

New Dietary Risk Codes and VENA Diet Assessment Training

Agenda

- ◆ Welcome and Introductions
- ◆ Overview of Changes & VENA
- ◆ Minnesota Nutrition Assessment Policies
- ◆ New Dietary Risk Codes
- ◆ LUNCH
- ◆ Introduction to New Nutrition Questionnaires
- ◆ Training Tools for Questionnaires
- ◆ Case studies

Why Changes are being made

- ◆ 2002 report by Institute of Medicine (IOM), Report, *"Dietary Risk Assessment in the WIC Program"*
- ◆ *Recommended all women and children (2-5 years) who meet categorical & residency requirements for WIC Program eligibility be presumed to be at dietary risk due to failure to meet the Dietary Guidelines*

Recommendation based on 2 significant findings:

- ◆ Nearly all US women and children fail to consume the recommended number of servings in the basic food groups
- ◆ “Even research-quality dietary assessment methods are not sufficiently accurate or precise to distinguish an individual’s eligibility status using criteria based on the Food Guide Pyramid or on nutrient intake.”

Dietary Guidelines For Americans 2005

- ◆ Website: <http://www.health.gov/dietaryguidelines/>
- ◆ Consumer Brochure
 - Feel better today. Stay healthy for tomorrow.
 - Make smart choices from every food group
 - Mix up your choices within each food group
 - Find your balance between food & physical activity
 - Get the most nutrition out of your calories
 - NUTRITION: To know the facts. . .use the label
 - Play it safe with food.
 - About alcohol. If you choose to drink alcohol, do so in moderation.

Dietary Guidelines for Americans

- ◆ Eat fewer calories
- ◆ Be more active
- ◆ Make wiser food choices
 - Emphasis on fruits, vegetables, whole grains & fat-free or low-fat milk & milk products
 - Includes lean meats, poultry, fish, beans, eggs, & nuts
 - Low in saturated fats, trans fats, cholesterol, salt, & added sugars
- ◆ Reflected in MyPyramid recommendations

WIC Response to IOM Report

Launch VENA – Value Enhanced Nutrition Assessment

- Develop comprehensive WIC nutrition assessment guidance
- Link assessment with nutrition education, food prescriptions, referrals
- Revise dietary risk codes

WIC Nutrition Assessment:

Process of obtaining & synthesizing relevant & accurate information in order to:

- ◆ Assess an applicant's nutrition status and risk
- ◆ Design appropriate nutrition education & counseling
- ◆ Tailor food package to address nutrition needs
- ◆ Make appropriate referrals

Goals of Nutrition Assessment:

- ◆ Identify & document the participant's risk(s) & needs in prioritized manner
 - Addressed through appropriate nutrition services
- ◆ Facilitate continuity of care throughout subsequent WIC visits
 - Participant's progress can be maintained and built upon

Value Enhanced Nutrition Assessment

- ◆ Interactive & participatory approach requires consideration of:
 - Environment
 - Engagement
 - Endpoint

Nutrition Assessment

- ◆ Environment
 - Warm, friendly to welcome participants
 - ◆ Fosters sense of trust
 - ◆ Fosters good rapport with participant
 - Good communication skills
 - ◆ Collection of quality information
 - ◆ Staff asks right questions at right time in the right format

Nutrition Assessment

- ◆ Engagement
 - Active involvement of participant in assessment through dialogue, information exchange, listening & feedback
 - Emphasize face-to-face interaction
 - Encourage probing to clarify information
 - Allow feedback between staff and participant

Nutrition Assessment

- ◆ Endpoint
 - Identification of risk factors
 - ◆ Springboard to formulate intervention plan
 - Plan for intervention
 - ◆ Must include interaction *with* participant

MN Operations Manual- Revised Policies

- ◆ Nutrition Assessment
- ◆ Health History Assessment
- ◆ Diet Assessment
- ◆ Assignment of Risk Codes

Nutrition Assessment Policy

- ◆ Policy:
Local Agency CPAs must conduct a thorough and comprehensive assessment of nutritional risk during the certification process

Nutrition Assessment Policy

Procedure

1. Accurately collect anthropometric, hematological, health history & diet information.
2. Clarify and synthesize information.
3. Identify all applicable risk(s) and other related issues.
4. Document the assessment.
5. Provide education based on highest priority risk conditions & participant's interests.

Health History Assessment & Diet Assessment Policies

- ◆ Policies similar to previous ones
- ◆ Guidance changed to reflect VENA philosophy
 - Conduct assessment with respect & warmth to build rapport
 - Actively involve participant in dialogue, information exchange, listening & feedback
 - Clarify information by using probing questions

Risk Code Assignment Policy

Procedure

- ◆ Must assign all applicable risk codes and highest priority at all certifications and recertifications
- ◆ All applicable risk codes must be documented but not expected that all risks need to be counseled on at initial certification

Guidance

- ◆ WIC staff should prioritize, in conjunction with the participant, the nutrition related topics to be covered at certification.

NEW Dietary Risk Codes

Implemented in
December, 2007
(Pilot slated for October 29th)

WIC Response to IOM Report

Revised Dietary Risk Codes

- Adopt new presumptive dietary risk, "*Failure to Meet Dietary Guidelines*" as an eligibility criterion
- Collapse current risks into broader ones
- New approach for assessing dietary risks

New Dietary Risks

- ◆ Consolidates previous criteria from 19 to 5
- ◆ Addition of "presumed" dietary risk for women and children 2 years and older & "at risk" for inappropriate complementary feeding for 4-23 month olds.
 - These criteria may only be used after a complete assessment (height, weight, hgb or hct, health history, and nutrition practices)
- ◆ The VENA guidance complements the new dietary risks

New Dietary Risks

- ◆ Dietary assessment continues to be important and necessary
 - Focuses attention on food and diet as central to health.
- ◆ With VENA, assessment will gather qualitative, not quantitative information
 - Rather than quantify ounces or servings, WIC Staff may ask about appetite, meal times, beliefs about feeding their children, favorite foods, cultural food preferences, etc.

5 Dietary Risk Criteria

- ◆ 401: Failure to meet Dietary Guidelines for Americans
- ◆ 411: Inappropriate Nutrition Practices for Infants
- ◆ 425: Inappropriate Nutrition Practices for Children
- ◆ 427: Inappropriate Nutrition Practices for Women
- ◆ 428: Dietary Risk Associated with Complementary Feeding Practices

Risk Codes Not Allowed

- ◆ 420: Excessive Caffeine Intake
 - Recent review of literature found that caffeine transferred into breast milk is unlikely to have deleterious effect on infant
- ◆ 422: Inadequate Diet
 - No longer necessary due to presumptive risk criterion

401 – Failure to Meet Dietary Guidelines for Americans

- ◆ Women and Children 2 years of age and older
- ◆ Failure to meet dietary guidelines =
Eating fewer than recommended number of servings from 1 or more food groups
- ◆ Assigned ONLY after a complete nutrition assessment has been performed and no other dietary risk(s) identified

401 – Failure to Meet Dietary Guidelines for Americans

- ◆ Assigned ONLY after a complete nutrition assessment has been performed and no other risk(s) identified
- ◆ Assessment for two other risk codes MUST be completed
 - Risk Code 425: Inappropriate Nutrition Practices for Children
 - Risk Code 427: Inappropriate Nutrition Practices for Women

411: Inappropriate Nutrition Practices for Infants

- ◆ Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems
- ◆ Infant: Priority 4

411: Inappropriate Nutrition Practices for Infants

- ◆ 412 Early Introduction of Solid Foods
- ◆ 413 Feeding Cow's Milk During First 12 Months
- ◆ 414 No Dependable Source of Iron for Infants at 6 Months of Age or Later
- ◆ 415 Improper Dilution of Formula
- ◆ 416 Feeding Other Foods Low in Essential Nutrients
- ◆ 417 Lack of Sanitation in Preparation
- ◆ 418 Infrequent Breastfeeding as Sole Source of Nutrients
- ◆ 419 Inappropriate Use of Nursing Bottles
- ◆ 423 Inappropriate/Excessive Intake of Dietary Supplements Including Vitamins, Minerals and Herbal Remedies
- ◆ 424 Inadequate Vitamin/Mineral Supplementation

411A: Routinely using a substitute(s) for breast milk or Iron-fortified formula as primary nutrient source through 1st year

Examples:

- ◆ Low Iron formula with no iron supplementation
- ◆ Cow's milk, goat's milk, canned evaporated or sweetened condensed milk
- ◆ Imitation or substitute milks – rice or soy-based beverages, etc.

411B: Routinely using bottles or cups improperly

- ◆ Using bottle to feed fruit juice
- ◆ Feeding any sugar-containing fluid
- ◆ Allowing infant to fall asleep or put to bed with bottle at nap or bedtime
- ◆ Allowing infant to use bottle without restriction
- ◆ Propping the bottle
- ◆ Allowing infant to carry around and drink throughout day from covered cup
- ◆ Adding any food to infant's bottle

411C: Routinely offering complementary* foods or other inappropriate in type or timing

Examples:

- ◆ Adding sweet agents like sugar, honey, syrup to beverages, prepared foods, pacifier
- ◆ Any food other than breast milk or iron-fortified infant formula before 4 months of age

*Complementary foods: anything other than breast milk or iron-fortified infant formula

411D: Routinely using feeding practice that disregard developmental needs or stage of infant

- ◆ Inability to recognize, insensitivity to, or disregarding infant's cues for hunger and satiety
 - Forcing infant to eat certain type or amount of food
 - Ignoring hunger cues
- ◆ Feeding foods of inappropriate consistency, size or shape that puts infant at risk for choking
- ◆ Not supporting infant's need for growing independence with self-feeding
 - Spoon-feeding when infant ready to finger-feed/use utensils
- ◆ Feeding infant foods with inappropriate textures for developmental stage
 - Primarily pureed/liquid when infant is ready for more texture

411E: Feeding foods that could be contaminated w/ harmful microorganisms

Examples

- ◆ Unpasteurized fruit/vegetable juice
- ◆ Unpasteurized dairy products or soft cheese
- ◆ Honey
- ◆ Raw/undercooked meat, fish, poultry, or eggs
- ◆ Raw vegetable sprouts
- ◆ Undercooked or raw tofu
- ◆ Deli meat, hot dogs, & processed meats (unless heated until steaming hot)

411F: Routinely feeding inappropriately diluted formula

- ◆ Failure to follow manufacturer's dilution instructions
- ◆ Failure to follow specific instructions accompanying medical prescription

411G: Routinely limiting frequency of nursing (exclusively breastfed)

Examples

- ◆ Scheduled feedings instead of demand feedings
- ◆ < 8 feedings in 24 hours, infant < 2 months
- ◆ < 6 feedings in 24 hours, infant 2-6 months

411H: Routinely feeding diet very low in calories/essential nutrients

Examples

- ◆ Vegan diet
- ◆ Macrobiotic diet
- ◆ Other diets very low in calories/essential nutrients

411I: Routinely using inappropriate sanitation in preparation, handling, & storage of expressed breastmilk or formula

- ◆ Examples
- ◆ Limited or no access to a:
 - Safe water supply
 - Heat source for sterilization
 - Refrigerator or freezer for storage
- ◆ Failure to properly prepare, handle & store bottles or storage containers of expressed breastmilk or formula

411J: Feeding dietary supplements with potentially harmful consequences

Examples of dietary supplements, when fed in excess of recommended dosage may be toxic or harmful :

- ◆ Single or multi-vitamins
- ◆ Mineral supplements
- ◆ Herbal or botanical supplements, remedies, teas

411K: Routinely not providing dietary supplements recognized as essential by national public health policy

- ◆ Infants 6 months+ ingesting < 0.25 mg fluoride daily when water supply contains less than 0.3 ppm fluoride
- ◆ Breastfed infants ingesting < 500 mL (16.9 ounces) per day of vitamin D-fortified formula & not taking supplement of 200 IU Vitamin D
- ◆ Non-breastfed infants ingesting < 500 mL (16.9 oz.) per day of vitamin D-fortified formula & not taking supplement of 200 IU Vitamin D

425: Inappropriate Nutrition Practices for Children

- ◆ Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.
- ◆ Children: Priority 5

425A: Routinely feeding inappropriate beverages as primary milk source

Examples

- ◆ Non-fat or reduced-fat milk for 12-24 month olds
- ◆ Sweetened condensed milk
- ◆ Imitation or substitute milks – unfortified rice-or soy-based beverages, non-dairy creamers, 'homemade concoctions'

425B: Routinely feeding a child any sugar containing fluids

◆ Examples

- ◆ Soda/soft drinks
- ◆ Gelatin water
- ◆ Corn syrup solution
- ◆ Sweetened tea
- ◆ 100% juice > once a day

425C: Routinely using bottles, cups, or pacifiers improperly

- ◆ Using a bottle to feed:
 - Fruit juice
 - Diluted cereal or other solid foods
- ◆ Allowing child to fall asleep or put to bed with bottle at nap or bedtime
- ◆ Allowing child to use bottle without restriction (walking around) or as pacifier
- ◆ Using pacifier dipped in sweetening agents (sugar, honey, syrups)
- ◆ Allowing child to carry around & drink throughout day from cup

425D: Routinely using feeding practices that disregard developmental needs of child

- ◆ Inability to recognize, insensitivity to, or disregarding child's cues for hunger and satiety
 - Forcing child to eat certain type or amount of food
 - Ignoring hungry child's requests for appropriate foods
- ◆ Feeding foods of inappropriate consistency, size or shape that puts child at risk for choking
- ◆ Not supporting child's need for growing independence with self-feeding
 - Spoon-feeding child able to finger-feed/use utensils
- ◆ Feeding child foods with inappropriate texture for developmental stage
 - Primarily pureed/liquid when child ready & capable of eating mashed, chopped, or finger foods

425E: Feeding foods that could be contaminated w/ harmful microorganisms

Examples

- ◆ Unpasteurized fruit/vegetable juice
- ◆ Unpasteurized dairy products or soft cheese
- ◆ Raw/undercooked meat, fish, poultry, or eggs
- ◆ Raw vegetable sprouts
- ◆ Undercooked or raw tofu
- ◆ Deli meat, hot dogs, & processed meats (unless heated until steaming hot)

425F: Routinely feeding diet very low in calories/essential nutrients

Examples

- ◆ Vegan diet
- ◆ Macrobiotic diet
- ◆ Other diets very low in calories/essential nutrients

425G: Feeding dietary supplements with potentially harmful consequences

Examples of dietary supplements, when fed in excess of recommended dosage may be toxic or harmful:

- ◆ Single or multi-vitamins
- ◆ Mineral supplements
- ◆ Herbal or botanical supplements, remedies, teas

425H: Routinely not providing dietary supplements recognized as essential by national public health policy

- ◆ Children < 36 months of age less than 0.25 mg fluoride daily when water supply contains < 0.3 ppm fluoride
- ◆ Children 36-60 months of age less than 0.50 mg fluoride daily when water supply contains < 0.3 ppm fluoride

425I: Routine ingestion of nonfood items (pica)

Examples

- ◆ Ashes
- ◆ Carpet fibers
- ◆ Cigarettes or cigarette butts
- ◆ Clay
- ◆ Dust
- ◆ Foam rubber
- ◆ Paint chips
- ◆ Soil
- ◆ Starch (laundry and cornstarch)

427: Inappropriate Nutrition Practices for Women

- ◆ Routine use of feeding practices that may results in impaired nutrient status, disease, or health problems.

- ◆ Pregnant Women: Priority 4
Breastfeeding Women: Priority 4
Non-breastfeeding Women: Priority 6

427A: Consuming dietary supplements with potentially harmful consequences

Examples of dietary supplements, when ingested in excess of recommended dosage may be toxic or harmful :

- ◆ Single or multi-vitamins
- ◆ Mineral supplements
- ◆ Herbal or botanical supplements, remedies, teas

427B: Consuming diet very low in calories/essential nutrients; OR impaired caloric/nutrient intake due to bariatric surgery

Examples

- ◆ Strict vegan diet
- ◆ Low-carbohydrate, high-protein diet
- ◆ Macrobiotic diet
- ◆ Other diets restricting calories/essential nutrients

427C: Compulsively ingesting nonfood items (pica)

Examples

- ◆ Ashes
- ◆ Baking soda
- ◆ Burnt matches
- ◆ Carpet fibers
- ◆ Chalk
- ◆ Cigarettes
- ◆ Clay
- ◆ Dust
- ◆ Large quantities of ice and/or freezer frost
- ◆ Paint chips
- ◆ Soil
- ◆ Starch (laundry and cornstarch)

427D: Inadequate vitamin/mineral supplementation recognized as essential by national public health policy

- ◆ Consumption of < 30 mg iron as supplement daily by pregnant woman
- ◆ Consumption of < 400 mcg folic acid from supplements daily by non-pregnant woman

427E: Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms

Examples

- ◆ Raw fish or shellfish
- ◆ Refrigerated smoked seafood
- ◆ Raw or undercooked meat or poultry
- ◆ Hot dogs, luncheon meats, fermented & dry sausage, & other deli-style meats or poultry produces unless reheated unless steaming hot
- ◆ Refrigerated pate or meat spreads
- ◆ Unpasteurized milk
- ◆ Soft cheeses unless labeled as made with pasteurized milk
- ◆ Raw or undercooked eggs or foods containing raw eggs
- ◆ Raw sprouts
- ◆ Unpasteurized fruit or vegetable juices

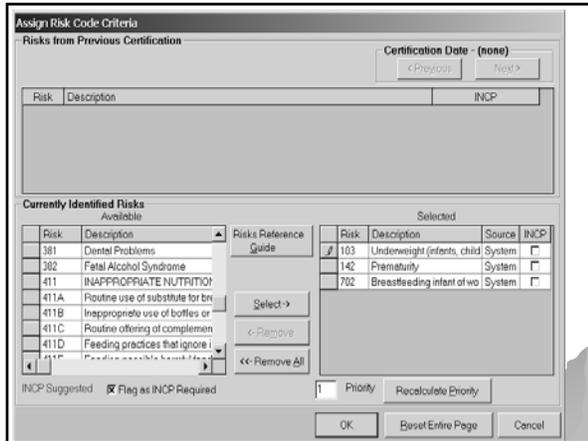
428: Dietary Risk Associated with Complementary Feeding Practices

- ◆ Complete nutrition assessment, including RC 411 for infants or RC 425 **MUST** be completed prior to assigning this risk

- ◆ Infants 4-12 months: Priority 4
Children 12-24 months: Priority 5

428: Dietary Risk Associated with Complementary Feeding Practices

- ◆ An infant or child who has begun to or expected to begin to
 - Consume complementary food & beverages
 - Eat independently
 - Be weaned from breastmilk or infant formula
 - Transition from diet based on infant/toddler foods to one based on Dietary Guidelines for Americans



CHIP Risk Code Screen

When heading is selected this message appears:

Resources

- ◆ Fluoridation
 - <http://www.cdc.gov/fluoridation/>
 - ◆ Scroll to “Featured Items”
 - ◆ Select “My Water’s Fluoride”
 - “Bottled Water, Home Water Treatment Systems and Fluoride Exposure” at <http://www.ada.org/goto/bottledwater>

Risk Code Exercise

- ◆ What Risk Code? (green sheet)
 - Do individually
 - Review as a group



Nutrition Questionnaires & Health History forms



Nutrition Questionnaires & Health History

Purpose

- ◆ Conduct complete Nutrition Assessment
- ◆ Determine risk for WIC eligibility
- ◆ Tailor nutrition education to the needs & interests of the participant



Nutrition Questionnaires

- ◆ Start dialogue with participant about what s/he wants or needs related to nutrition
- ◆ Focus on **feeding practices**, not food amounts
- ◆ Not just for determining risk code assignment

Nutrition Questionnaires

- ◆ Infant Questionnaire – 0-5 Months
- ◆ Infant Questionnaire – 6-23 Months
- ◆ Child Questionnaire – 2-5 years
- ◆ Woman

Health History

- ◆ Infant and Child Health History
- ◆ Pregnant Woman Health History
- ◆ Postpartum Woman Health History

Nutrition Questionnaire Resources

◆ Training Tools

– Features:

- ◆ Probing Questions
- ◆ Risk Codes that may be identified
- ◆ Reasons for asking the question

Probing Questions

- ◆ Help better understand participant's needs
- ◆ Not an inclusive list
- ◆ Review Probing questions on one Tool
 - Highlight those questions you feel most useful
 - Write in additional probing questions you may want to use

Case Studies

- ◆ **Review** responses on sample questionnaire and health history
- ◆ **Identify** which responses you might like to ask additional questions for clarification.
- ◆ **Interview** your partner using probing questions to clarify those responses.
- ◆ **Identify** at least one risk code
- ◆ **Select** 2-3 topics to offer the participant for discussion

Nutrition Questionnaires Health History forms

- ◆ Documentation is essential.
- ◆ Pertinent information should be written on forms OR included in CHIP Notes

Eliminating Paper Charts

- ◆ Health History
 - 3 options
 - ◆ Use plastic-protected hard copy
 - ◆ Use desktop PDF file
 - ◆ Enter Questions into Nutrition Ed Tab
- ◆ Nutrition Questionnaire
 - 2 options
 - ◆ Use plastic-protected hard copy
 - ◆ Use desktop PDF file

Eliminating Paper Charts

- ◆ Documentation
 - Health History
 - ◆ All “yes” responses require note to explain condition or health issue & justify risk code
 - ◆ ‘Health history assessed by CPA’ must be checked
 - Nutrition Questionnaire
 - ◆ Document in either SOAP Note or General Note
 - ◆ Enter risk code justifications into Nutrition Ed Tab
 - ◆ ‘Diet assessed by CPA’ must be checked or noted

Eliminating Paper Charts

- ◆ Plan how your agency will assess health hx and diet
- ◆ Plan how your agency will document assessments
- ◆ Health hx questions & risk code justification entries **MUST** be used as listed in document
- ◆ Complete 'Eliminating Paper Charts Plan' & return to your nutrition consultant prior to implementation

QUESTIONS ???



Drive Home Safely!