

Nutrition Education Module Script

DECEMBER 2022

Introduction

This on-demand training module is provided by the MN Department of Health WIC Program. It provides an overview of Nutrition Education in the Minnesota WIC Program.

Objectives

The objectives of the Module are to:

- Review the Nutrition Education policies and procedures of the Minnesota WIC Program.
- Describe the process for providing nutrition education.
- Describe nutrition education documentation expectations.

WIC Nutrition Education

Nutrition Education is the primary service that distinguishes WIC from other nutrition assistance programs. The WIC program is the only USDA Food and Nutrition Services program with legislative and regulatory requirements to provide nutrition education to participants.

Nutrition Education Definition

What does Nutrition Education mean in the WIC Program? USDA has established a definition and goals for the program. The USDA definition states:

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

Goal 1

The Federal Regulations include two broad goals for WIC:

Here is goal 1:

- Emphasize the relationship between nutrition, physical activity, and health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants and children under five years of age.

Goal 2

And Goal 2:

- Assist the individual who is at nutritional risk in improving health status and achieving a positive change in dietary and physical activity habits, and in the prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods.

WIC Nutrition Education

WIC nutrition education is a benefit that is:

- Provided at no cost to the participant.
- Designed to be easily understood by participants.
- Related to the participant's nutrition needs, household situation and cultural preferences.
- Designed to raise awareness about the dangers of using drugs and other harmful substances during pregnancy and while breastfeeding.

A Partnership

That is a lot of information! But there is one more, very important point to remember. Nutrition education should be a partnership between the WIC staff and the participant; and here is why... You have the opportunity to work with families and help them adopt healthy practices that lead to better health and nutrition outcomes. Let's learn more about the impact that nutrition education, supplemental foods and referrals have for our participants.

How WIC Helps

WIC improves the health of nutritionally at-risk women, infants, and children. The results of studies conducted by FNS and other non-governmental entities prove that WIC is one of the nations' most successful and cost-effective nutrition intervention programs. Here are some of the highlights of the research findings:

- Improved Birth Outcomes and Savings in Health Care Costs due to longer pregnancies, fewer premature births, and lower incidence of low-birth-weight infants.
- Improved Diet and Diet-related Outcomes with higher intakes of many key nutrients such as iron, vitamin C and some B vitamins. WIC decreases the incidence of iron deficiency anemia in children.
- Improved Infant Feeding Practices. Initiation and duration of Breastfeeding has increased.
- Improved Immunization Rates and have a Regular Source of Medical Care. Studies have found significantly improved rates of Childhood immunization and of having a regular source of medical care associated with WIC participation.
- Improved Cognitive Development. WIC helps get children ready to start school. Children who receive WIC benefits demonstrate improved intellectual development.

- Improved Pre-conceptional Nutritional Status. Women who receive Postpartum WIC benefits have higher hemoglobin levels and lower risk of maternal obesity at the onset of their next pregnancy.

WOW

Wow, as a WIC CPA you can have a significant impact on the health and nutrition of Women, Infants and Children in your community.

Minimal requirements

Now that we have the big picture of WIC Nutrition Education, let's talk nitty gritty. The Federal Regulations for WIC spell out the minimum requirements for Nutrition Education. Including:

- Frequency of contacts
- Content of some contacts

Frequency of Educational Contacts

At a minimum, nutrition education should be provided at a rate equal to quarterly. What does that mean?

- Initial education is provided at certification, recertification and midcertification appointments. These are the times that you conduct nutrition assessment. Our Information System labels these contacts as "primary".
- Additional Education is the education provided between certification, midcertification, and recertification appointments. Our Information System labels these contacts as "secondary". Additional Education generally correlates to the time that a participant is due to receive vouchers.

Providing education at these times meets the quarterly requirement. Nutrition Education might be more frequent than quarterly for participants with a high-risk condition or those needing closer follow up. We'll talk about high risk in a few minutes.

As the CPA you determine whether contacts should be more frequent than quarterly.

Required Content

The federal regulations require some specific content be included in nutrition education contacts.

Let's briefly look at the list of required contacts. We will go into greater detail about the requirements and how to provide these contacts on the following slides:

- The harmful effects of drugs and alcohol
- Breastfeeding promotion

- Referral to Medical Assistance
- Postpartum Exit Counseling

In addition, there are expectations for orientating new participants to the WIC program and for providing services to participants with high-risk conditions. So, let's jump into the requirements.

Drug/Harmful Substance Abuse

Here is the first requirement. It is to provide education about drug and other harmful substance abuse:

- Local agencies must provide information regarding the harmful effects of drugs and alcohol at the time of the family's first certification in WIC and make referrals as appropriate. This means:
 - Staff discuss the potential harmful effects of drugs or other harmful substances.
 - Give printed education materials to pregnant women and the parents/caregivers of infants and children. They should address the harmful effects of alcohol, tobacco and drugs AND include a current list of local resources for drug or other harmful substance abuse counseling and treatment.
- In addition, a specific referral for treatment or counseling for drug or other substance abuse must be provided any time a participant or parent/caregiver is identified as abusing drugs or other harmful substances.

Breastfeeding Promotion

And the second requirement for content: Local agencies must provide all pregnant women the opportunity to discuss breastfeeding, unless breastfeeding is medically contraindicated. The purpose of the contact is to enable pregnant women to make an informed decision about feeding their infant and to overcome any perceived barriers to breastfeeding. See MOM, Section 6.5 for more information about breastfeeding contraindications.

Medical Assistance

Moving to the third requirement for content: Local agencies must provide participants written information about Medical Assistance and make referrals if a participant might be eligible and is not enrolled in the program. This includes participants who have other insurance coverage but would also be eligible for MA.

Postpartum Exit Counseling

And the fourth requirement for content: Postpartum women who will not be eligible for WIC at the end of their current certification should be provided "postpartum exit counseling" at the

additional education contact. The goal of this contact is to help the woman establish good health and nutrition for a future pregnancy. The required content of this contact includes:

- The importance of preconceptual folic acid intake in reducing neural tube defects
- Breastfeeding as the preferred method of infant feeding
- The importance of immunizations for children
- The health risks associated with the use of alcohol, tobacco, and other drugs
- The need for a well-balanced diet
- And referrals as appropriate

New Participants

Besides the required nutrition education topics, staff should provide a Brief Overview of the program for participants new to the WIC program including:

- The purpose of the program is to provide nutrition support through nutrition education, nutritious foods, referrals and breastfeeding promotion and support
- Nutrition Assessment is necessary to identify nutrition needs and participant interests so that WIC can provide benefits responsive to the participant's wants and needs
- The relationship between WIC staff and the participant is a partnership with open dialogue and two-way communication
- WIC foods are supplemental
- WIC foods are for the participant
- Length of the certification period
- WIC appointments are an opportunity to ask questions.
- And if there is a waiting list, briefly explain there is a priority system

This overview provides new participant a brief explanation of the purpose of the program and how it works.

High Risk

Here is another consideration for the content of nutrition education contacts. Some participants are considered high risk and require high risk care.

All participants in WIC are at nutrition risk that is an eligibility requirement for the program. Some conditions put a participant at greater risk for poor nutrition-related health outcomes. For example, a child with a hemoglobin of 8.7 is at much great health and nutritional risk than a child who qualifies for the program with a single dietary risk factor such as 401, Failure to Meet Dietary Guidelines.

In WIC, the term “High-Risk” designates a participant that has a nutrition risk that puts them at higher risk and for whom individualized counseling by a “high-risk” CPA is required. The high-risk counseling must address the high-risk condition.

High-risk CPA receive additional training on providing high-risk nutrition services.

All CPAs should be familiar with the high-risk criteria so they can assure that participants meeting the criteria receive appropriate services. (See MOM [Exhibit 6-A](#))

Nutrition Education Plan

There is a document that helps guide the nutrition services of your agency and to assure all of these requirements are met. Every local agency has a Nutrition Education Plan. This biennial plan describes the nutrition and breastfeeding goals and objectives for the agency. Plus, each Nutrition Education Plan describes how the agency provides nutrition services to meet the federal and state requirements for the program. Ask your WIC Coordinator or training mentor about your agency’s Nutrition Education Plan.

Use your Skills and Knowledge

Beyond these requirements, CPA have lots of latitude! You are encouraged to use your skills and knowledge to determine priorities for nutrition education. Your job is to help guide participants towards better health and nutrition outcomes.

One Last Word About Content

One last word about content! WIC has a great reputation for providing reliable nutrition information. WIC nutrition education is evidence based and avoids promoting any nutrition fads or myths. WIC follows feeding and nutrition recommendations from nationally recognized sources such as:

- The American Academy of Pediatrics
- The United States Department of Agriculture
- Academy of Nutrition and Dietetics
- World Health Organization

Providing Nutrition Education

So how do we meet these requirements and still provide nutrition education that is relevant for the participant? Let’s move to the process of providing quality nutrition education.

WIC Assessment

Assessment is the first step in providing quality nutrition services. The assessment is used for two purposes:

- First, to determine eligibility of the applicant
- And secondly, assessment serves as the basis from which all subsequent WIC nutrition services are provided.

The information gathered during the assessment process is used to assess applicant's nutritional status and risk, tailor the food package, design appropriate nutrition education and make referrals to other services.

ABCDE

During the assessment process, the CPA obtains and synthesizes information about the participant's nutrition and health to provide the most appropriate individualized WIC services.

Follow the ABCDE certification assessment process.

- Anthropometric data
- Biochemical data
- Clinical information
- Diet and Nutrition assessment
- Environmental

Refer to the Introduction to Medical and Dietary Assessment module for more information about the assessment process. See the link for the Nutrition Assessment tools also.

Remember

It is important to remember that Nutrition Assessment and Nutrition Education are two separate functions. Which means:

- Documentation of each function should be distinct
- And use the assessment to help direct education, not replace education.

Assessment Then Education

Have all the pieces of the puzzle before providing education. Only after doing a complete assessment, including gathering weight, height, blood work, health history and diet assessment will you be confident that you know what all the issues are and what is of greatest concern to the participant. Here is why, imagine you complete the nutrition assessment for a 2-year-old child and learn the child doesn't drink much milk at mealtime. You provide education about making sure the child drinks enough milk. Then you check the child's height, weight, and hemoglobin. The hemoglobin is 9.5. Oops, should have asked more probing questions about the child's dietary intake. Now you have to go back, ask more probing dietary questions, and correct your education after you learn new information. The child is still receiving numerous bottles of milk that mom didn't tell you about earlier! Oh, oh, now you did double the work and confused mom!

Prioritize

After completing the full assessment, the CPA should prioritize the nutrition issues to be addressed. Consider:

- Identified nutrition risks
- And concerns and interests of the participant.

Why is this important? From the nutrition assessment and nutrition education flows other vital services. The assessment and education guide referrals, food package assignment and plans for future contacts.

Critical Thinking

Based on the assessment, WIC staff should use critical thinking skills and professional judgment to guide the nutrition education to best meet the participant's needs.

The assessment should help the CPA answer:

- What topic(s) are most important to cover at this time?
- What counseling method or teaching strategy will most effectively assist the participant to improve her health status and/or achieve a positive change in dietary habits?

Ideally, those issues of greatest importance and/or interest should be addressed first. Other concerns can be addressed at subsequent WIC nutrition visits.

Effective Nutrition Education

We all desire to have a positive impact on our participants. How can we be effective?

Effective nutrition education should elicit a behavior change that will help the participant achieve and maintain a positive change in dietary and physical activity habits. A positive change that can lead to improved nutritional status and prevention of nutrition related problems.

Let's talk more about approaches to nutrition education and how we can be effective educators.

Traditional Nutrition Education

The traditional nutrition education approach is "counselor-centered" or didactic. The counselor is the expert. With this approach, a participant comes to WIC clinic, the CPA determines risk, and then tells the participant what they need to do to get better or resolve the risk. The CPA "tells" the participant what is wrong and the "recommended right way" to go about resolving the risk.

Traditional Nutrition Education 2

After 30 years of research, we have learned that giving people the information and telling them how to change doesn't work! Education alone does not help participants change. We are learning that changing the nutrition education approach, and consequently the relationship, creates better outcomes. Better outcomes for the participant and for the educator.

Participant Centered Services

We encourage the use of Participant Centered Services (PCS) to improve our participant's health outcomes. PCS focuses on helping the participant to identify their concerns and their own strategies for making changes.

With Participant Centered Services, the educator:

- Partners with the participant and functions as a facilitator of change.
- Elicits information about the participant's goals and concerns.
- Is supportive and open to participant's views.
- Helps participants determine their own nutrition/health behaviors to change.
- Offers information and ideas for accomplishing behavioral change.

PCS Resources

An in-depth review of PCS is beyond the scope of this module. We encourage you to check out the PCS information and training opportunities on the Minnesota Department of Health WIC website.

Counseling Methods

Individuals vary in how they learn, process, and use information. So, of course there are other counseling methods or teaching strategies that can be used. Regardless of the counseling method used, a characteristic that has been shown to be effective in changing behavior is interaction that engages the participant. Interactions is a two-way exchange of information. Interactive approaches to nutrition education have been shown to be effective in changing behavior and provide participants the opportunity for questions and feedback. So "just say no" to the didactic approach!

Additional Education

Let's talk about Additional Education. Besides the initial education provided at the time of certification, recertification or midcertification, there is Additional Education. Generally, voucher issuance is coordinated with Additional Education. The rate of issuance (monthly, bi-monthly or tri-monthly) should be based on the participant's need for education follow-up. Tri-monthly issuance is appropriate for most low-risk participants unless the participant needs to return to clinic more frequently because of nutritional concerns or for administrative reasons.

For example, a participant may need to return to clinic the month following certification to provide missing income, residency or identity documentation.

Additional Education Procedures

Additional Education:

- Assures the participant is provided an educational contact at a rate equivalent to quarterly.
- Should be based on the participant’s nutritional needs, such as their risks, anticipatory guidance needs or concerns. The Additional Education contact is a great time to follow-up on the nutrition concerns that you didn’t have time to cover at the certification appointment.
- Includes interaction with an instructor. Written or audiovisual material alone is not sufficient.
- May be provided individually or in a group setting.

Group Education

Group education should be:

- For low-risk participants. Participants with high-risk conditions require individualized follow-up.
- Appropriate to the category and needs of the participant. For example: A class on preschool snacks would not be appropriate for the parent of a newborn infant.
- Provide an opportunity for the participant to ask questions.

Other Delivery Methods

Other education methods may be used for low-risk additional education as approved in the Nutrition Education Plan for the local agency. Some other methods include:

- Interactive review of a display with a qualified instructor.
- Self-guided education contacts such as computer-based nutrition education.
- See MOM [Section 6.7](#) for specific guidelines for these delivery methods.

Written Materials

CPAs are not required to offer written materials, except new families receive the following:

- Printed education materials that address the harmful effects of alcohol, tobacco and drugs
- And a current list of local resources for drug or other harmful substance abuse counseling and treatment.

Written Materials 2

Written materials can reinforce the education that you provide. Before offering material, consider whether the material is appropriate to the participant's literacy level and primary language. Always be sure to ask the participant if they would like the materials rather than just "giving" materials. Review the content of the material and point out information relevant to the participant. You can personalize the materials by underlining important information or writing the participant's goal in the margin. Remember! Your verbal interaction with the participant is usually the most effective education you can provide the participant. Providing written materials alone is not considered effective and do not count as a nutrition education contact.

Written materials 3

Review written materials for appropriateness. Any written materials offered to participants should be:

- Based on current research and accurate
- At an appropriate literacy level
- Well organized and attractively designed
- Available in appropriate languages

Guidelines and forms for evaluating materials are available at MOM [Section 6.9](#) All materials provided by the state office have been reviewed.

Websites that are suggested to participants should also be reviewed for accuracy and appropriate literacy levels.

Purpose of Documentation

Documentation assures that education was provided as required. It provides proof that you are doing your job! But ultimately, the nutrition education documentation facilitates meaningful nutrition services and ensures continuity of care for participants. Documentation should:

- Capture a picture of the participant's visit in a manner that is easy to retrieve and review.
- Help WIC staff consistently follow up and reinforce education already provided.

Documentation Procedures

Local agency documentation procedures should facilitate continuity of care. That means documentation procedures should:

- Be followed consistently by all staff to minimize duplication of information. Plus, if documentation is done consistently, staff don't waste time searching for information!
- Be clear so that other staff can easily understand what the author is communicating. Use established terminology and abbreviations.

- Describe the services provided and help other staff discern a plan for future services.
- Be concise so that it contains minimal extraneous information. For example, documenting that a healthy infant “started crawling at 7 months” is extraneous information and doesn’t contribute to the nutrition care of the infant.

How to Document

Local agencies have options on how to document nutrition education. The Minnesota WIC Information system provides options for documentation:

- Nutrition Education Tab – Use the nutrition education tab to document topics discussed, materials given, Peer referrals and goals.
- Notes – Use the notes functionality for narrative documentation.

Nutrition Education Tab

The nutrition education tab is like a checklist:

- Use it to quickly document nutrition education topics, materials, peer referrals and goals.

The lists are statewide and not agency specific. They are general in nature.

- CPAs cannot individualize the topics or goals to the participant.
- The tab is best suited to documenting low-risk nutrition education contacts.

Nutrition Education Tab 2

Use the nutrition education tab to document items that were actually discussed. Don’t document items that were assessed but for which education was not provided. For example, you might check a child’s hemoglobin at an appointment. If the hemoglobin is normal, you typically inform the parent the level is normal with no discussion or education about the hemoglobin. In that case you assessed the hemoglobin but did not provide education. Therefore, there is no need to document “hemoglobin” in the Nutrition Education Tab.

Nutrition Education Tab 3

Limit the number items “checked”. A long list of topics, materials and/or goals is not helpful and actually detracts from our goal of documenting for Continuity of Care. The next CPA to see that participant will not be able to discern the primary topics of discussion from a long list.

Notes

Notes are used to create narrative documentation. There are different types of notes to select from:

- There are General notes with various subjects to select from, based on the topic of your note.
- The SOAP note has a template that auto-populates information from most recent certification.
- Breastfeeding notes are also available.

Use notes when you would like document any information or education individualized to the participant.

Because notes can be individualized to the participant, use the notes function to document high-risk care plans and follow-up.

An agency may use another documentation process, such as PES, as outlined in their Nutrition Education Plan.

More!

Now that we have covered the basics, let's talk about some other items that can enhance our nutrition education.

Goal Setting

One optional tool that CPAs can use to promote behavior change is goal setting.

- The most effective goal is one the participant sets for herself. Participants are more likely to take action when it is their idea, and they determine their goals and action steps.
- If participant doesn't have a goal in mind, the CPA can be a "guide" in setting goals. As you actively listen to participants, you will hear change talk. Use those openings to suggest a goal or behavior change. For example, you might say "You mentioned you were interested in trying some new vegetables with your family. What vegetables would you like to try in the next month?"
- Help participants to verbalize small, concrete next steps rather than big, broad goals. Rather than "I will serve more vegetables", a participant may state "I will offer my family squash and romaine lettuce this month".
- Focus on just one area for change. We don't have to "fix" everything in one visit.
- The nutrition education tab has some general goals for each category of participant. To document a more individualized goal, use notes.

Remember Goal Setting can be a valuable tool for promoting behavior change, but it is optional.

Goal Result

Reinforce a behavior change by following up on a goal at the next clinic visit.

- Ask how the participant is progressing with the goal. Offer suggestions as needed for attaining the goal.
- Praise their successes to help reinforce the behavioral change.
- If they have attained their goal, don't stop there! Ask the participant about the "next step". Encourage the participant to set a new goal.
- Simply asking a participant how they are progressing on a goal is not a quality nutrition education contact. Make the contact interactive and encourage behavioral change.

Try A Sandwich

Here is simple technique to remember for giving advice or education. It is the Explore/Offer/Explore Sandwich Technique.

Here is how it works:

- **Explore** (the top layer of the sandwich). Ask the participant what she already knows, what she has heard, has already tried or would like to know about a topic.
- **Offer** (the filling of the sandwich) Ask permission to offer information and offer the information. Be brief and give just one or two simple facts.
- **Explore** (the bottom layer). Find out what the participant knows or thinks about the information you offered.

Here is an Explore/offer/Explore example with a mother of a 4-year-old who refuses to eat vegetables. **Explore:** What ways have you offered vegetables to Justin? Mom responds that she typically offers cooked vegetables at supper. **Offer:** Some kids at this age love raw veggies. **Explore:** What do you think about trying raw veggies? This technique works well for offering advice and helps the participant identify their own areas for change.

Everything is fine!

We often encounter participants who report everything is fine, plus their nutrition assessment shows no nutrition or health concerns. Hmm, how do we approach nutrition education in those instances? Here are some options to consider:

- Ask some open-ended questions such as "What are mealtimes like at your home?" or "What questions do you have about what you should eat while you are pregnant?"
- Think about anticipatory guidance. What kinds of changes or issues might be in store for the participant in the near future? For example, you might offer "Emma is 18 months old now. She is growing beautifully, and you are doing an awesome job of offering a variety of foods. Sometimes around this age we see children start getting picky and refusing to eat. Would it be ok if we talked about things to expect in the toddler stage?"
- Circle charts are a great tool to help participants identify a need or interest. A circle chart shows several health and nutrition topics applicable to the participant's category. Let the participant know the circles represent common areas of concern for families. Point to each

circle and briefly say what it represents. Ask the participant “what area(s) do you have questions or struggles with”. See the California WIC Program website for examples of circles charts. These charts are available in English and Spanish.

- If the participant still identifies no concerns or questions, ask him/her to tell you about the secret of their success so you can share their ideas with other families. It provides an opportunity to affirm their successes!

Pressing Nutrition Issues

Here is a tough situation, you have identified a pressing nutrition issue during your assessment. However, the participant is much more focused on another issue in their life. How do you address the pressing nutrition issue while respecting the participant’s concerns?

- First address the participant’s questions and concerns. This engages the participant, shows respect for their concerns, and helps get the conversation going.
- Then, share your concern. Ask permission to discuss it; and explore their thoughts, feelings and point of view on the issue. PCS emphasizes collaboration with participants. We want to give the participant the freedom to choose topics of interest to them and options they think might work best. The nutrition professional’s role is to guide the participant in identifying and resolving nutrition related issues. When there is a pressing nutrition concern, it is important for the CPA to make the participant aware of the concern and guide change.

Nutrition Knowledge

In this module we talked about the basic WIC requirements for Nutrition Education. The scope of this module doesn’t include one very important aspect of nutrition education - The development of nutrition knowledge. As a WIC CPA, you will want to continually enhance your nutrition knowledge and stay current on nutrition issues. Check out the resources that are available:

- On the Minnesota Department of Health WIC website, you will find modules covering Basic Nutrition and Maternal/Child/Infant Nutrition. We strongly encourage all new CPAs to review these modules to obtain a strong foundation in nutrition for the WIC population.
- WIC Works is the USDA website for WIC staff. It provides many wonderful resources.
- Check the Minnesota WIC Wednesday Update and the MDH WIC website for Continuing Education opportunities.

Other resources

There are many resources available to you as you develop your nutrition education skills and knowledge.

- Your colleagues at your agency can share their experiences and expertise with you.
- Your state WIC consultant is happy to answer questions or find additional resources for you.

- The Minnesota Department of Health WIC website has a wealth of information. Check out the informational pages and links to training opportunities.

End Slide

This has been an overview of Nutrition Education in the Minnesota WIC Program. We appreciate you taking the time to review this on-demand training module presented by the MN Department of Health WIC Program.

References- Complete Listing of Hyperlinks:

Exhibit 6-A High Risk and Medical Referral Criteria

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex6/6a.pdf>)

Section 6-7: Additional Education

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_7.pdf)

Section 6.9: Nutrition Education Materials

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_9.pdf)

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