

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
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What questions do you have?

References

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

