Subject: General Nutrition Education

References: 7 CFR 246.11; WIC Nutrition Services Standards

Policy: The local agency must make nutrition education available to WIC participants or caregivers according to federal and state requirements and to meet the nutrition education needs of families.

Purpose: To ensure that WIC participants receive adequate nutrition education intended to improve the health of nutritionally at-risk women, infants and children.

Procedures:

- Local agencies must designate a Nutrition Education Coordinator to plan and evaluate the agency’s nutrition services. See Section 4.4, Staffing Roles.
- All participants must be offered nutrition education at a rate equivalent to quarterly during each certification period.
  - Provide nutrition education at the time of certification and mid-certification. See Initial Education, Section 6.3 and Mid-Certification, Section 5.10.
  - Provide additional nutrition education, or High Risk Care, at a rate equivalent to quarterly during the certification period. See Additional Education, Section 6.7 and High-Risk Individual Nutrition Care Plan, Section 6.6.
- Nutrition education should:
  - address the individual’s nutritional risks and nutritional interests;
  - emphasize the relationship between nutrition, physical activity habits and health;
  - be appropriate to the literacy level of the participant and easily understood; and
  - meet the cultural and language needs of the participant.
- Nutrition education is a benefit of the program and will be provided at no cost to the participant.
- Staff may not withhold WIC food benefits from participants who fail to participate in nutrition education.

Guidance:

Provision of Nutrition Education:

- Create and offer options to reduce barriers to nutrition education. Transportation, childcare, and work obligations can make it difficult for families to participant in nutrition education activities. Education Choice allows participants to choose how they would like to receive nutrition education at follow-up visits. Options include education in WIC clinic, by telephone or video call, or through self-guided modules.
• If multiple nutrition and health needs for education are identified, the CPA should prioritize those needs and focus education on just 1 or 2 topics.

• Use delivery methods/ mediums and approaches that are appealing, creative, relevant and interactive to engage the participant, as well as create opportunities for feedback. Examples include:
  o **Participant Centered Services** (PCS): PCS is a counseling approach that helps participants identify their own motivation for change and set individualized, simple and attainable goals; provides clear and relevant “how to” actions to accomplish those goals; and tailors nutrition education to the needs of the participant.
  o Technology such as telephone, video calls and computer modules when appropriate.
  o Materials that reinforce the education message such as educational cards, a newsletter, video, bulletin boards, and displays. These materials supplement counseling, not replace it.

• Incorporate community/national nutrition and physical activity messages (e.g., [Fruitsandveggies.org](https://www.fruitsandveggies.org); [Dietary Guidelines for Americans](https://www.dietaryguidelines.gov); [Healthy People Goals](https://www.healthypeople.gov); [The Surgeon General's Call to Action to Support Breastfeeding](https://www.healthypeople.gov/2020/topics-objectives/browse/topics/01-Healthy-Living/10-Family-Life-Breastfeeding/05-Healthy-Body-Breastfeeding); [Physical Activity Guidelines for Americans](https://www.health.gov/physicalactivity); [Bright Futures Nutrition](https://brightfutures.org)).

• Promote WIC as an adjunct to good health care.