Info Sheets 411.1 – Use of Substitutes for Breast Milk or Formula* and *411.3 Early Introduction of Solid Foods* to answer the questions for the following scenarios. Discuss your answers with your training supervisor.

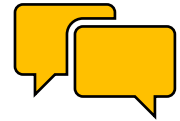


1. Leslie is in your office today with her 6-month old, Chloe. Leslie says, “I run out of formula by the end of the month, so I have to give Chloe cow’s milk for about a week every month.”
 - What probing questions might you ask?
 - Would you consider this to be routine?

2. Esmeralda and her 8-month-old son, Jaime, are seeing you today. Esmeralda says, “Jaime’s dad says that baby cereal tastes pretty bad by itself, so when he feeds him, he puts in a little sugar to make it taste better. He watches Jaime when I work on the weekend and gives him cereal then.”
 - What probing questions might you ask?
 - Would you consider this to be routine?

Participants speaking other languages or using interpreters

You must be able to communicate clearly with a participant or their caregiver to complete an assessment. If a participant only or primarily speaks a language that you do not speak, you will need to use an interpreter. Interpreters are specially trained to translate the conversation word-for-word. Sometimes you may have to use a language line for interpreter services.



Any conversation can be more challenging when you are using an interpreter. If you use an interpreter when doing an assessment, you will need to plan for more time on probing questions, to make sure you have all the information needed from the participant.

Tips for using an interpreter

- Spend a few minutes with the interpreter at the beginning of the certification to let them know how you plan to proceed.
- Ask the interpreter to give you as much of the participant's answer word-for-word as possible.
- Address your questions to the participant, not the interpreter.
- Give the interpreter plenty of time to listen to the participant's answer.
- Use probing questions to get details.

Other kinds of translations

- If you are bi-lingual and you are using a language other than English to talk with participants, it may help to write out your questions in the language you plan to speak before you talk to the participant, if you are able.
- It is not a good idea to use a family member, especially a child, as a translator. They will naturally try to answer for the person or will “edit” their answer. A child may not understand what is being talked about. Always offer interpreter services in those situations.

Learning activity



Ask your training supervisor about the interpretation services you might use for completing certifications.

Diagnosis from health care provider

It is important to determine that a doctor has diagnosed a health condition, not that the participant just believes that she or their child has the condition. It is **not** required to have a **note** from the doctor stating the diagnosis.



Specific questions to ask the participant when they self-report a health condition include:

- Are you seeing a doctor for the condition?
- How long have you had this condition?
- Can we contact your doctor to find out more about your condition? (Follow policy about getting a signed release of information.)
- What type of medication are you taking for the condition?
- Has your doctor prescribed a special diet for this condition?

Learning activity



How would you ask a participant or caregiver about how they were diagnosed?

Focusing on the computer, not the person

When you begin doing assessments it is very easy to focus on the computer screen rather than listening carefully to what the participant has to say. Getting so focused on entering data into the computer will cause you to miss opportunities to dig deeper. With practice, your conversation will be more participant-focused and less computer-focused.



One thing that can help is to write notes from your conversation on a piece of paper and then enter that information into the data system at the end of your assessment. The *Job Aid: Conversation Tracking Tool* can be used to keep track of information you hear during the assessment.

Learning activity



Ask your training supervisor to arrange for an observation. Use the *Job Aid: Conversation Tracking Tool* to make notes about what you heard during the assessment.

Getting sidetracked

It is often difficult to focus on completing an assessment when so many things are going on in your office. And any time you are seeing people, there can be things going on – active kids, distracted caregivers, or crying infants. Thinking about how you will handle those distractions before they happen will help you stay focused. Here are some ideas to help.



Distraction	Ideas for handling the distraction
Active children	<ul style="list-style-type: none">• Include the child in the assessment by asking them questions• Offer toys or books
Crying baby	<ul style="list-style-type: none">• Acknowledge that the caregiver needs to help their baby• Ask about the reason for the crying as part of the assessment
Caregivers on their phone	<ul style="list-style-type: none">• Acknowledge the important role that the phone plays in the caregiver's life• Offer time to handle whatever is on the phone
Being asked questions in the middle of the assessment	<ul style="list-style-type: none">• If it is a complicated question, acknowledge it and make a note, then ask permission to come back to the question once you have all the information collected
Interruptions	<ul style="list-style-type: none">• Place personal phone on silent and forward office phone to voice mail• Keep conversation/consults with staff brief when working with a participant• Identify a way for staff to know when you are with a participant

Learning activity



What ideas do you have for handling distractions?

Distraction	Your ideas for handling the distraction
Active children	
Crying baby	
Caregivers on their phone	
Being asked questions in the middle of the assessment	
Other	

Growth grids – explain or not?

The data system will graph the weights and heights you collect as part of the assessment. Some caregivers are very interested in how well their child is growing and will want to see the resulting growth grids. Being able to understand and correctly describe what is shown on the growth grid is an important part of the assessment.



Sometimes sharing this information with the caregiver can be time consuming and may take the conversation into nutrition-focused counseling before you have completed the assessment.

Growth grids considerations

- You are not required to describe the growth grid to caregivers. You can ask caregivers what they think of their child's growth as part of the assessment.
- Growth grids are complicated to understand for many caregivers. In most cases explaining the growth grid doesn't add anything to the assessment or to nutrition-focused counseling.
- If you do show the growth grid to caregivers, consider showing it at the end of the assessment. Offer the information neutrally and ask the caregiver what they think of the information. This can be a part of the assessment if it helps you figure out the reason for the growth pattern you are seeing.
- In some cases, growth grids can be used to offer reassurance to worried parents that their child is growing and gaining weight normally.

Learning activity



During your observations, what have you noticed about the way other certifiers explain growth grids to caregivers?

In what situations do you think it would be important to explain the growth grid? In what situations do you think it could be skipped?

Breast pump issuance

You will learn more about the breast pumps WIC offers and when they can be provided when you complete the ***Breastfeeding Level 2*** training. Before issuing a breast pump, the certifier must complete a separate [breast pump assessment](#) to determine if the participant is eligible for a breast pump and which type is appropriate. The [Breast Pump Handbook](#) provides specific guidance about this procedure.

Learning activity



Talk with your training supervisor and breastfeeding coordinator to learn more about completing the breast pump assessment.

Participant's living situation and stressors

Sometimes you will see a WIC participant that is in the middle of a very difficult living situation or something is causing them a great deal of stress in their life. Anyone in that kind of situation will find it very difficult to focus on anything other than that one factor. It is normal for you to want to help them if you can. In that situation, you may find it difficult to complete an assessment.



Considerations:

- If possible, address the difficult situation first and then return to the assessment.
- Often the difficult situation influences their environmental or dietary risks, so finding out more during the assessment can help you target the most useful referrals and nutrition-focused counseling.
- If the participant is too upset or activated to focus on the assessment, consider doing the minimum assessment and providing what assistance and referrals you can. If needed, you can re-schedule the certification for another time.

Learning activity

Talk with another certifier in your agency about how they handle participants who are in crisis.



Mandatory reporting

During the assessment you may discover things that show the child may be in danger. As a WIC staff person, you are a mandatory reporter – which means you are required to report these situation to Department of Human Services.



You might need to report something besides seeing evidence of physical abuse like bruises. There may be extreme cases when you discover a feeding practice that is a mandatory reporting issue and you will need to contact child protective services. For example, child services would be needed for an infant on a highly restrictive diet, if they were diagnosed with failure to thrive, and the parent was unwilling to change the infant's diet. In these situations, always discuss what you learned with your WIC coordinator before reporting.

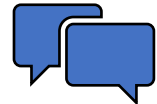
If you suspect a child is being abused, report to a DHS Child Welfare screener by contacting 1-855-503-SAFE (7233). For more information visit the [Mandatory Reporting website](#).

Learning activity

Ask your training supervisor about your agency process for mandatory reporting.



Talk it over



Talk to your training supervisor about what you learned in this lesson.

- Variations in risks – routine/not routine, appropriate/inappropriate
- Participants speaking other languages or using interpreters or the language line
- Diagnosis from the health care provider
- Focusing on the computer, not the person
- Getting sidetracked
- Growth grids – explain or not?
- Breast pump issuance
- Participant’s living situation or stressors
- Mandatory reporting

What questions do you have?

References

[Breast Pump Handbook](#)
[Mandatory Reporting website](#)





Welcome to WIC!

Date: _____ WIC ID: _____

Caregiver name: _____

Notes from check-in: _____

Name: _____

Appt. type: _____

Weight _____

Height/Length _____

Head circ. _____

Hemoglobin _____

Notes from our conversation:

A

B

C

D

E

Next step?

Referrals?



Welcome to WIC!

Date: _____ WIC ID: _____

Caregiver name: _____

Notes from check-in: _____

Name: _____

Appt. type: _____

Weight _____

Height/Length _____

Head circ. _____

Hemoglobin _____

Notes from our conversation:

A

B

C

D

E

Next step?

Referrals?

4-5 Anthropometrics online course

Anthropometrics means taking measurements of people. In WIC getting accurate measurements is an important part of a complete assessment. This online course will show you how to correctly weigh and measure WIC participants.

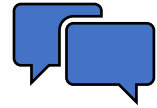
What you need to do



1. Work with your training supervisor to determine a time to complete the *Anthropometrics* online course. The course includes 2 parts:
 - a. The online course takes about 2 hours to complete.
 - b. The *Head Circumference* supplement takes about .5 hours to complete.Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select *Anthropometrics*. The [Head Circumference](#) supplement is on our webpage.
3. Complete the *Anthropometrics* online course, the Head Circumference supplement, learning activities, and the post-test.
4. Make note of any questions or concerns you have about information in the module.

5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. Practice taking measurements of women, infants, and children. How did that go?
3. What kinds of things might make it difficult to take accurate measurements?
4. What are common errors when weighing or measuring?
5. Who maintains the measuring equipment in your agency?
6. What steps do you take if a participant doesn't want to be weighed or measured?

4-5 Completion Form: Anthropometrics

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Anthropometrics* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Anthropometrics* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
5.1	Demonstrates appropriate anthropometric measurement techniques specific to infants, children ages 2-5, and adults	
5.2	Accurately reads, records, and measures.	
5.3	Correctly interprets growth data and prenatal weight gain.	
8.7	Checks the accuracy of inconsistent or unusual measurements.	
8.8	Identifies factors that influence the accuracy of anthropometric or hematological measurements (e.g. uncooperative child or faulty equipment) and documents them. Takes appropriate actions (e.g. rechecks measurements, documents factors that interfere with measurements.)	

Training Supervisor:

Anthropometrics post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Anthropometrics* online course and the competencies listed above.

Date: _____

Signature: _____

4-6 Hematology online course

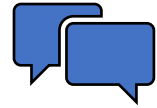
Hematology means taking doing blood work. In WIC we take blood to assess for possible anemia. This online course will show you how to correctly take a blood sample and read the hemoglobin level.

What you need to do

1. Work with your training supervisor to determine a time to complete the *Hematology* online course. It takes about 2 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select *Hematology*.
3. Complete the *Hematology* online course and learning activities.
4. View YouTube video [HemoCue Hb 301 System Capillary Sampling video](#)
5. Make note of any questions or concerns you have about information in the module.

6. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. Practice taking blood samples from women, infants, and children. How did that go?
3. What kinds of things might make it difficult to take accurate blood tests?
4. What are common errors when taking blood?
5. When should you re-do a hemoglobin test in an appointment? What additional documentation is needed when this happens?
6. What should you do if a participant refuses to complete a hemoglobin screening?
7. What referrals are needed when a participant has a high risk due to low-hemoglobin levels?"
8. Who maintains the hematology equipment in your agency?

4-6 Completion Form: Hematology

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Hematology* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Hematology* online course, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/ NA
5.4	Demonstrates appropriate techniques for performing a hemoglobin or hematocrit assessment.	
5.5	Evaluates hemoglobin or hematocrit results correctly (e.g. adjusts for smoking and elevation).	
8.7	Checks the accuracy of inconsistent or unusual measurements.	
8.8	Identifies factors that influence the accuracy of anthropometric or hematological measurements (e.g. uncooperative child or faulty equipment) and documents them. Takes appropriate actions (e.g. rechecks measurements, documents factors that interfere with measurements.)	

Training Supervisor:

Hematology post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Hematology* online course and the competencies listed above.

Date: _____

Signature: _____

4-7 Nutrition Risk Module – Chapter 1 Overview

The **Nutrition Risk** module will teach you about the specific nutrition risks that can be assigned to participants. The **Nutrition Risk** module is divided into 6 chapters. Each chapter covers different categories of participants. You must complete specific chapters before you can certify different categories of participants.

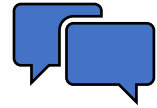
Complete these chapters	Before certifying this category
Chapters 1 and 2 (complete first)	Any category
Chapters 3 and 4	Pregnant women
Chapter 5	Infants and children
Chapters 3 and 6	Postpartum women

What you need to do



1. Work with your training supervisor to determine a time to complete Chapter 1 of the **Nutrition Risk** module. It takes about .5 hours to complete.
Date and time _____
2. The **Nutrition Risk** training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a hard copy from [Shopify](#).
3. Complete Chapter 1 of the **Nutrition Risk** training module and learning activities.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the **Talk it over** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about this chapter.
2. What is the certifier's role in risk assignment?
3. How is a complete assessment related to risk assignment?
4. Why is risk assignment part of each certification?

4-8 Nutrition Risk Module – Chapter 2 All Categories

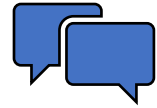
Chapter 2 of the Nutrition Risk module reviews risks that apply to all categories of WIC participants.

What you need to do



1. Work with your training supervisor to determine a time to complete Chapter 2 of the **Nutrition Risk** module. It takes about 1.0 hours to complete.
Date and time _____
2. The **Nutrition Risk** training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a hard copy from [Shopify](#).
3. Complete Chapter 2 of the **Nutrition Risk** training module, learning activities, and post-test.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the **Talk it over** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about this chapter.
2. Which risks are most likely to be incorrectly assigned? Why?
3. What difference does it make if all of the correct risks are assigned or not?
4. What is the connection between risk assignment and high-risk services?

4-9 Basic Nutrition online course

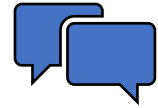
The Basic Nutrition course covers a wide range of nutrition information ranging from the different nutrients needed to how your body uses them. The information in this course provides the basis for all the other nutrition modules or courses you will complete.

What you need to do

1. Work with your training supervisor to determine a time to complete the ***Basic Nutrition*** online course. The course includes 2 parts. It takes about 4 hours to complete both sections.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select ***Basic Nutrition***.
3. Complete both parts of the ***Basic Nutrition*** online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.

5. Schedule a time to discuss what you learned with your training supervisor using the ***Talk it over*** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How does the information in this online course compare with what you knew about nutrition before?
3. How are dietary guidelines used when working with WIC participants?
4. What basic nutrition information is the most important to consider when working in WIC?
5. What can you do to make sure you are sharing accurate nutrition information?

References



- My Plate
 - <https://www.choosemyplate.gov/view-all-audiences>
- Food Labels
 - <https://www.eatright.org/food/nutrition/nutrition-facts-and-food-labels/the-basics-of-the-nutrition-facts-label>
- Vitamin D Information for Health Professionals
 - <https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>
- Water Fluoridation in Oregon
 - <https://www.oregon.gov/oha/ph/preventionwellness/oralhealth/pages/fluoride.aspx>

4-9 Completion Form: Basic Nutrition

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed both sections of the *Basic Nutrition* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Basic Nutrition* online course, you should meet the following competencies:

#	Competency	Yes/No/ NA
3.1	Understands basic nutrition concepts.	
3.2	Identifies function and food sources of major nutrients.	
3.3	Analyzes health and nutrition histories based on lifecycle stage.	
3.5	Interprets and compares dietary practices of WIC participants to federal policy guidance.	
3.6	Differentiates between safe and inappropriate food and nutrition practices.	
3.7	Analyzes and compares dietary practices with published and evidence-based recommendations.	

Training Supervisor:

Basic Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Basic Nutrition* online course and the competencies listed above.

Date: _____

Signature: _____

4-10 Nutrition Risk Module – Chapter 3 All Women

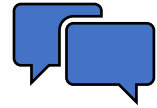
Chapter 3 of the Nutrition Risk module covers risks that apply to all women regardless of category.

What you need to do



1. Work with your training supervisor to determine a time to complete Chapter 3 of the **Nutrition Risk** module. It takes about 1.0 hours to complete.
Date and time _____
2. The **Nutrition Risk** training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a paper copy from [Shopify](#).
3. Complete Chapter 3 of the **Nutrition Risk** training module, learning activities, and post-test.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the **Talk it over** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about this chapter.
2. Which risks are the most complicated to identify?
3. How do accurate measurements impact risk assignment?

4-11 Nutrition Risk Module – Chapter 4 Pregnant Women

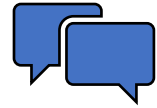
Chapter 4 of the *Nutrition Risk* module covers risks that apply only to pregnant women.

What you need to do



1. Work with your training supervisor to determine a time to complete Chapter 4 of the *Nutrition Risk* module. It takes about 1.0 hours to complete.
Date and time _____
2. The *Nutrition Risk* training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a hard copy from [Shopify](#).
3. Complete Chapter 4 of the *Nutrition Risk* training module, learning activities, and post-test.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about this chapter.
2. What are some of the most common risks associated with pregnancy?
3. What happens if you identify risks at appointments other than certifications?

4-12 Prenatal Nutrition online course

The Prenatal Nutrition course covers the unique nutrition needs of a pregnant woman. Certifiers must complete this course before they can certify or counsel pregnant women.

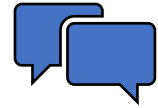
What you need to do



1. Work with your training supervisor to determine a time to complete the ***Prenatal Nutrition*** online course. It takes about 2 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select ***Prenatal Nutrition***.
3. Complete the ***Prenatal Nutrition*** online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.

5. Schedule a time to discuss what you learned with your training supervisor using the ***Talk it over*** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How does prenatal nutrition differ from basic nutrition?
3. How do the recommendations on prenatal weight gain compare to what you have heard before? Did anything surprise you?
4. What prenatal nutrition information is the most important to consider when working with WIC moms?
5. What are the most common prenatal nutrition issues seen in your area?

References

[Nutrition During Pregnancy](#) – from the American College of Obstetricians and Gynecologists
[Pregnancy Nutrition](#) – from USDA



4-12 Completion Form: Prenatal Nutrition

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Prenatal Nutrition* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Prenatal Nutrition* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
3.18	Recognizes factors relating to weight gain in pregnancy.	
3.19	Identifies the importance of proper nutrition for a healthy mother and baby.	
3.20	Makes recommendations to participants on safe practices and behaviors that impact pregnancy.	
3.21	Recognizes the importance of referral and follow-up of women with nutrition-related health problems.	
3.22	Able to work with pregnant women from special population groups.	

Training Supervisor:

Prenatal Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Prenatal Nutrition* online course and the competencies listed above.

Date: _____

Signature: _____

4-13 Nutrition Risk Module – Chapter 5 Infants and Children

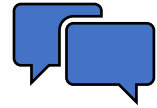
Chapter 5 of the *Nutrition Risk* module covers risk that apply to infants and children. These risks may only apply to infants or children, a specific category of infant (such as breastfeeding) or be dependent on the age of the infant or child.

What you need to do



1. Work with your training supervisor to determine a time to complete Chapter 5 of the *Nutrition Risk* module. It takes about 1.0 hours to complete.
Date and time _____
2. The [Nutrition Risk](#) training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a hard copy from [Shopify](#).
3. Complete Chapter 5 of the *Nutrition Risk* training module, learning activities, and post-test.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about this chapter.
2. There are many dietary risks for infants and children. What are some key questions you want to ask to learn as much as possible about feeding behaviors?
3. Who in your agency will be a resource to you when risks are assigned that are associated with breastfeeding problems?
4. Who in your agency will be a resource to you when risks are assigned that are associated with issues around formula feeding?

4-14 Child Nutrition online course

The *Child Nutrition* course covers the unique nutrition needs of children. Certifiers must complete this course before they can certify or counsel children.

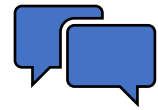
What you need to do



1. Work with your training supervisor to determine a time to complete the *Child Nutrition* online course. It takes about 2 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select *Child Nutrition*.
3. Complete the *Child Nutrition* online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.

5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How does child nutrition differ from basic nutrition?
3. How do the recommendations on child physical activity and screen time compare to what you have heard before?
4. What child nutrition information is the most important to consider when working with caregivers?
5. What are the most common child nutrition issues seen in your area?

References

[Child Nutrition](#) – from USDA



4-14 Completion Form: Child Nutrition

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Child Nutrition* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Child Nutrition* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
3.8	Analyzes and compares physical activity practices with published and evidence-based recommendations.	
3.13	Understands the development and nutritional needs of children 1-5 years of age.	
3.14	Educates participants about nutrition related problems experienced by children 1-5 years of age.	
3.15	Makes correct recommendations to participants on feeding practices for children 1-5 years of age.	
3.16	Recognizes factors that may contribute to childhood obesity.	
3.17	Provides appropriate counseling for parents, with the goal of promoting a healthy weight for their child.	

Training Supervisor:

Child Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Child Nutrition* online course and the competencies listed above.

Date: _____

Signature: _____

4-15 Responsive Parenting and WIC course

The ***Responsive Parenting*** online course focuses on helping WIC staff understand parenting dynamics and supporting family relationships. This course identifies what influences parenting behaviors, styles of parenting, how parenting affects children’s development. You must complete this training before certifying children.

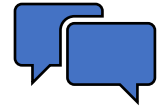
What you need to do



1. Work with your training supervisor to determine a time to complete the ***Responsive Parenting and WIC*** online course. It takes about 1.5 hours to complete.
Date and time _____
2. Log into [iLearn](#) using your account. Type in Responsive Parenting in the search function and select ***Responsive Parenting and WIC***.
3. Complete the ***Responsive Parenting and WIC*** online course, learning activities and posttest.
4. Make note of any questions or concerns you have about information in the course.

5. Schedule a time to discuss what you learned with your training supervisor using the ***Talk it over*** section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. What are some examples of parenting styles you have observed at your clinic?
3. What are 3 ways you can model responsive parenting techniques when interacting with a child or toddler?
4. What are the most common parenting questions you are likely to hear in your area?

References



[Center on the Developing Child](#) - from Harvard University
[Vroom](#) – Brain building games
[Oregon Parenting Education Collaborative](#)
[Zero to Three](#)
[Child Trends](#)
[Learn the Signs. Act Early Resources for WIC](#) - from CDC

4-15 Completion Form: Responsive Parenting and WIC

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Responsive Parenting and WIC* online course and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Understanding Parenting Behaviors* in-service, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
3.34	Recognizes the role of parenting style and responsive feeding in the development and well-being of infants and children.	
3.35	Makes correct recommendations to parents and caregivers regarding parent-child feeding relationships and behaviors.	
3.4	Evaluates the impact of the parent/child relationship and feeding dynamics on nutritional status, growth and development.	

Training Supervisor:

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Responsive Parenting and WIC* online course and the competencies listed above.

Date: _____

Signature: _____

4-16 Understanding Toddler Behaviors online course

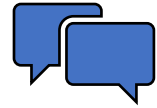
The *Understanding Toddler Behaviors* course focuses on the major developmental changes during toddlerhood and how caregiver thoughts and beliefs impact how they interact with their toddlers. You must complete this course before certifying children.

What you need to do



1. Work with your training supervisor to determine a time to complete the *Understanding Toddler Behaviors* online course. It takes about 1.5 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select *Understanding Toddler Behaviors*.
3. Complete the *Understanding Toddler Behaviors* online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How will knowledge of toddler behaviors help you provide better services to WIC participants?
3. What is your role in supporting caregivers of toddlers?
4. What are the most common toddler behaviors seen in your area?

References



4-16 Completion Form: Understanding Toddler Behaviors

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Understanding Toddler Behaviors* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Understanding Toddler Behaviors* online course, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
3.13	Understands the development and nutritional needs of children 1-5 years of age.	
3.14	Educates participants about nutrition related problems experienced by children 1-5 years of age.	
3.15	Makes correct recommendations to participants on feeding practices for children 1-5 years of age.	
3.34	Recognizes the role of parenting style and responsive feeding in the development and well-being of infants and children.	

#	Competency	Yes/No/NA
3.35	Makes correct recommendations to parents and caregivers regarding parent-child feeding relationships and behaviors.	

Training Supervisor:

Understanding Toddler Behaviors post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Understanding Toddler Behaviors* online course and the competencies listed above.

Date: _____

Signature: _____

4-17 Infant Feeding and Nutrition module

The *Infant Feeding and Nutrition* module provides an overview of nutrition from birth to one year. You must complete this training before certifying infants.

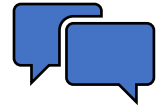
What you need to do



1. Work with your training supervisor to determine a time to complete the *Infant Feeding and Nutrition* module. It takes 2 - 3 hours to complete.
Date and time _____
2. Read the *Infant Feeding and Nutrition* module, complete the learning activities, and take the post-test.
3. Make note of any questions or concerns you have about information in the module.

4. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. What are some key developmental milestones infants should achieve before offering solid foods?
3. What are some differences between feeding a newborn and feeding an older infant?
4. What are the most common feeding questions you are likely to hear from caregivers of infants?
5. What is your role in providing infant nutrition-focused counseling?

References



4-17 Completion Form: Infant Feeding and Nutrition

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Infant Feeding and Nutrition* module, completed the post-test, and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Infant Feeding and Nutrition* module, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
3.9	Identifies the impact of infant development on feeding.	
3.10	Understands the nutritional needs of infants.	
3.11	Makes correct recommendations regarding infant feeding.	
3.12	Educates participants about nutrition-related problems experienced by infants.	

Training Supervisor:

Infant Feeding and Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Infant Feeding and Nutrition* module and the competencies listed above.

Date: _____

Signature: _____

4-18 Baby Behaviors online course

The *Baby Behaviors* course focuses on recognizing and responding to the behaviors of healthy term infants from birth to 6 months. Certifiers must complete this course before they can certify infants.

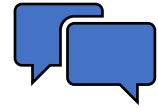
What you need to do



1. Work with your training supervisor to determine a time to complete the *Baby Behaviors* online course. It takes about 2.5 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select *Baby Behaviors*.
3. Complete the *Baby Behaviors* online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.

5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How does knowledge of baby behaviors help caregivers better interpret their baby's needs?
3. What is your role in encouraging and promoting positive caregiver-infant interactions?
4. What are the most common baby behaviors issues seen in your area? How will you support caregivers with these issues?

References

[Infant and Early Childhood Mental Health](#) – from Zero to Three
[Center on the Developing Child](#) – from Harvard University



4-18 Completion Form: Baby Behaviors

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Baby Behaviors* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Baby Behaviors* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
3.4	Evaluates the impact of the parent/child relationship and feeding dynamics on nutritional status, growth and development.	
3.8	Analyzes and compares physical activity practices with published and evidence-based recommendations.	
3.9	Identifies the impact of infant development on feeding.	
3.28	Demonstrates and assesses effective practices that support breastfeeding.	
3.30	Analyzes common breastfeeding problems and identifies solutions using evidence-based information.	
3.35	Makes correct recommendations to parents and caregivers regarding parent-child feeding relationships and behaviors.	

Training Supervisor:

Baby Behaviors post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Baby Behaviors* online course and the competencies listed above.

Date: _____

Signature: _____

4-19 Infant Nutrition module

The *Infant Formula* module provides an overview of the use of formulas for infants. You must complete this training before certifying infants.

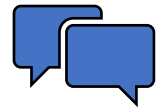
What you need to do



1. Work with your training supervisor to determine a time to complete the *Infant Formula* module. It takes 2 - 3 hours to complete.
Date and time _____
2. Read the *Infant Formula* module, complete the learning activities, and take the post-test.
3. Make note of any questions or concerns you have about information in the module.

4. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How can you support breastfeeding goals and respect a caregiver's choice to provide formula?
3. What are some differences between a food allergy and a food intolerance?
4. What are the most common questions about formula you are likely to hear from caregivers of infants?
5. What is your role in providing infant formula information to participants?

References



4-19 Completion Form: Infant Formula

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Infant Formula* module, completed the post-test, and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Infant Formula* module, you should meet the following competencies:

#	Competency	Yes/No/NA
3.11	Makes correct recommendations regarding infant feeding.	
3.12	Educates participants about nutrition-related problems experienced by infants.	

Training Supervisor:

Infant Formula post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Infant Formula* module and the competencies listed above.

Date: _____

Signature: _____

4-20 Nutrition Risk Module – Chapter 6

Postpartum Women

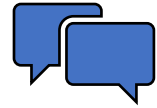
Chapter 6 of the *Nutrition Risk* module covers risks that apply to postpartum women. Some risks only apply to certain categories of postpartum women (fully breastfeeding, mostly or some breastfeeding, or non-breastfeeding).

What you need to do



1. Work with your training supervisor to determine a time to complete Chapter 6 of the *Nutrition Risk* module. It takes about 1.0 hours to complete.
Date and time _____
2. The *Nutrition Risk* training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a hard copy from [Shopify](#).
3. Complete Chapter 6 of the *Nutrition Risk* training module, learning activities, and post-test.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about this chapter.
2. What are some of the most common risks associated with postpartum women?
3. How do we assure that we focus our risk assessment on the postpartum woman as much as we focus on her infant?

4-20 Completion Form: Nutrition Risk

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed all 6 chapters of the *Nutrition Risk* training module, passed the 6 post-tests and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Nutrition Risk* training module, you should meet the following competencies:

#	Competency	Yes/No/NA
4.2	Provides individualized nutrition assessment for WIC participants.	
4.6	Assigns nutrition risks correctly using appropriate criteria and definitions.	
4.8	Correctly documents nutrition risks according to state agency policy.	

Training Supervisor:

Nutrition Risk Chapter 2 post-test score: _____

Nutrition Risk Chapter 3 post-test score: _____

Nutrition Risk Chapter 4 post-test score: _____

Nutrition Risk Chapter 5 post-test score: _____

Nutrition Risk Chapter 6 post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Nutrition Risk* training module and the competencies listed above.

Date: _____

Signature: _____

4-21 Postpartum Nutrition online course

The *Postpartum Nutrition* course covers the unique nutrition needs of women in the postpartum period, which is the first year after they deliver their baby. Certifiers must complete this course before they can certify or counsel postpartum women, both breastfeeding or non-breastfeeding women.

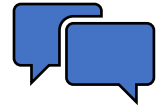
What you need to do



1. Work with your training supervisor to determine a time to complete the *Postpartum Nutrition* online course. It takes about 2 hours to complete.
Date and time _____
2. Login to [iLearn](#) using your account. Type **WIC** in the Search function and select *Postpartum Nutrition*.
3. Complete the *Postpartum Nutrition* online course and learning activities.
4. Make note of any questions or concerns you have about information in the module.

5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How does postpartum nutrition differ from basic nutrition?
3. When we see a postpartum woman we often focus on the baby. Why is it important to focus on the mother as well?
4. New caregivers can be overwhelmed. How can WIC help?
5. What are the most common postpartum nutrition issues seen in your area?

References



4-21 Completion Form: Postpartum Nutrition

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Postpartum Nutrition* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Postpartum Nutrition* online course, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
3.32	Understands the nutritional needs of postpartum women.	
3.33	Makes correct recommendations to postpartum participants regarding interconception health.	

Training Supervisor:

Postpartum Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Postpartum Nutrition* online course and the competencies listed above.

Date: _____

Signature: _____

4-22 Breastfeeding Level 2 Training

Breastfeeding promotion and support is one of the WIC program's 4 key services, so understanding it is important. You can complete ***Breastfeeding Level 2*** training in one of 2 ways: you can attend a 3-day training at the State WIC Office in Portland; or, you can complete a paper module. You must complete this training before certifying postpartum women.

What you need to do



1. Work with your training supervisor to determine the best way to complete the ***Breastfeeding Level 2*** training.
 - a. Information on the 3-day ***Breastfeeding Level 2*** training in Portland can be found at the bottom of [this webpage](#).
 - b. Completing the ***Breastfeeding Level 2*** paper module takes 6-8 hours.

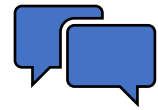
Date(s) and time _____

2. Complete the ***Breastfeeding Level 2*** training, complete the learning activities, and take the post-test.
3. Make note of any questions or concerns you have about information in the module.

4. Schedule a time to discuss what you learned with your training supervisor using the ***Talk it over*** section below.

Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. How can you support breastfeeding goals with pregnant women?
3. In your agency, who would you go to with questions about breast pumps?
4. What are the most common questions about breastfeeding you are likely to hear from caregivers?
5. What is your role in providing breastfeeding information and support to postpartum participants?

References

[Breastfeeding Education and Promotion WIC staff resources](#)
[Breast Pump Handbook for WIC Staff](#)



4-22 Completion Form: Breastfeeding Level 2

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Breastfeeding Level 2* training, completed the post-test, and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Breastfeeding Level 2* training, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
3.11	Makes correct recommendations regarding infant feeding.	
3.12	Educates participants about nutrition-related problems experienced by infants.	
3.24	Recognizes potential concerns related to breastfeeding and refers participants appropriately.	
3.25	Recognizes health and lifestyle contraindications to breastfeeding.	

#	Competency	Yes/No/NA
3.26	Assesses real and perceived barriers to breastfeeding and counsels to assist mothers to overcome these barriers.	
3.27	Applies knowledge of anatomy and physiology in the assessment of normal breastfeeding and breastfeeding problems.	
3.28	Demonstrates and assesses effective practices that support breastfeeding.	
3.29	Completes breastfeeding assessments at critical points in pregnancy and the early postpartum period according to state agency policies.	
3.30	Analyzes common breastfeeding problems and identifies solutions using evidence-based information.	
3.31	Appropriately issues and explains the use of breast pumps.	
8.12	Works within the scope of practice for their position and accesses appropriate resources.	
10.13	Uses counseling strategies to build participant self-efficacy.	

Training Supervisor:

Breastfeeding Level 2 post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Breastfeeding Level 2* training and the competencies listed above.

Date: _____

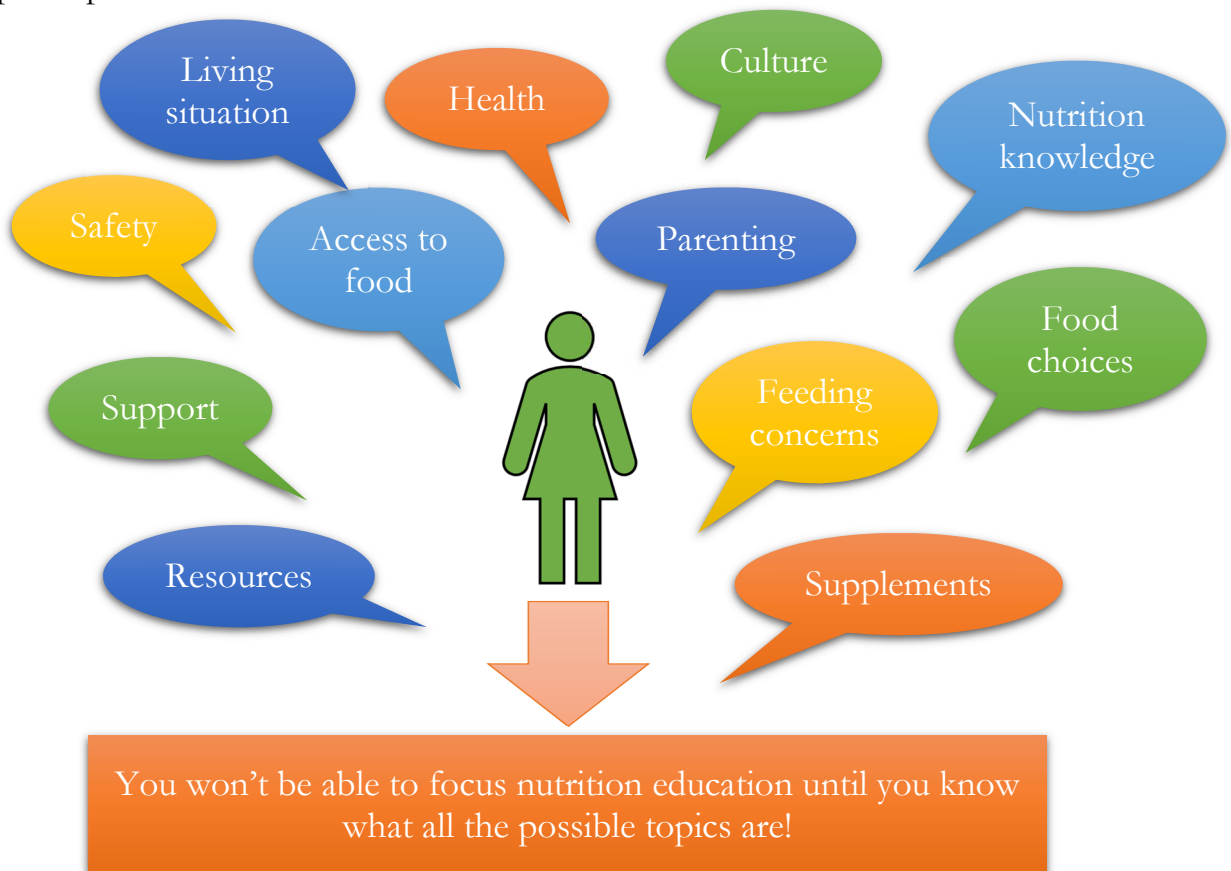
Signature: _____

5-1 Moving from Assessment to Nutrition-Focused Counseling

Focusing on nutrition education

One of the key benefits of participating in WIC is the nutrition education we provide. That is what makes WIC different than other programs that just provide food. Nutrition education that is targeted to the specific needs of the individual being seen will help them use the food we provide to improve their long-term health and the health of their family.

Looking at the graphic below you can see there is a lot connected to providing nutrition education in WIC. How do you choose what to talk about? Only after you have completed the assessment, will you have a complete list of potential topics to select from. Prioritizing topics to cover will help you manage your limited time with the participant.



Nutrition education versus nutrition-focused counseling

Nutrition education is a term used to describe all the different ways that WIC can provide nutrition information to participants. It includes both individual and group sessions, as well as providing educational materials. All nutrition education is designed to improve the health status, dietary habits and physical activity habits of participants. It emphasizes the relationship between nutrition, physical activity and health, while considering the individual's personal, cultural, and socioeconomic situation and preferences.

Nutrition-focused counseling is an interactive process between a participant and a WIC certifier. Since nutrition behaviors are influenced by more than just what a person knows, certifiers investigate the participant's feelings, life circumstances, and interests when they provide nutrition-focused counseling.

Nutrition-focused counseling helps participants connect the nutrition information offered with their feelings and motivation about changing a behavior.



Nutrition: The nutrition knowledge, content, and resources you bring to the conversation. Exploring why to do something or how it improves health. For example, you would want to consider why eating yogurt is beneficial, not just tell someone to eat yogurt.

Focused: Focuses on the participant's needs and experiences, rather than on what is happening with you, the clinic, or the computer. Considers why the participant eats, rather than just what they eat.

Counseling: The interaction with the participant. That means it is a conversation using all the participant-centered skills you have been learning about.

Nutrition-focused counseling requires you to keep asking questions

Just because you are done with the assessment, doesn't mean you stop using OARS to learn more from the participant. As you transition from the assessment to counseling, you will begin to evoke more from the participant about what they already know, have already tried, and what they want to do.

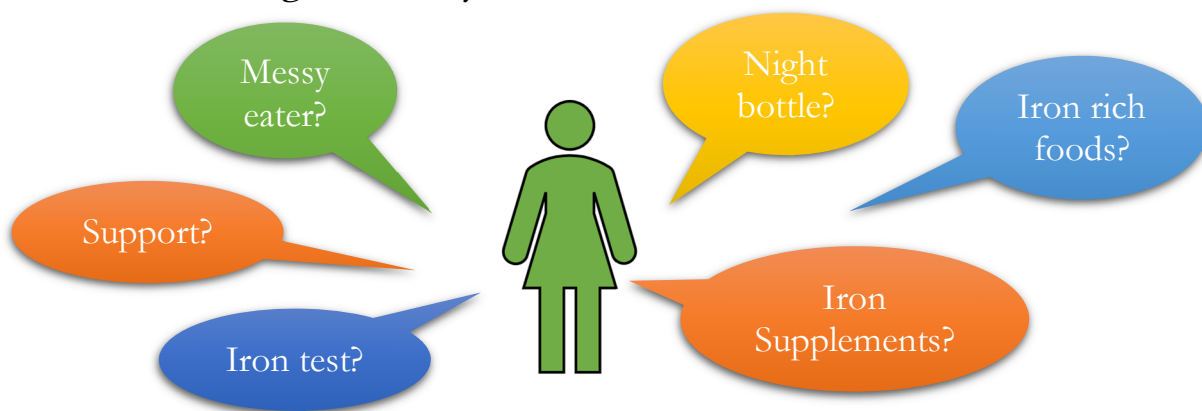
In this lesson you will learn more about some of the tools you will need to provide nutrition-focused counseling, such as:

- A way to keep track of potential counseling topics that come up during the assessment;
- The ability to prioritize what counseling topics are nutrition-focused and have the biggest impact on the health of the family;
- Curiosity, critical thinking and listening skills to find out what the participant wants to change;
- Reflections and evoking questions to explore potential topics further; and,
- If everything is fine, you need the ability to provide anticipatory guidance.

Keeping track of possible nutrition-focused counseling topics

One of the reasons certifiers start to provide counseling before they have completed the assessment is because the participant brings something up or asks a question during the assessment. The certifier wants to be respectful and answer the question before they forget.

Most certifiers find a way to track potential topics while completing the assessment. This allows you to stay focused on the participant and the assessment, rather than the computer and moving into counseling. In Lesson 4-4 you saw a ***Job Aid: Conversation Tracking Tool*** that you can use.



Waiting to counsel (listen first, then share)

If a participant asks you a “process” question during the assessment, just answer it. For example, if the participant asks if they have to have their weight taken, just answer the question. The questions that relate to nutrition or health are the ones to track and wait to provide counseling until you have completed the assessment.


Learning activity



Read the case study below. Use the tracking tool to identify the possible counseling topics that come up during the assessment.

Case study:

Mandy is in clinic today with her 13-month old child, Cade. Mandy is a single mom, new to the area, enrolling her child in WIC for the first time. Cade's hemoglobin was low, and it was difficult getting him to hold still for testing. Mandy has been working on increasing iron rich foods and doing well with vitamin C foods and meats but admits when looking at a food chart in the clinic room that he doesn't eat many grains or cereals. While she feels good about the progress she has made, Mandy is interested in learning more about what she can do to improve Cade's iron intake. As the assessment continues you discover Cade takes a bottle at night and Mandy admits that she is having a hard time recognizing he is a toddler now and no longer her little baby. When asked what other feeding questions she might have, Mandy states "If you can help me with how to deal with his dropping food on the floor when he is in the high chair, that would be great! It is driving me crazy" and laughs.

 Welcome to WIC!			
Date:		WIC ID:	
Caregiver name:			
Notes from check-in:			
Name:			
Appt. type:			
Weight			
Height/Length			
Head circ.			
Hemoglobin			
Notes from our conversation: A B C D E			

You don't need to know everything, but you will know a lot!

Participants will bring up many different areas of concern during counseling. Not all of them will be things that you can help with or that you have the expertise to provide good advice. The first thing you need to do is to decide if the issue they bring up is within your scope of practice. The second thing you need to do is realize that most participants do not expect you to know everything, or to solve everything.

You are not expected to be a social worker, but after completing your training you will have a lot of nutrition and behavior change knowledge that you can apply. Anything that is out of your scope of practice you will refer. Remember, providing participants with referrals is a key service we provide when their needs are outside our scope.

Framework for Nutrition-focused Counseling

WIC provides a framework to help you know what is within your scope of practice. The *5-1 Job Aid: Framework for Nutrition-focused Counseling* gives you the details.



The framework includes the following:

- **Content areas** – This describes the areas of nutrition-focused counseling we provide to participants.
 - Nutrition and breastfeeding
 - Feeding and eating environment
 - Physical activity, play and rest
 - Family environment and social determinants of health
 - Parenting
- **Foundational capabilities** – this describes basic knowledge and skills you need to provide counseling.
 - Evidence-based content knowledge
 - Critical thinking
 - Assessment and participant centered counseling skills
 - Cultural humility
 - Health literacy knowledge
 - Trauma and resilience informed practices
- **Required actions** – this describes what actions you need to take whenever providing nutrition-focused counseling.
 - Complete a thorough assessment first

- Provide nutrition-focused counseling, either by discussing a topic identified during the assessment or by providing anticipatory guidance based on what to expect in the future
- Make appropriate and effective referrals based on what you learned during the assessment
- Schedule appropriate follow-up or quarterly nutrition education appointments
- Document each action in the data system
- **Desired outcomes** – we provide nutrition-focused counseling in the content areas to get the kinds of outcomes listed in this section.
- **Resources** – this is a list of the types of evidence-based resources that are used to decide what the content and outcomes should be.

Prioritizing what nutrition-focused counseling to offer

Once you have a list of possible topics, then you decide which are the top priority to offer to the participant for further exploration. Busy participants will not be able to absorb information on every single topic that comes up. You will need to narrow down the options and offer them 2 to 3 highest priority options.

Based on your assessment, you will prioritize:

- What issue is the most urgent (e.g. medical, safety, living situation)?
- What issue has the biggest impact on the health of the family?
- What issue are they most interested in?

Learning activity

Based on the earlier case study, which of the topics listed below would you consider the 2 to 3 highest priority topics to offer to the participant?



Offering nutrition-focused counseling

Participant centered counseling means that we always want to make sure that the participant is deciding what they want to focus on. They have strengths, experiences and perspectives that have guided them through life. This means that we offer what we think is the highest priority and then let them choose the one or two that they want to explore further.

Use a summary to offer possible topics:

- Summarize the 3-4 ideas that you prioritized
- Offer these as possible topics for further exploration
- Ask the participant which of these they are most interested in exploring further

Example

“Mandy, so far we have talked about what is going on with Cade. You talked about being new to the area and not having a lot of support, improving Cade’s iron level, your concerns about the bottle, and Cade feeding himself. I have some ideas that I could share if you would like. Which of those topics would you like to explore, or is there another topic you are more interested in that I haven’t mentioned?”

Learning activity

Use the topics you prioritized in the earlier learning activity to write a summary to offer them to the participant.



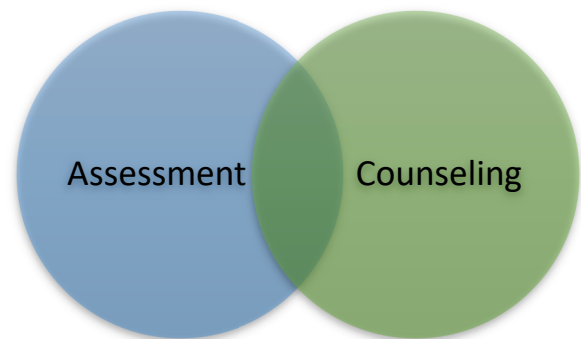
Evoking the participants ideas and concerns

Before you start providing nutrition education and sharing your own ideas and suggestions, it is important to find out more from the participant about:

- What have they already tried?
- How do they feel about what is happening?

- What resources do they have that support making any change?
- What reasons do they have to stay the same and not make any changes?

This is where assessment and counseling overlap. You continue to use OARS to focus your counseling. This process can be referred to as unpacking. Just like taking things out of a suitcase, unpacking allows you to learn more about everything that could be influencing the participant.



Skills you need to focus counseling:

- Active listening skills
- Curiosity
- Critical thinking
- Probing questions which explore and evoke (See *4-3 Job Aid: Probing Questions*)

Why do this? You will provide more meaningful and targeted counseling which is more likely to fuel behavior change. You are also less likely to miss opportunities to connect participants with information, resources and motivation to change their behaviors.

Learning activity



For each of the following topics from the previous case study, develop questions to explore Mandy’s knowledge, experience, attitude, and beliefs.

Topic	Exploration questions you might ask
Iron status, iron-rich foods	
Weaning	
Child feeding behaviors	
Social supports	
Other possibilities?	

Not every topic is nutrition education

You may talk with the participant about many different things and not every one of them is considered providing nutrition education. Some of the things you talk about are related to other parts of a WIC certification.

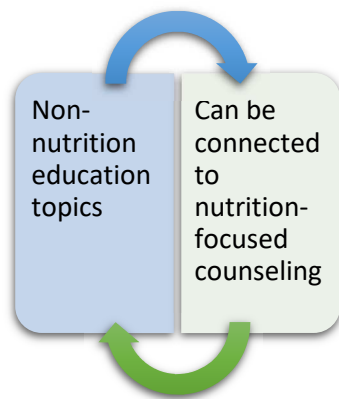
Examples of topics that are not nutrition education:

- Explaining growth grids and blood test results;
- Topics related to, but not covered in the framework, such as potty training or smoking cessation;
- Providing information about OHP or SNAP;
- Changing food packages such as types of juice or adding tofu.

These examples are all important WIC services, they just don't count as nutrition education. However, many of these topics can be connected to nutrition education. It is up to you to make the connection to nutrition related content during counseling.

Examples of connecting non-nutrition education topics to nutrition education

- Potty training can be linked to nutrition by discussing the role of liquids in the diet or connecting it to weaning from the bottle.
- A change of food package assignment can be connected to nutrition education if you discuss why that food is included or how that food fits in the meal pattern.
- A referral to SNAP can be connected to food insecurity.



Learning activity



Take a look at each of the common topics that come up during a WIC appointment. Decide whether each is part of the assessment, nutrition-focused counseling, referrals, or assigning a food package. Is there a way to connect things to nutrition-focused counseling?

Topics that come up:

1. Immunizations
2. Growth grids
3. Adding yogurt to the food package
4. Dental providers
5. OHP information
6. Changing formulas
7. Picky eating
8. Weaning
9. Potty training
10. Starting solid foods
11. Iron status
12. Breast milk supply

Assessment

Nutrition-focused counseling

Referrals

Assigning a food package

Ideas for connecting topics to nutrition-focused counseling

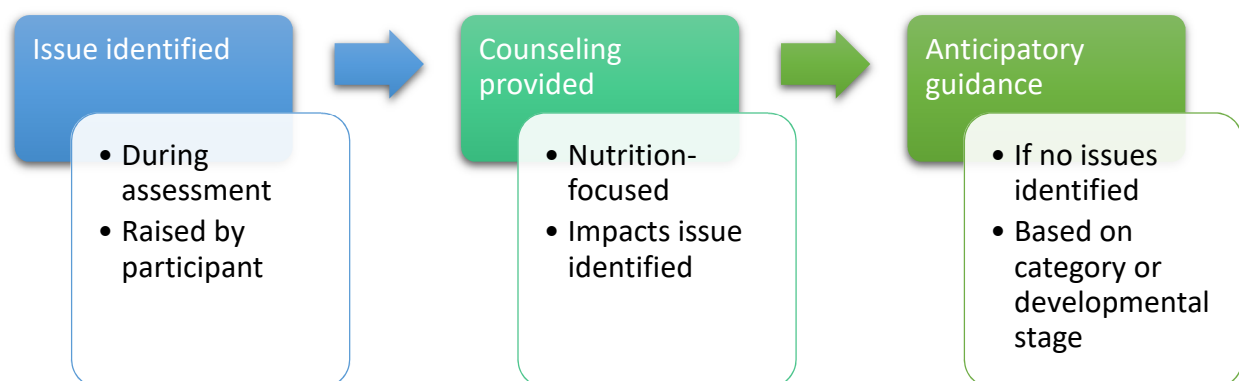
Applying nutrition knowledge to counseling based on the assessment or anticipatory guidance

At every certification, you must provide nutrition-focused counseling, either by discussing a topic identified during the assessment or by providing anticipatory guidance based on what to expect in the future.

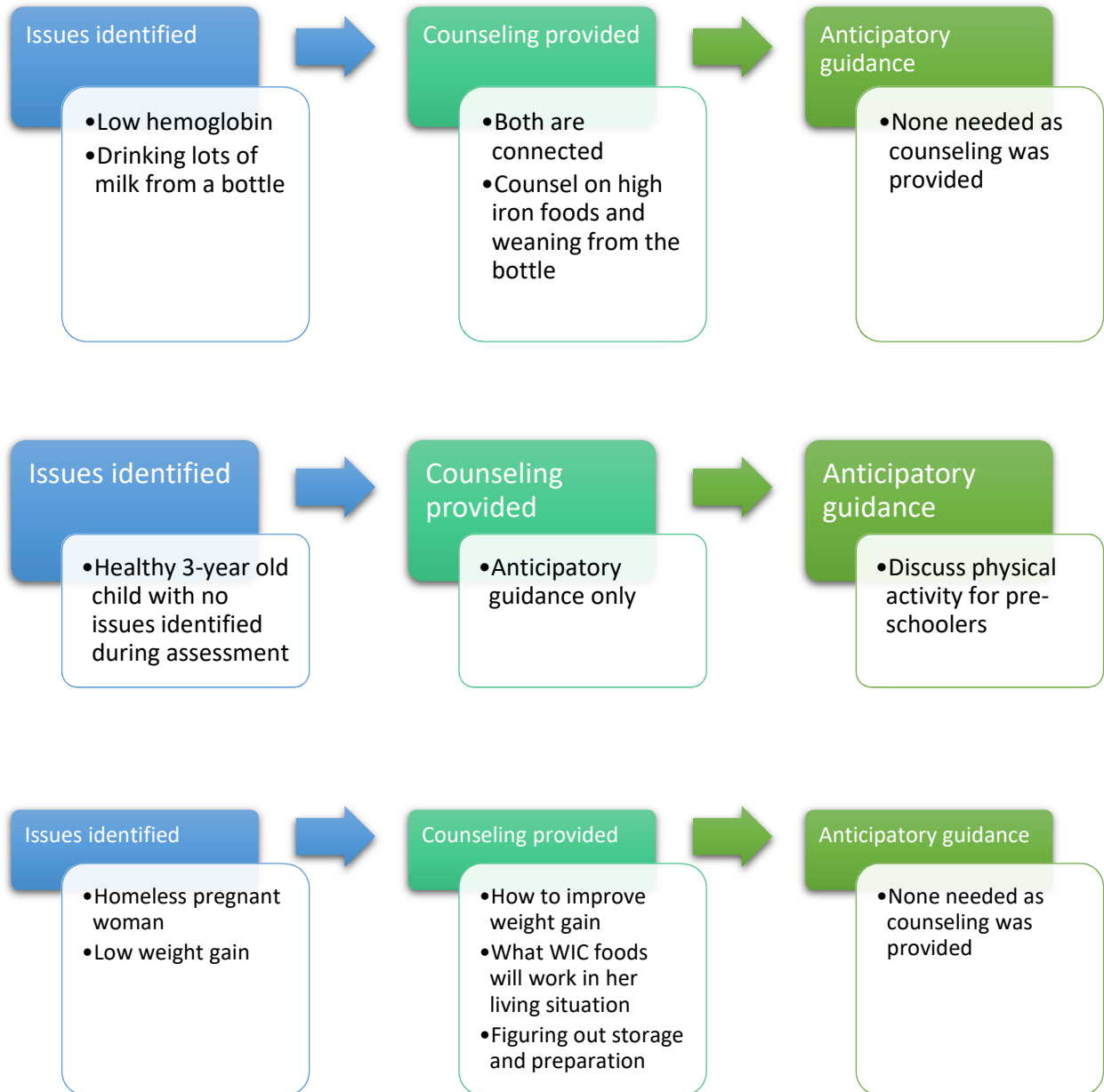
Your nutrition-focused counseling will be based on everything you have learned as you completed all of the nutrition modules and other types of training.

The counseling a WIC staff person provides will be:

- **Nutrition-focused** – which means it covers topics identified in the counseling framework;
- **Participant-centered** – which means it will be focused on the participant’s needs, not just what you are most comfortable sharing;
- **Evidence-based** – that means it is based on facts that have been proven by research and science, not based on your personal opinion;
- **Age and developmentally appropriate** – which means it will fit with the age and developmental stage of both the caregiver and the child;
- **Culturally responsive** – which means it will respect the participant’s cultural values and belief systems;
- **Sensitive to the family environment**– which means it considers other factors that can influence their nutrition and meal patterns, such as living situation, food preparation resources, food insecurity, and support systems;
- **Anticipatory** – which means if there are no current issues identified during the assessment or concerns raised by the participant or the caregiver, you will consider what might be of interest based on the category or developmental stage and offer counseling in anticipation of what can be expected.

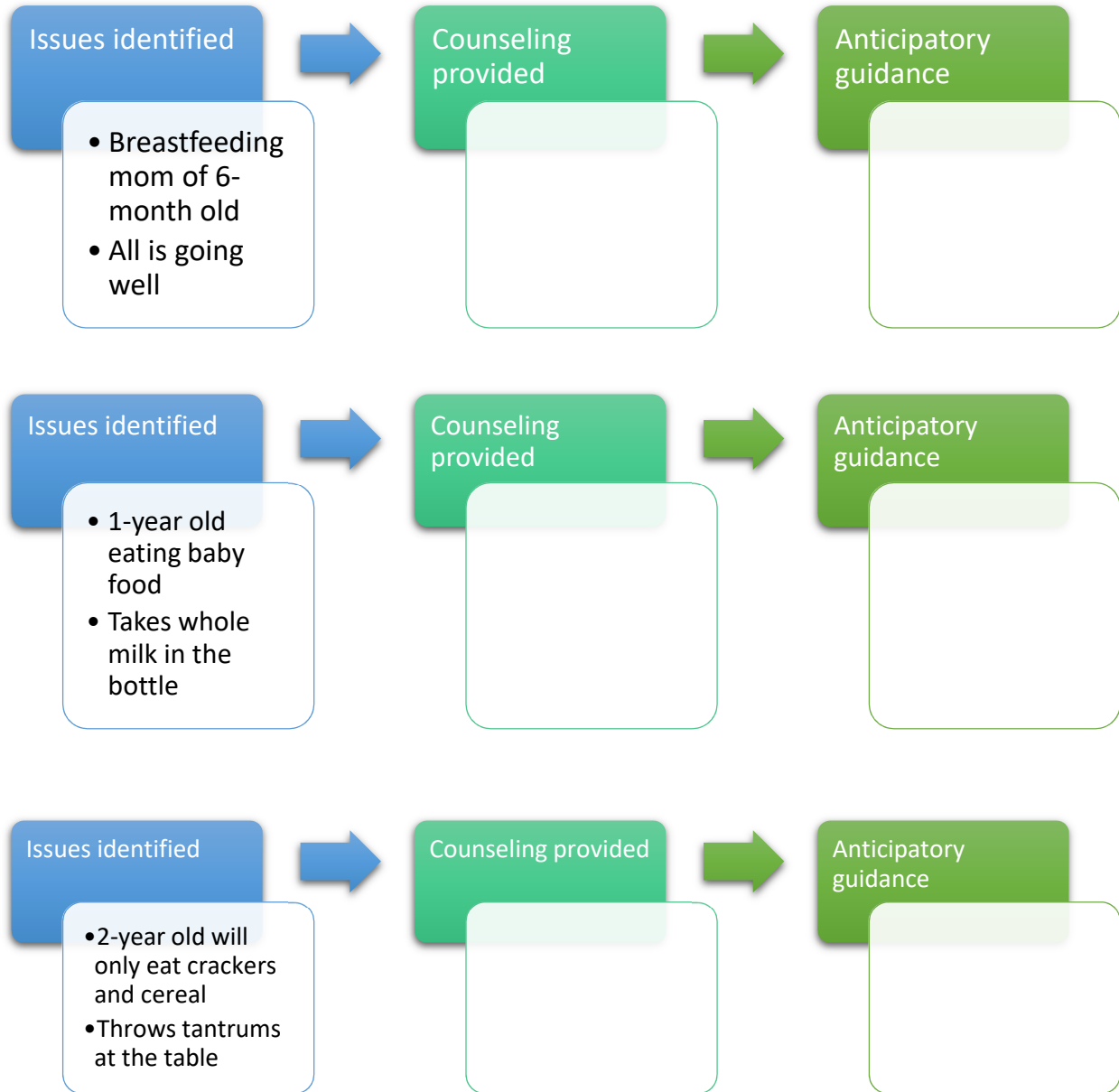


Examples



Learning activity

Identify the counseling or anticipatory guidance you might provide in the following situations.



Talk it over

Talk with your supervisor about any questions you have from this lesson. It is highly recommended that you observe several different certifications to learn how nutrition-focused counseling can be offered.



5-1 Job aid: Framework for Nutrition-Focused Counseling (NFC)

Content Areas

Nutrition & Breastfeeding

- Promotion and support of breastfeeding
- Breastfeeding topics (e.g. prenatal preparation, milk production, latch, managing challenges, use of breast pump)
- Breastfeeding support services
- General food and nutrition topics (e.g. introduction to solids, adding textures, weaning, healthy food choices)
- Common nutrition concerns of participants by category, age
- Child development and growth related to nutrition
- Impact of nutrition over the life-course (epigenetics)
- Oral health
- RD's: special needs impacting nutrition (e.g. medical formulas, special dietary concerns)

Feeding/Eating Environment

- Parent-child feeding relationship
- Infant cues/baby behaviors; soothing
- Age-appropriate eating behaviors and concerns
- Teaching children about food; role modeling; family meals
- Shopping; meal preparation; food safety

Physical Activity, Play & Rest

- Importance of infant tummy time, play for children
- Age appropriate activity ideas for families
- Identify safe areas for physical activity
- Appropriate screen use/time
- Importance of sleep

Parenting

- Parenting styles related to feeding
- Attachment; Parent-child interaction; Serve and return
- Brain development
- Positive conflict resolution; stress response (fight, flight, freeze)
- Developmental feeding
- Social support
- Social and emotional competence
- Setting limits

Family Environment / Social Determinants of Health

- Food insecurity
- Income
- Housing
- Behavioral health (depression, addictions)
- Safety or trauma (domestic violence)
- Health care
- Educational level (literacy)
- Class (generational or situational poverty)
- Historical trauma (race, culture)

Foundational capabilities:

Evidence-based content knowledge, critical thinking, assessment and participant centered counseling skills, cultural humility, health literacy, trauma and resilience informed practices

Required Actions

- Complete a thorough assessment using critical thinking skills
- Provide nutrition-focused counseling
 - Discuss a topic identified during assessment -or-
 - Provide anticipatory guidance based on what to expect in the future
- Make appropriate and effective referrals
- Schedule appropriate follow-up or quarterly nutrition education (includes the mid-certification health assessment and counseling).
- Document each action in TWIST.

Desired outcomes - Examples of evidence-based, commonly accepted nutrition-focused outcomes are listed below. This list is not exhaustive.

Nutrition & Breastfeeding

- Participants meet their breastfeeding goals; there is an increase in breastfeeding exclusivity and duration
- Infants and children grow and develop at an appropriate rate
- Families practice principles of nutrition and achieve/maintain good health

Feeding/Eating Environment

- WIC families provide a pleasant eating environment for their children; Dads and other caregivers are integrated
- WIC staff are perceived as the nutrition and feeding experts; role of WIC is expanded in the community

Physical Activity, Play & Rest

- Children engage in active play daily; Parents are active and are good role models for their children
- Parents ensure that children develop appropriate sleeping habits

Parenting

- Parents interact with their children well and provide the support needed for healthy development
- Parents develop skills for managing conflict and setting appropriate limits with their children

Family Environment / Social Determinants of Health

- Participants develop a healthy lifestyle, and seek help when problems occur
- Identify any impact on family nutrition for nutrition-focused counseling; Screen and refer as appropriate

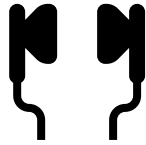
Resources

- Bright Futures in Practice: Nutrition: <https://www.brightfutures.org/nutrition/index.html>
- Bright Futures in Practice: Physical Activity: <https://www.brightfutures.org/physicalactivity/>
- Healthy Eating Guidelines for Infants and Toddlers: <http://healthyeatingresearch.org/research/feeding-guidelines-for-infants-and-young-toddlers-a-responsive-parenting-approach/>
- Surgeon General's Call to Action: <https://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>
- WHO and HP 2020 goals: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

5-2 Checking for Understanding

Hearing or learning?

There is a difference between hearing



and learning.



Just telling someone something does not mean they understand it or are able or willing to do anything different as a result. Even if you use all the best techniques to share information, it doesn't mean that someone will change. There are many things that make it hard to listen and understand, such as:

- Difficulty with the language;
- Active or crying children;
- High stress levels;
- Pregnancy brain (it's a real thing!);
- Lack of sleep; or,
- Medications or substance use.

Once you and the participant identify the highest priority nutrition education topics, you will be doing two things during nutrition-focused counseling:

1. Offering ideas and information in a way that participants can understand and absorb; and,
2. Checking to make sure the participant is confident they understand what you offered and can make the behavior changes they have chosen.

You can increase the chance that participants will be able to make the changes they want by:

- Offering understandable information;
- Using the Explore-Offer-Explore technique;
- Answering their difficult questions as well as you can;
- Providing anticipatory guidance when appropriate;
- Using the teach back method;
- Using the backwards planning process; and,
- Summarizing their next steps.

Offering understandable information

Think about what makes information easy to understand. There are several things you can do that will help when offering suggestions and ideas.



Use understandable, plain language whenever possible:

- Use everyday words that express meaning clearly and directly;
 - Example – use “blood work” instead of “hemoglobin”
- Use short simple sentences;
- Use active voice (words that express action).

Don't use jargon:

- Avoid words that are unique to the WIC program and may be difficult to understand if you don't work in WIC;
- If you have to use one of these terms, make sure you explain them.
 - Nutrition Ed or NE
 - Online Ed or lesson
 - Certification or cert period
 - Recert or recertification
 - Mid-cert health assessment
 - High-risk
 - Proofs
 - Eligibility pending
 - Med doc form
 - Food list or approved foods

Break the desired goal or action down into small steps:

- Reaching a goal always starts with a small step;
- Help the participant identify the little steps that are needed to reach their goal or complete a task;
- Explore what the participant would need to take a single step towards their goal.

Learning activity

What simple language could you use for each word or phrase below.



WIC jargon	Your plain language
Hemoglobin	
Head circumference	
Nutrition risk	
Nutritionist or dietitian	
Certifier	
Goal or next step	
Nutrition Ed or NE	
Online Ed or lesson	
Certification or cert period	
Recert or recertification	
Mid-cert health assessment	
High-risk	
Proofs	
Eligibility pending	
Med doc form	
Food list or approved foods	

Use the Explore-Offer-Explore technique

As you learned in the *Participant Centered Education* online course, using the Explore-Offer-Explore technique helps you check for understanding and personalize your counseling to meet the participant's needs. This technique is a way to evoke their reasons to make a behavior change.



Step 1 - Explore

- Before offering any ideas or suggestions, ask the participants for their ideas for change.
 - What are their ideas?
 - What other ideas do they have?
 - What do they already know?
 - What do they already do?
 - What else have they already tried?
 - Who else in your life might benefit from this change?
 - What strategies would they need to overcome barriers?
- This is a way to avoid missed opportunities, dig deeper, and use critical thinking.

- This saves time by letting you focus on what they want or need. It helps avoid sharing information they already have or have already tried.

Step 2 - Offer

- Ask permission before providing information.
 - Expresses partnership with the participant
 - Supports their autonomy
 - Examples of asking permission:
 - “Would you be interested in hearing more ideas on _____?”
 - “Is it okay if I share ideas with you that worked for other WIC families?”
- Offer your suggestions in a neutral, non-judgmental manner
 - Neutral suggestions will not include words such as “should”, “need to”, or “have to.”
 - Avoid relating your own experiences or what worked for you, so the participant doesn’t feel like they are being disrespectful if they disagree with you.
 - Avoid asking leading questions like “Have you tried ...?” or “You don’t ..., do you?” Leading questions imply a right or wrong answer.
 - Examples of offering neutrally:
 - “Research shows...”
 - “You might consider...”
 - “I hear other mothers suggest...”
 - “Some of what I say may be different from what you have heard...”
- Emphasize that it is always the participant’s choice to take or leave your suggestions.
 - Examples of emphasizing choice:
 - “And I recognize that it is your choice to ...”
 - “You are the expert on your child, so take what you think will work for you and leave the rest.”

Step 3 - Explore

- Explore what the participant thinks of what you offered and how they might take the next step.
 - Examples of exploring their thoughts:
 - “What do you think of the ideas I just offered?”
 - “What info do you need to be successful in making this change?”
 - “How do you see this working?”
 - “How often, when?”

- “What will you need to do first to make that change?”
 - “What are the barriers to making the change?”
- Consider using a confidence ruler to explore how the participant feels about taking the next step.
 - “Circle the number that represents your current level of confidence about taking this step, where 0 equals no confidence at all and 10 equals very confident.”

0 -----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
- Summarize what they said they will do. This gives them a chance to clarify their steps and provides you with a next step to document in their record.

Learning activity



Decide if each suggestion below is being offered neutrally or not, and why or why not.

Suggestion offered	Neutral – yes or no?	Why?
Yes, you should start some sort of regular walking routine.		
Well, I have some ideas about what might help, but first let me hear what you’ve already considered.		
If you want to eat out less often, you need to start going to the grocery store and planning out your meals.		
If your blood sugar is high, you really need to start watching your diet.		
Have you tried eating more slowly? That really works for me. I tend to not overeat when I slow it down.		
It sounds like you aren’t completely convinced that you’d like to start making changes. Whether you decide to try some change is completely up to you. What do you think you will do?		

Answering difficult participant questions

Participants will sometimes ask questions that provide a topic for nutrition-focused counseling. If you don't think you know the answer, you might be a bit nervous to provide counseling.



If this happens, start by digging deeper and exploring with the participant before you try to answer. You don't have to be an “expert” to answer most questions. By the time you finish your WIC training, you may have more knowledge and training in certain areas than other health care staff. Think of what you already know about breastfeeding or infant feeding.

Considerations:

- Exploring will help identify which part of their question you can help with and which part might need to be referred to the WIC nutritionist, breastfeeding coordinator, or their healthcare provider. You have lots of information and suggestions to share!
- Deferring to the health care provider should be reserved for specific questions about medical diagnosis or conditions. Telling the participant, “Talk to your doctor” is not the same as providing nutrition-focused counseling.
- If the nutrition or health question comes up while you are doing the assessment, remember to wait to answer it until after you have completed the full assessment.

Learning activity

What questions or topics are out of scope for WIC and should be referred to the doctor?



Providing anticipatory guidance

Sometimes you will complete the assessment without being able to identify any concerns that are topics for nutrition-focused counseling. The participant may even tell you that “everything is fine.” This is when you would consider what type of anticipatory guidance to provide. Anticipatory guidance is when you consider the participant's category, age, and developmental stage then offer nutrition-focused counseling about what the participant or caregiver can anticipate or expect next from their child.



Examples of anticipatory guidance:

- Counseling a pregnant woman about breastfeeding;
- Counseling the caregiver of a 3-month old about introduction of solid foods; or,
- Counseling the caregiver of a 2-year old about family mealtime expectations.

Considerations:

- First, ask the participant if they have any questions or ask caregivers if they have thought about the next phase for their child.
- If they don't have a topic of interest, offer to share information about a common issue for that category or age group as a possible counseling topic.
 - Use the ***Job Aid: Anticipatory Guidance Topics by Category and Age*** for ideas.
 - Find a potential anticipatory guidance topic for each category or age group that you can remember or pick a topic that is the focus of nutrition education in your agency (e.g. topic being offered this month in group sessions or at health fairs.)

Learning activity

Use the ***Job Aid: Anticipatory Guidance Topics by Category and Age*** and identify a topic for each group that you would feel comfortable sharing with a participant.



Category and age group	Anticipatory guidance topic
Infants	
Children (1-2 years)	
Children (3-4 years)	
Pregnant women	
Postpartum women	

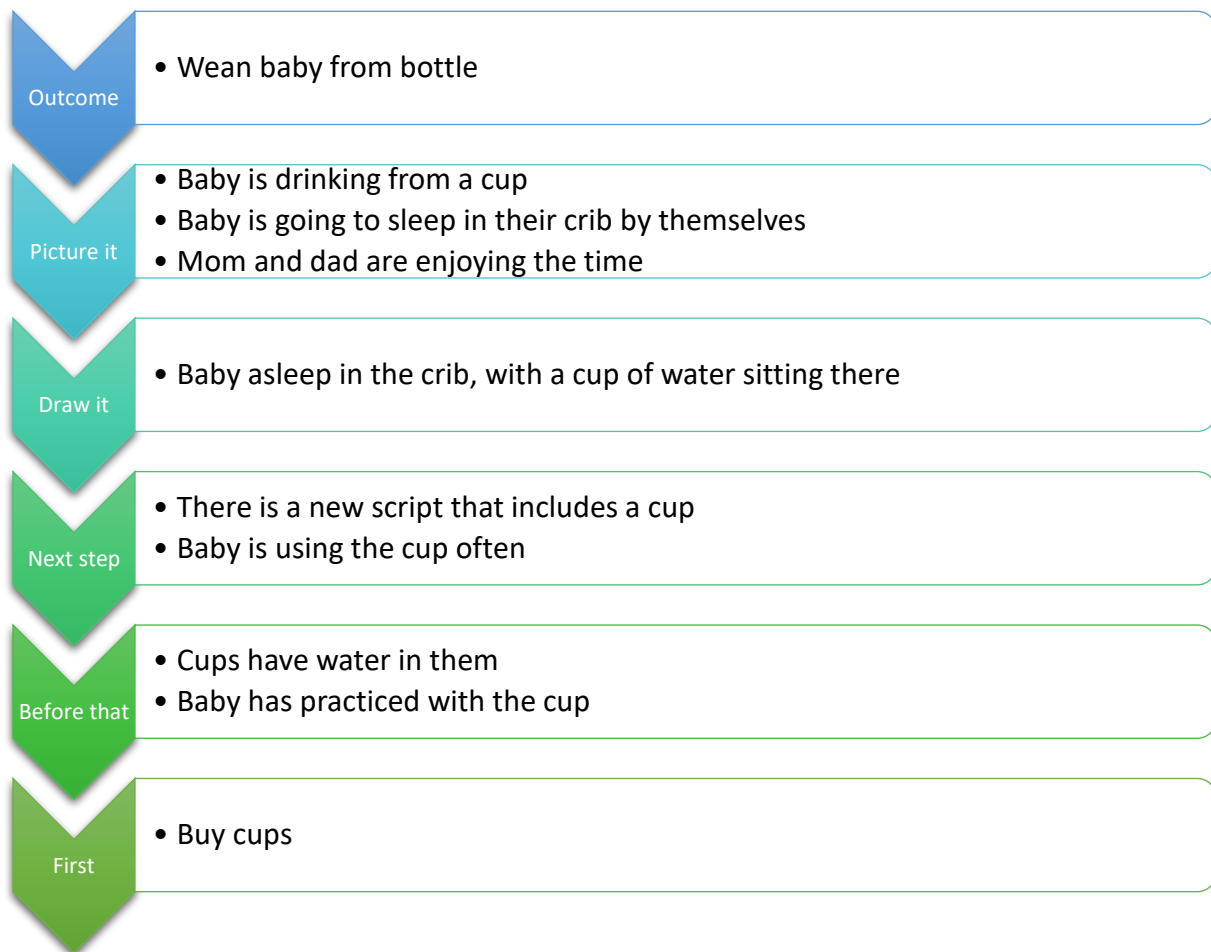
Use the backwards planning process

It is difficult for some participants to determine what is involved in making a change. For some it might just be too overwhelming to even try something that seems difficult. The backwards planning process helps people first picture what success looks like and then plan the steps to achieve it.

How to use the backwards planning process:

- Start by making sure you understand and have agreement from the participant about what they want to accomplish (e.g. wean from the bottle, breastfeed for one year);
- Ask the participant or caregiver to describe what that would look like;
 - What would they or the child be doing/eating/drinking?
 - How would they feel?
 - What would others in their household be doing?
- Consider using paper and drawing a simple sketch of what they describe;
- Then ask them what they would need to do right before that to make that happen (and you can draw another little sketch next to the first);
- Repeat that step, digging deeper each time, until they have talked about and considered all the steps that it might take to accomplish what they want.

Example of backwards planning:



Learning activity

Practice the backwards planning process to introduce solids to an infant by writing out the possible steps a caregiver might take.



Outcome	
Picture it	
Draw it	
Next step	
Before that	
First	

Use the teach-back method to check for understanding

A teach-back is a way to make sure **you** explained information clearly. **It is not a test or quiz of participants.** It allows you to check for understanding and re-explain if necessary.

How to use the teach-back method

- Use a caring voice and simple language.
- Take responsibility - emphasize that you are checking to make sure you explained it well.

- Use non-shaming, open-ended questions.
- Ask the participant to explain back, using their own words (maybe ask them how they would tell others in their family)
- If the participant is not able to teach-back correctly, apologize for the confusion and explain it again, then re-check.

Example:

“We’ve talked a lot about how to mix this new formula. Just to make sure I explained it well, could you tell me how you would explain to your partner how to mix the formula? That way I can make sure I didn’t miss anything.”

Watch a short video to learn more about the teach-back method.
[Short video](#) [Shorter video](#)

Learning activity



Write your own example of a teach-back.

Transitioning from nutrition-focused counseling to a “next step”

The final step of providing nutrition-focused counseling is to summarize the action or actions the participant has agreed to take. Hearing back what they agreed upon increases the likelihood the participant will take the action. We call this agreed upon action the “next step” because it may just be one small step towards a larger goal. Documenting the next step in the participant’s record is a required action for completing your counseling.



The next step in the participant’s record is the bridge between the nutrition-focused counseling provided at this visit and the next. Clearly writing the next step in the record gives the next person who sees the participant an idea of what they were working on. This makes it easier for other members of the WIC team and will save time at the next visit.

How to write a good next step:

- Use what you hear from the participant during Explore – Offer – Explore to formulate a next step to reflect back to them.
- The next step should be specific, realistic and include an action (verb). The next step is not just the topic discussed (e.g. yogurt, breastfeeding, continue good efforts). That means it includes an action the participant said they would do, how they would do it, and how often or when they will do it.
- A good next step helps address the barriers that might come up and can be accomplished within the cert period. That is the difference between a specific next step and a “goal.”
- The next step will be from ideas from the participant but does not have to be specifically stated by them. In other words, you don’t have to ask them what they want you to write as a next step. Instead, you can **summarize** their plans for the next step and give the participant a chance to confirm or tweak it.
- Ask if you got it all, to allow the participant a chance to agree with the next step you reflected or to make changes to it.
- Document the specific next step in the data system – including the verb!
- Make sure each next step is a single activity, rather than combining two onto one line.

Examples of next steps:

Instead of this next step: Decrease milk and increase veggies.

Write these next steps:

1. Mom will decrease milk to 16 oz per day by offering water in the cup between meals.
2. Mom will offer 3 veggies each day by including them in snack, lunch and dinner.

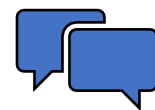
Learning activity



Take the next steps below and re-write them to be specific, realistic, and action oriented.

Instead of this:	Re-write the next step
BF to 6 months	
Increase yogurt	
Wean from bottle	
Eat more veggies	
Decrease juice	

Talk it over



Talk with your training supervisor about your questions and what you have observed when other certifiers provide nutrition-focused counseling.

5-2 Job aid: Anticipatory Guidance

Topics by category and age

Infants

- Feeding cues – baby behaviors, strategies to respond to crying
- Plans for introducing solids/cup and developmental signs of readiness
- Stomach size and portion size
- Ideas to support learning self-feeding
- Appropriate bottle use and plans for weaning
- Food and drinks to avoid, (food safety, choking)
- Introducing family foods, family mealtime environment, parental role modeling
- Ideas for developmentally appropriate physical activity
- Beginning to establish routines (sleep, eat, play...)
- Infant temperament
- Sleep-wake cycles and strategies for responding to night waking
- Screen time recommendations

Children 1- and 2-year olds

- What to expect developmentally and the impact on feeding / self-feeding
- Understanding appetite/growth needs, not controlling or pressuring to eat
- Weaning; eliminating bottles; continued breastfeeding encouraged
- Portion sizes, stomach size
- Ideas for self-feeding, importance of using fingers when learning to eat
- Importance of practicing new motor skills like crawling, standing, walking
- Family meal time, parental role modeling, mealtime environment
- Transitioning to structured meals and snacks, meal pattern
- Establishing routines (sleep, eat, play...)
- How to support learning to like new foods and increasing variety
- Foods and drinks to avoid (food safety)
- Screen time recommendations
- Learning and changing scripts to help children predict things
- Ideas for developmentally appropriate physical activity
- Using Vroom app and developmental milestones
- Dental health
- Growth slows down, fluctuations in appetite due to slow growth

Children 3- and 4-year olds

- What to expect developmentally at this age and the impact on feeding
- Ideas for helping in the kitchen
- Understanding appetite, growth needs and importance of not controlling or pressuring to eat
- Family meal time and serving themselves, parental role modeling, mealtime environment
- Maintaining routines (sleep, eat, play...)
- How to support learning to like new foods and increasing variety
- Food and drinks to avoid (nutritionally and safety)
- Sleep recommendations and routines
- Screen time recommendations
- Changing scripts
- Ideas for developmentally appropriate physical activity
- Using Vroom app and developmental milestones
- Dental health

Pregnant women

- Eating during pregnancy
- Weight gain
- Unsafe foods during pregnancy
- Common concerns (nausea, morning sickness, heartburn)
- Food cravings and aversions
- Birth plans
- Plans for feeding baby
- Staying physically active
- Developing a support system
- Supporting mental health

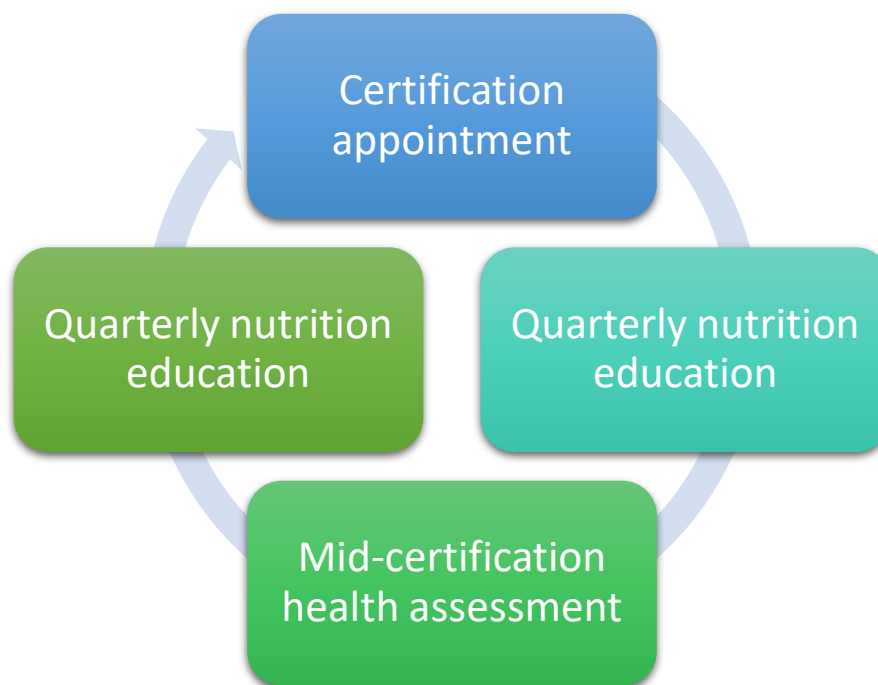
Postpartum women

- Feeling sad, support systems, sleep
- Returning to pre-pregnancy weight
- Physical activity with a baby
- Returning to work or school
- Foods to feel your best, to support healing and improved health
- Pumping breast milk/supply

5-3 Planning for Quarterly Nutrition Education

The quarterly nutrition education cycle

Nutrition-focused counseling provided at the certification appointment is just the beginning of the nutrition education cycle the participant will benefit from during their certification period. You will be responsible for working with the participant or caregiver to plan nutrition education the participant receives quarterly. Making any behavior change can be hard. Nutrition education is the service WIC provides that can support the change the participant wants to make.



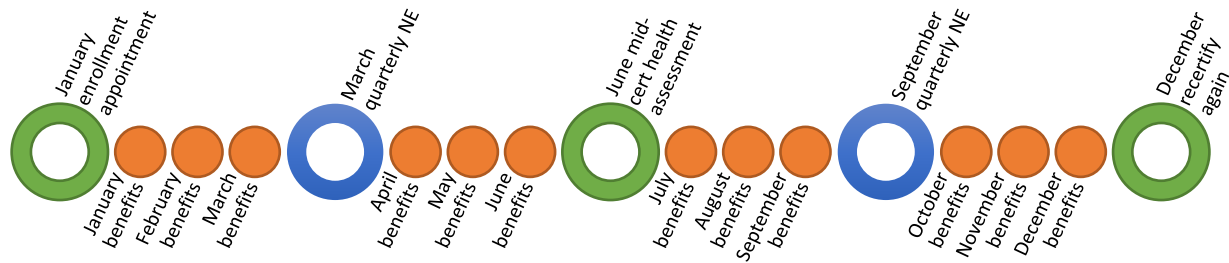
Why quarterly nutrition education?

When a participant is working on making a change, frequent support and checking in helps. That is why participants need to be offered some type of nutrition education every 3 months, which is the reason it is called “quarterly” nutrition education. This

usually lines up with benefit issuance, since benefits can only be issued for up to 3 months at a time.

If the certification period is for one year, one of the quarterly nutrition education opportunities will be provided when the participant is seen for a mid-certification health assessment with a certifier. This appointment is very similar to an enrollment appointment and gives us an opportunity to check-in individually and in person.

Example of quarterly nutrition education and benefit issuance:



Learning activity

Use the case study to plan when quarterly nutrition education and food benefit issuance would happen for this participant.



Case study

You are certifying Arla, a woman who is 3 months pregnant. Her certification period begins this month (January) and ends 2 months after her delivery date (September).

Month		Nutrition education and benefit issuance plan
January	Certification period starts	
February		
March		
April		
May		
June		
July	Baby due	
August		
September	Certification period ends – recertify	

Quarterly nutrition education options

To offer the best support to participants, you will need to be familiar with the quarterly nutrition education options available in your agency. Nutrition education activities vary by agency. Local agencies choose which of the options below work for their participants.

There are 3 basic types of nutrition education contacts – individual, groups, or self-guided.

Individual nutrition education includes:

- One-to-one counseling scheduled with and provided by a certifier;
 - Examples – A low-risk participant is scheduled to have their weight checked and discuss their next steps with a certifier; a breastfeeding mom with questions about latching is scheduled to see your IBCLC.
- High-risk counseling scheduled with and provided by a WIC nutritionist.
 - Example – A high-risk participant is scheduled to follow-up with your agency dietitian



Group nutrition education includes:

- Group “classes” focused on one topic facilitated by WIC staff;
 - Examples – infant feeding, prenatal nutrition, or family meal time classes are offered each month
- Support groups where participants with a common interest or from the same category talk with each other;
 - Example – breastfeeding support groups offered weekly in your agency
- Health fairs where several options of activities are available for the participants to select and complete at their own pace;
 - Example – WIC staff are available at 3 or 4 interactive displays on seasonal topics and participants can attend anytime during a 3-hour time period each month
- Nutrition education groups are provided by a partner and WIC participants can attend;
 - Example – Your agency has an arrangement with Head Start or SNAP-Ed for participants that participate in those programs to attend nutrition classes there instead of at WIC



Self-guided nutrition education includes:

- Online nutrition lessons from an approved provider on the internet;
 - Example – a low risk participant selects an online nutrition lesson from the available list
- Self-paced lessons provided when the participant has been unable to participate in one of the other nutrition education options.
 - Example – a participant who missed the group class they were scheduled for completes a self-paced lesson while in your office so they can be issued food benefits.



Learning activity

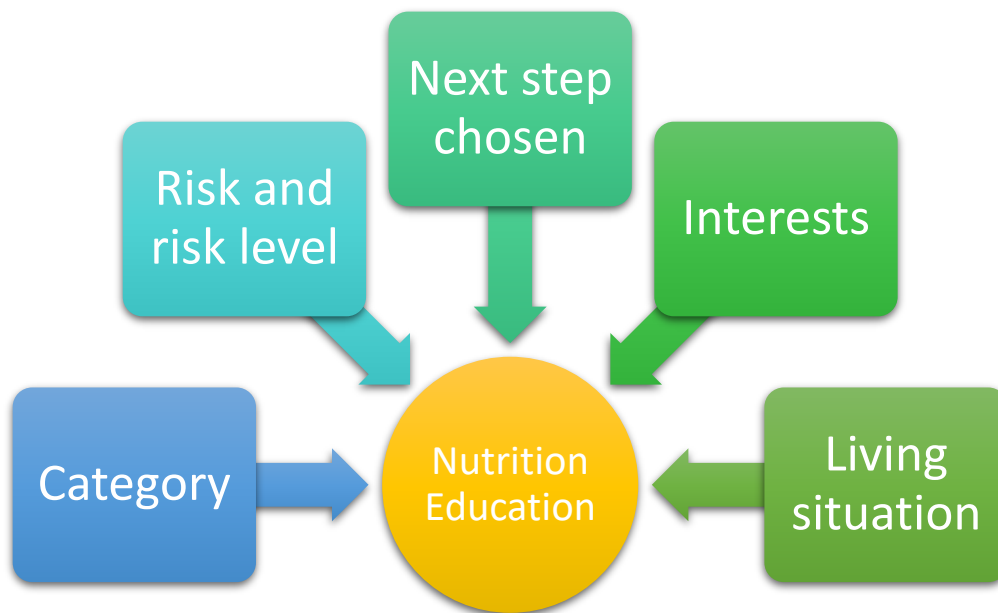
Talk with your training supervisor about the nutrition education options available in your agency and make note of when they are offered and how to schedule participants to join.



Type of Nutrition Ed	Available?	Scheduling
One-to-one counseling		
High-risk counseling		
Group classes		
Support groups		
Health fairs		
Partner provided		
Online classes		
Self-paced lessons		

Matching the needs of the participant to nutrition education options

When planning nutrition education, you will match what is happening with the participant to what nutrition education options are available in your agency. To be most effective the nutrition education needs to meet the category, risk level, interests, and living situation of the participant. It is helpful to offer a participant a menu of nutrition education options to choose from if they are available. This increases the chance they can select one that meets their needs and situation.



Considerations and examples:

- The participant’s category;
 - Example - If the participant is an infant you might schedule them for an introduction to solids class. You would not schedule them for a prenatal nutrition class.
- The participant’s nutrition risk factors and risk level;
 - Example – If the participant is high-risk you would schedule them to see the WIC nutritionist. You would not schedule them for a group class.
- The “next step” selected by the participant or caregiver;
 - Example – If the caregiver has chosen a next step to wean their baby off the bottle by 1 year old, you might schedule them into a toddler feeding or a weaning class.
- The interests of the participant or caregiver;
 - Example – If the participant is really interested in learning how to prepare dried beans, you might schedule them into a legumes class.
- The participant’s or caregiver’s living situation.

- Example – The caregiver works during the day but does have a Smartphone, so you might offer an online nutrition education lesson.

Learning activity



Use the information you gathered about what nutrition education options are available in your agency and identify which would match the needs of each of the participants described below.

Participant	Nutrition education option
Jill, a pregnant woman who has gestational diabetes and is high-risk.	
Jacqui, a breastfeeding mom who is planning on returning to work and wants to pump her breast milk.	
Jamal, an active 3-year old, his mom wants him to eat more fruits and veggies.	
Jessica has 2 low-risk children on WIC and is working full-time.	

Coordinating benefit issuance and nutrition education

We want participants to always have their food benefits available. The best way to do this is to schedule their nutrition education for the last month they have benefits issued. This usually works out well with the quarterly nutrition education requirement, but you may need to adjust the number of months of benefits issued or the month nutrition education is offered to ensure participants always have benefits through the month of their next visit. You can schedule nutrition education in 1, 2 or 3 months, as long as nutrition education is scheduled some time during the 3-month period.

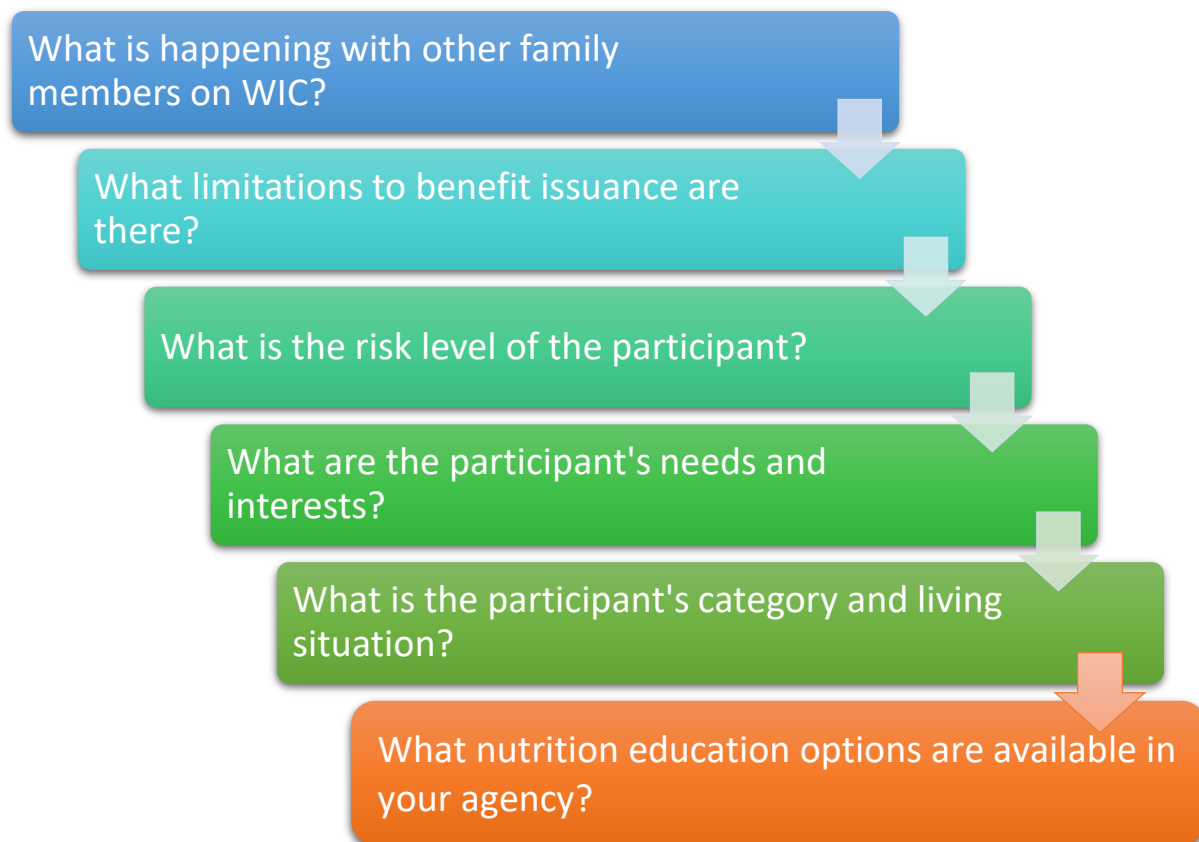
Considerations:

- Participants who can only be issued one month of benefits because they need to bring in documentation of proofs or paperwork for special formulas.
 - Example – A participant needs a medical documentation form, completed by the doctor, to get more special formula benefits issued. Scheduling them to see the WIC nutritionist next month gives them the chance to complete their quarterly nutrition education, their high-risk visit, and an opportunity to bring in the form all in one visit.

- Participants who have other family members on WIC may have different benefit issuance and nutrition education schedules.
 - Example – You enroll a pregnant woman who already has 2 children on WIC. You would try to schedule nutrition education for mom in the same month as she is scheduled for her 2 children. Mom could choose a nutrition education option that would be appropriate for all 3 family members. That way she only needs to complete one nutrition education activity, rather than 3 different ones.

Critical thinking when planning nutrition education

Planning quarterly nutrition education takes critical thinking. You will make a series of decisions based on what you know about the participant.



Learning activity

In the case study below, use critical thinking to circle the information you would need to consider when planning quarterly nutrition education for the family.



Case study

You just enrolled Kenzie for her new pregnancy. She is 3 months pregnant and is planning to breastfeed her baby when it is born. Kenzie's other child Brant, is a 2-year old who was certified 3 months ago. Brant is healthy but is a little on the slim side.

Based on what you know about Kenzie and Brant and the nutrition education options available in your agency, what nutrition education would you schedule next?

What other quarterly nutrition education would you plan for Kenzie and Brant for the rest of their certification periods?

Updating participant nutrition education plans

Lots can happen during a year-long certification. As a certifier you will update the quarterly nutrition education plans for participants as needed during the certification period.

Situations when updates are needed:

- You get new information;
 - Example – During the mid-certification health assessment appointment you complete an assessment and get information that was not noted in the participant's record (e.g. a new risk factor, a change in living situation). You document what you learned and update the nutrition education plan accordingly.
- Food package changes;
 - Example – A caregiver brings in a form showing that the doctor has put their child on a special formula. You need to consider the reason they need a different formula and if there is a new risk or risk level. You may need to schedule them to see the WIC nutritionist.
- Category changes;
 - Example – A mom stops breastfeeding, so you change her from a breastfeeding support group to another class.
- Change in living situation;
 - Example – A caregiver returns to work full time and cannot attend a class, so you schedule them to take an online lesson and call in when it is completed.

- Missed scheduled nutrition education;
 - Example – A caregiver misses their scheduled class, so you issue one month of benefits and reschedule them to attend nutrition education the next month.

Refusal of nutrition education

Nutrition education is an important benefit of being on WIC, so we highlight the reasons to attend to participants. On rare occasions a participant will be unable or unwilling to participate in any of the available nutrition education options you offer at certification. We cannot refuse to provide benefits to a participant if they do not complete nutrition education, so in this situation you would arrange for benefit issuance.

Refusing all nutrition education options at the certification appointment is different than a participant missing scheduled nutrition education and refusing to reschedule. In that situation, you would issue one month of benefits and then try to reschedule, either for the next month or for a different nutrition education option.

Steps to handle refusal of nutrition education at certification:

1. Explore the reason the participant is refusing to see if you can find a solution.
2. Offer a variety of options, including self-guided nutrition education.
3. Document the refusal and the reason in the participant's record.
4. Schedule times for the participant to contact us for benefit issuance.

Learning activity

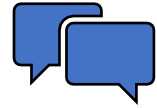


Observe a certifier planning quarterly nutrition education for a family.

What did you notice?

Ask the certifier to explain their critical thinking process for why they made the suggestions that they did.

Talk it over

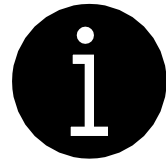


Talk with your training supervisor about any questions you have related to quarterly nutrition education plans.

What is your agency's process for rescheduling participants that miss their scheduled nutrition education?

Where do you document a participant's refusal of nutrition education?

References



[Oregon WIC Policy 810 – Nutrition-focused Education and Counseling](#)
[Oregon WIC Policy 820 – Quarterly Nutrition Education Contacts](#)

5-4 Finding Reputable Evidence-based Resources

Information is everywhere

In today's world, information is available 24/7 to anyone with a smart phone – which is just about everyone. It is an instinct to believe what we see on TV or social media. And if it is interesting, we want to share it with other people. Within hours an interesting story, photo or video can go viral and be seen by millions of people. And the more we hear it, the more likely we are to think it is true. In fact, people are more likely to search for health and nutrition information from the internet than talk to a health professional.



That means that you are likely to hear all kinds of things from participants during nutrition-focused counseling. As a certifier, your job is to sort out which information is based on reliable research and which information is inaccurate, designed to grab headlines, or is trying to sell a product.

WIC uses evidence-based practice for nutrition-focused counseling

As a WIC certifier you will apply evidence-based practice to your nutrition-focused counseling. Evidence-based practice is an approach to medicine, education, and other

disciplines that emphasizes the practical application of the findings of the best available current research.

That means that we look at the most current research and relate those conclusions to what our experience as a certifier tells us, and then frame that information so it applies to what our participants think is most important. Where those 3 things intersect is the information we share with participants.



Considerations:

- Talk to the WIC nutritionist in your agency to make sure the information you provide is accurate.
- We learn new things from research all the time, and recommendations may change over time. But we want to make sure we only share information that is the result of high quality research and has been accepted by experts in the field.
- When you hear something new, whether from a participant or the internet, you will want to use critical thinking to tell the difference between internet hype, personal opinion and research-based information.
- The internet is a valuable tool as long as you know how to tell what information is based on research and is evidence-based.

About the internet

When thinking about the internet, just remember:

- No one is in charge of the internet;
- In the United States, there are few rules and regulations overseeing what can be posted;
- Anyone can build a website;
- No educational or professional qualifications are necessary to post something on the web;



Therefore, you cannot automatically trust information found on the web.¹

How can I tell if a website is credible?

It can be challenging to determine whether a website you're using is credible, but there are a few things to look for.

¹ From Internet Power Searching: the advance manual, Phil Bradley, Neal Schuman Publishers

Remember the **ABC**S of evaluating websites.

Accuracy

- Does the site provide references to scientific literature? (Popular media such as Facebook, Instagram, or YouTube don't count)
- Credible websites, like books and scholarly articles, should cite the source of the information presented.



Authority

- Is the information from a credible source? Are they a health professional?
 - Check the About Us section
 - Information on the internet with a listed author is one indication of a credible site. The fact that the author is willing to stand behind the information presented (and in some cases, include his or her contact information) is a good indication that the information is reliable
- Does the site encourage conversations with medical professionals?

Bias

- Who pays for the site? Are ads or sponsored content clearly labeled?
- Does the site use sensational language, make health promises, or offer special deals?
- Check the site's domain (.com, .org, .net, .edu, .gov)
 - Some domains such as .com, .org, and .net can be purchased and used by any individual. However, the domain .edu is reserved for colleges and universities, while .gov denotes a government website. These two are usually credible sources for information (though occasionally a university will assign a .edu address to each of its students for personal use, in which case use caution when citing).
 - Be careful with the domain .org, because .org is often used by organizations which may have an agenda of persuasion rather than education.

Comprehension

- Is the information easy to understand?
- Is the site easy to navigate? This can be very subjective, but a well-designed site can be an indication of more reliable information. Good design helps make information more easily accessible.
- Poor spelling and grammar are an indication that the site may not be credible. To make the information presented easy to understand, credible sites watch writing style closely.

Current

- Are there dates on the material? Is the material recent, e.g. under 5 years old?
- The date of any research information is important, including information found on the Internet. By including a date, the website allows readers to make decisions about whether that information is recent enough for their purposes.

Of course, there may be some reliable websites that do not include all these qualities. If you are unsure whether the site you're using is credible, verify the information you find there with another source you know to be reliable.

Learning activity



Sometimes sites like WebMD.com have some reliable information but their main goal is not to educate the user but to generate money. The only goal of MedlinePlus.gov is to provide accurate information. Compare the 2 sites using the **ABCs**.

ABC's	WebMD.com	MedlinePlus.gov
Accuracy		
Authority		
Bias		
Comprehension		
Current		

Learning activity

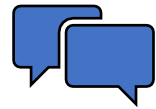


Sometimes you will be asked about the validity of a health claim or concern that a participant has seen in the news. Use this handout to evaluate a health claim or concern you have heard recently.

<https://www.ag.ndsu.edu/publications/food-nutrition/finding-the-truth-i-reliable-nutrition-and-health-information/fn569.pdf>

After using the critical thinking questions in the handout, what do you think of the health claim?

Talk it over



Talk with your training supervisor about what resources are used in your clinic to evaluate health and nutrition materials.

References



Trusted websites for health and nutrition information

- Healthfinder.gov from US Dept. of Health and Human Services
- Eatright.org from Academy of Nutrition and Dietetics
- [Breastfeeding](https://www.cdc.gov/breastfeeding/) (<https://www.cdc.gov/breastfeeding/>) from Centers for Disease Control (CDC)
- Division of Nutrition, Physical Activity and Obesity from Centers for Disease Control (CDC)
- Medline Plus from U.S. National Library of Medicine
- The Nutrition Source from Harvard
- Kids Health from Nemours with articles in English/Spanish/Audio translations.

6-1 Shopper Education and Tailoring Food Packages

The certifiers role

A big reason participants seek out WIC is because of the foods WIC provides. So, determining which WIC foods to assign to each participant is a very important part of what a WIC certifier does. In fact, only a WIC certifier can assign or tailor food packages for participants.



You learned all about WIC foods, food package assignment, and shopper education in:

- *Introduction to WIC* module
- *Food Package* module (Chapter 1)

You will learn more about tailoring food packages to specific participant needs in:

- *Food Package* module (Chapter 2)

Understanding the WIC shopping experience

Remember the WIC customer life cycle from [Lesson 2-2](#)? We talked about how the WIC experience is more than what happens in the WIC clinic. It also includes what happens when the participant shops for WIC foods at the grocery store. Participants only benefit from WIC foods if they can successfully purchase them – which is not always simple or easy.



You will do a much better job of helping participants if you have a good understanding of what is involved in shopping with a WIC food list, an eWIC card, checking your benefit balance, and using the WICShopper App on your phone.

Learning activity



If possible, download the free WICShopper App to your phone. If this is not possible, ask another WIC staff person to show you the app on their phone.

Explore the following features of the app:

- Use this eWIC card number to register a card - **6102870000115055**
- Look up the benefit balance
- Scan an item
- Use the find a store function and look for which stores in your area have pharmacies or accept eWIC at self-checkout
- Look at the WIC Food List and what languages are available
- Find recipes on Food Hero

What features could you use to help answer participant questions?

Learning activity



Arrange for a visit to a local grocery store to practice choosing WIC foods. Use the [Standard Food Packages](#) job aid, the WICShopper App and the WIC food list to find foods that you might purchase if you were a WIC participant.

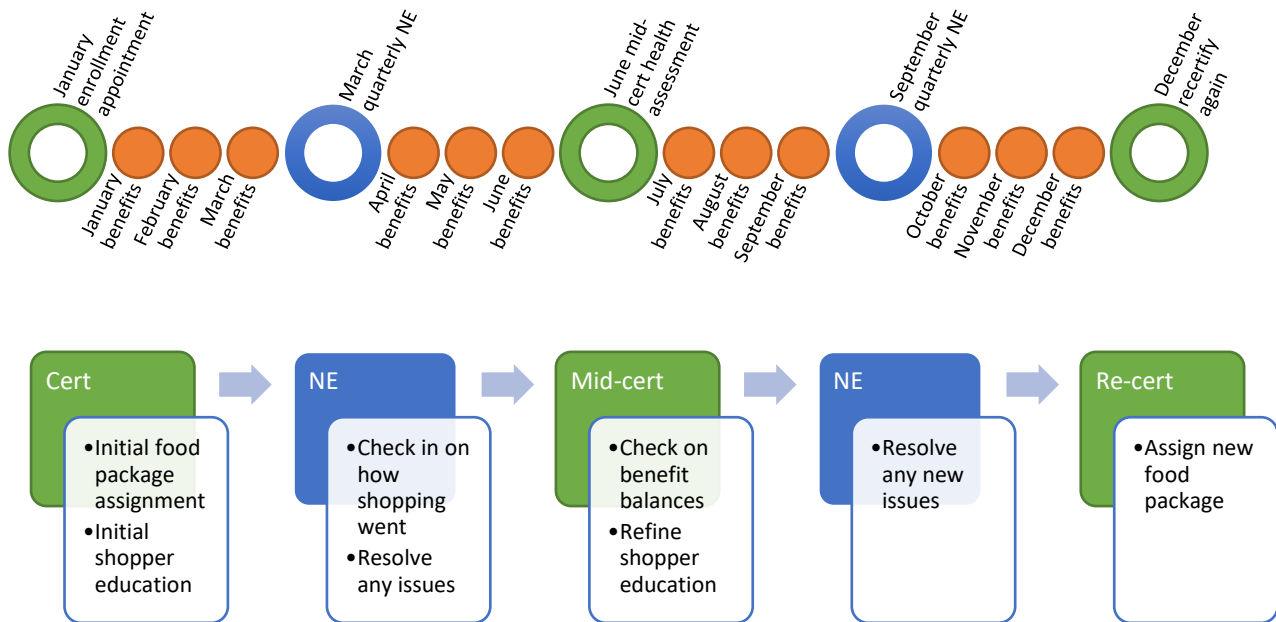
How did you know the foods you chose were WIC authorized foods?

What WIC foods were difficult to find or select?

What foods required mental math to make sure you got the right amount?

Shopping and food package follow-up

There is only so much information that a new WIC participant can absorb at their first WIC appointment. That means new participants often discover they have lots of questions during their first WIC shopping experience. You may not hear about those problems or issues unless you follow-up with newer participants during their quarterly contacts.



Considerations:

- At the first quarterly contact after enrollment check with the participant about how shopping went and resolve any issues.
 - How was your most recent shopping experience?
 - How are you checking your benefit balance?
- At the mid-certification health assessment part of your assessment should include a review of shopping and using the WIC foods. You can ask about foods they use, can't find, don't use, etc.
 - Review the benefit list to see what benefits have or haven't been purchased already this month.
 - What do you think about the WICShopper App?
 - Tell me about the WIC foods you are buying?
- As a certifier, you are in the perfect position to connect the WIC foods the participant is buying to nutrition-focused counseling.



- If the participant identifies any problems, help resolve them.
 - App Support can help answer questions about the participant's eWIC transactions.
 - The state Vendor Team can help locate hard-to-find items.
 - Always check the food list or WICShopper App to see if the food in question is WIC-authorized and is on the participant's benefit list.
 - As a certifier, you can help participant find the items they want. You can change, update, or tailor the food package at any time to better meet the participant's needs.

Learning activity

Observe how other certifiers check in with participants about their food package at mid-certification health assessments or quarterly nutrition contacts.



Tailoring food packages

There are many different situations when you will be tailoring a food package to meet the specific needs of a participant. The Food Package module describes them in detail, but there are a few situations that often raise questions. As you complete your training, you will want to pay special attention to the following situations.



Infant fruit and veggie benefit

- Half of the baby food fruits and veggies can be replaced with fresh starting at 9 months of age if an assessment shows the baby is developmentally ready.
- For more information see *Food Package Module Lesson 2-1: Food package issues based on participant category*.

Homeless participants

- Special consideration should be given to storage, refrigeration, and safe water supply.
- For more information see *Food Package Module Lesson 2-3: Food package issues related to living situation*.

Formulas requiring medical documentation from the health care provider

- One month of formulas requiring medical documentation can be issued while we wait for the medical documentation form from the health care provider.

- For more information see *Food Package Module Lesson 2-5: Food package requiring medical documentation* and *Lesson 2-6: Formula warehouse*.

Talk It Over

Ask your training supervisor who to go to in your agency with questions about shopper education or tailoring food packages.



References

[Policy 769 – Assigning WIC Food Packages](#)

- Describes food packages for each WIC category
- Details food package in special circumstances:
 - When partial packages are assigned
 - When whole milk or 2% milk can be assigned
 - Assigning soy beverage and tofu
 - Food packages special living situations

[Policy 770 – Authorized Foods](#)

- Provides details about what foods are allowed and which are not
- Appendix B describes the WIC food authorization process

[Policy 733 – Formula Warehouse](#)

[Policy 735 – Exchange and Handling of Returned Formula](#)

[Policy 760 – Medical Formulas](#)

[Policy 765 – Medical Documentation](#)

- 733, 735, 760, 765 provide details for assigning and issuing special formulas



6-2 Food Package training module – Chapter 2

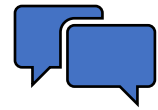
Another of the 4 main services that WIC provides is nutritious supplemental foods. The WIC foods are probably the service that most people think of first, so it is helpful to know how the food packages are assigned and how they connect to good health.

What you need to do

1. Work with your training supervisor to determine a time to complete Chapter 2 of the *Food Package* training module. There are 6 lessons in Chapter 2 of this training module. It takes about 2 hours to complete.
Date and time _____
2. The [Food Package](#) training module is formatted as a pen and paper module. You can read it in electronic form from [our website](#) to take advantage of links, or you can print off a copy, or you can ask your training supervisor to order you a hard copy from [Shopify](#).
3. Complete the 6 lessons from Chapter 2 of the *Food Package* training module and learning activities.
4. Make note of any questions or concerns you have about information in the module.
5. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____



Talk it over



1. Review your notes and ask any questions you have about the course.
2. How can you connect food packages to providing nutrition-focused counseling?
3. Discuss which food package tailoring situations seem the most confusing.
4. What food package issues are the most common in your agency?
5. In your agency, how do food packages requiring medical documentation get reviewed by the WIC nutritionist?

References

Find the most current medical documentation form here – [Medical Documentation Form](#)



6-2 Completion Form: Food Package

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Food Package* module, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Food Package* module, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/ NA
2.8	Correctly issues food benefits to participants.	
7.2	Evaluates socio-cultural practices for their potential to influence the participants' health or nutritional status.	
8.11	Assigns the food package most appropriate to the participants' category, risk, and personal preference.	
9.6	Identifies appropriate food benefits to be issued.	

Training Supervisor:

Food Package post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Food Package* module and the competencies listed above.

Date: _____

Signature: _____

Tab 7

7-1 Making Good Referrals

Referral basics

At its most basic, making a referral means matching a participant need with an organization that can help with that need, then documenting it in the participant record.



Any WIC staff person can make a basic referral and document it.



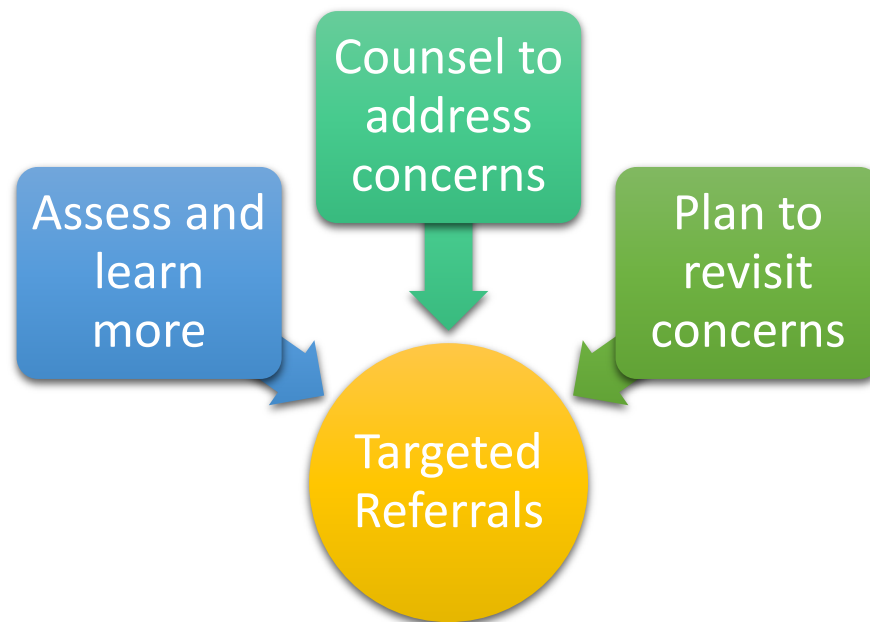
The certifiers role in making referrals

Every WIC staff person helps make referrals, but a certifier has a bigger role in making referrals because they do 3 things that other staff don't do:

1. They complete an assessment where they learn more about what is happening with the family;
2. They provide nutrition-focused counseling where they help the family by addressing specific concerns; and,

3. They develop a quarterly nutrition education plan where they can revisit the concerns that came up during the initial certification throughout a participant's certification period.

These activities in the privacy of a certification room allow the certifier to make more targeted referrals.



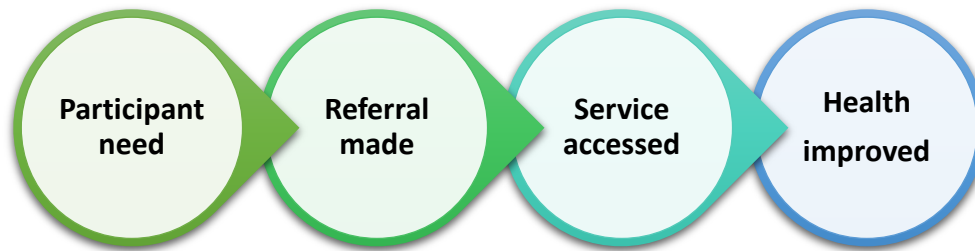
Example:

- **Assessment** – During the certification, you learn that the reason the family runs out of food each month is because during the winter they are paying high utility bills and their rent got raised recently.
- **Counseling** – The caregiver is willing to apply for energy and housing assistance, so you provide them with the contact and application information for those assistance programs in your area.
- **Plan** – You document the referrals for assistance in the participant record and then check in about the referrals at the mid-certification health assessment.

What is a good referral?

A referral is only good if the participant is able to access the service they need. During counseling you can find out what barriers might keep the participant from getting what they need, and then helping them figure out how to overcome that barrier. The easier you make it for the participant, the more likely they are to use the referral. Ultimately, using the referral helps improve their health outcomes. Documenting the

need and the referral in the participant record allows you to follow-up at the next appointment.



Know your referral options

The best thing that you can do to make a great referral is to learn about the organizations in your area. That means learning more than just the phone number. It takes a while but the more you know, the better the referral.



Things to know about an organization:

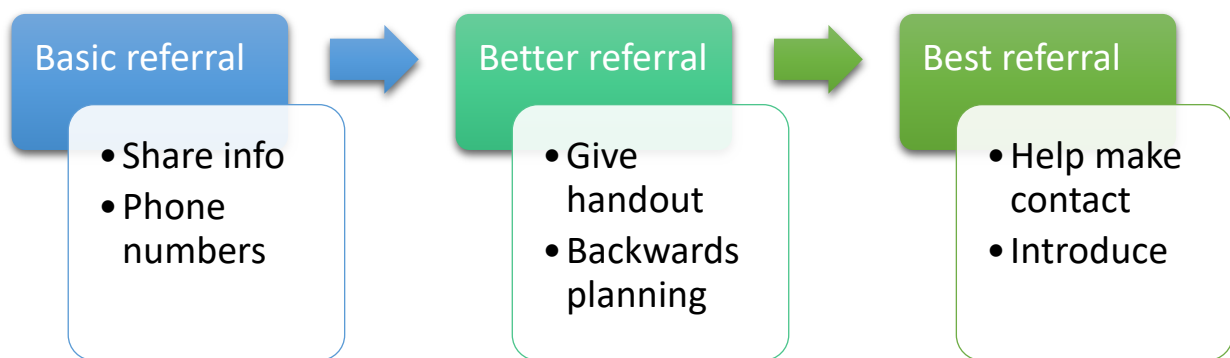
- Phone number;
- Where are they located?
- When are they open and closed?
- What kind of help they offer?
- What is their service area?
- What makes a person eligible for their services?
- Will citizenship status impact eligibility?
- What is the application process, if there is one?

Making referrals better

Here is a list of things that you can do to make a referral more effective. They are listed from least to most time consuming and from least to most effective, which also works better for the participant.

- Refer participants to the statewide toll-free **211info** information and referral service;
- Provide the phone number of the specific organization in your area;
- Give participants a handout, brochure, or application for the service. Circle or underline the phone number or most important information;

- If they don't have access to a phone, offer to let them use your office phone to contact the organization in your area;
- Use backwards planning to help the participant figure out when, where, and how they would contact the referral organization;
- Try to coordinate their WIC appointments with appointments for other services in your agency (e.g. family planning, medical care, immunizations);
- Offer to contact or send information to the referral organization on their behalf with their permission;
- Provide a "warm handoff," which means you introduce them to a person from the referral organization.



Document the referral in the participant record, then follow-up with the participant at their next WIC appointment and find out how the referral went and if they need any further help

Learning activity

Observe a certifier making a referral. Think about what went well and what you might do to make the referral better.



Learning activity

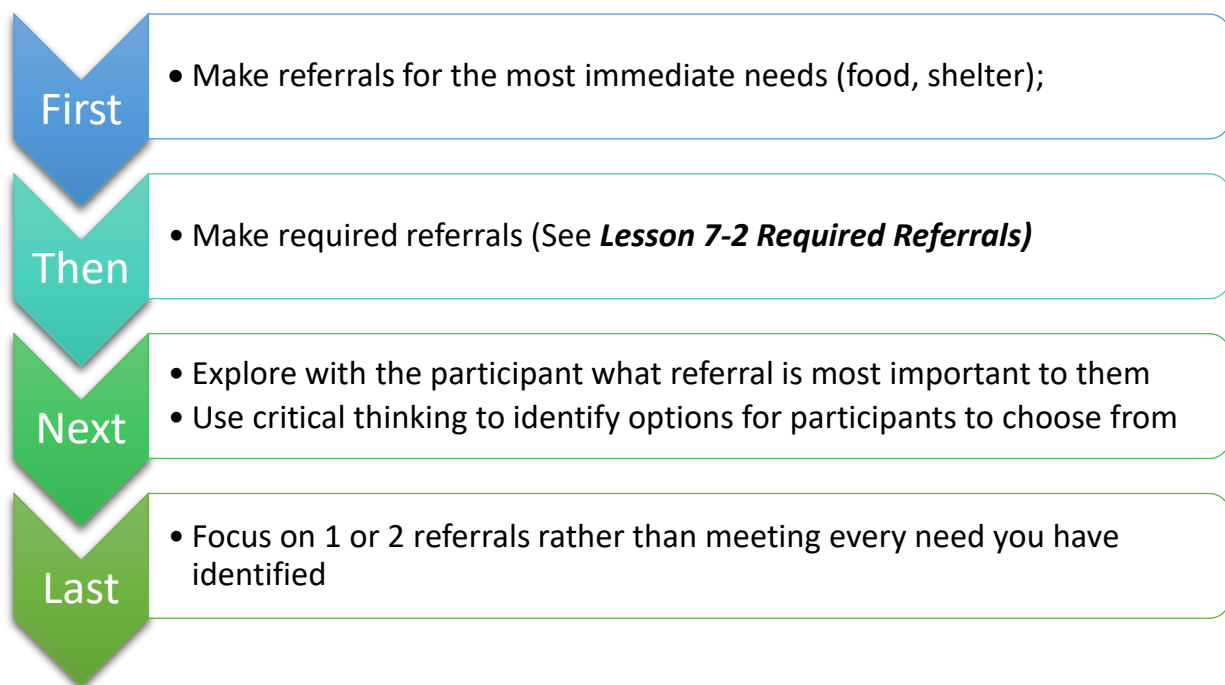
Your best resource is to talk with other staff in your agency about the services they recommend to participants. Your agency may have collected information about common referral agencies in your area or made a list for staff or participants.



1. Ask your training supervisor for any written referral organization information or lists.
2. Choose a referral organization to find out more about. Use the list of things to know to learn more about the organization.
3. Share what you learned with other certifiers in your agency.

Prioritizing referrals

Prioritizing which referrals to provide is similar to prioritizing what nutrition-focused counseling to offer. You will use critical thinking to make the best referrals.



Example:

You certify a pregnant woman who smokes, is homeless, lives in her car, and gets her food from a food pantry. Her most immediate need is food and shelter. A referral to a homeless shelter might meet the immediate need, but a referral to TANF and SNAP might be most important to the participant. You might save the referral to a stop-smoking program until a future appointment.

Learning activity



Using the information in the case study and what you know about services available in your area, decide what referrals you would offer.

Case Study

Harriet and her 1-year-old son Henry are sleeping on the couch at a good friend's house. Harriet's SNAP benefits are already gone this month and there is still a week left before she gets any more. Harriet is very concerned about the rash on Henry's tummy.

What referrals you could provide based on your agency's compiled resources?

How would you learn more to prioritize the referrals?

What would a basic referral look like for Harriet?

What would a best practice referral look like for Harriet?

Referrals within WIC

You could think of scheduling a participant to see the WIC nutritionist or IBCLC as an “in-house” referral. This kind of in-house referral will be part of the quarterly nutrition education plan. You will learn more about referring high-risk participants to the WIC nutritionist in [Lesson 7-3 High Risk Referral Process](#).



Even low-risk participants sometimes need to be referred to a certifier who is a health professional. It is important to use critical thinking skills when certain behaviors or concerns indicate that a participant needs additional support. Let's consider some examples of situations when a certifier would need to refer a participant to a WIC nutritionist or IBCLC.

Example 1:

A pregnant woman tells you that she is taking special vitamins that her neighbor has recommended she take during her pregnancy. She explains that she has not stopped taking her prenatal vitamins, but instead is taking both vitamins. The appropriate

action would be to refer this participant to her health care provider to discuss supplementation and to the WIC nutritionist for follow-up.

Example 2:

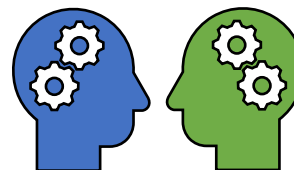
The mother of a 2-year-old says she is a strict vegan and is making sure her child is following the same strict diet. After asking the mom some probing questions, you find that she is not giving her child any animal products. You would want to refer her to the WIC nutritionist for follow-up.

Example 3:

A breastfeeding woman tells you she is using a special tea to increase her milk supply for her twins. You would want to refer her to the WIC nutritionist or IBCLC for follow-up.

Consulting with others

Other staff in your agency can help you make decisions about referrals, especially in-house referrals. Consulting is when you ask someone for advice on a specific subject.



Considerations:

- Don't be afraid to ask a participant to wait while you consult with a colleague that has more information than you do.
- You can consult with other WIC staff if you don't know what resources are available to help with a issue.
- You can consult with the WIC nutritionist or IBCLC when deciding if an in-house referral is needed for a specific situation.
- You can introduce the WIC nutritionist or IBCLC to the participant and let them answer a question or complete a certification if needed.

Learning activity



1. Find out who the professional certifiers are in your agency (WIC nutritionist, IBCLC, or nurses).
2. What is their schedule?
3. How do you schedule someone to see them?

Learning activity

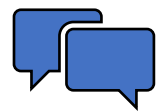


Using the information in the case study and what you know about your agency, decide what in-house referral or consultation makes sense.

Case study

Jenna is breastfeeding her 6-week-old daughter Rose and she wants to continue until Rose is a year old. Jenna is on a special diet to help her lose weight.

Talk it over



Talk with your training supervisor about any questions you have related to referrals.

Talk with about what kind of in-house referrals you might make.

References

[Policy 880 Referrals](#)



7-2 Required Referrals

Which referrals are required?

WIC is required to make and document referrals because they impact the health of many participants.

- Screen and refer for immunizations needed by children between the ages of 3 and 24 months;
- Screen all participants for Oregon Health Plan (Medicaid) participation and refer participants to OHP if not currently active;
- Screen and refer all caregivers, pregnant and postpartum women for alcohol, tobacco, or drug use;
- WIC staff are mandatory reporters of child abuse. (This is not a referral but is required of all WIC staff.)

Learning activity

Required referrals can be made by any WIC staff member. Find out who is responsible for screening and making the required referrals in your agency.



- Immunizations:
- Oregon Health Plan:
- Alcohol, tobacco, or drug use:

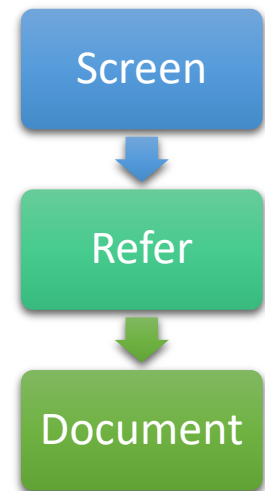
Immunizations

We screen for immunization status because immunizations are a good indicator of whether a child is being seen regularly by their health care provider. If they are not up-to-date, this gives you a chance to refer them to their health care provider for immunizations and other health services. This screening allows WIC to support good health care.



Step 1 – Screen immunization status:

- Screen every child between the ages of 3 and 24 months at certifications and mid-certification health assessment appointments.
- Screen immunization status by using a documented record. This could be a hand-held paper immunization record or an electronic record.
- Screen by counting DTaP vaccines. DTaP vaccines are the best indicator of overall vaccine status. The number of DTaP's they should have depends on their age.
 - By three months of age, at least one dose of DTaP
 - By five months of age, at least two doses of DTaP
 - By seven months of age, at least three doses of DTaP
 - By 19 months of age, at least four doses of DTaP



Step 2 – Refer for immunizations if not up-to-date:

- Refer them to their health care provider if they have one;
- If they don't have a health care provider, try to help them find one;
- If no health care provider is available, refer them to a free immunization provider.

Step 3 – Document the referral for immunizations in the WIC data system:

- All referrals made on behalf of a participant are to be documented in the referral section of the WIC data system.

WIC staff are not responsible for:

- Assessing immunization records beyond counting DTaP doses by age;
- Answering technical questions about immunizations;
- Entering immunization data into the computer;
- Convincing caregivers who refuse to immunize their infants or children why they should be immunized.

If the caregiver has chosen not to immunize their infant or child:

- Make sure the caregiver knows that immunization status does not affect their infant or child's eligibility for WIC;
- Refer them to their child's health care provider for more information on immunizations; and,

- Explain WIC’s role in supporting immunization screening and let them know WIC is required to screen their immunization record at each certification and mid-certification health assessment.

Learning activity



1. Find out where you would refer someone for immunizations in your area.
2. Observe another certifier screening and referring for immunizations.
 - What do they do if the caregiver has chosen not to immunize their child?
 - How did they document the referral?

Oregon Health Plan (OHP)

Having access to health care has a huge impact on a participant’s overall health and their ability to stay healthy. WIC always screens for access to health care and having a primary health care provider. This is one of the reasons we screen for participation in the Oregon Health Plan (OHP). Having health insurance that covers the cost of health care is an important part of access to health care.



Most participants are screened for participation in OHP during the intake part of certification appointments. If they are not currently participating in OHP we must refer them and provide written OHP information and referral. Even when this is done during intake by WIC staff other than the certifier, the certifier will want to use the information about OHP to provide targeted nutrition-focused counseling. You can’t refer them to their health care provider to talk about a nutrition issue like low iron if they don’t have a health care provider!



Considerations:

- You don’t have to be an expert in how to apply for OHP, but the more you know the easier it will be to make a great referral.

- Use the information about OHP enrollment to start a conversation about the participant’s access to health care.
- Women who are pregnant for the first time or have their first baby may need help finding an obstetrician or pediatrician.
- Families new to the area may come to WIC before they even have a health care provider. You can help make that referral.
- Document the referral to OHP in the WIC data system.
- Make and document the referral to OHP even if a participant is on private insurance. OHP can still help families on other forms of insurance.

Learning activity



1. Find out who screens for OHP participation in your agency and who makes the referral.
 - a. What written information about OHP does your agency provide?
2. Find out if you have OHP assisters in your agency that can help participants enroll.
3. Find out who the health care providers are in your area that will accept OHP participants, including obstetricians and pediatricians.
 - a. How are referrals made to these providers?

Alcohol, tobacco, and drug use

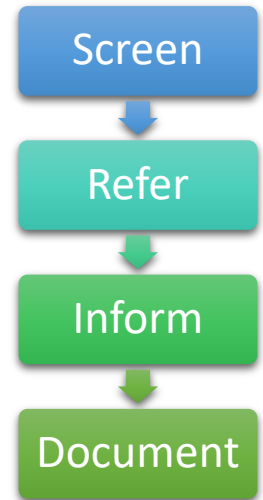
Alcohol, tobacco, and drug use impacts more than just the health of the person using – it impacts the whole family. Each WIC clinic is required to post substance use prevention materials as a way of increasing the awareness of all WIC participants. As you counsel participants you may find that substance abuse impacts a caregiver’s ability to make healthy choices or provide nutrition for their family. You are not expected to be a drug or alcohol counselor and screening for use can be difficult, but it is an important part of your assessment. At each certification, you will screen for use, refer if needed and inform caregivers of the concerns.



Step 1 – Screen:

- When doing an assessment, you will do a brief screening for potential alcohol, tobacco, or other drug use by prenatal and postpartum participants.

- Spend the minimum amount of time doing the screening to enable you to decide about the need for a referral.
- The questions in the data system will help you find out if a participant or caregiver may be using alcohol, tobacco, or other drugs that could harm the mother or baby.
- It is not in the scope of WIC to provide a full drug, alcohol or tobacco assessment or counseling. You are not trying to decide whether the person needs further treatment or not. A full drug assessment can only be completed by someone who has specific training in that process.



Step 2 – Refer:

- If you identify alcohol, tobacco or drug use during your screening, offer the participant a referral to a provider who can do a full drug and alcohol assessment.
- Offer the participant a list of local resources for drug and other harmful substance abuse counseling and treatment. This list must be made available to all WIC participants: pregnant, postpartum, and breastfeeding women and caregivers of infants and children.

Step 3 – Inform:

- During counseling at certification appointments, you are required to offer information about the benefits of harm reduction when using alcohol, tobacco, or other drugs to all pregnant, breastfeeding, and postpartum women and to caregivers of infants and children who answer positive to the screening question in the WIC data system.
 - Several educational materials are available in Shopify regarding substance use including:
 - Marijuana and Your Baby
 - Tips for a Healthy Pregnancy
 - Health Tips for New Moms
 - For participants who do not speak English, have the interpreter assist in translation of materials provided.

Step 4 – Document:

- All referrals made on behalf of a participant are to be documented in the referral section of the WIC data system.

Learning activity

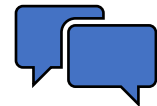


1. Find out what referral resources are available in your area:
 - a. Alcohol
 - b. Drugs
 - c. Tobacco
2. Find out what written list of local resources is used in your agency.
3. Review educational materials available in Shopify.
4. Observe a certifier screen for alcohol, tobacco and drug use.
 - a. What went well?
 - b. What would you do differently?

Mandatory reporting

You can find information about mandatory reporting in [Lesson 4-4 Assessment Variables](#). While reporting child abuse is not the same as making a referral, it is something that you are required to do.

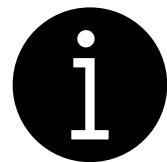
Talk It Over



Discuss any questions or concerns you have about making required referrals related to immunizations, OHP, or substance use with your training supervisor.

References

[Policy 481 – Immunization Screening and Referral Protocol](#)
[Policy 880 - Referrals](#)



7-3 High Risk Referral Process

How does the WIC nutritionist provide high-risk services?

Every WIC agency is required to have a WIC nutritionist to oversee WIC services provided to high-risk participants.

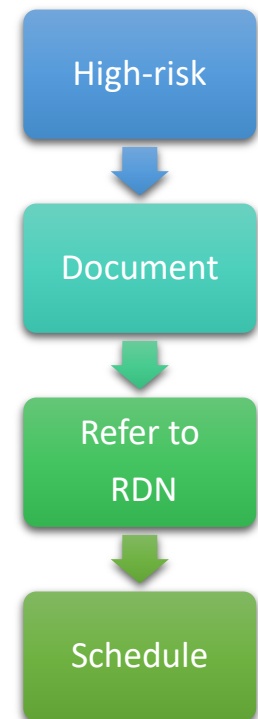
WIC nutritionist responsibilities related to high risk services:

- Nutrition assessment, counseling and follow-up care for high-risk participants and other participants as needed;
- Developing individual care plans for high-risk participants;
- Coordinating participant care with other health care providers when needed;
- Review and approval of medical documentation forms;
- Supporting other WIC staff by providing consultation and training;
- Oversight of the high-risk caseload.

How do other certifiers support the WIC nutritionist?

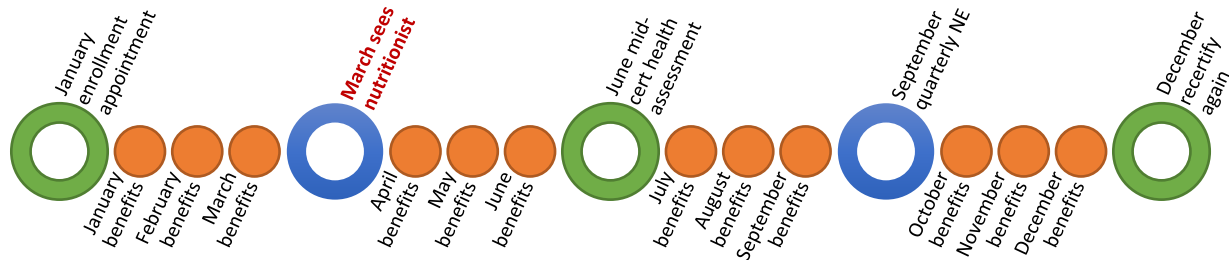
Every certifier is responsible for helping the WIC nutritionist provide services to high-risk participants by:

- Identifying participants who are high-risk or who would benefit from being seen by the WIC nutritionist;
- Providing an in-house referral to the WIC nutritionist for all high-risk participants;
- Clearly documenting what you learn from participants, so the WIC nutritionist can provide services without having to reassess;
- Reviewing individual care plans written by the WIC nutritionist for participants to make sure you follow-up as needed;
- Consulting with the WIC nutritionist if something comes up that you are not sure how to handle;
- Planning WIC nutritionist appointments as part of the quarterly nutrition education plan for high-risk participants.



Making an in-house referral to the WIC nutritionist

Every high-risk participant needs to be seen by the WIC nutritionist at least twice during a year-long certification period. The certifier that identifies the participant as high-risk will set up the first appointment with the WIC nutritionist. This is the in-house referral to the nutritionist. The WIC nutritionist will determine the schedule for future high-risk appointments within that certification.



Every local agency has a different process for making the referral to the WIC nutritionist. The in-house referral procedure will depend on the availability of the WIC nutritionist and how your agency appointments are set up.

Considerations:

- What is your agency procedure for referring to the WIC nutritionist?
 - Do you schedule the participant to see the nutritionist next month or in 2 or 3 months?
 - Does it depend on what risk the participant is assigned?
- When is the nutritionist scheduled to see participants?
 - Do they work full-time, part-time, or on contract?
 - How often are they in the office?
 - How does the nutritionist communicate their schedule or availability to the rest of the WIC staff?
- Who makes the appointment?
 - Does the certifier schedule the actual appointment or make a request?
 - Does the nutritionist make their own appointments?
- How does the nutritionist connect with the participant?
 - Face-to-face appointments in the office?
 - Electronically – skype, email, text?
 - Phone calls?

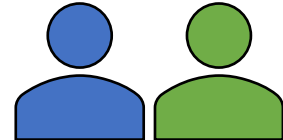
Learning activity

Talk with your training supervisor about the procedure for referring high-risk participants to the WIC nutritionist in your agency. Make sure you cover all the considerations.



What happens during high-risk appointments?

High-risk appointments with the WIC nutritionist are similar to standard WIC appointments, but have some key differences.



During high-risk appointments the WIC nutritionist will:

- Review the information documented by the certifier in the participant record;
- Complete a thorough assessment based on the assigned high-risk factors;
- Provide higher-level, specific nutrition-focused counseling that is out of the scope of other certifiers;
- Review and adjust the assigned food package if needed to meet the special needs of the participant, especially if there are any special formulas or medical foods assigned;
- Review any medical documentation forms or information from the health care provider and adjust food packages or plans accordingly;
- Coordinate participant care with the participant's health care team;
- Develop and document an individual high-risk care plan tailored to the specific needs of the participant;
- Schedule the appropriate quarterly nutrition education contacts.

What are individual high-risk care plans?

Individual high-risk care plans are a written plan developed by the WIC nutritionist that outlines actions that will help the participant improve the health-related problems identified during the assessment. Care plans are documented in progress notes in the participant record.



Care plans include:

- The date of counseling and the name of the WIC nutritionist that developed the plan;
- Any progress made in resolving the nutrition risk;
- Any nutrition-focused counseling provided;

- The behavior changes the participant has agreed to;
- A plan that will help address their nutrition risks, including suggested next steps or actions and scheduled appointments.

Learning activity



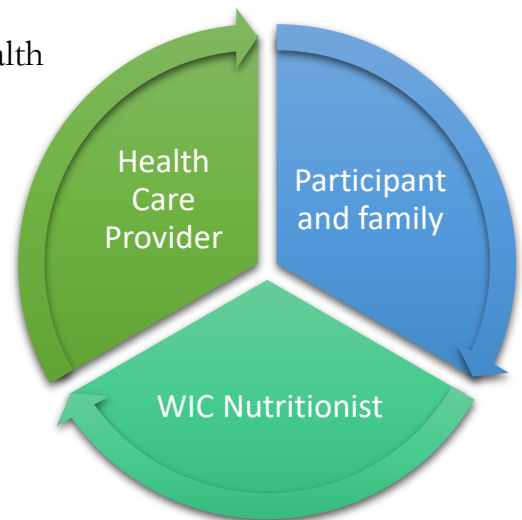
Observe your agency's WIC nutritionist do high-risk counseling and review the individual care plan they develop for the participant.

- How did the nutritionist build on what was learned at the original appointment?
- What was the difference between the high-risk counseling and what would have happened at a standard appointment?
- What stood out about the individual care plan?

Coordination of care

High-risk participants are often being seen by a health care provider or other organizations that are supporting them. The WIC nutritionist is responsible for coordinating the care and benefits that WIC provides with the services being provided by others.

Care coordination is a family-centered, relationship-based, interdisciplinary activity that supports the best health outcomes for participants and increases the capabilities of families.



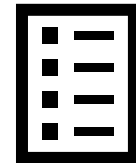
Coordination of care includes:

- Communicating with other health care providers about the participant's health condition and needs, and clarifying when necessary;
- Finding the resources that are needed by the participant;

- Sharing information about what WIC can provide and what is outside of the WIC program’s scope;
- Advocating for what the participant needs with other providers;
- Helping the participant access the resources and services they need;
- Updating the food package or nutrition education plan based on what is learned from other providers;

Review of medical documentation forms

One way that the WIC nutritionist provides coordination of care is by reviewing all medical documentation forms. The medical documentation form is a way WIC and the health care provider communicate with each other about what special medical formulas or foods the participant needs.



The health conditions of participants issued medical formulas and foods require close medical supervision. The health care provider is responsible for medical oversight. The WIC nutritionist is responsible for making sure that the food package WIC provides is appropriate for the health condition. The WIC nutritionist can also determine which supplemental foods to provide and their amounts.

Considerations:

- Not every participant who is high-risk needs a medical documentation form or special formulas, and not every participant who needs a medical documentation form is high-risk.
- The medical documentation form is a request for WIC to provide a special formula or foods, not a prescription from the health care provider.
- Review of the form should not keep the participant from getting the formula or food they need.
- The WIC nutritionist will review the food package assignment of participants assigned special formulas or foods during high-risk appointments to find out if there are changes to their health status or if they need a change of special formula or food.
- The WIC nutritionist may contact the participant’s health care provider to coordinate care, to update the medical formula and to get new authorization, if needed.
-

Learning activity



Talk with your agency's WIC nutritionist about their review of a medical documentation form for a participant.

- How does the information in the medical documentation form relate to what is in the participant's record?
- What modifications to the food package or nutrition education plan would the nutritionist make because of the medical documentation form?
- What coordination of care does the nutritionist believe is necessary for this participant?

Sometimes things change

As with all participants, sometimes the situation with high-risk participants changes and you must be ready to adjust the plan.



Examples of when things change and what to do:

- You add a risk at the mid-certification health assessment or other appointment that changes the participant's risk level to high.
 - Refer the participant to the WIC nutritionist for their next appointment no matter when they become high-risk.
- You are concerned that the participant needs to be seen by the WIC nutritionist sooner than 3 months.
 - If you are concerned, you can consult with the WIC nutritionist or coordinator.
 - High-risk participants can be scheduled to see the WIC nutritionist in 1, 2, or 3 months depending on your agency schedule.
- The nutritionist reviews the participant record and decides they need to change the scheduled appointment.
 - The nutritionist is responsible for developing a care plan for all high-risk participants, so they may adjust the plan as needed.
- After meeting with the nutritionist, the nutritionist determines that no more follow-up is needed.
 - Only the WIC nutritionist can determine if they no longer need to see a high-risk participant.

- The nutritionist will document this change in the individual care plan so other WIC staff members know how to support the plan and can schedule correctly.
- The participant refuses to meet with the WIC nutritionist.
 - Consult with the WIC nutritionist, ask them to review the participant record, and document what has happened.

Learning activity



For each of the case studies below, decide how you would adjust your high-risk referral plan.

Case study – Cheri

You are doing a follow-up weight check on Cheri, who is 5 months pregnant. She tells you that her doctor just told her that she has gestational diabetes. Cheri only had dietary risks assigned when she was certified.

Case study – Kylo

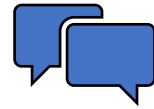
When enrolling 6-week-old Kylo you find out he is being tube fed. Mom has a lot of questions about the formula and is feeling overwhelmed.

Case study – Arya

3-year old Arya was born with Phenylketonuria (PKU) and is seen regularly by the dietitians at a specialty metabolic clinic. She is doing well on the special formula and her mom feels comfortable with her diet. She would rather do a phone consult with the WIC nutritionist or an online class than come in to yet another medical appointment.

Talk it over

Talk with your training supervisor about any questions you have related to high-risk referrals and scheduling participants to see the WIC nutritionist.



References

[Policy 661 – Competent Professional Authority: Appropriate Counseling for Risk Levels](#)

[Policy 765 – Medical Documentation](#)

[Policy 830 – Nutrition Counseling and Services for High-Risk Participants](#)



Tab 8

8-1 Why, where and how to document

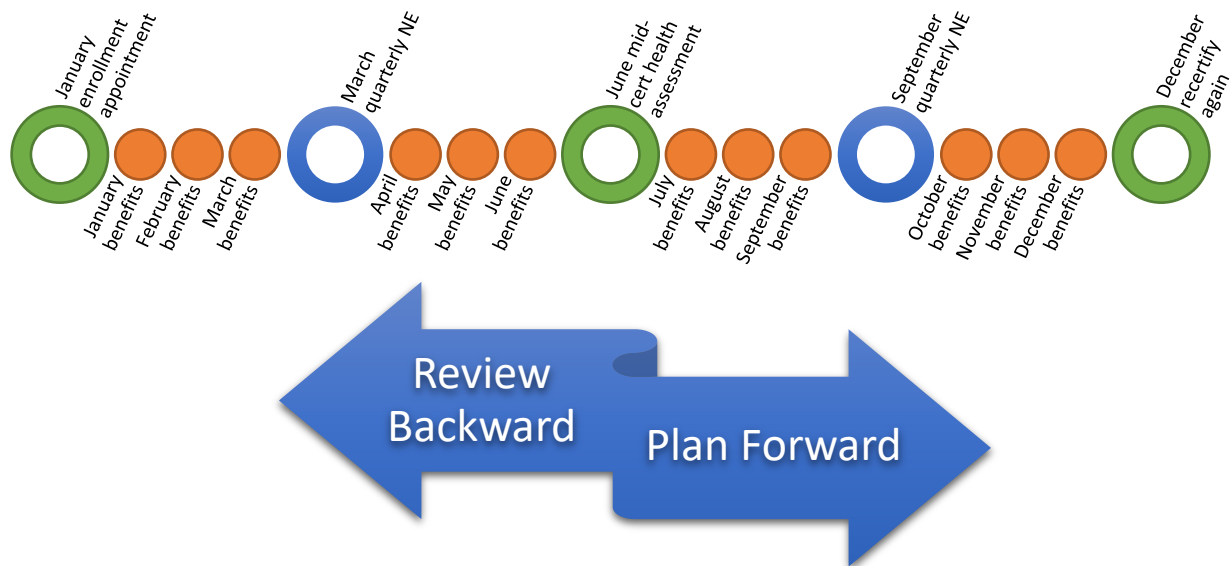
What does documentation mean?

Documentation means that information is typed in the participant’s WIC record in the data system. As a certifier, you are responsible for documenting important information about every participant you have contact with. Documentation is how WIC keeps track of the services that have been provided to WIC participants.



Good documentation is important because it allows other WIC staff to have a “picture” of the participant by reviewing their record. When documentation is thorough and complete, the whole picture is easier to see. Good documentation is a program requirement, but also helps the clinic flow more efficiently.

Documentation through the certification cycle – the whole picture



WIC staff will document what is planned for the participant and what actually happens. This allows us to plan forward and review backward to get the whole picture of the participant’s WIC life cycle. WIC staff will document everything that happens throughout the participant’s certification period– every contact, every phone call, every benefit issuance, every concern.

What is documented?

Information that is documented in the participant's record includes:

- Demographic information (name, address, phone number)
- Certification information (e.g., when the participant was certified, who performed the certification, information gathered during the assessment, and risks that made them eligible)
- Nutrition-focused counseling and education (who received it and what was provided)
- Referrals (which referrals were made)
- Plan (for quarterly nutrition education, follow-up care, progress made in resolving the nutrition concern or risk)
- Other (information that may be helpful to know at future appointments)



Types of documentation

As a certifier, there are 2 types of documentation you will do – fill in the blank or free form notes. Free form notes are documentation that is typed in your own words, rather than filling in a blank or selecting from a list. Sometimes documentation is required by the data system or by policy. Sometimes documentation is optional, but it provides a better picture for the next WIC staff person who sees the participant. For each kind of participant contact, you will document different types of information in the WIC data system.

Fill in the blank documentation

- **Specific assessment data** - Some information is documented in a specific location in the data system. For example, the participant's date of birth is entered in the "Date of Birth" field and a hemoglobin result is entered in the "Hemoglobin" field. During certification appointments, the data system tells you what specific data needs to be entered and if it is required. You learned about this kind of documentation during your data system training.
- **Quarterly nutrition education appointment data** – You will document what types of nutrition education appointments the participant is scheduled for, the topics to be covered, and whether they attended the nutrition education.

Fill in the blank

Free form notes documentation:

- **Nutrition-focused counseling information** – This is when you document the topics that were discussed and the next steps the participant has agreed to. Counseling information may be documented in several different places.
- **Notes** – Observations, assessments, education and other information that isn't documented elsewhere in the data system is entered in notes. Notes help the next certifier get a better picture of what is going on with the participant. Clear notes help save time, ensure that follow-up happens, and help the next certifier continue where you left off. Notes are often referred to as **progress notes** because they show the progress of the participant.



Learning activity

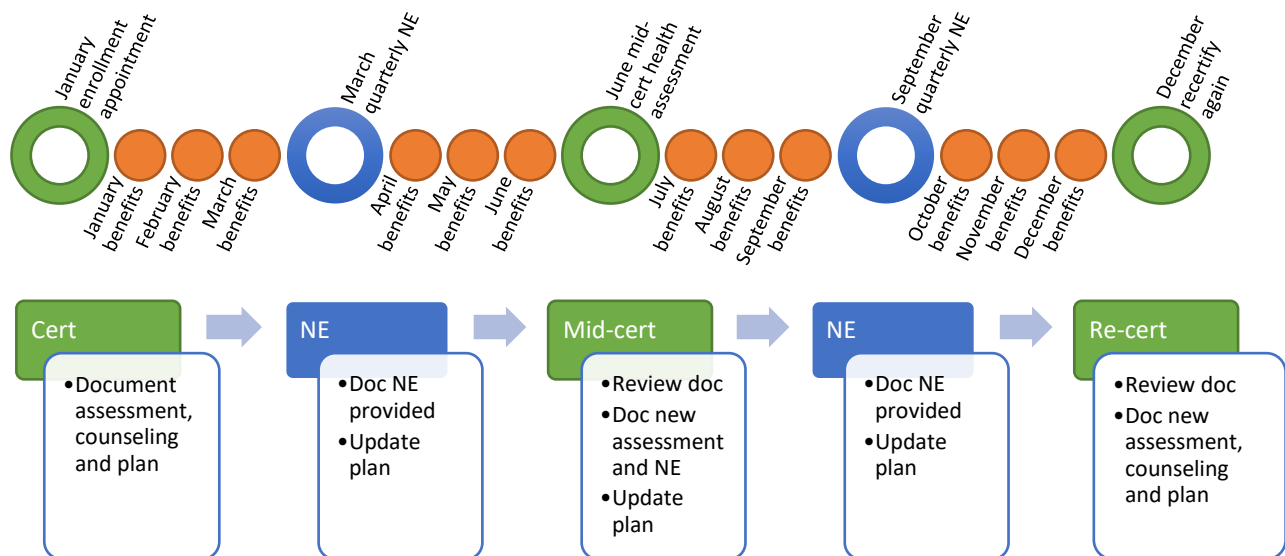


Review the documentation in a participant's record. Locate:

- Specific assessment data
- Quarterly nutrition contact data
- Nutrition-focused counseling information
- Notes or progress notes

Quarterly documentation

Since we document every contact, that means something is documented in the participant's record at least every quarter for nutrition education and benefit issuance.



Learning activity



Review the documentation in a participant's record. Describe the counseling and quarterly nutrition education plan for the participant based on what you read.

How do you write notes?

Notes can be entered in a variety of places in the participant record, some are based on state policy, some based on agency practice. Each agency has a process that they follow so every WIC staff person can find and understand the notes.



Considerations:

- Which data system location does your agency use for notes?
 - Within each local agency, the location must be consistent. This helps everyone know where to find the information after it is entered.
 - Example – Is everything documented in the progress notes location or in notes throughout the participant record?
- Are different kinds of notes documented in different places?
 - Example – Is information about a risk factor assignment in notes in the assessment area in progress notes?
- What specific abbreviations or short-hand for certain words does your agency use?
 - Use the same abbreviations consistently will make it easier for others to understand the note.
 - Example – Is the mother referred to as mother, mom, MOB (mother of baby), MOC (mother of child), parent, or by name?

Learning activity



Ask your training supervisor about your agency process on documentation. Review a participant record and find where notes are entered.

What common abbreviations are used in your agency?

Common word or phrase	Abbreviation in notes
Mother, father, caregiver	
Appointments, follow-up	
Doctor, health care provider	
Medical or health conditions	
Others?	

Writing progress notes – remember SOAP

To make it easier to write and organize good progress notes, WIC uses a format called **SOAP** notes. The SOAP note format separates information into four sections – **S**, **O**, **A** and **P**. Each letter stands for a word that helps you remember what information is entered in that section.



SOAP stands for:

- **S** – Subjective
- **O** – Objective
- **A** – Assessment
- **P** - Plan

There are other formats that can be used to document the same information. Some WIC nutritionists may use a different format, such as a PES (problem, etiology, and signs) statement, or add other sections such as I for Interventions. Most people in the health or medical field are familiar with the SOAP note format, but any format that includes the key information is okay.

	Section:	What you write:	Examples:
S	Subjective	<ul style="list-style-type: none"> • Information the participant tells you, including about living situation • Participant concerns or questions • What is important to the participant 	<ul style="list-style-type: none"> • Mom says she has diabetes. • Baby was born with a cleft palate. • Mom is worried baby not getting enough breastmilk.

	Section:	What you write:	Examples:
O	Objective	<ul style="list-style-type: none"> Your interpretation of anthropometric and biochemical data What you observe 	<ul style="list-style-type: none"> Growth tracking on the same percentile. Bruises on baby's thighs.
A	Assessment	<ul style="list-style-type: none"> Your assessment of the participant's condition or growth pattern A summary of your critical thinking about risks assigned and what you have learned 	<ul style="list-style-type: none"> Participant understands her diabetic diet plan. Mom using bottle to keep baby quiet while co-parent sleeps.
P	Plan	<ul style="list-style-type: none"> Plan that has been agreed upon by participant, how it connects to the next step and quarterly NE Questions that need to be answered in follow-up Specific nutrition-focused counseling provided that has not been entered elsewhere Specific referral information that has not been entered elsewhere 	<ul style="list-style-type: none"> Scheduled follow-up appt with RD for next month. Check at next appointment to see if she has found a doctor. Recheck height and weight every month. Discussed why following diet plan is important with gestational diabetes.

Example of a SOAP note for a new pregnant woman:

Subjective – MOB @ 35 weeks gestation. Feels baby is coming any day. 1 visit to ER with false labor. PMD says everything is normal. Mom is eating 1c. yogurt every day and tolerates lactose free milk. Plans to breastfeed “if I can”. Says she knows BF is best for her and the baby. Is okay with formula if things don't work out. Her sister is a lactation consultant and can help her.

Objective – Wt. gain appropriate for pre-pregnancy wt.

Assessment – Doing well with calcium foods. Intends to breastfeed but not feeling confident. May need extra BF support.

Plan – Issued lactose-free milk. Discussed concerns about milk supply and ways to ensure production is adequate, including exclusive and frequent BF. Answered questions about WIC formula issuance to BF moms. Encouraged to talk with her IBCLC sister. Provided with information about BF support group and warm line.

Learning activity



Using the example above:

1. Translate any abbreviations.
2. What are the key issues brought up by the participant? How did the certifier address the participant's concerns?
3. What is WIC doing to support the participant?
4. If you were the next certifier to see the participant, what action would you take or follow-up on?

Document only what is necessary

Documentation takes time – to write and to read. We need balance between putting enough information in to help provide the best service for participants and taking time away from providing services to participants.



Considerations:

- Write concise notes – not long explanations
 - Use commonly accepted abbreviations and phrases.
 - You don't have to write full sentences, but you do need to make sure the next person understands what you wrote.
- Don't duplicate.
 - Don't repeat in notes what is already documented in other places in the participant record.
- Only use the parts of SOAP that are needed.
 - You won't always need to document all 4 sections of a SOAP note. It is okay to just use the part that is needed.
 - Objective data like measurements and hemoglobin values are documented elsewhere, so do not need to be repeated in notes. Instead, add your interpretation of the measurements under assessment and use this to guide the plan that is made.

Learning activity



Evaluate these progress notes:

- Subjective – Mom worried about baby’s growth.
- Plan – Check weight at follow-up.

What is going on with this participant?

What else would you like to have known, if anything?

What information would you look for elsewhere in the participant record?

What would you do when you see them next?

Learning activity



Write progress notes for the case study. Think about what you would want to know if you were the next certifier to see this participant. Make up a nutrition education plan based on what you know.

Case study:

Maribel brings in her 13-month-old daughter, Ari. Ari was in the emergency room last month with an anaphylactic reaction to peanut butter. Maribel now keeps an EpiPen with her all the time. Maribel is worried that Ari might have other allergies since she gets a rash and black circles under her eyes when she drinks milk. Ari’s pediatrician has referred her to an allergist. She has heard that evaporated milk might be better but would rather use something like PediaSure. Ari’s measurements remain at the 50th percentile.

Subjective	
Objective	
Assessment	
Plan	

Situations where additional documentation is required

There are 3 situations where additional notes must be documented:

- If you are unable to complete a required certification task (measurements or blood test);
- Certain risks require additional information when they are assigned;
- High risk participants require care plans (see Lesson 7-3 High Risk Referral Process).

Documentation when unable to complete a required certification task

Occasionally you will not be able to take accurate measurements or obtain bloodwork. You need to document the reason why and the plan to get that information.



What to document:

- The reason you were unable to collect the measurement or bloodwork
 - Examples:
 - Parent refused blood test due to child tantrums.
 - Child is in a cast so unable to get accurate measurement.
- Your plan to get the information needed
 - Examples:
 - Parent will text results from blood test at doctor's office by end of month.
 - Will check weight at next appointment after cast is removed.

Learning activity

Case study:

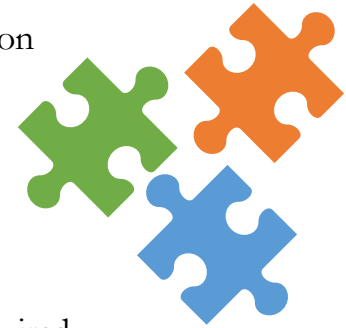
Simon brings in his 2-year-old son, Chester, for a certification. Chester has severe eczema on his hands and feet. Simon doesn't want to irritate the skin further by doing a blood test. Chester sees his doctor next week and will have blood work done then.



Write a sample note here:

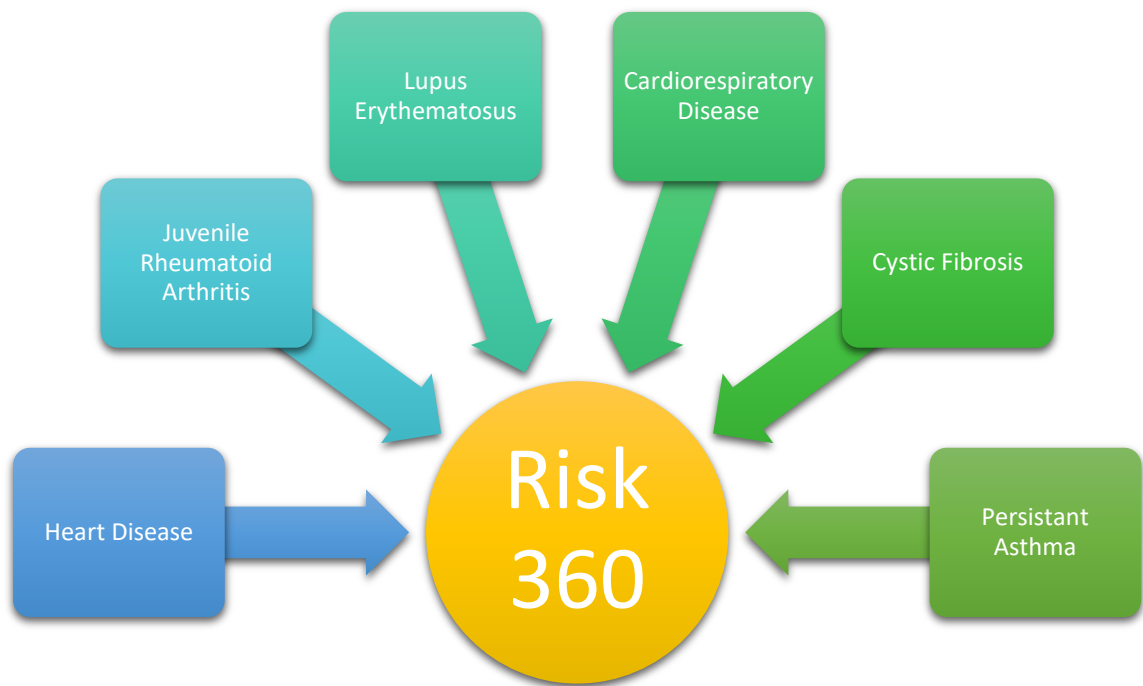
Documentation is required to clarify some risk assignments

There are certain nutrition risks that require additional information be documented in the data system when the risk is assigned. This information clarifies why the risk was selected or the specific medical condition diagnosed. When the information is documented, it helps other staff provide targeted, appropriate follow-up care for the participant.



There are two risk assignment situations when documentation is required.

1. There are multiple reasons why the risk can be assigned. For example, multiple conditions exist under one risk code.



○ **Examples:**

- [Risk 360 - Other Medical Conditions](#) could be many different diagnoses. You will need to document the specific condition the participant reports (e.g. Participant reports diagnosed with persistent asthma; or which specific heart disease)
- [Risk 353 – Food Allergies](#) could be many different foods. You will need to document the specific food allergy (e.g. Milk allergy diagnosed by doctor)

2. Extra information is needed to clarify why the risk was assigned.



○ **Examples:**

- [Risk 411.2 – Inappropriate Use of Bottles or Cups](#). You will need to document the specific reason why it is inappropriate (e.g. baby is put to bed with the bottle every day)
- [Risk 334 – Lack of or Inadequate Prenatal Care](#). You will need to document weeks gestation and the number of visits (e.g. First visit to PMD was at 5 mo. gestation).
- [Risk 425.2 – Feeding Sweetened Beverages](#). You will need to document the specific sweetened beverage (e.g. child is getting Kool-Aid with most meals)
- [Risk 427.1 – Inappropriate Use of Dietary Supplements](#). You will need to document the specific inappropriate use (e.g. Mom is taking double doses of prenatal vitamins because she thought it would help her tiredness).

The Risk Information Sheets from the *Nutrition Risk* module and many of the risk job aids identify which risks require additional documentation when assigned.

Learning activity

Use the *Job Aid: Risk Summary*. Highlight the risks that need additional documentation (see the column “Additional Documentation”).



Learning activity



For each case study below, use the job aid and write what you would document in the participant's record.

Case study 1

During the diet assessment, Juanita tells the certifier that she eats tissue paper to keep from getting sick during the day. The certifier selects [Risk 427.3 – Pica](#).

Your documentation:

Case study 2

During the diet assessment, Samuel's mom tells the certifier that she gives Samuel diluted, sweetened, condensed milk because he thinks it tastes better than regular milk. The certifier selects [Risk 425.1 – Inappropriate Beverage as Milk Source](#).

Your documentation:

Case study 3

During the health assessment, Susie tells the certifier that she is having pain and problems eating because she has an abscess in her tooth. She shows the certifier her decaying tooth. The certifier selects [Risk 381 – Oral Health Conditions](#).

Your documentation:

Case study 4

During the health assessment, the mom tells the certifier that her son had surgery last month to have his appendix removed. The certifier selects [Risk 359 – Recent Major Surgery, Trauma, Burns](#).

Your documentation:

Document special concerns or why you referred a participant to the WIC nutritionist

It is important to document any special concerns you have about a participant. This could happen regardless of what risks are assigned or what risk level the participant is. It is especially important for high-risk participants because they all must be referred to a WIC nutritionist for a follow-up appointment. In these cases, it is helpful to write a progress note to give the nutritionist or health professional specific information about the participant. Good documentation of the risk or the concern will help make the follow-up appointment more efficient.



Example of additional documentation about a special concern

During the health history, Miranda tells the certifier that she smokes marijuana twice a week. [Risk 372 – Alcohol and Illegal and/or Illicit Drug Use](#) is assigned.

In the progress notes the certifier enters:

- **S:** Smokes marijuana twice a week. Wants to stop.
- **P:** To see Joan (health educator) next month for follow-up.
Gave referral info for Clinica Rosa Drug Treatment Program.

Example of additional documentation for high-risk referral:

During the health history, Samantha tells the certifier that she was diagnosed with Type 1 diabetes when she was 17 years old. Samantha is seeing a doctor who specializes in diabetes during pregnancy. The certifier selects [Risk 343 – Diabetes Mellitus](#). Samantha is referred to the WIC nutritionist for follow-up.

In the progress notes the certifier enters:

- **S:** Pt diagnosed with Type 1 diabetes at 17. Seeing Dr. Wong twice a month.
Has seen nutritionist at Dr. Wong's office and is following the diet plan.
- **P:** To see WIC nutritionist next month for follow-up.
Samantha to bring diet plan from Dr. Wong's office to next WIC appointment.

Example of additional documentation for high-risk referral:

During the health history, Victoria tells the certifier that she has epilepsy and is taking a medication called Depakote. The certifier selects [Risk 348 – Central Nervous System Disorders](#). Victoria is referred to the WIC nutritionist for follow-up.

In the progress notes the certifier enters:

- **S:** Has epilepsy and is taking Depakote.
- **P:** To see WIC nutritionist at next visit

Learning activity



Write progress notes for the case studies below.

Case study 1

Rambo's mom tells you that he really enjoys Gatorade and that she gives it to him instead of water or milk because he is such an "athletic boy". You assign [Risk 425.2 – Feeding Sweetened Beverages](#).

What progress note would you write?

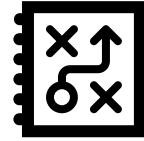
Case study 2

Unique's grandmother says she is giving Unique homemade formula made from canned milk because "It worked just fine for Unique's mom." You assign [Risk 411.1 – Use of Substitutes for Breast Milk or Formula](#).

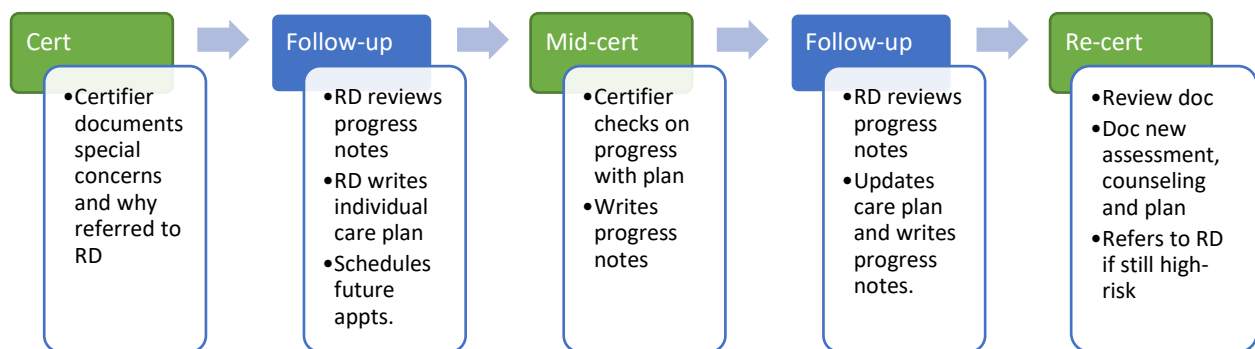
What progress note would you write?

High-risk individual care plans

The WIC nutritionist must document an individual care plan in the progress notes for every high-risk participant. Usually this happens when the nutritionist sees the participant, either at the certification or at a follow-up appointment.



If the first time the nutritionist sees the participant is at a follow-up appointment, they will review the information that was documented by the certifier at the initial appointment. This documentation will save time and help the nutritionist coordinate care. The nutritionist will need to see the participant at least twice during a year-long certification period.



The individual care plan must summarize the nutrition-focused counseling that was provided and describe what is planned to help address the participant’s nutrition risks, including suggested next steps, actions, and scheduled appointments.

See [Lesson 7-3 High Risk Referral Process](#) for more information.

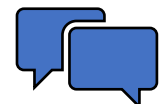
Learning activity

Ask your agency’s nutritionist to discuss an individual care plan they have developed for a high-risk participant.



Talk it over

Talk with your training supervisor about any questions you have related to documentation.



References



[Policy 626 – Hemoglobin and Hematocrit Screening in WIC](#)

[Policy 640 – Documentation Requirements for Certification](#)

[Policy 830 – Nutrition Counseling and Services for High Risk Participants](#)

[Policy 840 – Documentation of Nutrition-focused Education and Counseling](#)

8-2 Writing Next Steps

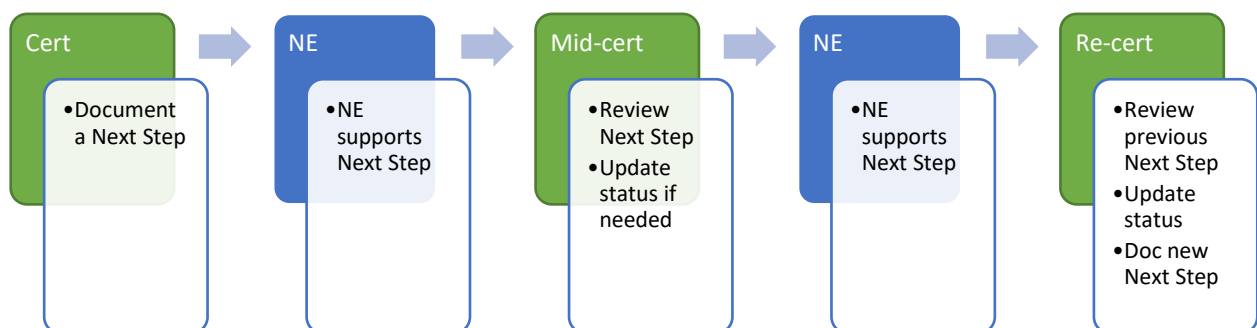
Documenting next steps helps guide future nutrition-focused counseling

In [Lesson 5-2 Checking for Understanding](#) we talked about the importance of writing a good next step so we are clear about what the participant is working towards. It is also important because it helps the next certifier who sees the participant to provide the best support for the family.



Considerations:

- Next steps identify the participant-selected nutrition-related behavior change.
- Documenting a next step in the participant's record is required at every certification.
- Reviewing and updating the status of the next step should happen at the mid-certification health assessment.
- Reviewing and updating the status of the next step from the previous certification should happen at recertifications.
- Scheduled quarterly nutrition education should support the desired next step.



Learning activity

If you read the following next step in a participant's record during the mid-certification health assessment, what would you know about the participant? What would you follow-up on?



Next step: Mom will start putting water in the bottle instead of milk, starting with nap-time.

Writing SMART next steps

It is much easier to follow-up on next steps that are very clear about what action the participant is working towards taking. One way to make sure they are clear is to remember **SMART: Specific-Measurable-Actionable-Realistic-Time**.

S Specific

- Is the next step defined as much as possible with no unclear language?
- Does it include details like who is involved, what they want to do, where it will be done?

M Measurable

- Does it include how much, how many, how often?
- Can you track progress? Can you tell how close they are to succeeding?

A Actionable/Achievable

- Is there a verb that shows what action is being taken?
- Is the action something that they are able to complete within a reasonable time?
- Is this likely to bring success?

R Relevant/Realistic

- Is the action something the participant wants to work on?
- Is the behavior nutrition-related? Is this something that WIC can help with?
- Are barriers addressed?

T Time frame

- Does it include a time limit, e.g. will complete this step by next month?
- Can it be accomplished within a certification period?

Learning activity



During an observation of a participant appointment, review the previous next step in the participant's record. How did the certifier use the next step during counseling? What did they document about the previous next step? Was it a SMART next step?

Learning activity

Use the information about SMART next steps to evaluate this next step.



Next step: MOB will start putting water in the bottle instead of milk, starting with nap-time.

Specific	
Measurable	
Actionable/ Achievable	
Relevant/ Realistic	
Time frame	

Learning activity

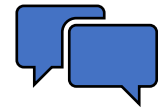
Take the actions below and write examples of **SMART** next steps.



For this action	Write SMART next steps	✓
Exclusive breastfeeding to 6 months		S M A R T
Increase calories for underweight child		S M A R T

For this action	Write SMART next steps	✓
Accessing prenatal care or prenatal vitamins		S M A R T
Increasing physical activity		S M A R T
Following up on a referral		S M A R T

Talk it over

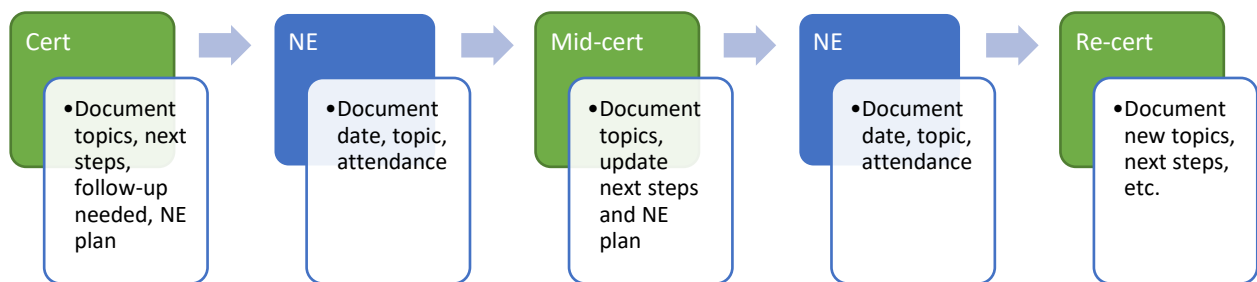


Talk with your training supervisor about any questions you have related to writing next steps or documenting updates to previous next steps.

8-3 Documenting Quarterly Nutrition Education

Document every contact

Documenting every quarterly contact in the participant record is required by federal regulations. At certification, the data system will remind you to enter documentation if you forget. For contacts that happen outside of the certification appointments, WIC staff need to remember to add the required documentation in the participant's record. Keeping a record of what happened during WIC appointments makes it easier for everyone. It also shows whether nutrition education policies are being followed.



Documentation of nutrition-focused counseling at certifications

The first quarterly nutrition education that happens in a certification period is the nutrition-focused counseling that happens during the certification. This initial nutrition-focused counseling must be documented in the participant's record.

NE documentation at certifications will include at a minimum:

- The nutrition-focused counseling topics discussed;
- A next step, including updating the status of the previous next step;
- Future follow-up needed, if any (e.g. with RD, re-check of weight or labs);
- A progress note, if required (e.g. individual care plan, progress in resolving the issue);
- The recommended quarterly nutrition education contacts (e.g. individual sessions, group sessions, or online lesson.)

Learning activity

Review a participant's record. Does it include all the required documentation for nutrition education provided at the certification?



Documenting group quarterly nutrition education contacts

Quarterly nutrition education can be completed either as part of a group or individually. When participants attend or complete WIC nutrition education groups, online lessons, or support groups, there are places in the data system to capture the required documentation.



Documentation of group quarterly nutrition education and online lessons includes:

- The date of the group;
- The title of the group, which lets you know what content was covered; and
- Whether the participant attended or not.

In addition, if the participant has verification that they attended a group provided by one of our partners rather than a group provided by WIC (often referred to as non-WIC NE), the documentation required includes:

- The nutrition content provided;
- The name of the partner organization that provided the nutrition education;
- The date they attended.

Note: Group nutrition education can be documented by any WIC staff person.

Learning activity

Ask your training supervisor about what nutrition education groups, non-WIC nutrition education classes, and online lessons are provided in your agency.



1. Find and review the record of a participant who attended a group nutrition education class. What group class was attended? Does the record include all the required documentation for group nutrition education?

2. Find and review the record of a participant who took an online lesson. What online lesson was completed? Does the record include all the required documentation for online nutrition education?
3. If your agency offers it, find and review the record of a participant who attended a non-WIC nutrition education class. What non-WIC nutrition education was attended? What organization provided the class? Does the record include all the required documentation for non-WIC nutrition education?

Documenting individual quarterly nutrition education contacts

If the quarterly nutrition education contact happens one-on-one with the participant, **you must document the topics that were covered at the individual appointment.** This includes individual follow-ups such as weight checks and high-risk appointments.

You must write a progress note if the individual quarterly contact was not completed in person at a clinic or satellite site. The progress note must include the alternative means used for the contact and note the special circumstances that required this.



Examples:

- “Home visit. Participant seen in home by Rhonda Paine, RN due to vulnerable status of infant.”
- “Telephone contact. Participant unable to come to clinic due to physical injury.”
- “Interactive video call. Participant had transportation issues.”
- “Text message contact for quarterly nutrition education due to participant’s scheduling conflict.”
- “Email contact for quarterly nutrition education because of satellite clinic closure due to smoke.”

Learning activity

Find and review a participant’s record that has an individual follow-up quarterly contact. Does it include all the required documentation for individual nutrition education?



What nutrition-focused counseling topics were discussed?

Learning activity



Write a progress note documenting the alternative method of providing nutrition education for the case studies below.

Case study 1

Your agency uses skype technology for the WIC nutritionist to contact a high-risk pregnant woman who is on bed rest.

Progress note:

Case study 2

There is a home-visiting nurse who works for the Maternal Child Health program in your organization. One of the babies they visit is on WIC. The nurse is going to visit the family anyway, so she plans to provide nutrition education during the visit.

Progress note:

Documentation of nutrition-focused counseling at mid-certification health assessments

The nutrition-focused counseling that occurs during the mid-certification health assessment is one of the quarterly nutrition education contacts. The certifier must document the nutrition-focused counseling that happens at the mid-certification appointment.

Documentation at the mid-certification health assessment will include:

- The counseling topics discussed. Topics should address nutritional risk(s) previously identified and nutrition-related topics of interest identified by the participant.
- Updating the next step, including the status of the previous next step, when appropriate.
- Future follow-up (if any) needed.
- Identifying and scheduling the next quarterly nutrition education contact.

Learning activity



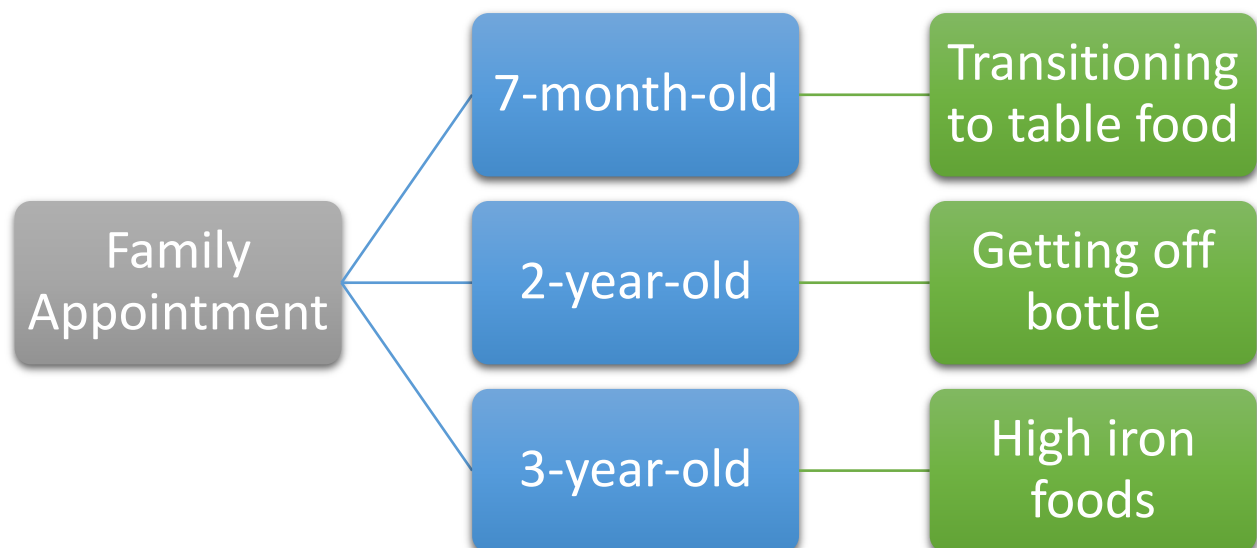
Find and review the record of a participant who attended a mid-certification health assessment. Does it include all the required documentation for mid-certification health assessment counseling?

What nutrition-focused counseling was provided at the mid-certification health assessment?

Documenting quarterly nutrition education for multiple family members

Sometimes multiple family members on WIC are seen at the same nutrition education appointment. Remember that the topic of the nutrition education provided needs to be appropriate for the individual participant and documented in each participant's record.

Example: A family has a 7-month old baby, a 2-year old that is still on the bottle at bedtime with poor dental practices and a 3-year old with a low hemoglobin. All of the children are scheduled to be seen together at one time. The certifier documents the topics covered for each participant in the individual participant record. That way the next certifier to see one of the family, will be able to see at a glance the topics that were covered for that participant's needs.



Learning activity

What would you document in each participant's chart in this case study?



Case study

Willow is a low-risk pregnant woman who is getting her quarterly nutrition education at the same time as her underweight 2-year-old, Wanda. Wanda is having her weight checked at an individual follow-up appointment.

Willow:

Wanda:

Documenting refusal of nutrition education

With the number of nutrition education options available in WIC, most participants can find a nutrition education option that meets their needs. In the rare instance when a participant refuses the future quarterly nutrition education contacts offered during the certification, you must document the refusal in the participant's record.

Documentation of refusal must include:

- The reason for refusal;
- How they will contact the WIC clinic, either in person or over the phone, the month their food benefits end so they can continue receiving WIC benefits.

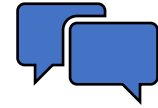
See [Policy 810—Nutrition-Focused Education and Counseling](#) for further information.

Learning activity

Discuss with your training supervisor how to promote and offer nutrition education that best fits the needs of the participant to reduce the number of times a participant refuses all quarterly nutrition education. Ask your training supervisor to show you how to document refusal of nutrition education in the data system.



Talk It Over



Ask your training supervisor any questions you have about documenting quarterly nutrition education contacts.

References



[Policy 810—Nutrition-Focused Education and Counseling](#)
[Policy 840 – Documentation of Nutrition-focused Education and Counseling](#)

Tab 9

9-1 Ongoing Training and Observation Expectations

Continuous learning

There is so much to learn to be a skilled and knowledgeable WIC certifier! As you have noticed, it takes the first 6 months just to complete all the required training and get used to how things work in your clinic. But it doesn't stop there. It takes a long time to feel comfortable and confident being a certifier. Plus, things are always changing in WIC. That is the reason WIC tries to promote lifelong or continuous learning for staff.

Continuous learning is about expanding your ability to learn by regularly upgrading your skills and increasing your knowledge. Strong continuous learning is required to successfully adapt to changing work and life demands. Continuous learning in WIC involves viewing your experiences as potential learning and re-examining your assumptions, values, methods and practices.

Some practices of continuous learning include:

- Asking questions when you don't understand something;
- Asking for feedback or advice from more experienced co-workers;
- Identifying learning or training opportunities that are available to you;
- Learning by observing more experienced co-workers;
- Identifying and understanding your skill strengths and areas where you need improvement;
- Developing your own learning goals;
- Applying the lessons you have learned from past experiences to new situations;

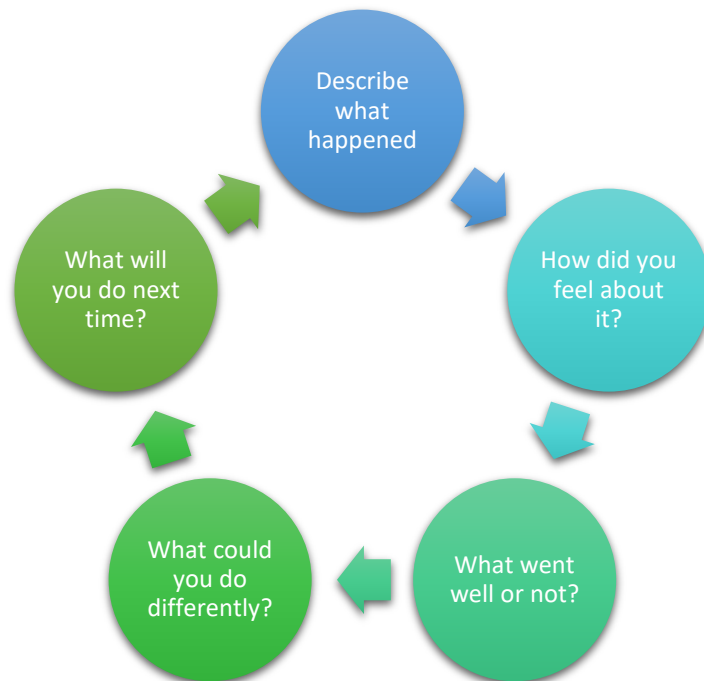


- Trying new ways of doing things;
- Recognizing your preferred way to learn new things;
- Taking responsibility for your own learning;
- Maintaining your skill levels by practicing what you have learned.¹

WIC supports continuous learning by encouraging reflective practice, requiring quarterly in-services, calling for yearly observations, and providing training resources.

Reflective practice

One way to continually learn from our experiences is to reflect on how things are going as you do your work. Reflective practice is a way of studying your own experiences to improve the way you work. Here are the **steps to reflective practice**.²



Considerations:

- Try setting time aside regularly to reflect on how things are going;
- Talking with a trusted co-worker can be helpful when reflecting;
- Focus your reflections on something you want to learn or get better at;
- Try not to judge yourself – it is okay to make mistakes, as long as you are working to get better.

¹ [Continuous Learning, University of Guelph](#)

² Gibbs' Reflective Learning Cycle

Learning activity

Think about a recent certification that maybe didn't go as well as you would have liked. Use the steps to reflective practice to think about the situation. Discuss your thoughts with your training supervisor.



Quarterly in-services

All WIC staff, no matter how long they have worked in WIC, are required to complete in-services each calendar year. These in-services will be on topics related to your work as a certifier. Sometimes the in-services are provided by the state WIC office and sometimes they will be developed by someone in your agency. Your training supervisor will decide on the best way to complete the in-services and will keep track of when each certifier finishes them. Your agency may require additional training besides the training required for WIC.



Each calendar year you will complete the following in-services:

- 4 in-services on general WIC topics like nutrition updates, policy changes, or changes to the data system;
- 1 in-service on breastfeeding support;
- 1 in-service on civil rights.

Observations

Observations are one of the best ways to learn, whether it is being observed or observing others. Using reflective practices during observations can help you improve whether things go well or not.



Considerations:

- Your training supervisor will observe you at least once a year. This is intended as a chance for you to learn and improve, not as an evaluation of your performance.
- You can use the *Job Aid-Observation Guide* to help you focus your observations of others.
- Try picking one thing to focus on, then reflect afterwards to find the most important thing you can learn.

Learning activity

Talk with your training supervisor about how your agency sets up observations of you and observations of others by you.



Use the *Job Aid – Observation Guide* during an observation of another certifier.

Reflect with your co-worker on what you observed.

Other training resources for continuous learning

There are several training resources provided by the state WIC program that you can use at any time:

Key webpages on the [Oregon WIC website](#):

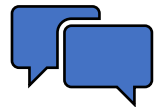
- [In-services for WIC Staff](#)
- [Data system user manual](#)
- [Participant Centered Services](#)
- [Oregon WIC policy and procedure manual](#)

[WIC Link newsletter](#)

The WIC Link newsletter is sent out monthly for all WIC staff to review. It includes short articles and links to other resources that you might find useful.

Talk it over

Talk with your training supervisor about any questions that you have related to continuous learning.



References

[Policy 440 – Staff Training Requirements](#)



9-1 Job Aid- Observation Guide

Some Skills to Listen and Watch for:	Observations: Specific examples you heard or observed
<ul style="list-style-type: none"> • Engages the participant <ul style="list-style-type: none"> ✓ Introductions ✓ Sets agenda • Focuses the appointment <ul style="list-style-type: none"> ✓ Completes assessment ✓ Listens first – before sharing ✓ Open-Ended Questions ✓ Affirmations ✓ Reflections ✓ Summaries ✓ Tracks potential topics for counseling ✓ Prioritizes what topics to explore • Evokes change talk <ul style="list-style-type: none"> ✓ Allows time for participant to talk ✓ Reflects change talk ✓ Explore – offer – explore ✓ Asks permission to share information with participant ✓ Provides nutrition-focused counseling ✓ Rolls with resistance ✓ Uses brain science strategies • Plans with participant <ul style="list-style-type: none"> ✓ Works with the participant to develop an actionable next step/plan ✓ Summarizes the next step for the participant ✓ Documents the plan ✓ Shares hopes for a positive health outcome 	
Other?	

9-2 Level 3 Certifier Academy

The *Level 3 Certifier Academy* is an opportunity to improve counseling skills for certifiers who have completed their initial Level 2 training (e.g. the Certifier's Guide and all the associated modules and online courses). The academy is available to certifiers who have been counseling for at least 6 months.

The *Level 3 Certifier Academy* is offered once a year and is led by State WIC staff. The academy includes 2 parts. The first part is a phone cohort with other certifiers, and the second part is a 1-day training at the State WIC Office in Portland.

What you need to do



1. Work with your training supervisor to apply to attend the 2 parts of the *Level 3 Certifier Academy*.
 - a. The phone cohort consists of a 4-hour kick-off conference call, followed by 6 monthly 1-hour calls.
 - b. The 1-day training will be held the month following the completion of the phone cohort.
Date and time _____
2. The application for the *Level 3 Certifier Academy* is available online.
 - a. You must have permission from your WIC Coordinator and training supervisor to attend.
 - b. It is strongly recommended that you attend both the phone cohort and the 1-day training. You must be able to commit to the entire phone cohort.
3. Once submitted, you will be notified of acceptance into the academy within a month.

9-2 Completion Form: Level 3 Certifier Academy

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

Certifier:

I have completed the *Level 3 Certifier Academy* phone cohort and 1-day training and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Level 3 Certifier Academy* module, you should meet the following competencies:

#	Competency	Yes/No/NA

Training Supervisor:

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Level 3 Certifier Academy* module and the competencies listed above.

Date: _____

Signature: _____

9-3 Providing Participant Centered Groups module

The *Providing Participant Centered Groups* module is not required to be a certifier, but you must complete this training before you can develop or facilitate group nutrition education. This module provides guidance for how to effectively plan and provide nutrition education in a group setting.

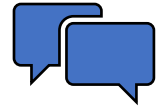
What you need to do



1. Talk with your training supervisor to determine if you need to complete the *Providing Participant Centered Groups* module. It takes 9-10 hours to complete.
Date and time _____
2. Read the *Providing Participant Centered Groups* module, complete the learning activities, and take the post-test.
3. Make note of any questions or concerns you have about information in the module.

4. Schedule a time to discuss what you learned with your training supervisor using the *Talk it over* section below.
Date and time _____

Talk it over



1. Review your notes and ask any questions you have about the course.
2. What group nutrition education are you interested in facilitating?
3. What are your concerns, if any, about facilitating groups?
4. What nutrition education groups are provided in your agency?

References



9-3 Completion Form: Providing Participant Centered Groups

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

Certifier:

I have completed the *Providing Participant Centered Groups* module, completed the post-test, and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Providing Participant Centered Groups* module, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
10.14	Develops and prepares session guides, activities, and materials based on adult learning theory, participants' needs, interests, age, and abilities.	
10.15	Effectively facilitates group nutrition education sessions.	
10.16	Engages participants in hands-on learning to achieve positive health outcomes.	

#	Competency	Yes/No/NA
10.17	Uses creative facilitation strategies that build on participants learning styles (ways of learning), strengths, prior knowledge, and skills.	
10.18	Creates a respectful learning environment in which participants in a group feel comfortable participating.	
10.19	Provides positive reinforcement in a group setting	
10.20	Improve group offerings and facilitation skills/techniques using evaluation results.	
10.21	Appropriately uses audiovisual equipment and materials.	
10.22	Organizes and maintains education materials, supplies, and equipment.	

Training Supervisor:

Providing Participant Centered Groups post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Providing Participant Centered Groups* module and the competencies listed above.

Date: _____

Signature: _____