



**Policy 625**  
**Risk Assessment**  
August 9, 2019

## POLICY

Local WIC programs shall assess nutrition risk during the certification process to determine eligibility for WIC participation.

## PURPOSE

To ensure that all applicants receive accurate and uniform assessment of their nutrition related health needs.

## RELEVANT REGULATIONS

7 CFR §246.7 ¶(e)—Nutritional Risk

All States Memorandum 96-44

WRO Policy Memorandum 803-AO, Attachment B

## OREGON WIC PPM REFERENCES

- ◆ [601— Physical Presence at Certification](#)
- ◆ [626— Hemoglobin and Hematocrit Screening in WIC](#)
- ◆ [628— Anthropometric Screening](#)
- ◆ [640— Documentation Requirements for Certification](#)
- ◆ [660—Competent Professional Authority: Requirements](#)
- ◆ [670— Overview of Risk Criteria and Priorities](#)
- ◆ [675— Risk Criteria Codes and Descriptions](#)

## DEFINITIONS

**Anthropometric:** Pertaining to body size and proportions. In WIC, the term is used in reference to measurement of height, length, weight and head circumference.

**Applicant:** An individual who comes to the WIC clinic requesting services.

**Biochemical:** Pertaining to blood chemistry.

**Certification:** The process of identifying eligibility for WIC by using specific procedures and standards.

**Competent Professional Authority:** An individual on the staff of the local WIC program authorized to determine nutrition risk and prescribe supplemental foods.

**Eligibility Criteria:** Conditions an applicant must meet in order to be enrolled in the WIC program.

**Nutrition Risk:** A health problem, medical condition, diet deficiency or other issue that can compromise the health of a participant. Identification is required for program eligibility.

## PROCEDURE

### Overview

- 1.0 Applicants who meet the WIC program's category and income eligibility standards must be determined to be at nutrition risk prior to receiving program benefits. Data collection and evaluation must occur during the certification process to assess nutrition risk. Completion of a full assessment is needed prior to providing counseling, nutrition education and referrals. A full assessment includes:
- evaluation of weight and height/length measurements
  - evaluation of hemoglobin/hematocrit test results
  - review of health history and current health status
  - review of feeding behaviors and typical daily intake
  - consideration of infant/child development
  - discussion of environmental, safety and social factors that affect nutritional status

### **Data collection and evaluation**

- 1.1. Accurate and complete anthropometric, biochemical, dietary, and health information must be gathered by staff for evaluation by the competent professional authority (CPA) during the certification process. All data will be compared to established standards for risk assignment. Eligibility will be determined based on identified medical and nutritional needs and recorded in the data system. (See [◆660—Competent Professional Authority: Requirements](#)).

### **Physical presence**

- 1.2. Applicants must be physically present at their certification appointments for data collection and evaluation unless an exception is granted and documented. (See [◆601—Physical Presence at Certification](#)).

### **Referral data**

- 1.3. Participants may bring data from their health care provider to avoid duplication of health procedures. If data is provided by a health care provider, this must be documented in the data system. See [◆Policy 640-- Documentation Requirements for Certification](#), Appendix B.
- 1.3.1. Federal regulations allow height or length and weight measurements collected up to 60 days **before** the certification date to be used as data for certification purposes.
- 1.3.2. A documented hemoglobin or hematocrit from a medical provider within biochemical screening guidelines for the participant's category can be used as data for certification purposes. (see [◆626 – Hemoglobin and Hematocrit Screening in WIC](#)),
- 1.3.3. Federal regulations allow blood work to be collected within 90 days of the certification date if the applicant has at least one qualifying nutrition risk factor at the time of certification.
- 1.3.4. Data for pregnant women must be obtained during pregnancy; data for postpartum and breastfeeding women must be collected after the pregnancy. Data for infants must be collected during infancy. Data for

children is collected while the applicant is a child, although anthropometric data collected at 11 months of age may be used to certify a 12 or 13-month old child.

### **Refusal of procedures**

- 1.4. Measurement of weight, length/height and hemoglobin status are part of a full assessment to determine program eligibility. This information is critical for accurate risk assignment and provision of appropriate nutrition education. During the certification, the process of obtaining measurements or blood tests should be marketed as a routine part of program services as outlined in participant rights and responsibilities information.

An applicant or parent/caregiver has the right to refuse to participate in any procedure. If the individual opts out of a measurement or blood test, review the importance of this data and identify a plan for obtaining the information at a later date at the WIC office or from their health care provider. The reason for refusal and the plan for follow up must be documented in the data system. Continue to follow up at future appointments until the information is obtained. See [◆640—Documentation Requirements for Certification](#), Appendix B.

### **Anthropometric assessment**

- 2.0 Obtain accurate height or length and weight measurements for each participant at each certification. This includes taking height measurements for women at prenatal and postpartum certifications. See Policy [◆628 Anthropometric Screening](#). Record all measurements in the data system according to [◆640—Documentation Requirements for Certification](#).
  - 2.1. See the “Oregon WIC Training: Anthropometric Assessment Module” for information on weighing and measuring techniques, equipment use and interpreting growth graphs and prenatal weight gain grids.
  - 2.2. See the “Oregon WIC Training: Nutrition Risk Module” and [◆675—Risk Criteria Codes and Descriptions](#) for risk parameters associated with growth and weight gain.

### **Biochemical assessment**

- 3.0 Obtain hemoglobin or hematocrit data at certification or follow up appointments according to the appropriate guidelines for the participant category. See [◆626 Hemoglobin and Hematocrit Screening in WIC](#) for procedures and timelines. Record all results in the data system according to [◆640— Documentation Requirements for Certification](#).
  - 3.1. See the “Oregon WIC Training: Hematological Module” and [◆626— Hemoglobin and Hematocrit Screening in WIC](#) for information on testing procedures, equipment use and evaluating test results.
  - 3.2. See the “Oregon WIC Training: Nutrition Risk Module” and [◆675—Risk Criteria Codes and Descriptions](#) for risk parameters associated with anemia.

## Health assessment

- 4.0 Conduct interviews and complete the woman's or infant/child's health questionnaire in the data system for each applicant at each certification or mid-certification health assessment. Utilize additional probing questions tailored to the individual participant to gather adequate information about the applicant's health history and current health status to complete the nutrition risk assessment and assign risks.
  - 4.1. See the *Oregon WIC Certifier Training Guide* for additional information on the assessment process.
  - 4.2. See the "Oregon WIC Training: Nutrition Risk Module" and [◆675—Risk Criteria Codes and Descriptions](#) for risk parameters associated with health status.
  - 4.3. It is important to review the risks that the data system automatically assigns to assure that the risk has been correctly assigned. Any manually assigned risks must include documentation of the reason for assigning that risk.

## Diet assessment

- 5.0 Conduct interviews and complete the woman's or infant/child's diet assessment questionnaire in the data system for each applicant at each certification or mid-certification health assessment. Utilize additional probing questions tailored to the individual participant to gather adequate information about the applicant's feeding behaviors and diet to complete the nutrition risk assessment and assign risks.
  - 5.1. See the following training modules for additional nutrition information:
    - *Oregon WIC Training: Infant Nutrition and Feeding Module*
    - *Oregon WIC Training: Infant Formula Module*
    - *Oregon WIC Training: Baby Behaviors Course*
    - *Oregon WIC Online Training: Basic Nutrition Course*
    - *Oregon WIC Online Training: Prenatal Nutrition Course*
    - *Oregon WIC Training: Breastfeeding Course*
    - *Oregon WIC Online Training: Child Nutrition Course*
    - *Oregon WIC Online Training: Postpartum Nutrition Course*
    - *Oregon WIC Online Training: Toddler Behavior Course*
  - 5.2. See the *Oregon WIC Certifier Guide* for additional information on the assessment process.
  - 5.3. See the "Oregon WIC Training: Nutrition Risk Module" and [◆675— Risk Criteria Codes and Descriptions](#) for risk parameters associated with diet and feeding behaviors.

## Documentation

- 6.0 Select all risk criteria that apply to an applicant in the certification area of the data system. Documentation in the participant's record must support identified risk factors. Completed questionnaires, growth graphs, weight gain grids, notes on the medical

data screen and “Progress Notes” may provide supporting evidence. See [◆640—Documentation Requirements for Certification](#).

- 6.1. Additional risks that are identified during a certification period should be documented in the data system at the time of identification. See [◆670—Overview of Risk Criteria and Priorities](#).

**If you need this in large print or an alternate format, please call 971-673-0040.**

**This institution is an equal opportunity provider.**

## POLICY HISTORY

<b>Date</b>	<b>* Major Revision, Minor revision</b>
12/1/2007	Revision
10/26/2011	Revision
5/22/2015	Revision
7/13/2018	Revision
8/9/2019	Minor revision

The date located at the top of the policy is the implementation date unless an “effective date” is noted on the policy. Policies will become compliance findings 6 months from the implementation date.

Release notes can be found in the corresponding document on the [Policy and Procedure Manual page](#).

**\*Major Revisions:** Significant content changes made to policy.

**Minor Revisions:** Minor edits, grammatical updates, clarifications, and/or formatting changes have occurred.

**Date of Origin:** Date policy was initially released