

Providing High Risk Care – Module 2

Introduction

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

Objectives

The objectives of the Providing High Risk Care Module are to:

- Describe the High Risk Care Process
- Increase knowledge of appropriate care for High Risk Conditions
- Locate Implications for WIC Services available for each High Risk Condition

There are numerous links to webpages in this module. If you would like to check out any of the webpages, pause the module and select the link. When you are ready to continue viewing the module, select play.

Steps to Providing High Risk

Let's talk about the steps to providing quality high risk care. The first step to providing nutrition care is always assessment. Follow the ABCDE certification assessment process:

- Anthropometric data which is height and weight
- Biochemical data which is the bloodwork
- Clinical information which is health and medical information
- Diet and Nutrition assessment
- Environmental

Assessment: Anthropometric for Children

And we start with A for Anthropometric. Let's look at Anthropometric Assessment for Children

- Collect current height and weight. Note any measures that plot outside of normal limits.
- HuBERT will plot growth on the appropriate growth chart based on the age and method of measurement used. WHO Growth charts for children ages birth to 2 years. CDC BMI-for-age Growth Charts for Children 2 to 20 years.

Inconsistent or Unusual Measurements

- If there are any inconsistent or unusual measurements, recheck the measurements to verify accuracy.
- This child is about 21 months old and over the last 8 months grew less than 1 inch. Look at the drop on the length for age grid. Is this correct? Better recheck the child's length!

Inconsistent or Unusual Measurements: Slide 2

- This 4 year old has been consistently between the 25th and 50th percentiles for BMI/age. Now he dropped down to about the 5th percentile due to only gaining 2 ounces in the last 6 months. His height and weight are rechecked and the measurements are correct.
- Inconsistent growth patterns on the charts can be a sign of health or nutrition concerns. Dramatic downward or upward deviations on a growth chart warrant further investigation.

Assessment: Anthropometric for Children

- Integrate your assessment of the child's growth as you collect other information such as medical conditions, social factors and dietary intake. For the 4 year old child with little weight gain, you might ask more probing questions about changes in the child's health, appetite and living situation in the last 6 months. What other areas might you explore?

Assessment: Anthropometric for women

Anthropometric Assessment for Women:

- Collect current weight and height
- Pregnant women
 - Weight gain charts correspond to pre-pregnancy weight (underweight, normal weight, overweight, and obese)

Clarify Pre-pregnancy weight

Women tend to underestimate their pre-pregnancy weight. For example the chart shows a weight gain of 23 pounds at 10 weeks gestation. Is it likely a woman would gain 23 pounds in the first 10 weeks of pregnancy? There is a greater likelihood that she has under reported her pre-pregnancy weight.

Clarify Pre-pregnancy weight: slide 2

If a woman's current weight plots high on the weight gain chart, gently ask some clarifying questions about their pre-pregnancy weight. What was their weight at their first OB appointment? Do their clothes feel tighter? These types of questions can help better determine the pre-pregnancy weight. It may be difficult to establish an accurate pre-pregnancy weight for some women. In those cases, focus on steady weight gain at future follow-up visits.

Assessment: Anthropometric for women: Slide 2

- Let's look at anthropometric assessment for Postpartum women
 - Women who are <6 months postpartum, WIC uses pre-pregnancy BMI for evaluation
 - Women who are ≥6 months postpartum, WIC uses current BMI

Assessment: Biochemical

B is for BioChemical in our Assessment process:

- Follow the Bloodwork Schedule for testing

- Best Practice is to recheck any low hemoglobin results for accuracy. This is particularly important if the result is low enough to warrant a referral to the medical clinic. We want to be sure that we have an accurate assessment of the participant's hemoglobin level.
- Integrate the bloodwork result into your other assessments. For example, for an 18 month old child with a hemoglobin of 9.8, you might ask more probing questions about the use of bottles or current milk intake. You might ask about blood lead levels. What other areas might you explore as possible reasons for low hemoglobin?

Assessment: Anthropometric and Biochemical

Anthropometric and Biochemical measurements are objective data

- These measurements are tangible, physical findings.
- WIC can have an active role in resolving conditions that are related to anthropometric and biochemical measurements.

Assessment: Clinical

C is for Clinical in our Assessment process:

Assess for health or medical conditions that may affect the nutritional status of the participant. This includes:

- Current health and medical problems
- Any history of health and medical problems
- And medications the participants is taking

Assessment: Diet and Nutrition

D is for Diet and Nutrition in our Assessment process:

- Complete the MN WIC Nutrition Assessment appropriate to the participant's category and age. Nutrition Assessment Tools are available on the MDH WIC website.
- Additional assessment information should be collected as needed based on the high risk condition. Some additional aspects of diet to explore may include:
 - Adequacy of nutrients, food groups, calories
 - Pattern of feeding or meals/snacks
 - Possible feeding/eating problems
 - Conditions that may affect appetite such as vomiting, diarrhea or constipation
 - Restricted ability to chew or swallow
 - Has Medical Nutrition Therapy been prescribed for the participant? Has it been initiated? Is it being followed? Does the participant understand the nutrition therapy or have any questions?

Assessment: Environmental

E is for Environmental in our Assessment process:

There are a number of environmental factors that impact the nutritional status of a participant. Depending on a participant's situation and high risk condition, you might assess the following:

- Finances to access food – are they skipping meals because they have inadequate food resources? Do they overeat because of food insecurity?
- Daily schedule – how does work or school impact their eating?
- Educational level and knowledge – Do they know how to prepare meals?
- Do they understand expectations for weight gain during pregnancy?
- Do they have understanding of typical growth of children?
- Living situation and home environment - do they have access to cooking facilities and refrigeration? Does stress about their living situation affect their appetite?
- Change in caregiver for child – do they have a new daycare? Placed in foster care?
- Family and peer support – Does the pregnant teen have family to support her financially and emotionally?
- Substance use/smoking – is the participant not eating because of drug use?
- Cultural and religious practices – Have they eliminated any food groups? Do they fast at certain times of the year?
- Access to health care
- Depression – How does depression affect their appetite?
- Physical Activity – Determine physical activity level. Is it appropriate? Is the woman exercising excessively? Is the child provided opportunities to be active?

Step 2: Review of Health Services for the HR condition

Step 2 of High Risk Care is to evaluate the health services for the participant:

- What Medical Services is the participant currently receiving for the high risk condition? For example: Has the woman with gestational diabetes been referred to a Diabetes Educator?
- Have they received any nutrition counseling for the high risk condition? Has the woman with gestational diabetes seen an RD? If so, does the woman understand the instructions she received?
- Has the health care provider provided any instructions or prescriptions for the high risk condition? Does the woman with gestational diabetes require insulin?
- Has the woman been able to implement the instructions given? Has she been taking the medications as prescribed? Does she know who to call with questions?

Step 3: Counseling, specific goals/recommendations regarding the HR Condition – Slide 1

Step 3 of High Risk Care is to pull all the assessment information together and provide counseling specific to the high risk condition.

- The skills and techniques of Participant Centered Services should be used for providing High Risk Care. As a CPA you want to help a participant make behavior changes which will lead to resolution of the high risk condition. Use those PCS skills to engage participants in conversation and to help them identify their motivation for change. PCS resources are available on the MDH WIC website.
- Integrate all the assessment information you collected and the participant's concerns to determine areas of high risk care. Prioritize the participant's needs for education, keeping their readiness for change in mind.
- Address nutritional recommendations specific to the high risk condition. If the participant has lots of concerns unrelated to the high risk condition, acknowledge and try to address

those concerns first. Then ask the participant for permission to discuss the high risk condition. You might say "Tyler's hemoglobin was 9.7 today which is low. Would it be ok if we talked about his hemoglobin?"

- Encourage the participant to comply with medical follow-up and any Medical Nutrition Therapy.
- As appropriate, have the participant set a specific goal. "I will schedule an appointment with Tyler's physician to have his hemoglobin rechecked." OR "I will offer Tyler meat twice a day"
- See **Implications for WIC Services** for each high risk condition.

Step 3: Counseling, specific goals/recommendations regarding the HR Condition – Slide 2

To find the Implications for WIC Services for each high risk condition, go the Allowed Risk Code Criteria section found on the MDH WIC website.

Select the risk code related to the High Risk Condition. In this example, let's select 135-Slowed/Faltering Growth Pattern.

Step 3: Counseling, specific goals/recommendations regarding the HR Condition – Slide 3

Once you open the Allowed Risk Code criteria for 135, scroll down to Implications for WIC Services.

See the beginning of the section here.

Step 3: Counseling, specific goals/recommendations regarding the HR Condition – Slide 4

What are the Implications for WIC Service? For the risk code, the Implications provide:

- Screening or assessment recommendations specific to the risk code AND
- Suggestions for nutrition counseling related to the risk code

Use the Implications for WIC Services to help guide your high risk care.

As Allowed WIC Nutrition Risk Criteria is updated on the national level, Implications for WIC Services are added to the criteria.

- If an Implications for WIC Services section is not yet available for a risk code, a Minnesota WIC specific section is being added in the interim.

Step 4: Referrals to health care provider and other services as needed

Step 4 of High Risk Care is referral to the health care provider and other services as needed. This is one of the primary services of WIC.

- If you identify that the participant is not receiving medical care for a high risk condition, refer them to their health care provider. Remember the high risk criteria is also the criteria for when to make a medical referral to the health care provider. Most high risk conditions have been already identified by the health care provider, but there are some conditions that are discovered at WIC. WIC might identify that an infant has lost weight and meets the high risk criteria for risk code 135, Slow/Faltering Growth. If the child has not seen the health care provider recently, the Slow/Faltering Growth is probably unknown to the provider. In that case, a referral should be made to the health care provider.

- Some participants may lack health coverage and be reluctant to seek health care. A referral to MNSure would be appropriate.

Step 4: Referrals to health care provider and other services as needed Slide 2

- For those participants needing intensive education or follow-up should be referred to appropriate Public Health Programs.
- Refer to food programs if the participant has inadequate resources for food. Some common programs WIC refers to are:
 - SNAP the Supplemental Nutrition Assistance Program (formerly known as food stamps)
 - Food Shelves – Check the Hunger Solutions website for food shelves in your area.
 - Some families have older children that may be eligible for Free and reduced school lunch program. Refer them to their school district for more information.
 - Fare for all – sells fresh produce and frozen meat at reduced prices. See their website for more information.

Refer to other programs as needed. Early Childhood Family Education (ECFE) program is another common referral.

- Children's Defense Fund has a website tool called Bridge to Benefits. Families may use the tool to screen eligibility for a number of public programs.

Step 5: Plans for Follow-up Visit(s)

And Step 5: Plans for Follow-up. A major component of high risk care is the follow-up visit. Follow-up is needed to track participant's progress in improving their health and to document outcomes. At the certification:

- Determine Goals/objectives for follow-up, based on the high risk condition and the individual's needs.
- Determine appropriate timing of Follow-up
 - Follow-up in one month may be appropriate for participants with greatest need. A pregnant woman with multiple health issues and losing weight is of high concern and may merit follow-up in one month.
 - Follow-up in three months may be appropriate for other participants who are stable or receiving adequate medical intervention. A child with a hemoglobin of 9.8 who has already been on a prescribed iron supplement for 2 weeks and has a scheduled follow-up appointment with the health care provider could probably be followed by WIC in 3 months.
 - Follow the established procedures of your agency to assure high risk care follow-up is provided. For example, some agencies schedule an appointment for the follow-up. Other agencies put an alert in HuBERT as a reminder to staff to provide the high risk follow-up.

Reminder!

Remember! High-risk is a term used in WIC to designate the need for more advanced nutrition care. When counseling WIC participants determined to have a high-risk condition, you do not need to tell them they are "high-risk". Consider saying something like "Because you lost weight

we would like to follow-up with you in one month to see how you are doing." Or "Ethan's hemoglobin was low today. This is an important time for growth and development. I would like to see Ethan next month to follow up on his hemoglobin."

End

End Slide

We appreciate you taking the time to review this on-demand training module presented by the MN Department of Health WIC Program. If you have any questions, please contact your state WIC Consultant