

STAFF ROLES

Staff employed by the WIC Program may function in many capacities to provide services to participants and fulfill management responsibilities. In small local agencies these functions may be accomplished by the same person, while in large agencies these functions may be assigned to a number of individuals.

4.4.1 Staffing Roles (Program Services)

POLICY: Local WIC agencies shall have on staff or obtain the services of individuals with appropriate qualifications, knowledge and skills to carry out program related activities.

PURPOSE: To assure all program related activities are completed.

RELEVANT FEDERAL REGULATIONS: None

RELATED POLICIES: None

4.4.1.1 WIC Coordinator

Each local WIC agency shall designate a WIC Coordinator. The WIC Coordinator is responsible for coordinating the functions of the WIC Program. Although specific duties of this position vary by local agency, this position has supervisory and coordination responsibilities, including ensuring that all WIC requirements are met.

4.4.1.2 Local System Administrator (LSA)

Each local agency shall designate at least one Local System Administrator (LSA). The LSA serves as a primary automation contact between the state agency and the local agency. The LSA is responsible for conducting data system administrative functions for the WIC Information System software.

4.4.2 Staffing Roles (Nutrition Services)

POLICY: Local WIC agencies shall either have on staff or obtain the services of individuals with appropriate qualifications, knowledge and skills to carry out all Nutrition Services activities.

PURPOSE: To assure the quality of nutrition services in the WIC Program. To provide guidelines for local WIC agencies to ensure each staff member’s qualifications, knowledge and skills are matched to their job functions.

RELEVANT FEDERAL REGULATIONS:

246.11(c)(8)(ii) Coordinator for breastfeeding activities

RELATED POLICIES:

Competent Professional Authority (CPA): Requirements Minnesota Operations Manual, Section 4.2.
Supervision of Competent Professional Authority Staff, Minnesota Operations Manual, Section 4.6
Providing Services to High Risk Participants, Minnesota Operations Manual, Section 6.3.3.

DEFINITIONS:

Competent Professional Authority (CPA)

An individual on the staff of the local authorized to conduct nutrition and health assessments, determine nutrition risk, provide individualized nutrition education and prescribe supplemental foods.

Cultural Competency

For the purpose of this policy, cultural competency is defined as extensive experience with and knowledge of cultural patterns and practices of a specific community, particularly those related to the health and nutrition of women and children.

4.4.2.1 Implementation of Staffing Roles (Nutrition Services) policy

Local WIC agencies should work toward the staffing recommendations outlined in this policy.

- A. The state WIC Program asks that local WIC agencies work toward these recommendations over time.
- B. The following guidelines provide a framework for staffing to maintain and improve the quality of WIC nutrition services.

- C. Staffing requirements will vary with the number of high risk participants served by the local program. (See 4.4.2.4 of this policy for qualifications of CPAs serving high risk participants.
- D. Staffing patterns should be tailored to match staff skills with language and culture of the participants being served.

4.4.2.2 Nutrition Education Coordinator

Each local WIC agency shall designate a Nutrition Education Coordinator. The Nutrition Education Coordinator performs professional and supervisory public health nutrition activities, participates in program planning and evaluation as assigned, and may deliver direct participant services.

- A. The Nutrition Education Coordinator should be a CPA who meets the qualifications of Registered Dietitian (or registration eligible), Minnesota Licensed Dietitian (LD), Minnesota Licensed Nutritionist (LN) (**Competent Professional Authority (CPA): Requirements** policy, Section 4.2), or is an individual with a Master's or Bachelor's Degree in Nutrition. When a CPA with these qualifications is not available, a CPA who is a Registered Nurse, or has a degree in a Health or Home Economics related field, may be used after consultation with the assigned State Nutrition Consultant.
- B. The Nutrition Education Coordinator should be an individual who possesses:
 - 1. Knowledge of human nutrition in health and disease and its application to public health practices. Should also have knowledge of nutrition needs of infants, children, and women during the prenatal, postpartum and breastfeeding stages.
 - 2. Knowledge of effective counseling and educational concepts and methods.
 - 3. Ability to prepare and/or evaluate educational materials, and to prepare and deliver in-service trainings.
 - 4. Ability to prepare and/or oversee nutrition education program planning and evaluation.
 - 5. Ability to interpret scientific information for lay audiences.
- C. Roles of the Nutrition Education Coordinator or their designee include:
 - 1. Coordinate direct nutrition services to participants.
 - 2. Evaluate staff competencies in nutrition, and plan and coordinate training as needed.
 - 3. Monitor CPA staff performance, per local agency policy and supervision schedule.

4. Develop and review/evaluate nutrition education materials.
5. Develop procedures for high-risk (INCPs) care, including methods for evaluation of high-risk care provided by CPA staff.
6. Provide technical assistance to and consultation with local agency staff and other health professionals regarding nutrition issues.
7. Provide or arrange continuing education opportunities for the local agency CPA staff.
8. Complete nutrition services planning and evaluation, including development of the annual local nutrition education plan.
9. Serve as liaison with health care providers.
10. Coordinate approvals of medically prescribed formulas.
11. Attend annual WIC Nutrition Conference.

4.4.2.3 Breastfeeding Coordinator

Each local WIC agency shall designate a Breastfeeding Coordinator (per federal regulation). The Breastfeeding Coordinator is responsible for planning and coordinating local breastfeeding promotion and support activities.

- A. The Breastfeeding Coordinator should be an individual who meets the qualifications of CPA with a Bachelor's or Master's degree, or is a Registered Nurse. Other CPAs or non-CPAs with specialized advanced training and experience (such as an International Board Certified Lactation Consultant, IBCLC) are also qualified to function in the role of the Breastfeeding Coordinator. They may be designated Breastfeeding Coordinator after consultation with the assigned State Nutrition Consultant and/or State Breastfeeding Coordinator, however, their other roles and responsibilities may be otherwise limited (see section 4.4.2.6 and Exhibit 4-K).
- B. The Breastfeeding Coordinator should be an individual who possesses the following specialized skills and knowledge:
 1. Knowledge of general breastfeeding techniques and resolution of common breastfeeding concerns. Ideally, the Breastfeeding Coordinator or another staff member who does breastfeeding counseling, should receive additional training to help with more challenging breastfeeding problems or questions in the WIC clinic. Knowledge should be based on professional training and current breastfeeding research.
 2. Knowledge of effective counseling and educational concepts and methods.

3. Ability to prepare and/or evaluate breastfeeding education materials and to prepare and deliver (or plan for the delivery of) breastfeeding in-service training for local agency staff.

C. Roles of the Breastfeeding Coordinator include:

1. Coordinate breastfeeding promotion and support activities for the local agency.
2. Develop and review/evaluate breastfeeding materials.
3. Coordinate the development and dissemination of local WIC agency breastfeeding policies.
4. Train new staff regarding their role in breastfeeding promotion and support or delegate the task to another appropriate staff member.
5. Assure all CPA staff have training on the basics of breastfeeding and breastfeeding counseling.
6. Disseminate breastfeeding information to local agency staff, including but not limited to, new resources and information provided by State WIC office.
7. Serve as liaison with other community breastfeeding programs.

4.4.2.4 High Risk CPAs

Each local WIC agency shall have on staff (or by contract) qualified nutrition professionals to provide nutrition services to high risk participants. These qualified nutrition professionals are hereafter referred to as “high risk CPAs”.

- A. The high risk CPA(s) should be an individual(s) who meets the qualifications of registered dietitian (or registration eligible), an individual with a bachelor’s or master’s degree in nutrition, or a Minnesota Licensed Nutritionist/Dietitian. When a CPA with one of these qualifications is not available, a CPA who is a registered nurse, registered dietetic technician or has a degree in a health or home economics field, may be used after consultation with the State Nutrition Consultant.
- B. The high risk CPA(s) should be an individual(s) who possesses the following specialized skills and knowledge:
 1. Knowledge of human nutrition in health and disease and its application to public health practices and knowledge of nutrition needs of infants, children, and women during the prenatal, postpartum, and breastfeeding stages.
 2. Knowledge of effective counseling and educational concepts and methods.

3. Ability to develop and carry out on-going plans for nutrition education.
- C. Roles of the High Risk CPA are found in the policy **Providing Services to High Risk Participants**, Section 6.3.3.

4.4.2.5 Locally Trained CPAs

Individuals who offer language skills and cultural competencies that have been identified as being needed by the Local Agency, may be authorized to serve as locally trained CPAs by meeting all of the requirements listed in the policy **Competent Professional Authority (CPA): Requirements**, Section 4.2. (See **Definition Section** of this policy for the definition of cultural competency.) The role of locally trained CPA's is limited to the following:

- A. Complete certification procedures, including determination of nutrition risk eligibility and prescription of food package, under the on-site supervision of a Registered Dietitian or a CPA with a Master's degree in Nutrition. (See **Competent Professional Authority (CPA): Requirements**, Section 4.2 for additional information.)
- B. Provide basic nutrition education on individual or group basis.
- C. Identify and refer high risk participants to appropriate CPA staff.
- D. Refer participants to community and social services as needed.
- E. Participate in self-development and continuing education activities.

4.4.2.6 Non-CPA Staff

Individuals who are not CPAs may be utilized to provide nutrition education activities on a limited basis, to assist or expand the efforts of the CPA staff. Nutrition Education activities will be limited to providing additional education to participants of low risk only, and therefore not to pregnant and breastfeeding women, or any high risk participants.

- A. Qualifications of these individuals will vary depending on the resources and/or circumstances of the local agency (e.g., may include county extension staff and local agency health educator staff).
- B. Any non-CPA staff providing nutrition education should possess:
 1. Knowledge of socio-economic conditions of the specific community they are serving.
 2. Knowledge of the cultural patterns and practices of the specific community they are serving.

3. Ability to attain and demonstrate competencies in the areas of nutrition for which they will be providing educational activities.
4. Ability to communicate effectively orally.

C. Roles of the non-CPA include:

1. Present basic nutrition information prepared or approved by the Nutrition Education Coordinator.
2. Attain nutrition knowledge needed to present basic nutrition information to participants.
3. Nutrition information will be presented only under the on-site supervision of the Nutrition Education Coordinator or their designated CPA staff member. Non-CPA staff will refer all questions outside their scope of knowledge to the Nutrition Education Coordinator or designated CPA staff member.

4.4.2.7 Breastfeeding Peer Support

Individuals who are not CPAs may be utilized to provide peer breastfeeding support. Breastfeeding Peer support individuals may be utilized to assist or expand the breastfeeding promotion and support activities of the CPA staff. Before utilizing a Breastfeeding Peer support individual, the agency must have an approved written plan as indicated in this section.

- A. In addition to the qualifications outlined in 4.4.2.5 of this policy, for non-CPA staff, individuals providing peer breastfeeding support will also meet the following criteria:
1. Individual will be a trained volunteer **or** a local agency staff member trained as a peer support whose scope of practice is limited to that of any other peer support person.
 2. Woman who has breastfed one or more infants.
- B. Roles of the Breastfeeding Peer Support staff include:
1. Present basic breastfeeding information to WIC participants to encourage breastfeeding. Remind participants of benefits and dispel misconceptions of breastfeeding.
 2. Conduct basic screening of breastfeeding status. Screening should be documented on a screening tool which is reviewed by the Breastfeeding Coordinator or a CPA qualified to follow high risk participants.
 3. Refer all questions outside their scope of knowledge to the appropriate CPA..

C. The local agency will develop and submit a written plan in consultation with the State Breastfeeding Coordinator and/or State Nutrition Consultant. The written plan shall include:

1. Definition of duties so that all staff understand the role of the peer support individuals. This will include a list of peer support responsibilities, supervisory responsibilities, and any other components which relate to the scope of peer support responsibilities.
2. A written training plan which includes initial and on-going training details. The written plan should indicate how training activities will be documented.
3. Information on how confidentiality, liability and insurance issues will be addressed within the agency.
4. A plan for maintaining quality assurance which includes supervision and monitoring. The plan should include a routine time for peer support individuals to report to their supervisor or their designee. The monitoring visit with the supervisor should include a review of contacts made with participants and opportunity to report problems.
5. A plan for documentation and review of peer support contacts.
6. Referral criteria specifying when and to whom peer support individuals will refer participants with breastfeeding concerns outside of their scope of practice.
7. For non-WIC staff, a plan for obtaining a confidentiality/written release authorizing WIC to provide the peer support individuals with the participant's name and phone number.

4.4.8 Other Staffing Roles

See Exhibit 4-K. The grid lists the different components of certification and coordination of nutrition services, and indicates the most appropriate staff qualifications for each of these functions.

REFERENCES:

1. Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program, United States Department of Agriculture, Food and Nutrition Service, FNS269, 1993.
2. "WIC Nutrition Services Standards," WIC Nutrition Services Committee, National Association of WIC Directors and U.S. Department of Agriculture, Food and Nutrition Service, January 1988.
3. NASD/FNS Joint Statement on Quality Nutrition Services in the WIC Program, National Association of WIC Directors and U.S. Department of Agriculture, Food and Nutrition Service, 1993.
4. WIC Breastfeeding Peer Counseling Training Program, Mountain Plains WIC State Agencies in Cooperation with USDA, Food and Consumer Service, Mountain Plains Regional Office, July 1996.