

Nutrition Education

Illinois WIC Policy Manual

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Nutrition Education

Section 1: General Guidelines

1. General Guidelines (Effective: February 2021)

- A. Delivering quality nutrition services to WIC participants and their parents/caregivers distinguishes WIC as an exemplary nutrition assistance program. To serve as an adjunct to good healthcare consistent with Federal WIC Regulations, WIC must ensure that its role in providing nutrition education, breastfeeding promotion and support, and referrals to healthcare is fulfilled. WIC seeks to extend the benefits of the program beyond the period when the WIC supplemental foods are provided.
- B. WIC does not provide medical nutrition therapy for complex medical conditions. The Health Care System is the provider of medical nutrition therapy as a treatment for diagnosed medical conditions. WIC services are designed to improve health outcomes through the provision of basic nutrition and breastfeeding education, and supplemental foods designed to meet the needs of participants with normal dietary needs. WIC services also facilitate access to health care and referrals to other social services and, as needed, reinforce therapeutic nutrition services which are provided by the health care system.
- C. All nutrition education contacts must be personalized based on the nutrition assessment and designed to be effective nutrition education interventions, and incorporate regular follow-up as follows:
 - 1. Elicit a behavior change that will help the participant achieve and maintain a positive change in dietary, physical activity, and breastfeeding practices resulting in improved nutritional status.
 - 2. Include a wide range of techniques to change behavior, including adult learning theory, emotion-based concepts, and participant centered education (PCE).
 - 3. Address the participant's personal language and cultural preferences, household situation (including homelessness), how to purchase food for themselves and their families, and educational and environmental limitations.
 - 4. Be easily understood by the participant. Using critical thinking skills and professional judgment, Competent Professional Authorities (CPAs) should consider the participant's interests, needs/risks, concerns, and abilities when developing nutrition education and breastfeeding messages.
 - 5. Create opportunities for participant interaction and feedback. The education must not be provided as a written or audio-visual contact alone (e.g., newsletter, pamphlet, video, poster, etc.)
- D. Nutrition education is a benefit of the WIC Program, and must be made available to all participants at no cost.
- E. Nutrition education contacts must be made available at a quarterly rate, but not necessarily taking place within each quarter, for participants certified for a period of longer than 6 months.
- F. Nutrition education must be thoroughly integrated into participant health care plans, the food prescription and other program operations.
- G. All local agency staff must display a positive attitude toward long-term benefits of nutrition education, promotion of breastfeeding and encourage the participants to attend and participate in nutrition education activities.
- H. Local agency staff that provide counseling and education to participants must be trained every three years on effective counseling approaches to ensure consistency in department requirements.

Addendum – Nutrition Practice Standard (NPS) – Effective Secondary Education

Addendum – Nutrition Practice Standard (NPS) – Effective Counseling Methods

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Section 2: Nutrition Education Goals

1. Nutrition Education Goals (Effective: February 2021)

- A. Nutrition Education in WIC must be designed to achieve the following three broad goals:
1. Stress the relationship between proper nutrition, physical activity and health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants and children under five years of age and raise awareness about the dangers of using drugs and other harmful substances including alcohol and tobacco during pregnancy and breastfeeding.
 2. Assist the individual who is at nutritional risk in achieving a positive change in dietary and physical activity habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the supplemental foods, other nutritious foods and breastfeeding. This is to be taught in the context of the cultural preferences of the participants and with consideration for household situation and educational level of the participant.
 3. Promote and support exclusive breastfeeding as the standard infant feeding practice. Breastfeeding has been shown to have significant advantages for women and infants. WIC staff should provide women with appropriate and adequate information and support to successfully breastfeed.

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Section 3: Nutrition Education Plan

1. Nutrition Education Plan (Effective: February 2021)

- A. The WIC Nutrition Education Plan (NEP) establishes nutrition priorities, including breastfeeding promotion and support, and focuses activities to improve participant health and nutrition outcomes.

- B. The NEP is implemented at the start of the state fiscal year (July 1) and:
 - 1. Is based on a needs assessment conducted by the Department
 - 2. Includes goals, measurable objectives and action steps
 - 3. Includes an evaluation component

- C. A standard participant survey will be provided that will assess views of local agency services, education and methods. The survey should be conducted per fiscal year guidance.
 - 1. Regional Nutritionist Consultants are available to provide guidance on the NEP.
 - 2. A summary report is required at the end of the year which will include:
 - a) Survey results
 - b) Evaluation data

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Section 4: Education at Certification

1. *Effective Counseling (Effective: February 2021)*

- A. Effective nutrition counseling must incorporate behavior change methods that support the participant's readiness to make changes in their health and nutritional status.
- B. The first step in effective counseling is properly setting the stage for which the remainder of the WIC visit will follow, including body language, listening skills and attitude of the counselor.
- C. There is not one counseling approach that fits the needs of all participants. However, the method used must be participant centered, putting the learner at the center of the process and focusing the nutrition education on the topics of their interest, concern and need. Participant centered nutrition education is interactive and reflects the learner's life and experiences.
- D. Participant centered education utilizes a wide range of techniques to change behavior, some of which include:
 - 1. Asking open-ended questions
 - 2. Affirming the participant
 - 3. Reflective listening
 - 4. Summarizing the main points of the conversation
- E. Other approaches that may be used for effective nutrition counseling, include:
 - 1. Explore importance, confidence, readiness and commitment to change
 - 2. Tailor messages to participant's emotions and readiness to change
 - 3. Help identify their interest or concern from a menu of options
 - 4. Guide participant in identifying goals that are simple and attainable. The CPA should offer "how to" actions to accomplish these goals.
- F. Local Agencies must document participant notes in the WIC Management Information System (MIS) to ensure continuity of care. There are several note types used in the WIC MIS that create a care plan: General, Breastfeeding, and Nutrition Education notes. An additional Care Plan/SOAP note is optional for high risk participants, as determined by CPA. Follow-up is important to assess for behavior change, determine intervention effectiveness and allow for continued interaction. Documentation should follow guidance in NPS – Documenting in WIC MIS.

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Section 4: Education at Certification

2. WIC Program Explanation for Participant¹ (Effective: February 2021)

- A. To improve health and achieve positive health outcomes, nutritional and breastfeeding support is needed during critical times of growth and development. Education and strategies must be provided regarding: proper nutrition, supplemental foods, referrals, breastfeeding, and the risks of alcohol, tobacco and other drugs.
- B. It is important for participants to receive an explanation of the Program's purpose and key operational features to minimize misunderstandings about the nature of WIC and the benefits it provides. The WIC Program Explanation should be provided per Welcome to WIC guidance.
- C. The following information must be provided as part of a positive, participant-centered assessment process. The NPS – Effective Counseling Methods describes a process that may be used to ensure all items are completed.
 - 1. Nutrition Assessment - Nutrition assessment is required to identify needs (medical conditions and dietary practices) and interests so WIC can provide benefits that are responsive to the participants' wants and needs.
 - 2. Certification Periods - Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.
 - 3. Relationship - The relationship between WIC staff and the participant is a partnership with open dialogue and two-way communication—working to achieve positive health outcomes.
 - 4. Supplemental Nature - The food provided by the Program is supplemental; it is not intended to provide all of the participant's daily food requirements.
 - 5. Food Benefits – WIC food benefits are prescribed for the individual, to promote and support the nutritional well-being of the participant, and to help meet the recommended intake of important nutrients or foods.
 - a) Staff must ensure participants understand the Illinois WIC Electronic Transfer of Benefits (EBT) Card and which food items are a part of their prescribed food package.
 - b) Staff must verify participants understand where Illinois WIC EBT Cards may be used. Current WIC vendor lists should be provided as applicable.
 - c) Staff must ensure participants know how to use Illinois WIC EBT Cards, including how to purchase items to attain full nutrition benefit of their assigned benefits.
- D. Priority System - When agencies are not serving all priorities, the nature of the Priority System must be explained.

Addendum – Welcome to WIC

¹ USDA WIC Policy Memo 2008-1

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Section 5: Secondary Nutrition

1. General Guidelines (Effective: February 2021)

- A. There are multiple ways to deliver secondary nutrition education (individual face-to-face or telephone-based education, group education, self-study modules, breastfeeding support groups, and internet-based education). Whichever method is chosen must incorporate effective nutrition education concepts and guidance.
- B. At the time of certification, local agencies must advise participants of their secondary education options.
 - 1. Scheduled sessions including type of education, date and time should be determined with the participant and documented in the WIC MIS.
 - 2. Walk-in contacts should be explained to the participant and follow agency procedures.
- C. Secondary Contact must not be provided in the same encounter or on the same day as the certification.
- D. Secondary Contacts should be scheduled to coincide with food benefit issuance.
- E. Individuals must not be denied supplemental foods for failure to attend or participate in nutrition education activities. Participants who miss or do not attend their scheduled secondary contact should be rescheduled for a pertinent secondary contact and issued one month of food benefits.
- F. Secondary education documentation must follow the NPS – Documenting in WIC MIS.
- G. High-risk participants who need more frequent follow-up should be provided one or two months of food benefits to coincide with their follow-up education appointment. The maximum benefit of three months may be given to low risk participants and on a case-by-case basis.
- H. In order to provide pertinent education, participants with different risks/needs within the same family should be scheduled for:
 - 1. Individual education contact
 - 2. Group education pertinent to all family needs
 - 3. Internet education
 - 4. Telephone education
 - 5. Self-Study Module
- I. The parent/guardian/caretaker/foster parent/proxy is expected to attend secondary nutrition education contacts.
- J. Local agencies may utilize the Illinois WIC Talks Topics Format to ensure that secondary education topics include effective nutrition education concepts. If a different format is used, techniques that engage the learner and promote behavior change must be included.

Addendum – Illinois WIC Talk (Topic Format)

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Section 5: Secondary Nutrition

2. *Stay Healthy and Connected with WIC - Exit Counseling (Effective: March 2024)*

- A. Exit counseling reinforces the benefits of the WIC program including nutrition and health messages, nutritious foods, and is also an opportunity to remind participants of WIC program requirements and to encourage WIC participation in the future.
- B. Exit Counseling must be offered to all women participants, including pregnant, postpartum, and breastfeeding participants, before the end of their certification period. Pregnant participants may be eligible to continue WIC services following delivery, however, exit counseling must be offered during the prenatal certification period in the event they do not return for subsequent certifications.
 - 1. A participant's second or final nutrition education contact of each certification period may also be used as the exit counseling session. Exit counseling does not require an additional education contact.
- C. Exit counseling reinforces messages on:
 - 1. Nutritious foods and low-cost recipes that maximize the specific components of the WIC food package
 - 2. Importance of folic acid intake
 - 3. Continued breastfeeding
 - 4. Staying current on immunizations for parent and child(ren)
 - 5. Health risks of using alcohol, tobacco, and other drugs
 - 6. The need for a well-balanced diet
- D. Information may be tailored using a participant-centered approach, following VENA guidance, to reinforce important nutrition and health messages and provide anticipatory guidance appropriate for each category.
- E. The handouts (Addenda) below must be offered to ensure all messages are provided (verbal, hard copy or digital). Participants must be offered an interactive opportunity to discuss the exit counseling brochure content.
- F. Document that exit counseling was provided in WIC MIS.

Addendum – Stay Healthy and Connected with WIC During Pregnancy

Addendum – Stay Healthy and Connected with WIC After Delivery

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Section 5: Secondary Nutrition

3. In Person Individual Nutrition Education Contacts (Effective: February 2021)

- A. Individual nutrition education interventions may be provided in a variety of ways.
 - 1. Individual Counseling
 - a) Individual nutrition education must include follow-up from the previous contact.
 - b) Individual counseling is often helpful when several family members are on the program. For example, providing an individual contact to one family member during another's certification can reduce the number of visits needed and ensure pertinent contact.
 - c) Individual counseling may be beneficial for participants with schedule conflicts, or who refuse or fail to attend group nutrition education.
 - d) An individual contact can be provided in coordination with other services.
 - 2. Individual Follow Up- The purpose of a follow-up visit is to monitor progress, provide additional nutrition and breastfeeding information since the previous visit, and to continue to make further improvement.
 - a) A follow-up visit should include a measurement such as weight, length/height, and/or blood value, which should be documented in the WIC MIS.
 - b) At all follow-up visits, nutrition or breastfeeding counseling should be provided to the participant for the purpose of improving nutritional risk condition(s).
 - c) Follow-up visits are recommended for high risk, breastfeeding and prenatal participants.

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Section 5: Secondary Nutrition

4. Self-Study Modules – SSM (Effective: February 2021)

- A. Self-study, walk-thru, or poster modules enable participants to learn at their own pace and allow for flexibility in educational opportunities within a clinic.
- B. Self-study modules may be used as a method of nutrition education for the following:
 - 1. When it is appropriate for the participants' needs/risks, interests and concerns based on the professional judgment of the CPA.
 - 2. Those with an appropriate literacy level (fourth grade level or higher).
 - 3. When a participant is late or misses a class and chooses to complete a SSM rather than be rescheduled.
 - 4. When a participant's schedule conflicts with the class schedule.
- C. Self-study modules must provide:
 - 1. An evaluation component which is reviewed by staff. It is recommended to evaluate both knowledge and behavior change. CPAs must be engaged if the evaluation shows the participant did not understand the topic presented.
 - 2. An opportunity to speak with a CPA regarding any questions, concerns or needed referrals.
- D. Self-study modules may not be used in place of individual counseling at the certification visit.
- E. It is recommended that all non-Department self-study modules be evaluated initially and periodically to check for accuracy and consistency with Department recommendations.

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Section 5: Secondary Nutrition

5. Internet & Telephone Education (Effective: February 2021)

- A. Internet education provides innovative and alternative nutrition education to WIC participants and allows them the option of doing their learning on their own time and anywhere they have internet access.
1. The approved internet-based health information website in Illinois is WIC Health (available in English and Spanish).
 2. Internet education may be used as a method of nutrition education when:
 - a) It is appropriate for the participants' needs/risks, interests and concerns based on the professional judgment of the CPA.
 - b) A participant's literacy level is appropriate (fourth grade level or higher).
 - c) A participant is late or misses a class and chooses to complete web education rather than be rescheduled.
 - d) A participant's schedule conflicts with the class schedule.
 3. Internet education may not be used in place of individual counseling at the certification visit.
- B. Telephone Education- Telephone education increases WIC participants' access to nutrition education when challenges utilizing other modes of education offered by the clinic are present.
1. Telephone education may be used as a method of nutrition education when:
 - a) It is appropriate for the participant's needs/risks, interests and concerns based on the professional judgement of the CPA.
 - b) A participant's comfort with technology and web-based learning application(s) is limited.
 - c) A participant has transportation issues prohibiting them from accessing the clinic.
 - d) A participant misses a class and chooses telephone education rather than be rescheduled.
 - e) A participant's schedule conflicts with the class schedule.
 - f) It is provided by a CPA and follows NPS – Secondary Education guidelines for effective individual education.
 2. Telephone education may not be used in place of individual counseling at the certification visit.

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Section 5: Secondary Nutrition

6. Group Nutrition Education (Effective: February 2021)

- A. Group nutrition education interventions may be provided in a variety of ways including facilitated group discussions, which may involve the use of activities or video. Sessions should be planned at least three to six months in advance so participants can be scheduled.
- B. Nutrition education must be provided by qualified local agency staff or through arrangements made with other agencies. Sessions must be presented by:
 - 1. CPAs
 - 2. Breastfeeding Peer Counselors for breastfeeding sessions only
 - 3. Other qualified staff knowledgeable in the nutrition topic with approval of the Department
- C. The Department must be notified prior to use of outside agencies and Letters of Agreement or Memorandums of Understanding are encouraged.
- D. A CPA must be on-site and available to answer any WIC specific questions for all group sessions.
- E. Lesson plans must be used when presenting group sessions and kept on file. The Illinois WIC Talk Topic Format is designed to include elements of effective nutrition education interventions and should be used as a guide when developing topics.
 - 1. Lesson plans should include:
 - 2. Title of session / Topic
 - 3. Target audience
 - 4. Key Messages (or Objectives)
 - 5. Materials for session
 - 6. References / Resources
 - 7. Evaluation
 - 8. Lesson Overview
 - 9. Methods
 - 10. Date of development or revision
- F. It is recommended that all non-Department lesson plans be evaluated initially and periodically to check for accuracy and consistency with Department recommendations.
- G. Sessions should be evaluated periodically as part of quality assurance activities and program operations review.
- H. Attendance for group nutrition education must be maintained to document attendance and failure to attend (7 CFR 246).

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Section 6: Category Specific Nutrition Education

1. Category Specific Nutrition Education (Effective: February 2021)

- A. All applicants must be evaluated for dietary pattern and feeding practices to identify the participant's nutritional risk factors, needs and concerns. Education must be provided after completing the nutrition assessment of the participant.
- B. Nutrition education must be offered at the initial certification visit and subsequent secondary education visits, pertinent to participant needs.
- C. The most current guidance from USDA must be used as a reference for program expectations for category specific nutrition education. This guidance is the basis for Department developed educational materials. For more information, reference the:
 - 1. USDA, Infant Nutrition and Feeding Guide
 - 2. USDA, Dietary Guidelines for Americans
- D. The following topics are based on common nutrition concerns specific for each category to assist CPAs in offering information/guidance in a non-judgmental manner. Staff should refer to the Illinois WIC Risk Factor Justification Manual (RFJM) for further information to ensure individualized nutrition needs of each participant are met.
- E. Infant Education
 - 1. Frequency of feedings (encourage baby led feeding)
 - 2. Infant's hunger cues
 - 3. Size of newborn infant's stomach
 - 4. Positioning of baby during feeding, holding baby, nursing positions, etc.
 - 5. Growth spurts (2-3 weeks, 6 weeks, etc.)
 - 6. Preparation, handling and storage methods of expressed breast milk and infant formula
 - 7. If bottle feeding, information on paced-feeding
 - 8. Information on introduction of complementary foods
 - 9. Food safety (harmful bacteria, choking precautions, food allergies)
 - 10. Safe food preparation, storage techniques, and feeding practices for the older infant
- F. Toddler/Child Education
 - 1. Parent-Child Feeding Relationship (division of responsibility with feeding)
 - 2. Eating Behaviors (planning sit-down meals and snacks, offering a variety of healthy foods, weaning from the bottle, appropriate beverage intake and cup feeding, etc.)
 - 3. Mealtimes (importance of family meals, how to make mealtime positive)
 - 4. Food Safety (food borne illnesses, choking precautions)
 - 5. Physical Activity (encourage structured and free play, limit TV viewing)
 - 6. Supplement use

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Section 6: Category Specific Nutrition Education

G. Prenatal Education

1. Eating foods to support a healthy pregnancy (key nutrients for growth and development, food safety)
2. Recommended weight gain during pregnancy
3. Prenatal supplement needs
4. Coping strategies for nausea and vomiting
5. Risks of tobacco, alcohol and drug use

6. Importance of physical activity
7. Breastfeeding promotion and support
 - a) Those participants who are undecided should be offered information on the benefits of breastfeeding and any specific participant concerns related to breastfeeding should be addressed.
 - b) Participants who plan to breastfeed should be offered basic how-to information, information on dealing with common concerns/situations and support on getting a good start.
 - c) Breastfeeding Peer Counselor (or designated breastfeeding support staff) should provide specific breastfeeding support and educational services.

H. Postpartum and Breastfeeding Education

1. Healthy eating behaviors
2. Importance of returning to healthy weight
3. Supplement needs
4. Risks of tobacco, alcohol and drug use
5. Importance of physical activity
6. Support of breastfeeding goals
 - a) Importance of exclusivity and duration.
 - b) Concerns, including use of prescription medications.
 - c) Breastfeeding Peer Counselor (or designated breastfeeding support staff) should provide specific breastfeeding support and educational services.
7. Pregnancy spacing

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Section 7: Education Materials

1. Teaching Aids (Effective: February 2021)

- A. Materials are important components of nutrition and breastfeeding education and should be utilized to enhance participant comprehension.
- B. Printed materials should be easily understood by the participant, culturally diverse and content consistent with USDA WIC Nutrition Services Standards. Teaching aids such as pamphlets, posters and audio-visuals are available from the Department and its partner agencies, and many are available in other languages.
- C. It is recommended that all non-Department pamphlets and audio-visuals be evaluated initially to check for accuracy and consistency with Department policy and recommendations. Regional Nutritionist Consultants and Breastfeeding Coordinators are available for assistance.
- D. Except in the case of highly motivated individuals or individuals who express a desire for more information, it is not recommended to offer more than two pamphlets. Give only materials directly related to the topic or problem identified for the participant.
- E. Pamphlets are considered a tool for reinforcing an educational message. They are to be used to enhance or supplement the nutrition education provided by local staff but do not take the place of nutrition education. Pamphlets should be personalized for the participant.

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Section 8: Department Assistance

1. General Information (Effective: February 2021)

- A. Department Nutrition staff have expertise in: Community Nutrition/Public Health Research; Maternal and Child Health; Infant and Pediatric Nutrition; Breastfeeding and Human Lactation; Chronic Disease Prevention; Child/Adolescent Weight Management; Nutrition Education and Evaluation; Training/Group Facilitation; Program and Policy Development; Computer Management Information Systems-data collection and use; Nutrition for Children with Special Health Care Needs; Diabetes and Gestational Diabetes; Interagency Collaboration and Food Security issues.

- B. Regional Nutritionist Consultants:
 - 1. Complete site visits, program evaluations, and follow-up.
 - 2. Provide technical assistance and consultation.
 - 3. Offer education and training.
 - 4. Assist in interpretation and utilization of data reports provided by the state and the Centers for Disease Control and Prevention.
 - 5. Assist in developing lesson plans and handouts, determining group nutrition education scheduling needs and planning nutrition education sessions.
 - 6. Plan conferences, workshops and satellite education.

- C. The Department has a training contract to provide:
 - 1. WIC Management Information System (MIS) training.
 - 2. Staff training (CPA, WIC Coordinator and Frontline).
 - 3. Web-based modules.

Addendum – State Nutrition Contacts