Illinois WIC Program Nutrition Practice Standards (NPS)
Effective Secondary Education
May 2013

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy and Procedure Manual, Nutrition Education, to assist in the planning and presentation of secondary education to meet program requirements and participants’ needs.

Below are descriptions of theories and tools to use in working with participants to elicit positive behavior changes and are all reflective of Participant Centered Service delivery. Assessment tools developed by Altarum Institute are included in Addendum 1 and 2 to assist local agencies in assessing and monitoring their progress with being more participant centered.

**Adult Learning Theory**
Adult Learning Theory is a set of ideas about how adults learn new skills or information. In order for adults to learn, they need to:

1. be respected
2. see the immediate usefulness of the learning,
3. feel safe in the learning environment,
4. be engaged in their learning,
5. see the relevance to their lives.

1.) **Respect:** “Learners need to be the subject of their own learning.”
   - Offer choices available to participants--what they learn (topic), when (date and time) and how they will learn (group sessions, individual, self-study module (SSM) or web education).
   - Provide an overview of the topic to be discussed and how long it may take (sessions should be no longer than 30 minutes).

2.) **Immediacy:** “Learners need to see how the learning can be used right away.”
   - Topics should be pertinent to their nutritional risk/s and category (pregnant, breastfeeding, postpartum, infant or child) and interests.

**SCENARIO #1**
Pregnant mom (six weeks gestation) works at local factory, Monday thru Friday all day. She is undecided on how she will feed her baby. After completing WIC Certification, the CHP schedules her to return in two months for a “required” breastfeeding class. Her WIC card indicates class is Tuesday at 10:00 AM. Class is taught by a very knowledgeable Peer Counselor. She reviews: benefits and barriers of breastfeeding, steps to effectively latch on, problems that may occur during the first month of nursing and how they can find help for breastfeeding. Participants have many questions and experiences they share throughout the class. Class lasts over an hour.

Were adult learning theory concepts in place? How could these concepts be implemented?
• **Respect:** It is unlikely this mom feels respected given that she was assigned a class without being asked and it conflicts with her regularly scheduled work time.
  o Working with her to identify a day and time that would work best for her and offering a shorter discussion group or individual counseling would be more respectful of her time.
• **Immediacy:** The content does not offer immediacy as she is still very early in her pregnancy to receive ALL of the information on breastfeeding.
  o Targeting content to just the benefits of breastfeeding would probably lead to more effective education in the first trimester.

3.) **Safety:** “Learners need to feel welcome and comfortable during the learning experience.”
• Provide a spacious and comfortable space dedicated to learning.
• Be family friendly by allowing parents and children to learn and have fun together. Have toys, coloring pages and/or activities for children.
• When referring to participants’ next appointment, promote the nutrition education, session, “parent’s club”, or “discussion group”, not just their next “class”.
  For example: “Your next appointment is with a group of other moms. You will be able to talk about foods Kayla may be ready to eat around 6 months of age.”
• Welcome participants and their families. Introduce yourself and how you qualify to talk with them today.
  For example: “Hi my name is Molly, I’m a nurse at the health department and a mom of a 10 month old”, or “Hi my name is Jennifer, I’m a nutritionist at the health department and I work with a lot of other moms to help them eat healthy.”

4.) **Engagement:** “Learners need to be actively involved in the learning.”
• The educator should be seen as a facilitator or partner, supportive and open to the participants’ views. Learning should not be presented in “lecture” style, where the educator strives to be seen as a knowledgeable expert.
• The facilitator asks open-ended questions to encourage active participation.

5.) **Relevancy:** “Learners need the topic to apply to their family and life experiences.”
• Nutrition education should be participant centered. This includes addressing the learners’ concerns, nutrition and breastfeeding needs, language, cultural preferences, educational level and environmental limitations.
• Expectations of learners vary depending on their culture. Agency staff should be knowledgeable about the different cultures they serve.

**SCENARIO #2**
A Mom is in clinic to complete a SSM for her 3 year old’s secondary education. The clerk gives her the “module for the month” handout and worksheet and asks her to take a seat in the waiting room, complete the “test” and return to her. The waiting room is small and crowded with no toys.

Were adult learning theory concepts in place? How could these concepts be implemented?
• **Safety:** The environment was likely not conducive for learning. The clerk did not engage her in the learning and there was nothing to keep her child entertained.
Providing a space that allowed her child to play so she could concentrate would let her get more out of the education.

- **Relevancy:** The information was not relevant to her as it was not specific to her child’s needs and may not have been in a language she understood well.
  - Mom may have felt more comfortable with a SSM she had chosen and should have been offered choices.

**Emotion-based Counseling**

One way to facilitate the behavior change process is to consider emotions when providing secondary education. Emotion-based counseling represents a shift from focusing on ‘telling people information’ to recognizing and attending to emotional needs. People feel good about themselves when they feel more powerful, intelligent, capable, successful and secure. Emotions drive behaviors; but facts and information (logic) are still an important part of the behavior change process. Once people are motivated to change, they need simple, practical information upon which to act.

**Illinois “WIC Talks”**

The Illinois “WIC Talks” format was designed as a guide for WIC staff in providing secondary nutrition education. The format addresses the nutrition topic and key information to be covered; the various types of secondary education (i.e. group, individual, or self-study modules); and strategies that engage the participant and promote effective behavior change.

The format includes a “cover page” as an overview to the topic, key messages, handouts, references, and open-ended questions to evaluate learning and intent to change behavior. This information applies to all types of secondary education. The topic is then integrated into group education or discussion groups, individual education and a self-study module. Sample “WIC Talks” have been developed for various topics, ask your Regional Nutritionist Consultant for the most current list.

In the emotion-based discussion, the facilitator uses provocative questions, stories and activities that lead to acknowledging and discussing feelings rather than focusing on facts alone. “WIC Talks” incorporates emotion-based counseling methods of: 1) Open, 2) Dig, 3) Connect and 4) Act into each topic.
The following guidance should be used to conduct effective secondary education contacts for each of the methods below:

1.) Group Nutrition Education
Group education is strongly encouraged as it allows for interaction among participants as well as the health professional. The following items should be used to assist in conducting effective education in a group setting.

a.) Inclusion of Active Learning Methods-Involve the participants in the discussion (facilitated discussion), include activities, and if audio-visuals are used, limit to 5-10 minutes.
   i. Use a variety of activities for different learning styles: items they can see (visual), hear (auditory), and touch (kinesthetic).
   ii. Include learning tasks that encourage practice (i.e. how to shop using the fruit and veggie voucher).
   iii. Create a safe environment by using pairs or small groups to involve all learners.

b.) Facilitated discussion-actively involves the presenter and members of the group. The goal is to get the group to share/discuss their knowledge, problems and experiences while the “facilitator” leads the discussion touching on 1-3 key messages of the topic.
   i. Use at least one open-ended question before or after presenting information to stimulate discussion and get the learners to share what they know or have heard about a particular topic. The facilitator guides the conversation and can refer to the “Sample Responses” provided.
   ii. “Sample Responses”: are designed to assist the presenter in facilitating the conversation and reinforce key messages. Use phrases such as: “some other ideas are…”; “health professionals also say…”; “some mom’s tell me…” If no “sample responses” are provided in the lesson plan, allow participants to share, then affirm, add and move on to the next question.
   iii. Facilitated discussion works best under the following conditions:
      1. Large enough space to set up chairs to face one another (circle or half-circle)
      2. 3-20 participants
      3. Participants have some knowledge of or experience in the topic.
   *Tips for facilitators are included in Addendum 3.

2.) Individual Education
In providing individual nutrition education, consider utilizing the “WIC Talks - Topic Cover Page and Overview.” The topic should be related to the participant’s nutritional needs and interests and can assist the CHP in covering the necessary information (i.e. key messages, suggested questions, handouts, etc.).
3.) Self Study Modules (SSM)
When providing SSM consider using the “WIC Talks - Self-Study Module (SSM)” component. Agencies developing their own SSM should incorporate the same structure and strive to meet the participants’ nutritional needs and interests.

4.) Internet / Web Education
Healthy Roads Media and WIC Health are the two internet-based health information websites approved for use by the Illinois WIC Program.

- **WIC Health** offers stage of change based learning in English and Spanish. It is an interactive internet nutrition education website developed to help WIC participants change their behaviors based on their readiness. Parents and caregivers who complete a learning module on the website print a certificate which counts for nutrition education at local WIC agencies. These modules can be accessed at [www.wichealth.org](http://www.wichealth.org)

- **Healthy Roads Media** provides resources in multiple formats (written, audio, multimedia, web-video and iPod video) and multiple languages for hard to reach populations (non-English speaking, low-literacy, rural, etc.). Through a Multilingual Workgroup project certain Healthy Roads Media modules have been specifically approved for WIC participants in Illinois. These modules can be accessed at [www.healthyroadsmedia.org/wic.htm](http://www.healthyroadsmedia.org/wic.htm)

Use of Healthy Roads Media is ideal for non-English speaking and low literacy participants because it uses audio and video to deliver the health messages, therefore the policy expectation of “known literacy level” for using internet education is waived for these modules. All other components of policy must be followed.

**Education Materials (handouts/pamphlets/audio visuals)**
The following guidance should be used for effective nutrition education materials:

Handout/Pamphlet Development:

- Limit number of messages to no more than 3-4 main ideas
- Limit lists to 5–6 items, the longer the list, the less likely they will read or remember
- Keep the information positive, focus on desired behavior, talk about the “dos” versus the “don'ts”.
- Help readers understand what they will gain from reading the material. Answer the question “What’s in it for me?”
- Choose words carefully.
  - Keep it short. When possible, stick to words with one or two syllables
  - Sentences should be 8-10 words and limit paragraphs to 3-5 sentences
  - Use conversational style of writing, as if you are talking to a friend. For example use “your baby” versus “an infant”
  - Remember to use “adult learning” concepts
  - Limit use of jargon and technical or scientific language

Using Audio Visu als (AV):

- AV should compliment the session, but should not be the session.
- The length of the AV should be no longer than 5-10 minutes to allow for active learning (e.g., facilitated discussion, activities).
- Pick out 1-3 key messages presented and verbally review with learners.

Resources
1. Illinois WIC Policy and Procedure Manual
5. Altarum Institute, Participant Centered Education, www.altarum.org
Group Education Observation Tool

Time start: _______    Time End:__________

I. General Questions About the Class, Instructor and Participants

1. Class Topic:______________________________________
   Title: _______________________________________

2. Number of instructors/facilitators: _____________________
   Type of WIC staff: _____________________________

3. Was the primary instructor of the same race, ethnicity, or culture as the majority of the class participants?
   □ Yes    □ No
   3a. If not has the instructor/facilitator been provided with cultural and linguistic competence training?
   □ Yes    □ No

II. Classroom Environments

1. Does the room feel sufficiently spacious given the class size?
   □ Yes    □ No (Describe_______________________________)

2. Are there ways to keep children busy and engaged during the class so as not to distract the adult learners?
   □ Yes    □ No

3. Is the room fairly comfortable (chairs, lighting, temperature)?
   □ Yes    □ No (Describe_______________________________)

4. Is the class held in a space that is dedicated to learning (e.g. not a storage room or a room that is clearly primarily for other functions)?
   □ Yes    □ No (Explain_______________________________)
III. Observation of Content and Methods Used by Instructor/Facilitator

A. Beginning/Opening

1. Did the instructor/facilitator introduce her/himself?
   □ Yes  □ No

2. Did the instructor/facilitator discuss the overall purpose of the class?
   □ Yes  □ No

3. Did the instructor/facilitator allow the participants to talk about how their lives or experience relate to the topic?
   □ Yes  □ No

B. The Content

1. Did the instructor/facilitator try to find out about...
   a. participants’ knowledge about selected topic/topics?
      □ Yes  □ No
   b. participants’ attitudes about the topic/topics?
      □ Yes  □ No
   c. participants’ self-confidence to address the topic/make a change?
      □ Yes  □ No
   d. participants’ perceived barriers to change and/or ambivalence to change?
      □ Yes  □ No
   e. what the participants think they could do to make the recommended changes?
      □ Yes  □ No

2. Did the subject matter focus on the WIC participant’s nutritional risk category (pregnancy, breastfeeding, age of child)?
   □ Yes  □ No

3. Did the instructor/facilitator focus on no more than 2 or 3 main points during the class?
   □ Yes  □ No
4. Did the instructor/facilitator address appropriate cultural issues with the participants?

☐ Yes, throughout (Examples ________________________)
☐ Yes, somewhat (Examples ________________________)
☐ No, not at all
☐ Not applicable

C. Methods Used

1. Did the instructor/facilitator use questions from participants as the focus of the session?

☐ Yes ☐ No

2. Did the instructor/facilitator use visuals and props to illustrate and enhance the learning?

☐ Yes (specify ________________) ☐ No

3. Did the class include hands on activities for participants or otherwise apply the information they were learning in a practical way?

☐ Yes ☐ No

4. What percentage of the scheduled class time do the participants spend talking or participating in hands on activities?

☐ Less than 10%
☐ 10% to 25%
☐ 25% to 50%
☐ 50% or more

IV. Instructor/Facilitator’s Style

1. Did the instructor/facilitator use open-ended questions to engage participants?

<table>
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<tr>
<th>Never used</th>
<th>Used sometimes</th>
<th>Used often but did not elicit discussion</th>
<th>Used often and elicited discussion</th>
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2. Did the instructor/facilitator’s ability to encourage participants to ask questions during the class?

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<th>Did not encourage</th>
<th>Did encourage sometimes</th>
<th>Encouraged but did not elicit many questions</th>
<th>Encouraged often and elicited many questions</th>
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3. Did the instructor/facilitator use reflective listening skills for participants input and questions?

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<th>Not at all</th>
<th>Used a little</th>
<th>Used consistently but not very effectively</th>
<th>Used consistently and effectively</th>
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4. Was the class atmosphere overall fun and energetic?

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<th>Not at all</th>
<th>Very little</th>
<th>Somewhat</th>
<th>Very much</th>
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5. Did the instructor/facilitator use a teaching style that listened to participant’s needs and emphasize positive behavior changes?

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<th>Did not listen at all</th>
<th>Rarely listened</th>
<th>Mostly listened</th>
<th>Yes, listened</th>
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Observer’s additional comments about the class observation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

V. Closing

At the close of the session, thank the participants for letting you listen and observe. You should explain that you learned a lot by watching how WIC group education is conducted and that WIC will use this information to help the program serve its participants better.

After the participants leave, you should thank the instructor/facilitator for allowing you to sit in and provide some feedback that highlights strengths and positive aspects of the session if possible.
Individual Nutrition Education and Counseling Tool

Time start: ___________  Time end: ___________

I. Set up of the Counseling space

1. Does the office arrangement encourage and promote conversation?

☐ Yes  ☐ No

Comments: _______________________________________________________________________

2. Does the space ensure confidentiality?

☐ Yes  ☐ No

Comments: _______________________________________________________________________

3. Does the room have engaging nutrition-related materials directly visible to the participant? (posters, props, handouts)

☐ Yes  ☐ No

Comments: _______________________________________________________________________

4. Is the space cluttered and loud?

☐ Yes  ☐ No

Comments: _______________________________________________________________________

5. Are there ways to keep children busy and engaged?

☐ Yes  ☐ No

Comments: _______________________________________________________________________
### II. Working with Participants

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<tr>
<th>To what extent did the WIC educator:</th>
<th>Not at all</th>
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<th>4</th>
<th>To a great extent</th>
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<tbody>
<tr>
<td>1. <strong>Open</strong> the session in an engaging way and let the participant know what to expect from the visit?</td>
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<td>2. <strong>Listen with presence</strong> and give undivided attention to the participant?</td>
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<td>3. Use <strong>reflective listening</strong> to repeat what the participant has said. This will confirm understanding and build a positive rapport.</td>
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<td>4. Ask mostly <strong>open-ended</strong> versus close-ended questions?</td>
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<td>To a great extent 5</td>
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<td>5. Probe with questions to clarify information and gain a better understanding of the participant’s needs?</td>
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<td>6. Allow silence in session to give participant time to think and respond?</td>
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<td>7. Affirm the participant by saying things that are positive or complimentary, focusing on strengths, abilities, or efforts?</td>
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<td>8. Tailor the session to the participant’s questions and experiences?</td>
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<td>9. Focus on the participant and not the computer or other forms?</td>
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<td>To what extent did the WIC educator:</td>
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<td>10. Recognize and support the participant’s culture and living situation and how that may impact dietary and health decisions?</td>
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*Write examples below for giving feedback:*

| 11. Ask permission to document information into the computer and offer nutrition information? | ☐          |   |   | ☐ | ☐               |

*Write examples below for giving feedback:*

| 12. Help the WIC participant focus/decide on a specific nutrition/health behavior she wants to adopt based on her readiness to change? In the context of her own goals, culture and personal situation? | ☐          |   |   | ☐ | ☐               |

*Write examples below for giving feedback:*

| 13. Help the WIC participant identify the benefits of the selected behavior change for her and her child? | ☐          |   |   | ☐ | ☐               |

*Write examples below for giving feedback:*
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<tr>
<th>To what extent did the WIC educator:</th>
<th>Not at all (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>To a great extent (5)</th>
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<td>14. Help the WIC participant identify/recognize potential barriers to change?</td>
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<td>15. Offer the WIC participant information and ideas for the development of an action plan that included specific, small, achievable action steps?</td>
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<td>16. If applicable: suggest follow-up to help support the plan of action that included community partner organizations?</td>
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<td>17. Did the educator help increase confidence in the participant to help them meet their chosen goal?</td>
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<td>18. Close the session by summarizing the discussion, thanking the participant for sharing, and setting the stage for the next visit?</td>
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<td>19. Did the participant leave with information to help her make the behavior change she has identified?</td>
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Overall impressions:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

20. How long was the session?

☐ 10 minutes or less  ☐ 10-20 minutes  ☐ 20-30 minutes

☐ 30-45 minutes  ☐ More than 45 minutes

Comment: Too long, too short or just right?

____________________________________________________________________________________
____________________________________________________________________________________

*Taken from WIC Western Region PCS Assessment Tools—Altarum Institute.
Addendum 3: Guidelines for Facilitators

1.) Focus on the Groups’ needs.
2.) Ask group members to state what they want to discuss related to the topic.
3.) Establish a safe, comfortable setting.
4.) Use an activity, such as an icebreaker to help participants feel safe and comfortable sharing their concerns and feelings.
5.) Guide the discussion, keeping it focused and on the topic.
6.) Neutralize strong agreements, disagreements, complaining or blaming.
7.) Assist the group with resolving conflicts, solving problems, and making decisions.
8.) Encourage participation from all group members.
9.) Look for cues when someone wants to share.
10.) Make sure all group members feel their contributions are important.
11.) Encourage different views: “Has anyone had a different experience they would like to share?”
12.) Always thank and give positive feedback when participants share.
13.) Use active listening skills (educator and participants).
14.) Participants should be talking more than the facilitator.
15.) Invite participants to share with the whole group rather than holding side conversations.
16.) Clarify information shared from the group.
17.) Correct misinformation in a comfortable way.
   (1) “I'm glad that worked for you. Other people have found that…”
   (2) “Thank you for saying that since lots of others think that too.
   (3) However, the latest information is… Thanks for bringing that up.”
18.) Provide structure for the group by periodically summarizing the discussion.
19.) You may want to ask group members to share what they have learned.
20.) Offer participants appropriate handouts, referrals or other resources needed.
Illinois WIC Program Nutrition Practice Standards (NPS)
Effective Counseling Methods
May 2013

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy and Procedure Manual, Nutrition Education, to assist in providing counseling and education which meets program requirements and participants’ needs.

Setting the Stage
The first step in effective counseling is properly setting the stage for the WIC experience. Consider the following when setting the stage to provide effective services:
- Provide courteous and respectful language when answering the telephone.
- Greet and welcome participants as they enter the clinic.
- Introduce yourself and explain the purpose and expectations of the WIC visit.
- Communicate effectively with English and non-English speaking participants.
- Create a welcoming environment by making sure all clinic areas (waiting room, intake, anthropometric, CHP/counseling area) are comfortable, encourage conversation and provide privacy. Having toys or activities available for children allows the parent/caregiver to be more relaxed, attentive and engaged.
- Promote nutrition and breastfeeding educational messages via posters, bulletin boards, etc.
- Engage the participant throughout the visit. Involve them in setting the agenda.
- Review participant charts and previous case notes before seeing them to demonstrate you are interested in their continuity of care.

Establishing Rapport
Establishing rapport with participants creates a safe and welcome environment to promote sharing and learning. Consider the following in order to establish a positive relationship with participants:
- **Positive body language**: Use a pleasant tone of voice and other appropriate non-verbal communication (eye contact, lean forward, etc) to indicate the participant has your full attention. Try to face the computer as little as possible.
- **Active listening**: Give your undivided attention to the participant conveying warmth and empathy, assuring understanding with your supportive responses.
- **Acceptance**: Accept the participant without conditions or judgment; avoid negative responses verbally (i.e. you shouldn’t) or through body language (i.e. shocking or negative facial expressions). When a person feels accepted for who they are and what they do—no matter how unhealthy or destructive—it allows them the freedom to consider change rather than needing to resist it.
- **Individualize**: Ask the participant if you can call them by their first name. If they agree, refer to them and their children by name during the visit rather than “Mom” or “baby”. Inquire about past experiences (i.e. other children, cultural practices, etc.). Prior to starting the assessment, ask the participant what questions or concerns they have today.
Counseling Methods

There is no one counseling approach that fits the needs of all participants. The methods used must be participant centered, putting the learner at the center of the process, focusing on topics of their interest, concern and need. Counseling must be interactive and designed to reflect the participant’s life and experiences.

1. Motivational Interviewing

Motivational Interviewing (MI) is a participant centered counseling method that focuses on enhancing intrinsic motivation for change by exploring and resolving ambivalence. MI is particularly effective in those who are not initially ready to make changes. Key concepts involve, expressing empathy, developing discrepancy, rolling with resistance and supporting self-efficacy (Review Addendum One for highlights of MI). It also incorporates many of the following approaches utilized to facilitate positive behavior change.

2. Change Talk

- “Change Talk” refers to words or phrases that favor movement towards change. The goal is to encourage change talk and support it. When you hear these phrases, focus on that behavior and help identify barriers, working with the participant to set small achievable steps towards change.
- Determining a participant’s readiness to make change allows you to tailor your messages to be more effective in behavior change.
- “Change Talk” indicates the participant is in contemplation or preparation stage. Addendum Three, “Tailoring Intervention Strategies using the Stages of Change Model” may be used as a guide to determine stages, goals, strategies and possible tools.

3. OARS (Open-ended Questions, Affirmations, Reflective Listening, & Summarization)

- Open-ended Questions: encourage information sharing vs. close-ended questions which invite a one-word response.

   Examples:
   - Tell me why…
   - Tell me about…
   - Tell me how you have…
   - I am interested in hearing why you…
   - I would like to hear your thoughts about…
   - Explain what you might do to…
   - Give me some examples of…
- **Affirmation:** support and encourage the participant by focusing on their strengths, abilities or efforts.

  **Examples:**
  - Being a good parent is important to you.
  - You try to offer healthy foods for your family.
  - You have a lot of patience.

- **Reflective listening:** Reflection can be done simply by slightly rewording what the participant has said or in a more complex manner by trying to move beyond what is being said. Complex reflection tries to get more at the meaning of the statement, focusing on emotion, what is not said or finishing their thought. This is most useful after asking an open-ended question, when you hear “Change Talk”, ambivalence, strong feeling, or when you sense resistance.

  **Examples:**
  - It sounds like you…
  - It is difficult/easy for you to…
  - You realize that…
  - You are having trouble/success with…
  - You understand that…
  - You feel…
  - You do/don’t see the need to…

- **Summarization:** Summarize key points of the conversation to remind the participant what was discussed to assist her in determining her next step/goal setting.

4. **Offering a Menu of Options (Circle Charts)**

- Offering a menu of options, via a “Circle Chart,” may help participants identify their interests or concerns. Circle Charts are an easy and effective tool to guide the counseling and education offered. The options for discussion topics may be identified on either:
  1) Pre-filled circle chart: offering pre-determined topics with pictorial representation, related to each participant category
  2) Blank circle chart: allowing the counselor to write in topics of interest, concern, or risk factors from the assessment (sample—Addendum Two, item A.)

- Present the menu of options for the participant to choose and explain why these are of concern or interest based on the assessment. Identify which topic she/he would like to further discuss.

  **How does this work?**
  - “Here are some things we might talk about today.”
  - “Is there one area you would like to focus on during our time together? Or is there something missing you’d like me to put in this blank circle?”
  - “In these circles are topics of interest to others { }, which one do you have the most questions or concerns about?”

- If the nutrition assessment reveals a health concern that needs to be addressed, there are two different approaches that may be taken:

---

1 For more information on effectively using Circle Charts, review the “Circle Chart Self-Study Module” and attend Regional Counseling Training.
1) Address the topic identified by the participant; then ask permission to talk about another topic (health concern), or
2) While addressing his/her concern, tie the health concern into the discussion.

For example: Participant wants to talk about her child’s picky eating, but the assessment shows the child drinks a large amount of juice. When discussing ideas to assist her with her picky eater, you may mention how some mom’s find if they offer less juice, they notice their child eats better at meals.

5. Explore Motivation for Change

- Using a “scale/ruler of 1 to 10” is a simple technique that can be used to measure importance, confidence, readiness and commitment to make behavior change (sample—Addendum Two, item B).

```
What does this sound like?
1. “On a scale of 1 to 10 (with 10 being the highest), how important/confident/ready/committed are you to… (desired behavior)”

2. Using the participant’s numeric response, the counselor continues with two more questions:
   - “Why did you choose (x) and not a lower number?” (which elicits positive self-motivating statements)
   - “What is it going to take to move you to a higher number (which elicits barriers or cons)?” If barriers are noted, then counselor should encourage the participant to suggest solutions. A T-Chart (discussed next) may be an effective tool in exploring barriers and potential solutions.
```

6. T-Charts

- T-Charts can assist the counselor in working together with a participant to brainstorm “how to” ideas. This can be done by drawing a T diagram, labeling one side with your name and the other with the participant’s name (see Addendum Two, item C for diagram).
- Ask the participant what ideas she may have regarding the desired topic of behavior change. Record her idea(s) under her name on the T-chart. If you have other ideas, ask permission to list one or two under your name. Based upon the noted ideas, ask the participant to identify which of these “how to” ideas might work for her. The “how to” idea may be discussed as “next steps.”

Resources
   - Western WIC Participant Centered Nutrition Education Literature Review
Addendum One

Motivational Interviewing Highlights

- The CHP does not assume an authoritarian role. Avoid the attitude: “I’m the expert and I’m going to tell you what you need to do and how.”
- Responsibility for change is left with the participant.
- Motivation for change is elicited from within the participant, rather than imposed from without.
- The participant presents reasons for change.
- A variety of participant-tailored strategies are used to build motivation. The direction pursued by the CHP is based on the participant’s “readiness to change.”
- The CHP employs an empathic helping style based on warmth, non-judgment, acceptance, and respect.
- Motivational interviewing combines elements of directive and non-directive approaches. The interviewing session is participant-centered, yet the CHP maintains a strong sense of purpose and direction.

<table>
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<tr>
<th>Statements/Questions to Express Empathy</th>
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<tr>
<td>“That sounds like it must have been hard for you.”</td>
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<td>“I’m sorry you had to wait so long.”</td>
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<td>“I understand how you feel right now; I would be too if I were in your situation.”</td>
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<th>Questions to Develop Discrepancy</th>
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<td>“You said that you know _________ is the best choice, but that it won’t fit with your lifestyle. Do you want to share some of your concerns about fitting _________ into your lifestyle?”</td>
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<td>“If things worked out exactly as you like, what would be different?”</td>
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<tr>
<td>“What is it about your _________ that others may see as reasons for concern?”</td>
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<th>Statements/Questions to Roll with Resistance</th>
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<td>“It’s okay if you don’t think any of these ideas work for you, perhaps you’ve been thinking about something that might work instead?”</td>
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<tr>
<td>“I don’t understand everything you are going through, but if you share what you’ve tried, maybe together we can find something that could work for you.”</td>
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<td>“Would you like to talk about some ideas that have worked for other moms and see if any of these ideas may work for you?”</td>
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<th>Questions to Support Self-efficacy</th>
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<td>“How important is this to you?”</td>
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<td>“How confident are you that you can make this change?”</td>
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<tr>
<td>“It sounds like you want to make changes, what strengths do you have to help you succeed? Who could offer you support?”</td>
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Addendum Two

A.

B.

C.

Next Step:
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<th>Stage / Goal</th>
<th>Strategies</th>
<th>Possible Tools</th>
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<td><strong>Precontemplation</strong>&lt;br&gt;Unaware, no intention of taking action within the next 6 months</td>
<td>▪ Create supportive climate for change&lt;br▪ Discuss personal aspects and health consequences of behavior&lt;br▪ Assess knowledge, attitudes and beliefs&lt;br▪ Build on existing knowledge&lt;br▪ Relate to existing knowledge&lt;br▪ Give number for participant to call if they decide they want more information</td>
<td>▪ Awareness posters for the waiting, exam, and education rooms&lt;br▪ “Wall of Fame”, for example, breastfeeding pictures&lt;br▪ Newsletters with general health information&lt;br▪ Role modeling&lt;br▪ Ask the following questions: “What do you know about how to lose weight?” “What do you think about that?” / “Do you believe this?”&lt;br▪ Agency/provider contact cards/brochures</td>
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<td><strong>Contemplation</strong>&lt;br&gt;Starting to think about change, intends to take action within the next 6 months</td>
<td>▪ Identify problematic behaviors&lt;br▪ Prioritize reasons to change&lt;br▪ Discuss motivation (e.g., benefits to loved ones) and identify barriers and possible solutions to change&lt;br▪ Suggest small, achievable steps to make change&lt;br▪ Assess confidence to make change</td>
<td>▪ Stage specific handouts, for example, handouts that state reasons to change&lt;br▪ Posters that emphasize the importance of change&lt;br▪ “Ask us why” messages (buttons/posters)&lt;br▪ Use the 0-10 scale of self efficacy</td>
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<tr>
<td><strong>Preparation</strong>&lt;br&gt;Intends to take action within next 30 days</td>
<td>▪ Assist in developing a concrete action plan&lt;br▪ Encourage initial small steps to change&lt;br▪ Discuss earlier attempts to change and ways to succeed&lt;br▪ Elicit support from family and friends&lt;br▪ Assess confidence to make change</td>
<td>▪ Booklets with more specific information&lt;br▪ Action plan or contract: assist participant to pick goal(s)&lt;br▪ Worksheets/handouts designed for personalized change options&lt;br▪ Use the 0-10 scale of self efficacy&lt;br▪ Support System (family, friends, colleagues, etc.)</td>
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<tr>
<td><strong>Action</strong>&lt;br&gt;Practicing new behavior for less than 6 months; needs skills for long term change</td>
<td>▪ Continued support of decision&lt;br▪ Reinforce self-confidence&lt;br▪ Assist with self-monitoring, feedback, problem solving, social support and reinforcement&lt;br▪ Discuss relapse and coping strategies</td>
<td>▪ Follow-up visits&lt;br▪ Support with positive reinforcement&lt;br▪ Review action plan/goals - identify barriers&lt;br▪ Modify action plan if necessary&lt;br▪ Logs (e.g., food/physical activity diary)&lt;br▪ Support groups</td>
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<tr>
<td><strong>Maintenance</strong>&lt;br&gt;Continuing new behavior for at least 6 months</td>
<td>▪ Plan follow-up to support changes&lt;br▪ Help prevent relapse&lt;br▪ Assist in coping, reminders, finding alternatives to avoiding slips/relapses&lt;br▪ Teach participant to see relapse, not as a failure, but an opportunity to learn and adjust the plan</td>
<td>▪ Follow-up visits&lt;br▪ Support with positive reinforcement&lt;br▪ Review action plan/goals – discuss possible relapses&lt;br▪ Modify action plan if necessary&lt;br▪ Continue support groups, logs</td>
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Use this chart as a quick reference to: identify risk factors categorized as "high risk" (H) in Illinois; how risks are assigned in Cornerstone; and the priority level based on participant category for each risk. For more detailed information, review USDA WIC Nutrition Risk Criteria and the Illinois WIC Policy Manual.

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<td>353, 355, 357, 358, 359, 360, 361</td>
<td>N070</td>
<td>NRMC-OTHER NUTR-REL MED CNDS</td>
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<td>H</td>
<td>343</td>
<td>N080</td>
<td>DIABETES MELLITUS</td>
<td>X 1 1 6 1 3</td>
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<tr>
<td>H</td>
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<td>PRE-DIABETES</td>
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<td>701</td>
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<td>INFANT NON-WIC HIGH-RISK MOTHER</td>
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<td>601, 702</td>
<td>Q100</td>
<td>BF INFANT/MOTHER - PRI 1</td>
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<td>601, 702</td>
<td>Q200</td>
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<td>602</td>
<td>Q602</td>
<td>BF COMPLICATIONS/POTENTIAL COMPLICATIONS</td>
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<td>H</td>
<td>349, 351, 362, 382</td>
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<td>NUTR/FDG COND-SPEC HLTH CARE NDS</td>
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<tr>
<td>411, 425, 427, 902</td>
<td>S020</td>
<td>INAPPROPRIATE NUTRITION PRACTICE</td>
<td>X 4 4 6 4 5</td>
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<td>427.4</td>
<td>S050</td>
<td>INADEQUATE FOLIC ACID</td>
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<tr>
<td>428</td>
<td>S060**</td>
<td>DIET RISK ASSOC. W/COMPLEM. FDG</td>
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<tr>
<td>401</td>
<td>S070**</td>
<td>FAILURE TO MEET DIET. GUIDELINES</td>
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<td>H</td>
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<td>T010</td>
<td>CLINICAL SIGNS-MALUTR</td>
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<td>381</td>
<td>T020</td>
<td>DENTAL PROBLEMS</td>
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<td>211</td>
<td>U211</td>
<td>ELEVATED BLOOD LEAD</td>
<td>I, C P,B,N</td>
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<tr>
<td>502</td>
<td>V010</td>
<td>VERIFICATION OF CERTIFICATION (Including Migrants)</td>
<td>X Maintain priority identified by transferring agency on VOC document</td>
<td></td>
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<tr>
<td>801, 802</td>
<td>V020</td>
<td>HOMELESS/MIGRANT STATUS</td>
<td>X 4 4 6 4 5</td>
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<td>903</td>
<td>V030</td>
<td>FOSTER CARE TRANSITION</td>
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<td>371</td>
<td>X010</td>
<td>SMOKING</td>
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<td>X020</td>
<td>ENVIRONMENTAL TOBACCO SMOKE</td>
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<tr>
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<td>372, 703</td>
<td>Y020</td>
<td>ALCOHOL USE</td>
<td>P,B,N I 1 1 6 1</td>
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<tr>
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<td>372, 703</td>
<td>Y021</td>
<td>ILLEGAL DRUG USE</td>
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<tr>
<td>H</td>
<td>383</td>
<td>Y383</td>
<td>NEONATAL ABSTINENCE SYNDROME</td>
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</table>

* Child less than 24 months of age

** ‘Dietary Risk Associated with Complementary Feeding Practices’ (S060) is assigned to Infants, age 4 through 12 months, and Children, age less than 24 months, when no other risk has been determined.

** ‘Failure to Meet Dietary Guidelines for Americans’ (S070) is assigned to Pregnant, Breastfeeding, and Non-lactating (Postpartum), and Children, age 24 months and older, when no other risk has been determined.
This format was designed to assist in the development of nutrition topics for all types of secondary education. It incorporates strategies that engage the learner and promote behavior change. For more detailed information review the NPS: Effective Secondary Education.

Cover Page (page 1): contains information on the nutrition topic that applies to all types of secondary education.

**Topic**
- Indicate what topic will be covered.
- May list benefits of the topic to the target audience.

**Target Audience**
- Identify appropriate categories and/or specific nutritional risk factors.

**Key Messages**
- Limit to one – three messages that can be used in group, individual education and Self-Study Modules (SSM).
- Make sure the material covered is not too difficult or too easy for the participants.

**Handouts / Materials**
- List handouts that should be offered to the learner to reinforce the key messages.
- Include a handout or coloring page for children to involve them in the topic.
- Include all materials and props needed to conduct the group session.

**References**
- Include books, articles and websites where information for topic came from.

**Presenter Resources**
- List books, websites, articles and other sources of information for further information on the topic.

**Evaluation**
- Measure knowledge by asking open-ended questions based on key messages.
  “What is one new thing you learned today about _______________?”

- Measure behavior change by asking open-ended questions to assess readiness to make changes.
  “What is one thing you will change about _______________?”
  “What steps will you take to do this?”
Illinois WIC Talk
(Topic Format)

Topic Overview (page 2):
This should summarize open ended questions used during the group session, including enough information for the experienced trainer to use without details described in the “Methods” section under “Group Education”. This page can also be used for Individual Education to facilitate the discussion around the topic. Offer handouts listed on the cover page. Limit to one page.

Group Education (page 3-5):

Methods
Methods must include active learning. Effective secondary education includes activities, facilitated discussion (using open ended questions) and considers participants’ emotions. One way to incorporate emotions is to include these four steps in your lesson plan: 1) “Open”, 2) “Dig”, 3) “Connect” and 4) “Act”.

➔ It is recommended to include the following Gray Boxes into your lesson plans.

OPEN: Emotion-based education starts with provocative questions, activities or stories that lead to emotion-based conversations, not to an immediate transfer of knowledge.

Tips: Include icebreakers or abstract concepts to draw out conversation and make the group comfortable with each other. Point out the key messages and benefits of the topic. Encourage participants to share what they want to learn about the topic.

DIG: During the "dig" step, the facilitator asks questions to get the learners to open up, share their memories and experiences, and get closer to the topic.

Tips: Use your personality and/or experiences to draw people out; silence is good (it means the learner is thinking); correct misinformation with sensitivity, asking other participants for their thoughts (corrections are often taken better by peers).

CONNECT: During the "connect" step, parents connect the conversation topic with their values, attitudes, beliefs and feelings. The facilitator helps parents reflect on their personal needs and wants and connects them to the health-related behaviors being suggested.

Tips: Reflect on stories, examples and ideas shared by parents emphasizing the importance of all comments. Be sure to summarize the most important points.

ACT: During this “step” the facilitator helps the participants identify specific action steps and build confidence to help them be the parents they want to be.

Tips: Let participants choose what steps to take; wrap up by thanking them for sharing their stories, examples and ideas. Ask permission to share with others.
Self Study Module (page 6)

Procedures

Agencies must follow State policy as described in the WIC Policy and Procedure Manual (PPM), Section “Nutrition Education”, part 5.2.

Methods (instructions do not need to be included)

- Incorporate “Handouts” listed on Cover Page. For example, client can read handout and then complete a worksheet that reinforces key messages for topic (page one).

- Always include an interactive component, to help them connect with what they learned, including a way for the participant to set simple, attainable goals.

- Another way to do a SSM is by creating an interactive bulletin board or a poster display.

- Include a written answer key (if necessary) and steps to follow up by the CHP.
Illinois WIC Program Nutrition Practice Standards (NPS)

Documenting Care Plans

August 2018

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy and Procedure manual, Certification Standards, Nutrition Education, Supplemental Food, and Breastfeeding Peer Counselor sections, as well as the Risk Factor Justification Manual (RFJM), to assist in ensuring accurate and complete documentation of WIC participant assessments, nutrition education, and care plans.

General Guidelines

1. Local agencies must use the Case Notes Screen (CM04) to document progress notes using the SAP format, which include the Subjective, Assessment and Plan. This allows information to be shared across programs to facilitate coordination/integration of services.

2. Before assessing or counseling on nutrition status, begin by first reviewing previous pertinent notes on the CM04 Case Note screen. Evaluate effectiveness of the last plan and make appropriate changes at subsequent visits. Knowledge gathered from reading the universal case notes will enhance the continuity of care.

3. Notes should begin with the program heading and type of visit, e.g. WIC cert, WIC follow-up, WIC individual. End the note with complete full name, title and/or credentials.

4. All progress notes should be completed prior to serving the next participant to assure quality of care and accuracy. If a CHP is unable to document case note on the day the service was provided, the case note date field on CM04 screen should not be changed and the WIC case note should identify “Late entry for WIC __ visit on (date service was provided)” at the top of the documented casenote.

Documenting WIC Certifications

Subjective data refers to statements made by the participant. Information to be documented includes comments:

- About feeding/eating practices, preferences, breastfeeding attitudes.
- Regarding the progress on the goal/plan the participant agreed to take at the last visit (follow-up on the specific client agreement).
- About secondary education contacts.
- Regarding nutrition related health and wellness (mental, emotional & physical), concerns/needs related to nutrition knowledge, attitudes, beliefs, and family/community.

Objective data is available on health screens and the WIC Master Record.

- It is not required to repeat in the note; however, you may document any pertinent objective data not already entered on Cornerstone (e.g., blood glucose value, prenatal lead value).
**Assessment** is the health professional's view of the participant's nutrition problems, taking into consideration the subjective and objective data. Information that should be documented includes:

- Assessment of contributing factors relevant to the nutrition risk condition.
- Description of the nutrition practices or feeding pattern/relationships identified.
- Explanation of information substantiating risk assignment. Risk factors do not need to be identified in this section if they can be found elsewhere in the electronic file/medical form (i.e. Low Hemoglobin (A010) on the health screens or Failure to Meet Dietary Guidelines (S070) on the AS02 assessment screen).
- Breastfeeding assessment, if agency does not document via the WBDE (WIC Breastfeeding Dyad Education) entry on the Cornerstone AS01 screen the casenote should be individualized as to the information covered meeting the breastfeeding dyads needs and should also be documented in the infant’s casenote. Refer to NPS: Breastfeeding for additional guidance.
- The specific condition for the assigned “Bundled Risk” must be documented in the Assessment section. See the possible “Bundled Risks” in the table below.

**Plan** identifies the participant’s next step(s) as determined by the participant with professional guidance from CHP (i.e. how-to idea the participant is willing to try, based upon identified change talk, maintaining desired behavior, etc.). It should include:

- Nutrition and Breastfeeding counseling and information explained/discussed.
- Handouts or pamphlets explained and given to the client.
- Referrals to other health providers, local program staff, etc. (if not on referral screens).
- Information that would be helpful for continuity of care, targeted follow up, etc. Including information pertinent to medically prescribed formula issuance.

### Bundled Risks

For bundled risks, refer to the Risk Factor Justification Manual USDA numeric code listed for the complete risk criteria to assist in identifying conditions for documentation.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| D135 | Slowed / Faltering Growth Pattern (135)          | Birth to 2 weeks – weight loss ≥7% of birth weight; infants with weight loss of ≥10% require a medical referral.  
2 weeks to 6 months of age – any weight loss using two separate weight measurements taken at least 8 weeks apart. |
| I010 | Previous Poor Pregnancy Outcome                 | History of early term delivery (311)  
History of preterm delivery (311)  
History of delivery of a low birth weight infant (312)  
History spontaneous abortions (2 or more), a fetal or a neonatal death (321)  
Major surgery, including Cesarean sections, severe enough to compromise nutrition status (359)  
History of a birth of an infant with Nutrition related Congenital or Birth Defect (i.e. neural tube defect) (339) |
| I020 | Current Pregnancy Problem                        | Hyperemesis Gravidarum (301),  
Fetal Growth Restriction (336), and  
Pregnancy Induced Hypertension (i.e. preeclampsia, gestational hypertension, etc.) (345) |
| I030 | Gestational diabetes                             | Presence of or history of diagnosed gestational diabetes (302/303)  
History of birth of Large for Gestational Age Infant (infant weighting ≥ to 9 lbs.) (337) |
For bundled risks, refer to the Risk Factor Justification Manual USDA numeric code listed for the complete risk criteria to assist in identifying conditions for documentation.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
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<tbody>
<tr>
<td>N011</td>
<td>Nutrition Related Medical Condition – Acute Infectious Disease (352a)</td>
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<tr>
<td></td>
<td>• Hepatitis A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hepatitis E</td>
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<tr>
<td></td>
<td>• Listeriosis</td>
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<tr>
<td></td>
<td>• Meningitis (bacterial/viral)</td>
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<tr>
<td></td>
<td>• Parasitic Infections</td>
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<tr>
<td></td>
<td>• Pneumonia</td>
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</tr>
<tr>
<td></td>
<td>• Bronchitis (3 episodes in last 3 months)</td>
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<tr>
<td>N012</td>
<td>Nutrition Related Medical Condition – Chronic Infectious Disease (352b)</td>
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<tr>
<td></td>
<td>• HIV</td>
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<tr>
<td></td>
<td>• AIDS</td>
<td></td>
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<tr>
<td></td>
<td>• Hepatitis B</td>
<td></td>
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<tr>
<td></td>
<td>• Hepatitis C</td>
<td></td>
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<tr>
<td></td>
<td>• Hepatitis D</td>
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<td>N020</td>
<td>Nutrition Related Medical Conditions - Chronic Condition</td>
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<td></td>
<td>• Gastrointestinal Disorders (342),</td>
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<td>• Thyroid Disorders (344),</td>
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<td>• Hypertension and Prehypertension (345),</td>
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<td>• Renal Disease (346),</td>
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<td>• Cancer (347),</td>
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<td>• Central Nervous System Disorders (348), and</td>
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<td>• Celiac Disease (354)</td>
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<td>N070</td>
<td>Nutrition Related Medical Conditions - Other</td>
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<td>• Food Allergies (353),</td>
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<td>• Lactose Intolerance (355),</td>
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<td>• Drug Nutrient Interactions (357),</td>
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<td>• Eating Disorders (358),</td>
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<td></td>
<td>• Recent Major Surgery, Trauma, Burns (359),</td>
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<td></td>
<td>• Other Medical Conditions (360) (i.e. asthma, requiring daily medication), and</td>
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<td>• Depression (361)</td>
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<td>P010</td>
<td>Infant of Non-WIC High-Risk Mother (701)</td>
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<tr>
<td></td>
<td>• Identify mothers prenatal high-risk condition</td>
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<tr>
<td>Q100</td>
<td>Breastfeeding (601/702)</td>
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<td>Q200</td>
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<tr>
<td>Q400</td>
<td>• Identify the highest priority risk factor used for assessing Breastfeeding risk for both infant and mother; document in both infant and mother’s records/case notes.</td>
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<tr>
<td>Q602</td>
<td>Breastfeeding Complications or Potential Complications (602)</td>
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<td>• Identify the current condition(s)</td>
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<td>R010</td>
<td>Nutrition/Feeding Conditions due to Special Health Care Needs</td>
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<td>• Genetic and Congenital Disorders (349),</td>
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<td></td>
<td>• Inborn Errors of Metabolism (351),</td>
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<td>• Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat (362), and</td>
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<td></td>
<td>• Fetal Alcohol Syndrome (382)</td>
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<tr>
<td></td>
<td>• Identify reason(s) for risk based upon category.</td>
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<tr>
<td>T010</td>
<td>Clinical Signs of Malnutrition</td>
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<td>• Nutrient Deficiency Disease(s) (341)</td>
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<tr>
<td>T020</td>
<td>Dental Problems</td>
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<tr>
<td></td>
<td>• Oral Health Conditions (381)</td>
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</tbody>
</table>
Example Case Note: 3-year-old child with (bundled) risks: N070, S020.

WCC2
S: Mom stated she enjoyed the class about family meal times and has tried to plan for family meals at dinner meal since last visit. Mom states she has no concerns about growth and feels Suzy is ready for Head Start in the fall. Mom would like to see her drink more water and limit Kool-Aid, and continues to offer the Lactose reduced milk.
P: Discussed food safety of heating hot dogs and beverage choices. Mom plans to only provide the lactose reduced milk or water at meals and limit Kool-Aid to two times a week. Mom took handout on child beverages to share with Dad.
Jane Doe, WIC CHP

Documenting Secondary Education Contacts

Secondary education contacts, regarding documentation, may include individual counseling, group education, internet education or self-study modules. Those who do not attend or complete secondary education is indicated by the lack of service code entry on the Cornerstone SV01 screen and based upon verification of the participant’s scheduled appointment(s).

Group Education
- Group education is the attendance by the participant/parent or proxy in a group nutrition education session.
- Documentation for attendance/completion of group education:
  - WE__ service code must be entered and no case note is required.
  - Documentation is represented by signature of who attended next to the participant’s name on the group session sign-in log/sheet.
  - Logs must be kept for three years and must include: name and title of presenter; title of session; and name and attendance by a signature of participant/proxy.

Internet Education
- Internet education is the completion of an online module, via the approved web nutrition education site www.wichealth.org, by a participant/parent or proxy.
- Documentation for completion of internet education:
  - WEBE service code must be entered and no case note is required (unless the participant/parent or proxy needs to meet with CHP for further information).
  - Documentation for internet education is a certificate of completion, either printed/presented at visit or emailed certificate (if the agency has established email address for this purpose).
  - The certificate should be printed and kept on file.

Self-Study Modules
- Self-study module (SSM) is completed by a participant/parent or proxy who completes a WIC self-study module. The self-study module must provide an evaluation component, in the form of a questionnaire or worksheet and reviewed by staff to ensure understanding. If participant does not demonstrate understanding the participant will be referred to a CHP for further clarification/education.
- Documentation for completion of a WIC self-study module:
  - WSSM service code must be entered and no case note is required (unless CHP speaks with participant/parent or proxy for additional education related to care plan).
- Documentation for self-study modules may include either a Service Entry (WSSM) with the SSM title entered in the “Comments” field on the service entry screen (if agency uses laminated reusable worksheet or the worksheet is the take home handout for SSM) or keep the printed SSM worksheet/documentation on file.

**Individual Counseling, including Mid-Certification and Follow up Visits**

- Individual education visit is completed by the participant/parent or proxy to discuss the participant’s progress from previous visit(s) care plan, breastfeeding status, and/or medically prescribed formula.
- Documentation for completion of an Individual Counseling, Mid-Certification or Follow up Visit:
  - WI_ or WK_ service code must be entered and requires a SAP casenote.
  - A WIC follow-up visit (WK_) is to be used when objective data is collected (i.e. height, weight, hemoglobin).

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**Example Case Note: Pregnant woman seen for weight check/weight gain**

**WKP**

S: Patty shared saw doctor two days ago and shared doctor stated weight gain was adequate. Since last visit she did start drinking milk with 2-3 meals/day and eating 1-2 snacks on most days.

A: 2 lb increase in weight, plotting now at bottom of weight gain range. Pt appeared content with weight status at visit and willing to work towards recommended weight gain.

P: Reviewed prenatal grid and discussed desired rate of weight gain for remainder of pregnancy. Based upon coming up with snack ideas using her WIC Foods—she will try: bowl of cereal, peanut butter or cheese on bread/toast, and/or taking a piece of fresh fruit with her in her purse. Plans to attend breastfeeding session at next visit.

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Breastfeeding Coordinator- Vacant
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