

Introduction to Medical & Diet Assessment

Objectives

After completing this lesson, you will be able to:

- ☞ State the main purposes of a medical & diet assessment.
- ☞ Define medical & diet risks.
- ☞ Describe medical & dietary risk codes as they relate to all nutrition risk codes.

Overview

As a CPA, one of your certification tasks will be to determine if a participant has a dietary or medically-diagnosed risk. This process involves conducting a medical as well as a diet assessment. Doing these assessments requires the CPA to understand what the different medical and dietary risk codes are and be able to talk with the participant, in order to figure out if any of these risk codes apply to them.

What is a medical assessment?

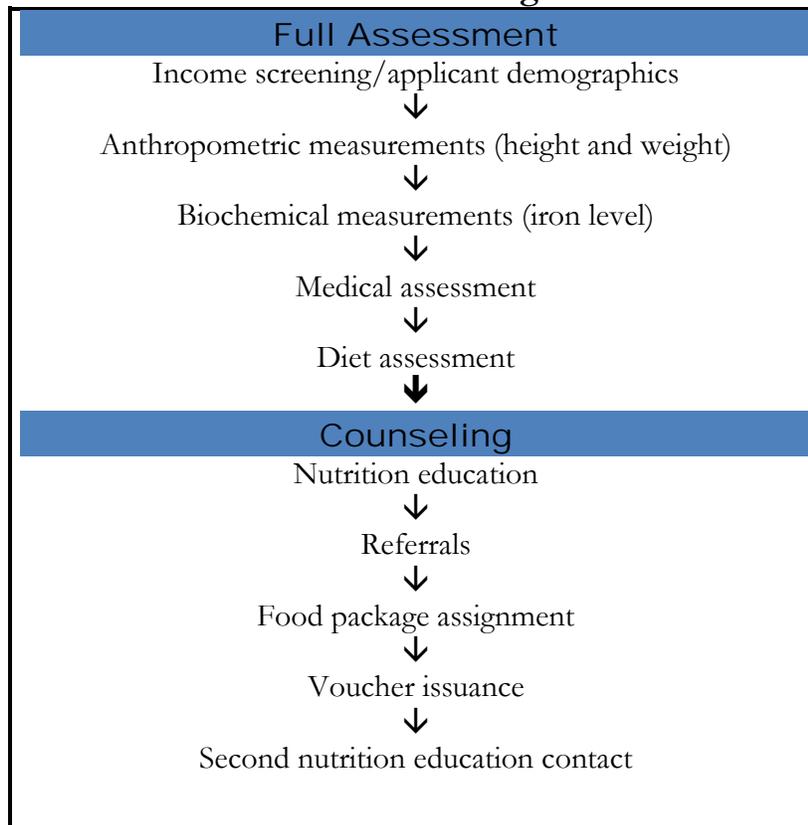
A medical assessment is when the CPA gathers information from the participant to see if the person has a physical or medical condition that increases the risk for developing malnutrition and/or poor health. The CPA evaluates information gathered from the participant's health history, current medical condition, and health/lifestyle habits. For example, a pregnant woman's health history has information regarding past pregnancies that is helpful to know for the current pregnancy. Knowing that the participant has a current medical condition, such as diabetes, is critical for risk code assignment and nutrition counseling. Finally, lifestyle habits such as alcohol, drug, or tobacco use, are also important for the CPA to know about in order to provide appropriate referrals and education. This information is gathered by using the fields in the Health Information tab in HuBERT as well as a few of the medical-related questions in the Nutrition Assessment Tab.

What is a diet assessment?

A diet assessment is when the CPA gathers information from the participant about their eating behaviors and uses that information to determine any dietary risks. The term “eating behaviors” is used to describe everything about a person’s relationship with food. Eating behaviors are more than just what or how much a person eats on any given day. They include how a person feels about foods, their normal eating pattern, foods they prefer or avoid, dietary supplements they take, and foods or food habits that are specific to their culture. The questions in the Nutrition Assessment Tab are used to find out about these eating behaviors. The questions ask about appetite, meal patterns, attitudes/beliefs about feeding their children, favorite foods, cultural food preferences, etc. Assessment of eating behaviors results in a better understanding of the family’s nutrition status and possible nutrition risks.

These assessments are just parts of a full assessment, the first phase of certification. While the medical or diet assessment can be done at different points of the assessment, the following box shows the ideal time to conduct them during a typical certification.

Assessment to Counseling Flow Chart



While there is a step-by-step process that guides us through a participant centered certification process, it is important to note that **all** of the assessment steps are used to determine eligibility. Once all of the information gathering steps have been completed (**full assessment**), it is then time for counseling and nutrition education (**participant centered counseling**).

Let's take a moment to quickly go over the five steps in the medical and diet assessment process.

Assessment Steps

Doing a Medical/Diet Assessment can be divided into 5 steps:

STEP 1	Ask the participant about their health status and feeding behaviors
STEP 2	Use probing questions to find out more information.
STEP 3	Determine medical & dietary risk codes, if applicable.
STEP 4	Use critical thinking skills to review all information to ensure risk codes are appropriately assigned and correct.
STEP 5	Document these risk codes in HuBERT.

What is the purpose of these assessments?

These assessments have three main purposes:

1. **To identify risks.** During these assessments, you will have the opportunity to identify health conditions and discuss feeding behaviors with the participant. Through this conversation, you will be able to identify the participant's medical and dietary risks. Identifying medical and dietary risk codes will involve the use of probing questions and critical thinking skills.
2. **To guide nutrition education.** By identifying participants' risks and concerns, you will be able to provide targeted nutrition education specific to their interests and concerns. You will then be able to refer them appropriately (if needed), and to plan for the second nutrition education contact that best suits their situation.
3. **To collect data.** The pertinent information and data gathered during a nutrition assessment should be entered into HuBERT. This information allows others to review the participant's record in order to see the reason the participant is on WIC. This data, along with data from many other WIC participants, can be used to show what is going on with WIC families overall and can illustrate how the WIC program is working.

What are Medical and Dietary Risk Codes?

WIC's nutrition risk factors can be classified into four groups:

- ◆ Anthropometric risk codes;
- ◆ Biochemical risk codes;
- ◆ Medical risk codes; and,
- ◆ Dietary risk codes.

Medical risk codes reflect a person's health history and current medical condition. These also include health or lifestyle habits, such as alcohol, drug, or tobacco use. Medical risk codes are a subset of all of the nutrition risk codes used. These risk codes refer to things like prenatal and postpartum conditions as well as nutrition-related conditions and substance abuse behaviors. All of the medical risk codes are in the 300s.

Medical Risk Codes

There are seven main medical risk codes:

- ◆ 300's – Pregnancy-Induced Conditions
- ◆ 310's – Delivery of Low-Birthweight/Premature Infant
- ◆ 320's – Prior Stillbirth, Fetal, or Neonatal Death
- ◆ 330's – General Obstetrical Risks
- ◆ 340 – Nutrition-Related Risk Conditions (e.g. Chronic Disease, Genetic Disorder, Infection)
- ◆ 370 – Substance Abuse (Drugs, Alcohol, Tobacco)
- ◆ 380 – Other Health Risks

Dietary risk codes reflect a participant's feeding behaviors and are based on food intake. Dietary risk codes are only a small portion of all of the nutrition risks. Dietary risk codes are based on the actions and behaviors of the participants, rather than any physical or medical factors. All of the dietary risk codes are in the 400s, so let's take a moment to explore the numbering of the dietary risks.

Dietary Risk Codes

There are five main dietary risk codes:

- ◆ 411 – Inappropriate Nutrition Practices for Infants;
- ◆ 425 – Inappropriate Nutrition Practices for Children;
- ◆ 427 – Inappropriate Nutrition Practices for Women;
- ◆ 401 – Presumed Eligibility for Women and Children (ages 2-5 years);
- ◆ 428 – Presumed Eligibility for Infants and Children (ages 4-23 months).

Even though there are only 5 major dietary risk code categories, you will see that the dietary risk codes 411, 425, and 427 have numerous sub-risks, or subsets of inappropriate nutrition practices. Each sub-risk code has an alphabetical letter that helps identify its specific inappropriate nutrition practice. For example, Risk Code **411 – Inappropriate Nutrition Practices for Infants**, is broken down into 11 sub-risks. Each sub-risk is indicated by an alphabetical letter. So, Risk Code **411B – *Routinely using bottles or cups improperly***, is one type of an inappropriate nutrition practice for infants.



Practice Activity - A

1. Observe another CPA doing a medical and diet assessment.
 - ◆ Where in the certification process did they do these assessments?
 - ◆ How did they get the information needed to assign medical and/or dietary risk codes?
 - ◆ How did the medical and/or dietary risk code relate to the nutrition education provided to the participant?
2. Look at the Risk Code Criteria for Dietary Risk Codes (400s).
 - ◆ How many sub-risks are there for 411? _____
 - ◆ How many sub-risks are there for 425? _____
 - ◆ How many sub-risks are there for 427? _____
 - ◆ How many sub-risks are there for 401? _____
 - ◆ How many sub-risks are there for 428? _____

Skill Check -#1



1. What are the 5 steps of a medical and diet assessment?

2. What are the 4 groups of nutrition risk codes?

3. What are the 3 reasons to do a medical and diet assessment?

4. How is a dietary risk code different than other nutrition risk codes?

Section 1: The CPA's Role

Objectives

After completing this lesson, you will be able to:

- ☞ Correctly assign risk codes using both objective and subjective information from the participant.
- ☞ Correctly document medical and dietary risk codes.

Overview

It is the CPA's role to do a complete medical and diet assessment of participants to determine WIC eligibility. To do this, the CPA must listen to the participant and then, using critical thinking skills, decide what medical and/or dietary risk codes should be assigned to the participant. The CPA is also responsible for entering any additional documentation needed and making referrals as appropriate.

Considerations for Assigning Risk Codes

Comparing What is Observed with What is Heard

During a certification, you will collect all kinds of information to help you in assigning risk codes. Some information will come from the conversation with the participant and may include their answer to both open-ended and closed-ended questions. Other information will come from things you observe, like the participants' weight, height, and blood test. Things you hear the participant say are considered 'subjective'. Although you assume the participant is telling you the truth, sometimes they tell you what they think you want to hear.

Things you observe are considered to be 'objective' and would be considered to be true or accurate.

Subjective information

- Information from the participant
- What they tell you

Objective information

- Information you gather or observe
- Weight, height, blood work

Both objective and subjective information should be considered when deciding what risk code to assign to a participant. You will want to compare what the participant is telling you to what you observe and see if it matches and if there is a logical connection. For example, if a pregnant woman says she feels great and is eating well, but she has lost a lot of weight, you would need to dig deeper to figure out what is going on. Remember, this comparison of the objective information to the subjective data requires critical thinking. Take a moment to consider all the information you have gathered and make sure that what you hear matches what you observed.



What is Critical Thinking?

In nutrition assessment, critical thinking enables the nutrition professional to organize assessment data into a nutrition care plan. It is a process of putting together facts, informed opinions, active listening and observations to arrive at the conclusions that lead to the relevant plan of care.

Most people use critical thinking each day – to some extent at least – to solve problems.



Every day Example of Critical Thinking



You are enjoying a quiet cup of tea on the couch one day and suddenly you feel a drop of water land on your head, you look up and “plop” another drop lands in your eye. What do you do? Chances are you would look up and see if any more drips were coming, you might then look at the ceiling and see if you could see where the water was coming from. Ah-ha! You see a wet patch on the ceiling. Next you think about what is in that position on the floor above you (yes, you live in a two story house). You quickly realize that it is the upstairs bathroom. You run up and open the door to find that someone has left the tap dripping in the sink and the water is flowing over. You easily turn off the tap. When you look into the sink, you see that something has fallen into the sink and blocked the drain. So much for that quiet cup of tea!

The example of the blocked drain portrays the use of using critical thinking skills to solve a problem. In the WIC setting, these same skills are vital in conducting a quality nutrition assessment. The following list outlines the **5 basic components to critical thinking**.

1. **Collect all pertinent information needed before drawing conclusions.**

This includes the objective data (measurements, blood work etc.), details gained from discussions with the participant, clues from observing the participant and any other information available.

2. **Ask additional questions if needed for clarification** while disregarding irrelevant information.
3. **Recognize which factors contribute to the identified nutrition problem**, including identifying relationships between behaviors and nutritional risks.
4. **Consider the participant’s point of view about nutrition and health priorities** needs and concerns. Remain open-minded and avoid stereotyping participants.
5. **Check the accuracy of unusual or inconsistent measurements.**

A critical thinker will draw conclusions about the nutritional status of the participant using the objective data, observations, experience and reasoning. Lastly, they will prioritize the problems to be addressed and set about developing a nutrition care plan that is specific to that particular participant.

What documentation is needed for medical and dietary risk codes?

In addition to selecting the risk code in HuBERT, risk codes that are selected in the Nutrition Assessment Tab require additional documentation. Additional documentation is required in order to clarify why the risk code was selected. You will also need to document any special concerns you had or why you referred a participant to a health care or social service organization.

Each local agency has a procedure that states where a CPA should document additional information. Be sure to check with your local agency coordinator to determine where you need to be documenting additional information about medical and dietary risk codes.

Medical & Dietary Risk Codes – Additional Documentation

When?	<ul style="list-style-type: none"> ▪ More information is needed to clarify why the risk code was selected OR ▪ You made a referral
What?	<ul style="list-style-type: none"> ▪ The exact medical situation or specific feeding behavior that caused the selection of the risk code
Where?	<ul style="list-style-type: none"> ▪ Follow your local agency procedures. Medical & dietary risk information can be documented: <ul style="list-style-type: none"> ➤ In the Notes section of HuBERT ➤ In the Nutrition Assessment Tab of HuBERT

Practice Activity-B

1. Ask your WIC Coordinator what your agency's procedure is for documenting medical and dietary risk codes. Write the location of the documentation here.

2. Ask your WIC Coordinator who you would consult with if you had a question about a medical or dietary risk code or a referral for a medical or dietary risk code. Write the answer here.

Skill Check-#2



1. What is the difference between subjective and objective information? Give an example of each.

2. What are the five basic components to critical thinking?

3. Show an example of documentation for a medical and also a dietary risk code using the procedure at your local agency.

Section 2: Gathering Information from the Participant

Objectives

After completing this lesson, you will be able to:

- ☞ Use open-ended questions and probing questions to gather information from the participant.
- ☞ Use the appropriate medical and diet assessment tools.

Overview

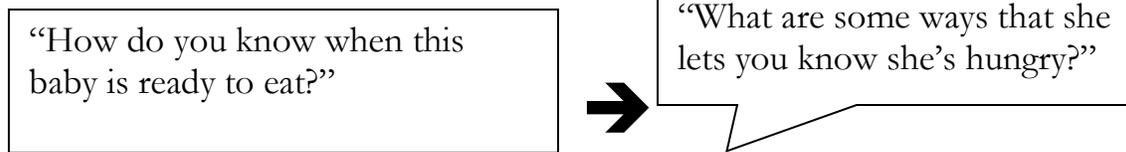
Gathering information from the participant in order to complete the medical and diet assessment is as much art as it is science. It is the art of conversation. It is up to the CPA to engage the participant in a conversation about her medical conditions, lifestyle behaviors, attitudes and actions relating to food, and to do it in such a way that the participant feels comfortable and the CPA get the information they need.

What information do you need?

You will need to ask all the questions in the Nutrition Assessment Tab of HuBERT as well as knowing when to use probing questions to get better understanding of the participant.

You must ask all the questions listed in the Nutrition Assessment Tab. You may find that asking the question a different way feels more comfortable to you. You may also find that you ask questions in a different order. Personalizing these questions is great, as long as you gather the necessary information covered by all of fields found in the Health Information tab as well as the questions found in the Nutrition Assessment Tab.

Here is an example that demonstrates how you could reword the questions:



Remember that all of the questions in the Nutrition Assessment Tab are mandatory. However, you may still reword the question to make it more comfortable for you to ask.

Asking Open-ended questions

To encourage as much discussion with clients as possible, open-ended questions rather than close-ended questions should be used. A helpful hint is to use questions that begin with the words: **What, When, Where, Why,** and **How** rather than the words Will, Do, Does, Would, and Have. Open-ended questions (the former grouping) will help you – and the participant- explore what they think and feel about an issue or about changing their behavior. Close-ended questions (the latter grouping) will result in only “yes” or “no” responses or short answers, at best.

Open-ended questions are tools that help find out what the participant thinks is the thing to do. They help build on what the person already knows. For example: When talking with a pregnant woman who has gained a lot of weight in the first few months, ask her what she thinks caused such a rapid weight gain. She is aware of her eating habits and can tell you about any changes. If you then ask her what she thinks she should do to slow down the weight gain, she can probably tell you that too. If the responses are good, reinforce them. If she’s missed an important factor, ask her what she thinks about it.

Allowing adequate time for people to think and respond is important. Silence can feel awkward to people. Try to control your own impulse to fill the gap so that the participant will do so. Silence can effectively motivate most people into talking.

Characteristics of open-ended questions

- Often starts with what, how or tell me
- Elicit a wide range of correct answers
- Encourage the participant to give specific details
- Rarely elicit a yes/no or very short answer
- There are no right or wrong answers

“What have you tried already?”

“What are some things that might help?”

“How do you feel about your child’s weight?”

Conversation with the participant will move from open-ended questions to more specific probing questions as you discuss the participant’s feeding attitudes and actions.

Probing Questions

To make sure you have a clear understanding of what was said to you, you will sometimes need to follow up with additional questions to get more information from the participant. Depending on what the participant’s answer is to your initial question, you use probing questions to get more information. Probing questions will seem less threatening if you soften them or personalize them. You can do this by using the participant’s exact words, using their name, using pauses, and adding extra words.

Extending probes – Ask the participant to tell you more about what she just said.

“So, Jamie, what are your plans for introducing Parker to solid foods?”

“Sara, could you tell me more about the special diet you are on?”

“What else have you heard about weaning from the bottle, Margie?”

Clarifying probes – Ask the participant to clarify what she said.

“Joyce, what are your reasons for avoiding those foods?”

“Minnie, tell me why you are pretty sure Mickey is allergic to milk?”

Reflecting probes – Restate what the participant said so she knows that you’ve heard her, and it encourages her to say more.

“So, Sally, you don’t think Patrick will eat any vegetables?”

“Other than your concern about Ben’s allergies, is there anything else that worries you about what he is eating?”

Redirecting probes – Direct the participant to explore a different but related concern.

“Other than your concern about Ben’s allergies, is there anything else that worries you about what he is eating?”

A time for close-ended questions

Sometimes you need specific information in order to correctly assign a risk code. In those situations, you may occasionally need to ask a close-ended question to get a specific answer.

“Is your child receiving fluoride?”



Example: Putting it all together

You may be wondering, “How will I know when I need to ask more probing questions?” The answer is quite simple – once you get the information you need, move on! Let’s look at a scenario that demonstrates how it might all look.

CPA: *So Kay, now that you are pregnant, how is eating going for you?*
(Open-ended question)

Kay: *Not so good.*

CPA: *I’m sorry to hear that. Can you tell me a bit about your concerns?*
(Probing question)

Kay: *Well, I can’t seem to keep anything down. I get sick all the time.*

CPA: *That’s too bad. How are you dealing with being sick all the time?* (Probing question)

Kay: *I try to nibble on some saltines. That seems to be the only food I can stomach.*

CPA: *So it sounds like you are not able to eat very much.*

[The CPA mentally compares what Kay is saying to Kay’s reported weight gain and notes that her weight gain is a little lower than ideal.] (Critical thinking)

CPA: *What does your doctor say about your nausea and weight gain?*
(Probing question)

Kay: *The doctor was the one that suggested the crackers. He said that this is pretty normal for the first part of the pregnancy and not to worry if I don’t gain much at first. He thinks I will make up for it later.*

CPA: *I bet you were glad to hear that! So Kay, given how you are feeling are you taking any vitamins to supplement your diet?*
(Close-ended question)

Kay: *I’ve tried but I usually end up throwing them up, too.*

Skill Check-#3

1. For each of the following scenarios, develop a probing question that will allow you to gather more information from the participant. You can use the Training Tools for ideas.
 - **CPA:** “What concerns do you have regarding your health or eating?”
Participant: “It’s hard for me to find time to eat because I’m so busy.”
CPA probe:

 - **CPA:** “What textures do you feed Dylan?” (1 year old)
Participant: “He doesn’t have any teeth so I just give him really soft, mushy foods.”
CPA probe:

 - **CPA:** “How is breastfeeding going?”
Participant: “Not good.”
CPA probe:
2. Change these close-ended questions into open-ended questions.
 - Are you giving solid foods yet?
 - Do you want to breastfeed?
 - Is your child’s appetite good?
 - Do you give your child fruits and vegetables?

Practice Activity-C



1. Review the Health Information Tab in HuBERT as well as the Training Tools for Diet Assessment found on the MN WIC website. Think about how you will ask the questions to get the information that you need.

2. Ask a co-worker to role-play as the participant and practice asking open-ended and probing questions. Use the Training Tools for Diet Assessment as well as the Health Information tab in HuBERT. Repeat the exercise for each category of participant that WIC serves.

Section 3: Variations in Diet

Objectives

After completing this lesson, you will be able to:

- ☞ Identify the different considerations that impact dietary risk code assignment.

Overview

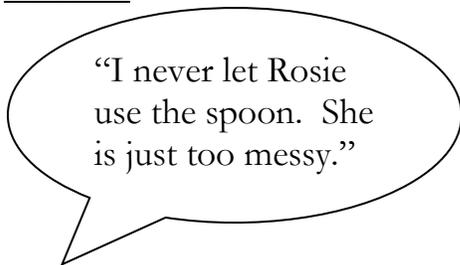
In some ways, assessing for dietary risk codes is more difficult than assessing for other types of risk codes. If a person has been diagnosed by their health care provider with a specific disease, it is easy to say they have a particular risk based on that diagnosis. If the hemoglobin falls below a certain level, HuBERT will even assign the risk code for you! Dietary risk codes are based on the participant's behavior related to food, and that changes every day. What, where, when and how a person eats or feeds their child changes from one day to the next. CPAs will have to get clarification from the participant, interpret what the participant says, and use critical thinking to determine if they have a particular dietary risk.

After reviewing the Dietary Risk Code Criteria, you will find that there are certain terms that are used which may indicate that a risk code is not clear-cut. A few of these terms will be addressed in this module.

“Routine”

Many risk descriptions use the word “**routine**”. What does routine mean? As it relates to dietary risk codes, a routine feeding 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 feeding 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 dietary risk.

Routine



“I always put him to bed with a bottle.”

“The only thing Lexie drinks from a cup is Koolaid.”

NOT Routine

“She tried Pepsi once, and really didn’t like it.”

“Since she is so close to a year old, we have been giving her a little whole milk in the cup every one in a while.”

“Even though he is a year old, his grandma still treats him like a baby and gives him baby foods sometimes.”



Critical Thinking: It will be very important to use probing questions to get more information from the mother to find out if the feeding behavior is routine.

“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 could be matched to the person’s age, development, and abilities. For example, giving an infant a bottle is appropriate for their age and development. Giving a bottle to a healthy three year old would be inappropriate for their age and development.

There are many variables to consider when determining if something is appropriate or not. Children develop at different rates, which means that each infant or child could be developmentally ready for a change of feeding practice at 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 category of participants by completing other training modules, such as the module on *Infant Nutrition*.

Practice Activity -D



Use the Risk Code Criteria for Infants (Risk Code 411) documents to answer the questions for the following scenarios. Discuss your answers with your supervisor.

1. Marcia is in your office today with her 6 month old, Ben. Marcia says, “I run out of formula by the end of the month, so I have to give Ben cow’s milk for about a week every month.”

➤ What probing questions might you ask?

➤ Would this be considered routine?

2. Esmeralda has her 8-month-old son, Jaime, to see you today. Esmeralda says, “Jamie’s dad says that the 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 weekends and gives him cereal then.”

➤ What probing questions might you ask?

➤ Would this be considered routine?

Section 4: A “Complete” Nutrition Assessment

Objectives

After completing this lesson, you will be able to:

- ☞ Define a “complete nutrition assessment”.

Overview

How will you know when you are done with the medical and diet assessment and ready to move on to the next part of the certification? It can be difficult to tell when you have gathered all the information you need. Before you begin providing nutrition education, it is important to make sure you have done a thorough and complete assessment and that you have assigned all the appropriate risk codes.

Five Steps for Completing a Medical & Diet Assessment

Let’s start by reviewing the five steps for completing a medical and diet assessment that were covered in Lesson 1-1.

STEP 1: **Ask** the participant about their health status and feeding behaviors.

STEP 2: **Use probing questions** to find out more information.

STEP 3: **Determine** medical & dietary risk codes, if applicable.

STEP 4: Use **critical thinking skills** to **review** all information to ensure risk codes are appropriately assigned and correct

STEP 5: **Document** these risk codes in HuBERT.

STEP 1: Ask about health status and feeding behaviors

When talking with a participant, you need to make sure to ask enough questions so that you feel like you have a complete picture of her health status and normal feeding behaviors. Gathering information in the Health Information tab is fairly straightforward which helps make it easy to determine when you’ve gathered the pertinent information.

Feeding behaviors can be more difficult to understand. It may be helpful to think about feeding behaviors as having 3 basic topic areas: **attitudes**, **actions**, and **supplementation**. The questions listed in the Nutrition Assessment Tab are broad-based questions that touch on each of these three topic areas. You will

need to ask more specific questions and probes, as you hear the mother talk about her concerns, actions and supplementation. As the conversation unfolds, you will hear clues about potential dietary risk codes.

Attitudes

This broad topic area addresses what the mother **thinks** or **feels** about her or her child's diet and food. When talking to a mother you might hear her talk about her appetite or about how she feels about certain foods or groups of foods. She may express concerns about what her child is eating or whether they are getting the right nutrients. The mothers' attitudes about food and feeding will give you your first clues as to what to ask about next.

Actions

This topic area relates to the actions of a participant as they related to food. These actions address what the mother **does**, rather than what she thinks. She might talk about how often she eats, foods her children like or dislike, or, what she tried to eat or tries to avoid eating. She may talk about how or what she feeds her children. She may also talk about foods typical of her culture or what she eats during cultural or religious events.

Supplementation

Supplementation is when a mother discusses with you any kind of vitamin or mineral that has been prescribed by her health care provider for herself or her child. The mother may also speak about over-the-counter supplements, herbs, botanical remedies, herbal teas, or items purchased at a health food store.

STEP 2: Use Probing Questions



Critical Thinking: In a participant centered discussion, you will need to be prepared to ask probing questions to learn more about a particular issue that has been raised by the mother. Only after getting all of the information will you be able to decide whether or not to assign a risk code and if you are finished with the medical and diet assessment.

Training Tools for assessing each category's Nutrition Assessment Tab questions have been developed to help with the diet assessment. Each Training Tools shows the reason for asking each question as well as suggesting some possible probing questions. Review these Training Tools for each WIC participant category so that you have a better understanding of each questions and possible probing questions to help you ensure that you have a complete picture of the participant's feeding behaviors.

STEP 3: Determine Risk Codes



Critical Thinking: After your discussion with the participant, you will need to use your critical thinking skills to determine if you have identified any possible risk codes.

STEP 4: Critical Thinking and Review



Critical Thinking: Use the following questions to help you determine if you are done with your medical and diet assessment.

- ❖ Does the data you collected match the information you are hearing from the participant? (Does the objective data match the subjective data?)
- ❖ Is there any other information you need in order to complete the medical and/or diet assessment?
- ❖ What topic(s) would you propose to the participant as a priority for nutrition education?

To decide if you are done:

1. Think about what you have heard and what you have seen and make sure you feel like all of that information makes sense, or you know why it doesn't.
2. Think about all the possible medical risk codes for the participant's category and decide if you have heard the mother speak about those topics.
3. Think about what the mother has talked about and decide if you have heard her talk about attitudes, actions, and supplementation related to food and diet. Review the dietary risk codes assigned and make sure they are correct.

STEP 5: Document the Risk Codes

Once you feel like you have covered the appropriate areas, select the appropriate risk codes and provide documentation for the risk codes selected. Follow your local agency's procedures regarding documentation.

Moving to nutrition education

Remember that one of the purposes of a nutrition assessment is to guide nutrition 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.

You have done a great job of identifying risk codes and getting relevant information from the parent, now you can move to providing some participant centered nutrition education.

Practice Activity-E



1. Review each of the Training Tools for Diet Assessment in HuBERT (found on the MDH WIC website) and determine which topic area – attitudes, actions and supplementation – each question addresses.

2. How do you know when you are done with the assessment phase of certification?

Final Skill Check

1. Risk Code 411, Inappropriate Nutrition Practices for Infants could be assigned to an infant who carries around a training cup filled with milk. T F
2. Risk Code 425, Inappropriate Nutrition Practices for Children, could be assigned to a child who drinks untested well water. T F
3. Risk Code 427, Inappropriate Nutrition Practices for Women, could be assigned to a breastfeeding woman who eats cold hot dogs. T F
4. Risk Code 401, Failure to Meet Dietary Guidelines for Americans, has 3 sub units. T F
5. The four groups of nutrition risk codes are: anthropometric, medical, dietary, and other. T F
6. The ideal time to do the anthropometric assessment is following the medical and diet assessment. T F
7. The only purpose for the assessments required in WIC is to identify and assign risk codes. T F
8. Height, weight and blood work are examples of objective data T F
9. An example of subjective data is when a pregnant woman tells you she is eating well and feels healthy. T F
10. Critical thinking draws on a person's life experiences as well as his/her education. T F
11. Asking additional questions not found in the Nutrition Assessment Tab is a vital component of critical thinking. T F
12. "Do you plan to breastfeed?" is an example of a close-ended question. T F
13. Questions that begin with the words, "what", "when", "why" and "how" are open-ended questions. T F
14. Probing questions can help you determine if a dietary practice is routine or not. T F
15. Counseling is the last step in the assessment process. T F

Supplementary Materials

Training Tools can be found at:

[Diet Assessment Tools for HuBERT](#)

Risk Criteria can be found at:

[Allowed WIC Nutrition Risk Criteria](#)