Illinois WIC Program Nutrition Practice Standards (NPS)
Nutrition Education
December 2024

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 Manual, Nutrition Education section to assist in the planning and presentation of nutrition education and breastfeeding promotion and support contacts.

Nutrition Education Content

Per the USDA, Food and Nutrition Services' *WIC Nutrition Services Standards*, the content of nutrition education and breastfeeding promotion and support contacts must:

1. Consider the nutritional needs and concerns of the household situation, cultural practices, geographic locations, environmental influences, and educational abilities of the participant as identified through the nutrition assessment process.
2. Consider a participant's literacy level and primary language spoken.
3. Describe the relationship between nutrition, physical activity, and health.
4. Take food preferences into account.
5. Tailor education to a participant's motivation to change nutrition-related behavior.
6. Base education on current science (evidence-based and/or effective strategies, methodologies, techniques, and nationally recognized sources) and category specific, common topics (IL WIC PM NE 6).
7. Communicate breastfeeding-friendly messages by encouraging and supporting breastfeeding, especially exclusively breastfeeding for 6 months, and continuing for one year or longer as mutually desired by both mother and baby.
8. Promote a life course perspective approach to improve maternal and child health that emphasizes not only risk reduction during pregnancy, but also health promotion and optimization across the lifespan.
9. Ensure verbal and written communications are culturally and linguistically appropriate. Uses an effective combination of styles (font size, white space, text wrapping, etc.) and visual images for written materials that represent the participant population (including, but not limited to infant developmental stages, breastfeeding pictures to reflect principles of a good latch).
10. Provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children.
11. Provide exit counseling for all women participants (Addendum 1 *Exit Counseling Guidance for PG/BE/BP/NP Categories*).

Nutrition Education Resources

The following resources and educational materials can be used to assist in providing effective nutrition and breastfeeding education. For agencies with significant numbers of Limited English Proficiency (LEP) participants, efforts should be made to include materials in languages other than English, and at the reading level of participants.

USDA and Food & Nutrition Services (FNS)

The most current guidance from USDA must be used as a reference for program expectations for required and category specific nutrition education. The following resources provide local agencies with the tools needed to provide effective nutrition education.

1. Provide Nutrition Education | Food and Nutrition Service (usda.gov): the links on this webpage will provide information, educational materials, and creative ideas to make learning about nutrition fun for all ages.
   - MyPlate: shows participants how to eat healthy at every stage of life. Learn more about MyPlate and the food groups, including a Toolkit to communicate MyPlate's messages to participants at www.myplate.gov .
2. Dietary Guidelines for Americans: USDA developed resources for professionals to help promote healthy eating across the lifespan from birth to older adulthood. Use the information at www.dietaryguidelines.gov to get tips and resources to share with your participants.
3. Explore Resources | WIC Works Resource System (usda.gov): is a resource, education, and training center for WIC staff. Resources are provided by topic (e.g., breastfeeding, childhood, nutrition education, infancy, and health and wellness) and include participant handouts, presentations, guidance and assessment tools, images, and videos.
4. USDA Risk Factor Justification Manual: addendum to IL WIC PM CS 6.1, this resource provides details on each WIC nutrition risk (e.g., justification, implications for WIC, references).
5. USDA Infant Nutrition and Feeding Guide: this guide which focuses on the nutrition for the healthy full-term infant, provides current research and guidelines about infant health, nutrition, and feeding. The guide also features citations at the end of each chapter and a detailed index as well as a full glossary at the end of the handbook.
6. USDA WIC Breastfeeding Support: overview of the WIC Breastfeeding Support campaign as well as resources you can download, print, and share with moms to help them learn about breastfeeding, start breastfeeding, overcome common challenges, and thrive with breastfeeding.
7. USDA WIC Breastfeeding Check-In: designed for the CPA/CPAA as a quick reference that contains Breastfeeding Reassurance Tips to help address common concerns among breastfeeding women.

Illinois WIC Resources

Printed materials should be easily understood by the participant, culturally diverse, and must be consistent with USDA guidance and WIC Nutrition Services Standards. DHS developed education materials meet these expectations and cover common nutrition concerns for each category. It is recommended that all non-USDA or Department educational materials and audio-visuals be evaluated initially by your Regional Nutritionist Consultant to ensure compliance with Program requirements.

The Illinois WIC Program provides nutrition education materials that have been developed to assist local WIC agencies in incorporating concepts that engage the learner and meet the program expectations. Visit the Community Health Training Center website, Resources pages for details on resources available.

- Materials and Resource Library: View, print, or scan QR codes of DHS handouts using the WIC Centralized Resource Library excel document. To order handouts, complete and submit the WIC Materials Order Form. Review the WIC Centralized Resource Library PowerPoint to learn more about these resources.
- WIC Talks: WIC Talks are developed for group education and self-study modules that cover common nutrition concerns for each category. Local agencies should use the WIC Talk Template (IL WIC PM NE 5.1) to ensure that secondary education topics include effective nutrition education content, engage the participant, and create an opportunity for feedback.
- Circle Charts: Pre-filled circle charts are category specific and include key messages with common nutrition related concerns. Each chart provides suggestions on questions to initiate a conversation and guidance to facilitate behavior change around that topic. Blank circle charts are also available.
- VENA: Utilizing VENA counseling skills is important to providing individualized education that is participant centered, interactive, and promotes behavior change. For more details, review the *NPS Counseling Approach (IL WIC PM NE 4.1)* and attend regional trainings provided by the Department.
- WIChealth: Illinois WIC partners with WIChealth to offer over 50 nutrition education lessons in English and Spanish that are participant-centered, flexible, and tailored to the needs of WIC participants. Education is based on promoting positive behavior change, focusing on where the participant currently is, and moving them towards optimal health. WIChealth also offers staff resources including participant handouts, promotional materials, and has a “Health eKitchen” which allows participants to view recipes focusing on how to use WIC foods.

  When offering this secondary education option to a participant, it is important to explain how WIChealth works and offer guidance on creating an account. The Community Health Training Center website, includes a link to information on how create an account and use WIChealth, including an introduction module.

Secondary Education Contacts

To ensure effectiveness in delivering secondary education contacts, delivery methods should be appealing, creative, relevant, and interactive to engage the participant as well as create opportunities for feedback. Examples include:

1. Utilizing participant-centered counseling approaches through individual in person or telephone education, internet education, group education, virtual education, and self-study modules.
2. Incorporating technology including, but not limited to, telephone, computer modules, social media, and video conferencing that have no cost or barriers to the participant.

Key steps that must be followed to provide effective secondary education contacts:

- WIC staff must follow up with participants before issuing benefits (confirm any questions for the CPA/CPAA, required nutrition education, food package changes).
- Review the last assessment and certification visit note. This would include nutrition risk factors identified, previous nutrition education details and goal(s) identified. This will help tailor the session to the participant's needs. If WIChealth is completed, review the completed lesson topic and goals identified by the participant.
- Follow up on the status of a nutrition or health related condition, medically prescribed formula, prior referral, and assess progress toward goals.
- Offer category-specific education during one-on-one sessions, utilizing any of the nutrition education resources provided in this document, including Illinois WIC handouts and pre-filled circle charts.
- Utilize Illinois WIC Program developed WIC Talks and the WIC Talk Template for group sessions (including virtual education) and self-study modules. If a different template is used, techniques that engage the participant and create an opportunity for feedback must be included.

  <u>WIC Talk Template: Lesson Plan</u>

  The template provides details on topic objectives, targeted audience and risk factors, category specific nutrition education covered, who can present the session, how long the session should take, whether it can be presented in person or virtual (or both), location details, materials, and resources needed. The notes/script section provides a space for an opening and introduction, icebreaker, activities, and discussion. It is recommended to include strategies to engage participants, such as open-ended questions, real-life scenarios, participant experiences, hands on activities, and reflections. The closing and evaluation should review key points, evaluate understanding of the topic, and set goals.

  <u>WIC Talk Template: Self-Study Module</u>

  The template provides details on topic objectives, targeted audience and risk factors, category specific nutrition education covered, and the format (bulletin board or handouts). The implementation section provides a space to plan the set-up if using a bulletin board. The evaluation component must include both participant knowledge and behavior change.

Frontline staff may issue benefits following Addendum 2 *Benefits Issuance By Frontline*.

Conducting Virtual Education

Virtual education offers the same benefits as in-person education, while also improving access, flexibility, and streamlining services. Here are tips for effective secondary education in a virtual setting: (***Adapted from Using Technology to Optimize VENA.)***

- To ensure confidentiality, conduct remote appointments in a private setting.
- Gather materials or resources (e.g., handouts, websites, apps, visual aids) that will be needed during the discussion.
- During introductions, confirm that this is a good time to talk.
- Remember to set the agenda, including the purpose of the visit, the estimated time needed, the collaborative nature of the session, and instructions for what to do if the video or audio call disconnects.
- Like in-person education, virtual education must be appealing, creative, relevant, and interactive to engage the participant as well as create opportunities for feedback.
- Limit note taking during the appointment to key points such as things to remember or come back to during the appointment. Communicate to the participant what you are doing, such as by saying, "I am going to make a note of that, so I remember to share those recipes you asked for."
- If you are doing data entry on the same device, explain to the participant what you are doing.
- After the appointment, follow up by sending any necessary information, such as nutrition education and referral information, using the participant's preferred communication mode (e.g., mail, email, texting). Ensure the information it is sent in a format that can be easily read on a mobile device.

General Tips for Conducting Telephone Appointments

- In the absence of body language, tone of voice becomes even more critical.
- Smile. Research has shown that participants will sense when a speaker is smiling by the tone of the speaker's voice.
- Use a slightly slower pace of speech during telephone appointments.
- Use plain language with limited jargon.
- To account for technology lags, allow a pause after open-ended questions or reflections that may be longer than in-person pauses.

General Tips for Conducting Video Appointments

- Ensure that the participant is comfortable with the technology and has any necessary software downloaded before the appointment. Send the participant instructions about the appointment and how to prepare for it. Include information such as what to expect, technology requirements, and tips such as choosing a quiet place for appointments.
- Prepare your space for remote appointments. Create a professional, inviting appearance for the room. Things to consider should include having a neutral or virtual background, arranging lighting to light the front of your face, positioning the camera for the best eye contact, and ensuring that background noise is limited. For the best sound, use a noise-canceling headset, which has better audio quality and reduces background noise.
- Close out unneeded computer windows before the session to avoid accidentally sharing the wrong screen, especially if sharing content such as growth charts.
- Turn off pop-up notifications for email and/or chat.
- Practice screen sharing. This can make the appointment more engaging for the participants. Some examples of content for screen sharing and discussion are nutrition education materials and resources, and referral information.
- Make sure your WIC employee badge is visible to the participant.
- During the session, ensure eye contact by periodically looking directly at the web camera when talking with the participant.
- Be sensitive to body language such as slouching, crossing the arms, leaning back, or fidgeting. Refrain from eating or drinking during the appointment.
- Allow the participant time to think about responses. Communicate listening by using body language such as leaning forward and nodding.

Addendum 1
Exit Counseling Guidance for PG/BE/BP/NP Categories

The following guidance is intended to assist staff with providing required education during secondary education contacts following IL WIC PM NE 5.2. CPA/CPAA staff should use a participant-centered approach, following VENA guidance, to reinforce important nutrition and health messages and provide anticipatory guidance appropriate for each category.

Individual Nutrition Education Contact

1. Before starting the individual education visit, review the certification visit note for any previous nutrition education details and goal(s) identified. This will help tailor the exit counseling session to the participant's needs.
2. Use the appropriate *Stay Healthy & Connected with WIC* handout as a guide for exit counseling messages (Addendum IL WIC PM NE 5.2) *.
3. The following sample script(s) may be used when providing exit counseling during this visit:

   "Hi, _____. Welcome back to WIC. Today's visit is a nutrition education visit. How have things been going since we last saw you?... At your last visit, we discussed _ [education topic/health goal(s)] ____. What questions can I answer today about __[nutrition/health/breastfeeding/etc.] ___?... Tell me about your progress on your goal(s) so far."

   Probe for additional needs, if appropriate, focusing on exit counseling messages:

   "*Can we offer you any information on your WIC food package (e.g., recipes), healthy eating, supplement needs, breastfeeding support, immunizations information, or the risk of using alcohol, tobacco, and other drugs?"*
4. Offer the appropriate *Stay Healthy & Connected with WIC* handout to the participant:

   "Would you like this handout [we just reviewed/to review later] with information on a variety of nutrition and health topics to take home?"

Internet (WIChealth) Education

1. After receiving participant's WIChealth certificate, the participant must be contacted by a CPA/CPAA.
2. Before calling the participant, on the N/Ed screen in IWIC, review the WIChealth lesson topic and any goals identified by the participant. Also review the certification visit note for any previous nutrition education details and goal(s) identified. This will help tailor the exit counseling session to the participant's needs.
3. When calling the participant, the following sample script may be used:

   "Hi, _____. Thank you for completing your nutrition education lesson online/at WIChealth.org There are just a few things we wanted to follow up on before issuing your next set of benefits; do you have a few minutes to go over those now?"
4. When participant is ready, discuss required items per IL WIC PM NE 5.1(I):
   a) Offer/provide exit counseling messages using the appropriate *Stay Healthy & Connected with WIC* handout.

The following sample script(s) may be used when offering exit counseling:

"I see that you recently completed a lesson on _____on the WIChealth website, and your goal was _____. We also discussed _[education topic/health goal(s)]_ at your certification visit. What questions can I answer about anything you've learned so far?... Tell me about your progress on your goal(s) so far."

Probe for additional needs, if appropriate, focusing on exit counseling messages: "*WIC food package (e.g., recipes), healthy eating, supplement needs, breastfeeding support, immunizations information, or the risk of using alcohol, tobacco, and other drugs?*

Offer to email/mail/text the appropriate *Stay Healthy & Connected with WIC* handout to the participant:

"Is it ok if I send you our handout with information on a variety of nutrition and health topics for you to review later?"

Group nutrition education

1. Group nutrition education for woman category participants should focus on one or more key exit counseling messages and must be incorporated into the group education lesson plans.
2. Offer the appropriate *Stay Healthy & Connected with WIC* handout to the participant:

"Would you like this handout [we just reviewed/to review later] with information on a variety of nutrition and health topics to take home?"

Self-study module

The *Stay Healthy & Connected with WIC* handouts are designed to be used as self- study modules.

1. Provide participant with a copy of the appropriate *Stay Healthy & Connected with WIC* handout; instruct them to read/review the content, and complete #s 1 and 4 while they wait to have a brief visit with the CPA/CPAA.
2. When complete, a CPA/CPAA will then meet with the participant discuss required items per IL WIC PM NE 5.1(I):
    b) Offer/provide exit counseling messages using the appropriate *Stay Healthy & Connected with WIC* handout.
    c) Offer the appropriate *Stay Healthy & Connected with WIC* handout to the participant.
    d) See Individual Education section for sample scripts.

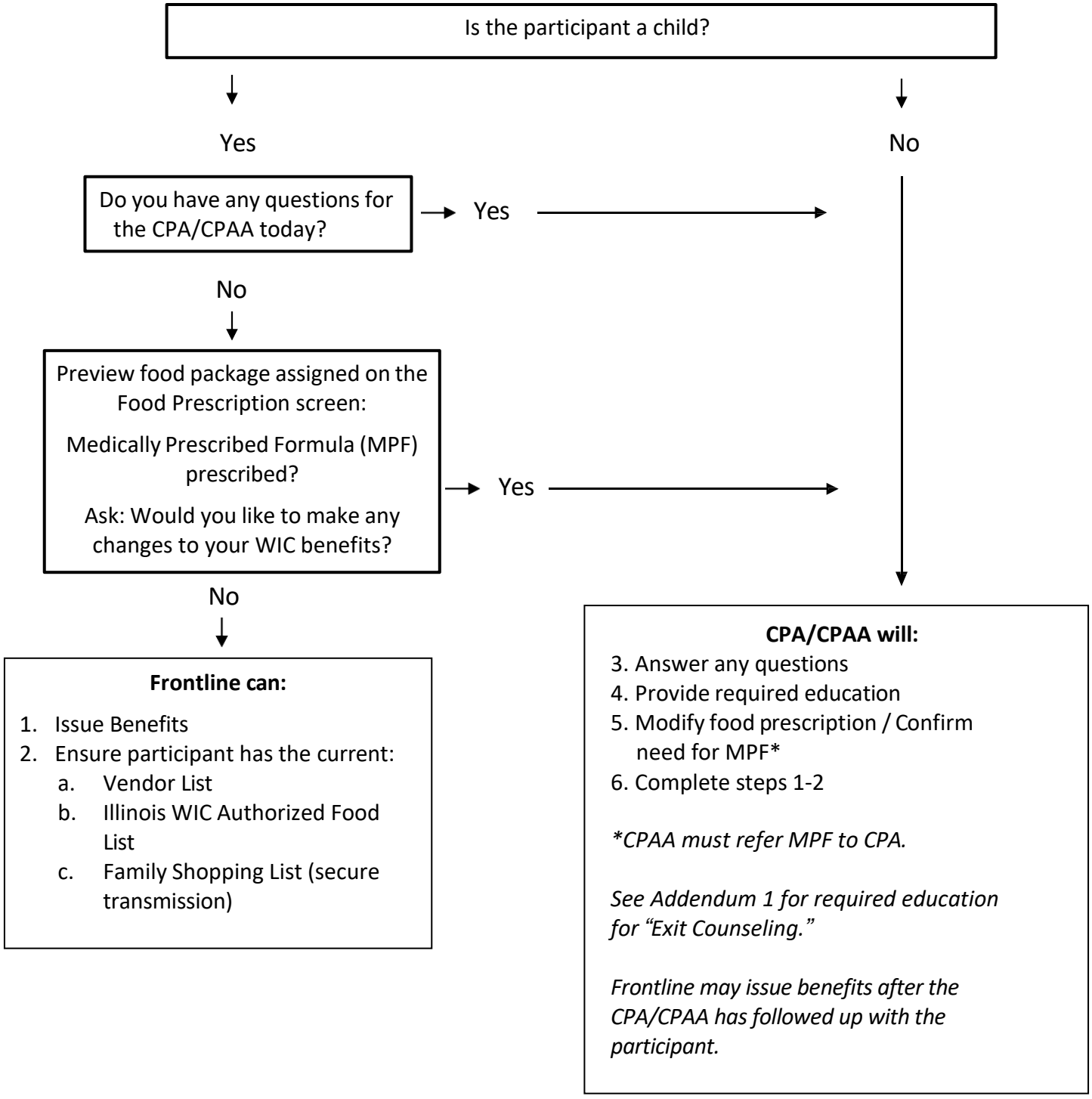
Documenting Exit Counseling

Document that exit counseling was provided on the Nutrition Education screen in WIC MIS. Select the Topic "Exit Counseling" from the dropdown options. If education and/or handout offered and declined, clarify in the note per *NPS: Documenting in WIC MIS.*

**These handouts are intended to be used for category specific education during the certification and secondary education visits, based on the WIC assessment and participant needs.*

Addendum 2
Benefit Issuance by Frontline

- Food packages are *assigned* only by the CPA/CPAA on the Food Prescription screen.
- Benefits may be *issued* on the Benefits Issue screen by the CPA/CPAA or Frontline.
- Frontline should use the following decision tree to help identify if they can issue benefits.
- Benefits may be issued remotely following IL WIC PM SFD 8.1.



Illinois WIC Program Nutrition Practice Standards (NPS)
Counseling Approach
December 2024

Nutrition Practice Standards are designed to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy Manual (PM), Nutrition Education Section, and USDA Value Enhanced Nutrition Assessment (VENA) guidance to assist in delivering counseling and education that meets program requirements. The Illinois WIC program uses the VENA approach to provide personalized, outcome-driven services that focus on participants' strengths.

VENA training is required as part of the Department's initial WIC training for CPA/CPAA staff (IL WIC PM AD 11.1, CS 6.1, and NE 1.1). This document highlights key concepts.

Category-specific Desired Health Outcomes

Start the assessment with category-specific desired health outcomes in mind.

Participant Category	WIC Desired Health Outcome
Pregnant Woman	Delivers a healthy, full-term infant while maintaining optimal health status.
Breastfeeding Postpartum Woman	Achieves optimal health during the childbearing years and reduces the risk of chronic disease.
Non-breastfeeding Postpartum Woman	Achieves optimal health during the childbearing years and reduces the risk of chronic disease.
Infant	Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices.
Child 12-60 Months of Age	Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Focus on Strengths Not Deficiencies

This increases a participant's self-confidence and self-efficacy.

Deficiency-focused Assessment	Strength-focused Assessment
Focus is on risks, problems	Focus is on a positive health outcome.
Participant needs to be "fixed"	Participant is viewed as having strengths to be developed or reinforced.
CPA/CPAA instructs participant on how to change	CPA/CPAA guides the participant to identify strengths, barriers, and priorities.
Focus is narrow (on individual risk factors)	VENA considers the whole person in the context of their larger environment (holistic and individualized).

Setting the Agenda

Starting the visit by explaining the assessment process reduces participant anxiety, creates a power-sharing dynamic, and increases participant engagement throughout the assessment process.

Agenda setting is also an opportunity for the WIC staff to connect the goal of the assessment process to nutrition services that WIC provides and the participant's desired health outcome.

What to ***Do*** to Set the Agenda
Create a welcoming environment in all clinic areas by making sure areas are clean, comfortable, and provide privacy.
Use courteous and respectful language and greet participants by name as they enter the clinic.
Use positive body language such as smiling, maintaining eye contact, nodding, facing the participant.
Review previous documentation in WIC MIS, as applicable, to convey commitment to continuity of care.

What to ***Say*** to Set the Agenda	
Open the conversation by introducing yourself and **explaining the purpose of the visit***:*	"My name is _____ and I am the (your role). I will be checking your child's height and weight (and lab work if needed) and asking you some questions about your child's eating habits and health. We can then work together to come up with some ideas you may be interested in trying and see if there are any other services or resources that might be helpful to your family."
Ask permission:	"Would it be ok if we start by taking some measurements?"
Seek early input:	"Is there any area of your health or nutrition that you would like to focus during today's visit?"
Delay Nutrition Education (until after completing assessment)	"It sounds like you would like to make changes in this area. If it is okay with you, I would like to ask a few more questions and then we can talk more about that and figure out some next steps that make sense for you."

Collecting Relevant Information

To gather information efficiently and effectively, use a variety of techniques, such as springboard questions, probing questions, and reflective listening. Additionally, complete the assessment process before providing targeted information or brainstorming specific action steps.

Tips for Nutrition Risk Assessment		
Practice Non-judgement	Focus on understanding their preferences without labeling foods as "good" or "bad."	"Tell me about the kinds of foods your family enjoys eating."
	Acknowledge the participants efforts without making assumptions about the quality of their choices.	"It sounds like you are doing your best to provide for your family."
Explore values	Values are what people consider important. They affect behaviors, which affect outcomes.	"What's important to you when it comes to your family's eating habits?"
Affirm strengths	Statement that acknowledges an individual's positive qualities and encourages continued application of those qualities ("you" statements)	"By helping him brush his teeth you are helping him build healthy habits."
Evoke Protective Factors	To identify what is going well, what are their strengths, what is important to them, etc.	"It sounds like you are doing a great job making sure your child is healthy and happy. Let's talk about some of the things that are already going well for you."
Springboard questions	Open ended questions designed to stimulate conversation and encourage participants to explore their thoughts and feelings. They serve as a starting point to delve deeper into a topic.	"How do you feel about your eating during this pregnancy?" "Tell me about your typical habits with alcohol, nicotine, or other drugs."
Probing questions	Follow up on responses to springboard questions to dig deeper into topics raised.	"What do you typically eat at breakfast?" "Tell me how often you use these substances and the situations or triggers that might lead you to use them."
Reflective listening	Statements that convey understanding and encourage further conversation	"It sounds like…" "It's difficult for you…" "You would like to…"
Get curious	Do you need more information from the participant? What does the participant already know about the topic?	"Tell me more about what happened when…" "Share your experience or what you already know about…"

Motivated to Change or Resistant to Change

Do you hear motivation to change? The CPA/CPAA can have considerable influence on positive behaviors by encouraging, listening for, and responding to change talk. It may sound like something the participant wants or dissatisfaction with the current situation or risk factor.

What Does Motivation Sound Like?	
Desire for Change	"I want to lose the baby weight." "I need to be better with…"
Ability	"I might be able to…." "I could…"
Dissatisfaction with Current Situation	"I hate having to wash out the bottles." "I'm so tired all the time."
Values	"Having meals together as a family is really important to me." "I know watching too much TV isn't good for him."
Hopes for the Future	"I want to start her on solid foods soon." "I want to breastfeed for as long as I can."
Plans to Change or Steps Taking Toward Change	"I plan to start walking every day." "I have to cut back on sweets a lot."
Questions about a topic	"What have other parents done?" "Where do I even start?"

Sometimes participants voice vague motivations. Reflecting and asking probing questions can assist in guiding them with ideas for nutrition education, targeted goals, and action steps.

Vague Motivations	Potential Staff Responses
"I want him to be healthy"	"What are some healthy habits you want him to have?" "What are some things that you think might help him to be healthy?"
"I wish she would eat better"	"What foods do you wish she ate more of?" "If there was one thing you wish you could change about her eating, what would it be?"
"I want to do everything I can to have a healthy baby"	"You want what is best for the baby. Describe what you are doing and can do to make that happen?

Resistance Talk

Do you hear resistance from the participant? Resistance talk is evidence that participants are not ready for change and feel they need to defend against making a change. The more a participant argues against change, the less likely it is that they will change their behavior.

Tips for Addressing Resistance		
CPA/CPAA	"Tell me how she is doing with cups and bottles."	Reflecting Resistance
Participant	"She is still using the bottle. I don't want to rush her."	
CPA/CPAA	"You know her best. When do you think she will be ready to transition to a cup?"	Affirming Autonomy
Participant	"Right now it comforts her but I don't want her on the bottle too long."	
CPA/CPAA	"It sounds like you don't want to upset her but you know she will need to be weaned at some point. What age or when do you feel this will work for both of you?"	Affirming Autonomy

Sensitive Topic Conversations

At various times throughout the assessment the CPA/CPAA may need to ask questions about sensitive topics which can make staff and participants uncomfortable. Below are strategies to ask those questions in a way that establishes trust and encourages participants to engage fully in the discussion.

Strategies for Addressing Sensitive Topics	
Being Transparent	"One reason we ask about alcohol and nicotine use is that some people struggle with these and we have referrals for helpful support."
Normalizing	"Some women have unexpected emotions after the baby is born. How have you been feeling?"
Providing a Range	"Some people smoke a few cigarettes a day, and some smoke multiple packs a day. Tell me about your typical smoking habits, like how often and where you tend to smoke?"
Asking Permission	At WIC we care about participants' safety and ask everyone about their home environment. Can I ask you some questions about this?"
Showing Empathy	"That must be frustrating." "I can see why you would be upset."
Expressing Gratitude	"Thank you for sharing that with me."
Affirmation	"You're a strong person to keep a positive attitude, considering how much stress you're under."

Assess Readiness for Change

By completing a comprehensive nutrition assessment, staff can identify the participant's key concerns, needs, and strengths. This allows them to collaboratively determine the participant's primary focus and explore positive behavior changes that can support their desired health outcomes. Furthermore, by assessing the participant's current stage of change, staff can work with them to brainstorm tailored strategies that will guide them towards achieving their goals.

Assessing Readiness for Change		
	Participant	WIC Staff
Pre-contemplation	"I don't think my eating habits are a problem."	"It sounds like you are comfortable with your current eating habits. Can you share more about what you typically eat in a day?"
Contemplation	"I'm up for trying something new."	"What new changes are you considering? How do you think they might benefit you?"
Preparation	"I am planning to start walking a mile a day."	"That's a great plan. How can we make sure you have the support and resources you need to start walking a mile a day?"
Action	"I have already cut out soda and started drinking more water."	"That's fantastic! How are you feeling since you make this change? Are there any challenges you're encountering?"
Maintenance	"I have been drinking more water every day for the last 3 months and feel great."	"It's wonderful to hear you are feeling great. What strategies have helped you maintain this change and how can we ensure you continue on this path?"

What is Important and How Confident is the Participant?

Utilize probing questions to uncover what matters most to the participant and gauge their confidence in making changes. Additionally, asking participants to rate their feelings or attitudes can help assess their priorities, confidence, and readiness for change.

CPA/CPAA	"On a scale from 1-10 how confident are you in your ability to prepare healthy meals for your family this week, with 10 being I will do it and 1 being I don't think I could do that?"
Participant	"I'd say about a 6. I feel sort of confident, but I worry about finding the time to cook."
CPA/CPAA	"A 6 is a good start! It sounds like you're feeling somewhat confident, but time management might be a challenge. What do you think could help move you from a 6 to a 7 or 8? Could we explore some quick meal ideas or ways to simplify your cooking routine?"

Making the Transition from Assessment to Nutrition Education

After identifying priority issues with the participant throughout the assessment process, use critical thinking to integrate the participant's unique set of circumstances, medical conditions, nutrition practices, and breastfeeding goals into a cohesive plan for nutrition services.

Below are skills to help make a successful transition from assessment to nutrition education and breastfeeding counseling, guided goal setting, a tailored food package, and targeted referrals if needed.

Skill/Technique	Example
Summarize the Assessment	"To summarize what we have discussed today Hannah is starting to transition from the bottle to the cup and eating more table foods. Imani at times doesn't seem to have a very good appetite, but the doctor mentioned his weight is on the high side for his age. You were wondering about portion sizes for them both—how much is enough for heathy growth. Let's talk more about that. I can share some recommendations around portion sizes and feeding kids at this age. Before I get started though, tell me what you have heard about how much food to offer children?"
Prioritize Topics	"You talked about several changes you might want to make. You wanted to drink more water and cut down on soda. You also mentioned fitting in more fruits and vegetables and walking more. Which of these changes do you think would have the biggest influence on your health?"
Affirm Topics for Nutrition Education	"You said you think walking with the baby might help you lose weight. Taking the baby for walks is a great way to stay active and work towards that goal."
Use Transitional Questions	"As you think about next steps for introducing table foods, what foods do you think she might like?"

Targeted Nutrition Education and Resource Sharing

Summarizing the assessment and prioritizing topics can also be done using Circle Charts. Circle Charts are a desktop tool using a participant-centered approach to facilitate behavior change. There are two different versions of circle charts that may be used, pre-filled or blank.

For more information on using Circle Charts, visit the Community Health Training Center's website, Resources. There you will find a Circle Chart Self-Study Module, blank circle chart, and pre-filled circle charts for each category. The pre-filled circle charts also have sample questions that can be used to explore topics for discussion.

Goal Setting

Guided Goal Setting and Achievable Action Steps

During the WIC assessment, the CPA/CPAA and the participant work together to identify nutrition risk factors, barriers and change talk. After providing targeted information they can brainstorm specific, "how to" action steps to reach desired health outcomes.

Guided goal setting is based on the premise that participants who set realistic, achievable goals for themselves are more likely to make changes than those who do not set goals.

Participant Category	Nutrition/Health Outcome	Potential Risks/Barriers to Address	Potential Protective Factors to Build Upon	Examples of Participant "How to" Goals
Pregnant Participant	Consume a variety of foods to meet energy and nutrient requirements	• Diet very low in calories/nutrients • Inadequate vitamin/mineral supplementation	• Eating fruits, vegetables, lean proteins, whole grains • Taking prenatal vitamins	• Bring a salad with a protein and whole grain snacks to work every other day • Take a prenatal vitamin daily at night
PG, BF or Postpartum Participant	Avoid alcohol, tobacco, and drugs	• Tobacco use • Environmental Tobacco Smoke (ETS) Exposure	• Avoid harmful substances • Knowledge of ETS risks	• Reduce smoking by half of current use • Ask others to smoke outside the home.
Breastfeeding Participant	Breastfeed successfully for as long as desired	• Previous breastfeeding problems (wouldn't latch) • Lack of support	• Knowledgeable about breastfeeding • Have a support network	• Meet with the Peer Counselor to talk about breastfeeding (scheduled) • Join a breastfeeding support group (referral made)
Infant Participant	Consume human milk or iron-fortified infant formula and foods as developmentally appropriate	• Inappropriately diluted formula • Early introduction of solid foods	• Correct preparation of formula • Transitioning to complementary foods	• Prepare infant formula with first measured water and then measured scoop • Feed baby foods in small sizes and portions to avoid choking.
Child Participant	Achieve a normal weight pattern	• At Risk for Overweight • Lack of physical activity	• Eating a variety of healthy foods • Regular activity	• Have child help pick foods out for meals and snacks • Go to park at least every other day

Conducting Family Visits

Often there are several members of a family enrolled in WIC. The same strategies in previous sections can help in conducting family assessments. Below are some questions to ask during a family assessment to help streamline the visit and provide comprehensive care for all participants.

	Description	Example Questions
Family Assessment	Gather information on family eating habits, health, and behaviors. Consider cultural preferences and routines.	"What are your favorite foods or meals to have as a family?" "What foods do you want your family to eat more/less of?"
Similarities & Differences	Identify individual eating habits and preferences.	"How are your children different in their eating?" "Does Enrico like fruits as much as Anna?"
Engage Children	Ask children about their favorite foods and activities.	"What's your favorite fruit or veggie?" "Do you like to help your [parent/caregiver] in the kitchen?"
Protective Factors	Identify strengths like family meals and active habits.	"What meals do you eat together as a family?" "What activities do you like to do as a family?"
Barriers & Risks	Explore challenges such as financial issues or differing preferences.	"What makes it hard to eat healthy together?" "Does anyone have a health condition affecting their diet?"
Family Goals	Develop realistic shared goals that involve all family members while supporting individual needs.	"How can we make mealtime healthier for everyone?" "What's one small change you can make this week?"

Family Goal Setting Tips

- **Find a common goal** the family can work on together like having at least 3 family meals per week or going on a daily walk.
- Focus on **small, achievable goals** by breaking them down into manageable steps. If the goal is to increase physical activity, set a goal of 10-minute family walk after dinner. If the goal is to "eat healthier" the goal could be "add one vegetable to dinner 3 nights a week."
- Use a **visual tracker** like a chart or calendar to track progress. For example, add a sticker for each fruit or vegetable a family member eats.
- Set **age-appropriate goals.** Children might have simpler goals like eating one new fruit a week while parents may have more complex goals like meal prepping.
- **Consider family's unique challenges** such as time and/or financial constraints. Offer education on how to cook quick, healthy meals using affordable ingredients like canned beans, frozen vegetables, and whole grains. A related goal could be to try one of the recipes provided by WIC in the next week.

Illinois WIC Program Policy Practice Standards (PPS)
WIC Program Explanation (WPE)
December 2024

Policy Practice Standards are established to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with IL WIC Policy Manual, Nutrition Education, Section 4.2. The following information must be communicated to all applicants/participants to reflect the Value Enhanced Nutrition Assessment (VENA) philosophy, as part of a positive participant-centered certification visit. The table below also provides suggestions as to when during the WIC visit each item may be incorporated by staff. The local agency should have a plan for which staff covers which item to ensure all required components are covered.

Recommended <u>Before</u> beginning the nutrition assessment. **The Purpose** **The Nutrition Assessment** **The Relationship (WPE 1*)**	Welcome to WIC! (Introduce yourself, role and how long your portion of the visit may take) WIC is a nutrition education program that offers nutrition and breastfeeding education, healthy foods, and referrals to other community programs. Today I will ask you questions about your (family's) health and nutrition, check your (infant/child's) height/length, weight, and iron level (if applicable) as part of a nutrition assessment. This information will help us work together to choose WIC foods, tailor education, and make any referrals needed specific to your (family's) needs.
Recommended <u>After</u> certification. **Food Benefits (WIC Foods For a Healthy Diet) (WPE 2*)** **Certification Period (WPE 3*)**	The foods that you will choose are prescribed for you and do not provide all the foods (or formula) your family needs each day, but do provide good sources of iron, calcium, protein, fiber and vitamins and minerals needed (for a healthy pregnancy; after delivery; for your baby or child's growth and development). You are (your child is) certified on WIC until (date). You will receive nutrition education at least every 3 months, then benefits will be re-issued until your certification ends. You have a choice in how you complete nutrition education (describe what your agency offers). After your certification ends, you will be scheduled for another appointment to reapply (if applicable). Children can be on WIC until they are 5 years old!
Recommended <u>After</u> assigning food benefits. **Food Benefits (Shopping) (WPE 4*)**	Review with participant: • Use of EBT card (IL WIC PM SFD 2.3) and benefit mobile app • Vendor list (MPF and pharmacy vendors as applicable) • WIC Card – participant rights / responsibilities • Family Shopping List, IL WIC Food List, and how to get the full nutritional benefit from the foods in their package. We are also asked to offer information to each WIC family about drugs, tobacco, alcohol, and other harmful substances. Would you like to talk about the risks of any of these, or are you in need of help, referrals, or resources? What questions do you have about shopping for WIC foods, or using your EBT card and/or your upcoming visits with WIC?

*WPE 1-4 relate to *Certification Observation Worksheets,* used for quality assurance, to ensure all required components are covered.

WIC Talk Template (Lesson Plan for Group and Virtual Education and Self-Study Modules)

WIC Talks utilizes two different educational methods – group sessions and self-study modules (which include a bulletin board or resource packet) to educate WIC families on a variety of category-specific nutrition education topics. These templates can be used by local agencies and external groups to assist in the development of WIC Talks that align with IL WIC PM NE. All non-Department materials must be evaluated initially to check for accuracy and consistency with Department policy and recommendations.

Developed by: Click or tap here to enter text.
Local Agency Name

Date Developed/Updated: Click or tap here to enter text.
Month/Year

Group Education - Planning and Preparation	
Title	Type text here.
Description Provide a brief description that can be used for promoting it to participants.	Type text here.
Objectives List what participants should expect to gain from this session.	**During the session, participants will:** • Type text here. • Type text here. • Type text here.
Target Audience(s) Who is this session designed for?	☐ **PG** ☐ **BE** ☐ **BP** ☐ **NP** ☐ **IBE** ☐ **IBP** ☐ **IFF** ☐ **C1** ☐ **C2** ☐ **C3** ☐ **C4** **Targeted risk factors:** Type text here.
IWIC Nutrition Education Category Which category specific nutrition education topic(s) would this session fall under?	

Topic		
☐ Infant Feeding Skills	☐ Feeding Relationship	☐ Healthy Eating During Pregnancy
☐ Infant Nutrition Needs	☐ Healthy Eating Behaviors	☐ Weight Gain During Pregnancy
☐ Positioning of Infant	☐ Beverage and Cup Choices	☐ Prenatal Supplement Needs
☐ Preparing, Handling, Storing Human Milk or Formula	☐ Planning Family Meals and Snacks	☐ Coping Strategies for Nausea and Vomiting
☐ Proper Use of Nursing Bottles or Cups	☐ Food Safety	☐ Risks of drugs, tobacco, alcohol, other harmful substances, or substance misuse
☐ Transitioning to Complementary foods	☐ Food Allergies	☐ Breastfeeding Promotion and Support
☐ Preparing and Storing Home-prepared or Commercial Foods	☐ Physical Activity Behaviors	☐ Mental Health
☐ Oral Health	☐ Dietary Supplement Needs	☐ Pregnancy Spacing
☐ Other Topic(s):		☐ Healthy Weight

WIC Talk Template (Lesson Plan for Group and Virtual Education and Self-Study Modules)

Staff Who can present the session?	☐ **CPA/CPAA** ☐ **Breastfeeding Peer Counselor** ☐ **Outside Agency/non-WIC staff *(must meet requirements per IL WIC NE 5.5)*** Type text here.
Duration How long will the session be?	Type text here.
Format Indicate how this session will be delivered.	☐ **In person** ☐ **Virtual** ☐ **Both (Session can be delivered in person or virtually)**
Location and Set Up Describe the location of your session. What kind of set up is needed?	Type text here.
Materials and Handouts List what you will need for your session (i.e., laptops, projector, flip chart, props, food, audiovisuals, handouts, etc.)	Type text here.
Group Education - Notes/Script	
Opening and Introduction Introduce facilitators or guests and the topic. Encourage participants to introduce themselves and their families to the group.	Type text here.
Icebreaker	Type text here.

WIC Talk Template (Lesson Plan for Group and Virtual Education and Self-Study Modules)

Anchor the session topic to the participants' lives. Use a visual, do an activity, or ask a question to engage with participants. The icebreaker should go beyond where participants are from (location) and their basic demographics.	
Activities and Discussion Use the following strategies to engage participants in the discussion and facilitate connection amongst the group. -open-ended questions -real-life scenarios that reflect common challenges -participant experiences -hands on activities -reflections	Type text here.
Closing and Evaluation Review key points and tie in the icebreaker activity. How will participants share what they learn? How will goal-setting be encouraged? Cover any additional resources or reminders before ending the session.	Type text here.

WIC Talk Template (Lesson Plan for Group and Virtual Education and Self-Study Modules)

References/Resources* ***All resources utilized for WIC Nutrition Education must align with current USDA guidance**	Type text here.

WIC Talk Template (Lesson Plan for Group and Virtual Education and Self-Study Modules)

Virtual Education	
Dress Code	Dress as you would for an in-person session.
Participant Centered Like in-person education, it must be appealing, creative, relevant, and interactive to engage the participant as well as create opportunities for feedback. Follow the Addendum *NPS Nutrition Education.*	Note some tips when completing virtual education: • **ANCHOR** the topic. Encourage participants to share thoughts in a breakout room, via the chat box, using audio, or by typing on the whiteboard if using Zoom. • **ADD** information to the topic using visuals or handouts to reinforce the information and keep participants engaged. • **APPLY** the topic using activities outlined in template. These activities and discussion may need to be adapted to be used effectively. Again, use the breakout rooms, chat box, annotation feature, etc. Learners need a way to use the information they just learned and apply to their daily life. You may have to create the "apply" for the virtual setting. • **AWAY** needs to be emphasized as a participant's goal. After providing the topic information, activities, discuss "how to" action steps to reach desired health outcomes. Include follow up to assess behavior change, determine intervention effectiveness, and allow for continued interaction.
Video / Audio Have the environment and items ready before starting the virtual session.	☐ Stable laptop or tablet with audio. ☐ Noise-canceling headset is preferred for audio. ☐ Audio tested before starting (confirm with participants). ☐ Limit distractions and clutter, leaving only nutrition or breastfeeding messages in view. ☐ Use Bright, indirect light. ☐ Reduce background noise.
Visuals Use a PowerPoint (or similar) to convey key points and visuals to engage participants. The aim of your virtual education is to interact with your audience.	Best Practice Guidelines are as follows: • Using color appropriately for accessibility and for ease of reading slides. • Avoid using color to explain or show information. For example, using 'red' and 'green' to show differences. For someone with color deficient vision, those colors are hard to tell apart. • Make sure there is adequate contrast between background color and text. • Color combinations to avoid as background color and text: red and green; orange and blue; red and blue. • Use 2 or less visual varieties (such as book, power point, handout) per session.
Engaging the Audience	• Most of the education should be focused on the presenter being on the video screen speaking and interacting with participant(s). Slides, handouts, etc., should not be shown for the entire session. • Educate as you would if you were in-person (individually or with a group). • Set ground rules for communication and talking at the start of the session. • Ask questions and seek input from the participant(s) frequently. • Incorporate movement (e.g., stretch breaks).

For more details on virtual education review the Addendum NPS Nutrition Education (IL WIC PM NE 1.1).

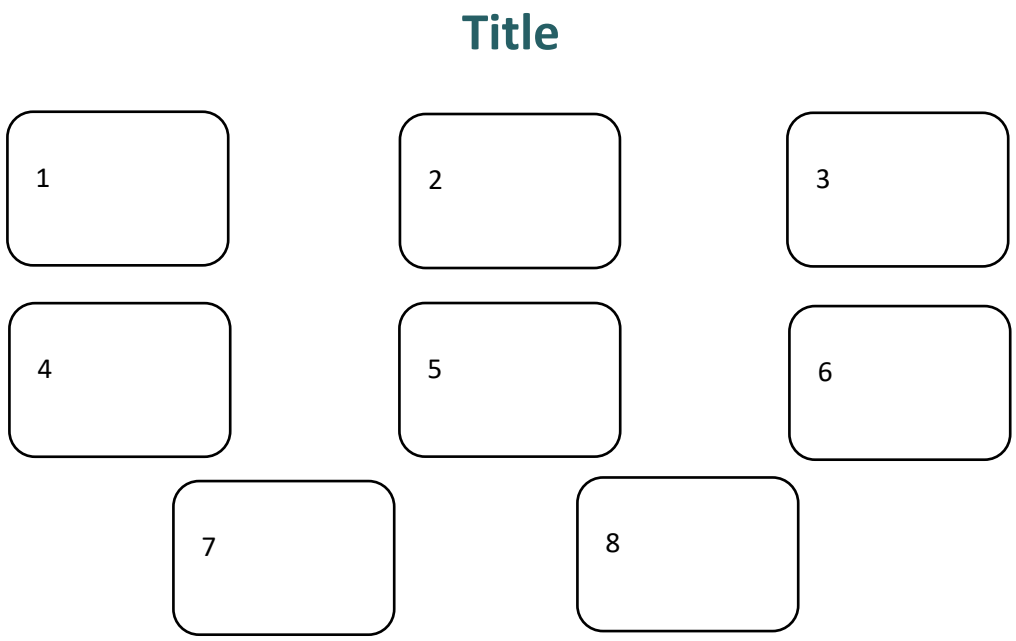
WIC Talk Template (Lesson Plan for Group and Virtual Education and Self-Study Modules)

<table>
<tr><th colspan="2">Self-Study Module (SSM)</th></tr>
<tr><td>Title</td><td>Type text here.</td></tr>
<tr><td>Description
Provide a brief description that can be used for promoting it to participants.</td><td>Type text here.</td></tr>
<tr><td>Objectives
List what participants should expect to gain from this SSM.</td><td>Participants will:
Type text here.
Type text here.
Type text here.</td></tr>
<tr><td>Target Audience(s)
Who is this SSM designed for?</td><td>☐ PG ☐ BE ☐ BP ☐ NP ☐ IBE ☐ IBP ☐ IFF ☐ C1 ☐ C2 ☐ C3 ☐ C4

Targeted risk factors:
Type text here.</td></tr>
<tr><td>IWIC Nutrition Education Category
Which category specific nutrition education topic(s) would this session fall under?</td><td>
<table>
<tr><th colspan="3">Topic</th></tr>
<tr><td>☐ Infant Feeding Skills</td><td>☐ Feeding Relationship</td><td>☐ Healthy Eating During Pregnancy</td></tr>
<tr><td>☐ Infant Nutrition Needs</td><td>☐ Healthy Eating Behaviors</td><td>☐ Weight Gain During Pregnancy</td></tr>
<tr><td>☐ Positioning of Infant</td><td>☐ Beverage and Cup Choices</td><td>☐ Prenatal Supplement Needs</td></tr>
<tr><td>☐ Preparing, Handling, Storing Human Milk or Formula</td><td>☐ Planning Family Meals and Snacks</td><td>☐ Coping Strategies for Nausea and Vomiting</td></tr>
<tr><td>☐ Proper Use of Nursing Bottles or Cups</td><td>☐ Food Safety</td><td>☐ Risks of drugs, tobacco, alcohol, other harmful substances, or substance misuse</td></tr>
<tr><td>☐ Transitioning to Complementary foods</td><td>☐ Food Allergies</td><td>☐ Breastfeeding Promotion and Support</td></tr>
<tr><td>☐ Preparing and Storing Home-prepared or Commercial Foods</td><td>☐ Physical Activity Behaviors</td><td>☐ Mental Health</td></tr>
<tr><td>☐ Oral Health</td><td>☐ Dietary Supplement Needs</td><td>☐ Pregnancy Spacing</td></tr>
<tr><td colspan="2">☐ Other Topic(s):</td><td>☐ Healthy Weight</td></tr>
</table>
</td></tr>
<tr><td>Format
Include information about how the SSM will be delivered.

For agencies that do not have a bulletin board space available, the bulletin board pages</td><td>How will participants complete the SSM?
☐ Bulletin Board
☐ Printed handouts (resource packet)
☐ Both

Type text here.</td></tr>
</table>

can be printed and compiled together into a resource packet for participants to review while completing the SSM.	
Implementation If using a bulletin board, indicate how the board should be set-up. The graphic to the right serves as an example layout. Bulletin board pages can be arranged on the board according to their page number (i.e. page 1 is placed at the top left, page 2 is in the middle, etc.)	
Evaluation Per Nutrition Education Policy Section 5.4, SSMs must include an evaluation component that assesses both **participant knowledge** and **behavior change**. What questions will be used to evaluate participant's understanding of the lesson topic?	Type text here. Example: WIC Talks – Picky Eating • What is one new thing you learned about picky eating behaviors in children? • What is one picky eating strategy you want to try with your children this week?

WIC Talk Template (Lesson Plan for Group and Virtual Education and Self-Study Modules)

Handouts	Type text here.
References/Resources* ***All resources utilized for WIC Nutrition Education must align with current USDA guidance**	Type text here.

MEMORANDUM OF UNDERSTANDING
NUTRITION EDUCATION COLLABORATION between
[Name of your Agency] and
[Name of Agency you are working with]

PARTIES TO AGREEMENT:
This document is to serve as a Memorandum of Understanding (MOU) between the (*your WIC agency name* Women, Infants, and Children Program) (hereafter referred to as WIC) and *[name of agency you are working with].*

BACKGROUND:
Brief overview of what the collaboration for secondary nutrition education will look like. Provide details pertaining to how each part of NE 5.5E will be met. How will the nutrition education be delivered? How will participants be registered? How will attendance be documented and shared back with your WIC local agency? Plans for quality assurance.

PURPOSE:
Summary of how this collaboration will benefit the WIC program, the external agency, and WIC participants.

RESPONSIBILITIES:
(Insert Agency name) WIC will:

- Collect verbal consent from WIC participants to share their contact information with *(Insert External Agency name).*
- Provide *(list personal participant information the External Agency is requesting in order to register WIC participants for their group session).*
- *Follow up with participant after receiving confirmation of completion of secondary nutrition education.*

(External Agency name) will:

- Share any new or revised lesson plans for WIC approval prior to implementing.
- Ensure that services provided are within their staff's scope of practice.
- Notify and provide session attendance with required details to WIC local agency *(specify timeframe and how they will securely transmit the attendance).*
- Grant WIC local agency, state, and federal staff access to attend sessions upon request.

TERMS OF THE AGREEMENT:
The term of this agreement shall be *[Dates MOU will be effective such as 1, 3, or 5 year agreement].*

Signed by:

Your Agency (WIC Coordinator or Director) Date

_____ _____

Agency you are working with Date

_____ _____

Illinois WIC Program Nutrition Practice Standards (NPS)
Growth of Infants and Children
August 2022

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with resources listed at the end of this document.

Healthy Weight
Maintaining a healthy weight is important for the overall health and well-being of children. Children's weight status encompasses many factors including growth pattern, familial obesity, medical risks, and nutrition and physical activity habits. Two of the most important determinants of healthy weight are nutrition and physical activity. A balanced, nutritious, diet along with regular activity is key to the prevention of overweight and obesity and one reason the nutrition education offered by WIC is so important.

Body Mass Index
Body mass index (BMI) is a measure used to determine childhood overweight and obesity. For children, BMI is age- and sex-specific and is often referred to as BMI-for-age. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies between sexes and as they age. Therefore, BMI levels among children need to be expressed relative to other children of the same age and sex.

In children a high amount of body fat can lead to weight-related diseases and other health issues. Similarly, being underweight can put one at risk of negative health outcomes. Although BMI does not directly measure body fat, it is a useful screening tool because it correlates with both body fat and health risks. Children with BMIs between the 85th and 94th percentiles are defined as *overweight* and often have excess body fat and health risks associated with excess weight for height. For some, however, this BMI category reflects high lean body mass rather than legitimately high levels of body fat. The professional judgement of a CPA is imperative when making referrals. Children with BMI's at or above the 95th percentile is categorized as obese; for the majority, this correlates with the presence of excess body fat and its associated health risks.

Body Mass Index Percentile Categories for Children	
Body Mass Index Percentile	Definition
<5th%	Underweight
≥5th-84th %	Healthy weight
≥85th-94th %	Overweight
≥95th %	Obese

Growth Charts
Growth charts are meant to be used as a screening tool and they comprise only one aspect of overall growth. Centers for Disease Control and Prevention (CDC) recommends use of the World Health Organization (WHO) growth charts to monitor growth for all children from birth up to 2 years of age and use of the CDC growth charts for children age 2 years and older.

WHO and CDC growth charts are similar in that both describe weight-for-age, length (or stature)-for-age, weight-for-length (or stature) and body mass index (BMI) for age. They differ in the approach taken to create the growth charts.

- WHO growth charts are international standards that show how healthy children should grow. The standards describe growth of children living in six countries (including the U.S.) in environments believed to support optimal growth. One of several criteria defined for optimal growth is breastfeeding. WHO growth charts use the growth of breastfed infants as the norm for growth. WHO growth charts should be used with all children from birth up to 2 years of age, regardless of type of feeding.
- CDC growth charts are a growth reference, not a standard, which represents how U.S. children and teens grew primarily during the 1970s, 1980s, and 1990s. CDC recommends using these references from ages 2 through 19 to track weight, stature, and body mass index from childhood through the age of 19 years.

Growth Pattern

Physical growth in infants and children is an important indicator of health and wellness. Changes in growth can indicate inappropriate feeding dynamics or concerns of medical, nutritional, or emotional origin. Consistent growth patterns typically indicate healthy growth. A single plot on a growth chart does not show a true reflection of a child's growth. Normal growth is usually identified by a series of measurements indicating consistent growth, regardless of the percentile followed. The curved lines on the growth chart show selected percentiles that indicate the rank of the child's measurements. For example, when the dot is plotted on the 95th percentile line on the CDC BMI-for-age growth chart, it means that 5 of 100 children (5%) of the same age and sex in the reference population have a higher BMI-for-age.

The WHO growth standard charts use the 2nd and the 98th percentiles as the outer most percentile cutoff values indicating abnormal growth. The CDC growth reference charts use the 5th and the 95th percentiles as the outermost percentile cutoff values indicating abnormal growth. Values that plot outside those established parameters suggest the need to recheck measurements. It is important to know that some children will consistently plot at established cutoff percentiles. Generally, a growth pattern following a particular percentile curve is considered normal, even if it is at the extremes of the reference growth curves. A child consistently growing above the 95th percentile or below the 5th percentile on any chart is probably growing normally. Children whose growth parameters are at the extremes of the growth curve, but whose growth rates are normal are likely to be healthy. Accelerated or slowed growth rates, however, are rarely normal and warrant further evaluation.

Explaining Growth Charts

Allow parent/caregiver to view the growth chart. Explain that consistent growth along the same growth curve is more important than the percentile itself. An example phrase might include: "Your child has always grown along the 25th percentile for (Ex: ht, wt, BMI) which means if we lined 100 little girls/boys up, your child would be the 25th child for (ex: height) meaning there are 75 children that are taller and 24 children that are shorter than your child. He/she is growing consistently for his/her needs."
Ask: "Now that we've looked at your child's growth chart, tell me how you're feeling about your child's growth"; "What has your doctor shared or told you about your child's growth?"
Make note of parent's/caregiver's response as part of your assessment and summarize after the assessment process is complete.

Risk Factors
The following are growth related risk factors that make a child eligible for WIC. Risk factors indicate that the potential for improving health or nutritional status exists. Although we know it may be normal for a child to plot consistently below the 5th or above the 95th percentile, the risk factor would still be assigned because it is less common and could indicate a need for nutritional intervention or evaluation.

Refer to the following sections of the RFJM for in-depth guidance on infant / child growth:

- 103 Underweight or at risk of underweight
- 113 Obese
- 114 Overweight or at risk of overweight
- 115 High weight-for-length
- 121 Short stature or at risk of short stature
- 134 Failure to thrive
- 135 Slowed / faltering growth pattern

Infants
Growth in infants should be steady and predictable. It is a reflection of health and nutritional status. Parents and providers will notice periods of rapid growth (growth spurts), followed by periods of slower or no measurable growth. Growth can also be seasonal, with increases often noted during the spring and summer months and stagnant other months.

Infant weight loss in the early postpartum period is normal. A weight loss of 5-7% of birth weight is not considered unusual for formula-fed or breastfed infants (refer to *Addendum 1 – Quick Reference Baby Weight Loss Percentage Table*). Healthy infants are expected to regain their birth weight within 8-10 days after birth. Compared to formula-fed infants, breastfed infants gain weight rapidly in the first 3-4 months of life and relatively slowly thereafter. The typical pattern of slowed weight gain after 3-4 months among breastfed infants may lead to unnecessary early introduction of solid foods or cessation of breastfeeding if the slowed weight gain is perceived as insufficient milk supply.

Growth may be accelerated or slowed by a variety of conditions, with changes in growth as the first sign of a pathological condition such as undernutrition, hypothyroidism, iron deficiency, inborn errors of metabolism, lead toxicity, etc. Infants that do not follow a steady predictable pattern, such as those with short stature or decreased growth, should monitored.

<u>Parameters for Weight concerns in infants</u>

- If a breastfed infant loses 7% of birth weight in the first 72 hours after birth, an evaluation of the mother-infant dyad is needed.
- An infant with a weight loss of greater than or equal to 7% needs careful evaluation and intervention.
- A weight loss of up to 10% of birth weight is the maximum acceptable weight loss for newborn infants; any additional loss is an emergency.
- Weight loss is not expected after the first 2 weeks of life and requires follow-up.

Summarizing Assessment / Offering Education

Nutrition education related to growth related risk factors must be offered whenever indicated. It is important to communicate with parents/caregivers in a way that is supportive and nonjudgmental, and with a careful choice of words that convey an empathetic attitude and minimize embarrassment or harm to a child's self-esteem. Use of the terms *overweight* and *obese* should only be used for documentation and the use of more neutral terms (high weight for height, excess weight, BMI) when discussing a child's weight.

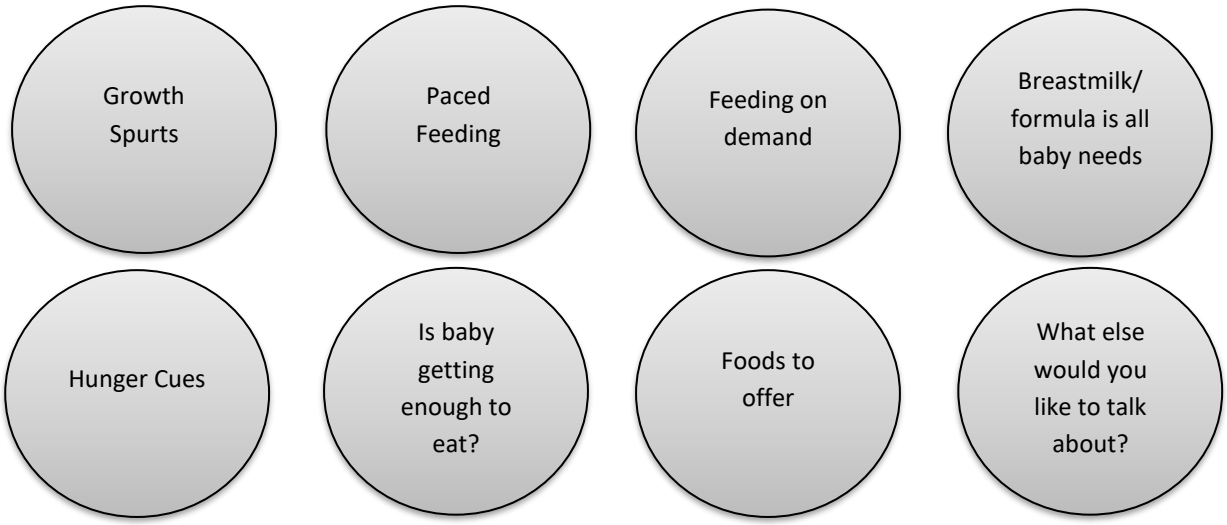
When parents hear their children are underweight or too thin, they naturally want to feed their child more. Likewise, when parents hear their children are overweight or obese, they may be inclined to restrict how much the child eats. Infants know how much they need to eat – they naturally know when they are hungry and when they are full. It is important for parents to allow infants to follow their own feeding pattern versus scheduled feedings. Parents may need education on recognition of satiety cues and other physiological needs that lead to crying in addition to ways of comforting an infant (holding, reading, rocking) other than feeding. Children also know how much to eat, but can lose that capability if there is too much interference or too little support. Using concepts of Ellyn Satter's *Division of Responsibility*[1] found in the DHS handout, **Feeding Children the Right Message,** can help parents set the stage for healthy eating relationships.

Summarize your assessment by offering parents a menu of choices for counseling and education. Staff might choose either blank circle charts or pre-filled DHS circle charts. Circle charts will open the conversation and allow for participant centered nutrition education.

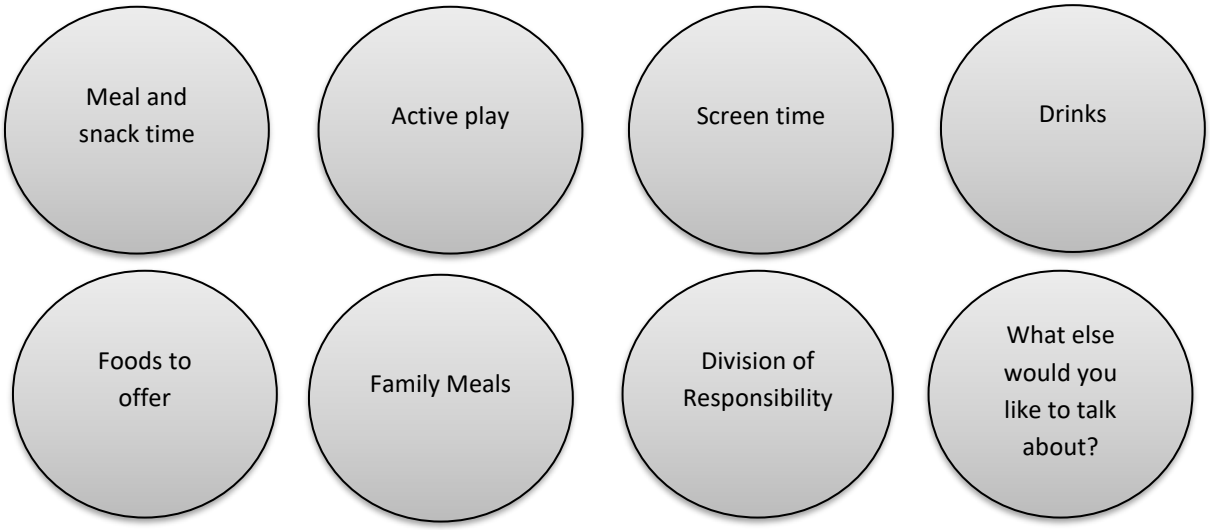
1) Satter, E (2000). *Child of mine: Feeding with love and good sense.*

Sample Blank Circle Chart topic ideas (growth related risk factors):

Infants



Children



When assisting parents with setting goals, CPAs should offer simple "how-to" ideas to help families be successful. In addition to discussing "how-to" ideas, a CPA may share key messages with parent/caregiver regarding healthy habits for healthy growth.

Key Messages:

- Encourage healthy eating habits through use of the WIC foods. Remind parent/caregivers that low-fat milk/yogurt, whole grains, lean protein sources, and fruits and vegetables are all steps in building healthy eating habits.
- Encourage parents to offer a variety of healthy foods throughout the day, given in 3 small meals and 2-3 snacks.
- Stay active and limit screen time; encourage parents/caregivers to make time for active play with their children and limit screen time to less than 2 hours a day.
- Limit sugary drinks and encourage plain tap water between meals and snacks.
- Continue to participate in WIC. Families benefit from the services WIC provides, such as monitoring a child's growth, offering healthy foods, and ideas of how to make healthy choices for the whole family.

Remember, the goal for children who are overweight is to reduce the rate of weight gain while allowing normal growth and development. Children should NOT be placed on weight reduction diets without the consultation of their primary care provider.

Making Referrals

It is important that CPAs explain that WIC will continue to monitor their children's growth and if at any time the growth appears abnormal or if the parent has concerns, WIC will refer the parent to their primary care provider and other services in their community. These referrals may provide additional medical assessments and offer treatment, when necessary, in cases where growth improvement is slow to respond to dietary intervention.

Any weight loss in children should be monitored. Again, accelerated or slowed growth rates are rarely normal and warrant further evaluation. CPAs should use clinical judgement when referring, considering the child's growth pattern, familial obesity, medical risks, nutrition, and physical activity habits. Refer to your Local Agency procedure on *communicating abnormal values to healthcare providers* for agency specific guidance.

Additional Resources:

I. Illinois WIC resources https://www.springfieldul.org/chtc/resources
II. WIC Infant Nutrition and Feeding Guide https://wicworks.fns.usda.gov/resources/infant-nutrition-and-feeding-guide
III. Centers for Disease Control and Prevention:
   - Growth Charts https://www.cdc.gov/growthcharts/
   - Growth Chart Training https://www.cdc.gov/nccdphp/dnpao/growthcharts/training/bmiage/page9_1.html
   - Tips for Parents https://www.cdc.gov/healthyweight/children/index.html

Satter, E. (2000). Child of mine: Feeding with love and good sense. Boulder, CO: Bull Publishing Company.

Illinois WIC Program Nutrition Practice Standards (NPS)
Documenting in WIC MIS
December 2024

Nutrition Practice Standards (NPS) assist staff in translating policy into practice. This guidance is intended to be used with IL WIC PM CS 11.2 and WIC MIS related resources to ensure accurate and complete documentation of the WIC participant assessment, nutrition education, and care plan.

General Guidelines

1. Local Agencies must document participant notes in the WIC MIS (I-WIC) to ensure continuity of care.
2. Notes transfer between agencies and should facilitate clear communication between staff as well as a seamless continuum of care for participants.
3. Information entered in the Nutrition Ed/Counseling, Breastfeeding, and General notes creates the participant's care plan. The Care Plan/SOAP Notes provide an optional way to document notes for high-risk participants, as it provides a follow up section within the note. Details on each note type and how to document (including examples) are addressed within this NPS.
4. Key elements of effective and efficient documentation include:
    - Consistent and organized in that it minimizes duplication of information. For example, participant data/notes should not be repeated in multiple places in the WIC MIS.
    - Clear so that other staff easily understand what the author is communicating, using only terminology approved by the Department (Addendum 1 *WIC Common Terminology & Approved Abbreviations*).
    - Complete and correct so that it creates an accurate picture of the participant, the visit, and relevant issues, describes or lists the services provided over time, and outlines a plan for future services.
    - Concise so that it contains minimal extraneous information.
5. When WIC staff enters a note or completes a certification in the MIS, the system captures the user's name/signature, this information does not need to be included in the note.
6. Unless documenting a referral, documentation for any non-WIC programs (e.g., Family Case Management, APORS, BBO) must be done outside of the WIC MIS. This includes any "note" or "alert" field.
7. Best practice is to complete notes prior to serving the next participant and at a minimum should be completed the day of the WIC visit, to ensure quality of care and accuracy. If unable to document the case note on the day of the visit, the note must identify "Late entry for WIC ___visit" at the top of the note(s).
8. Notes may be edited or removed the same day they are added but will be locked in the MIS once the *End of Day* process runs. The Nutrition Ed/Counseling notes may be marked "draft" and edited for up to 72 hours by the user who added the note. If "draft" is NOT checked, the note will be locked once *End of Day* runs.

WIC Notes

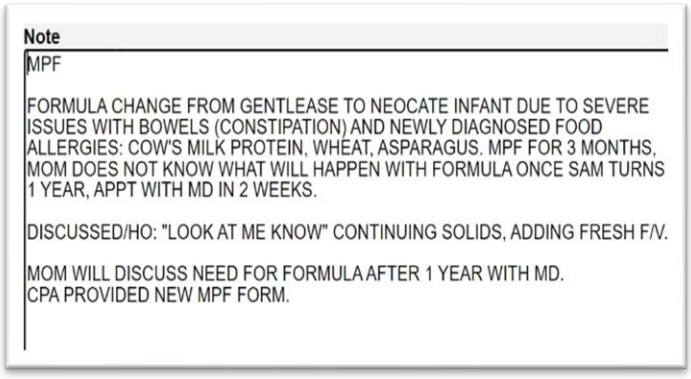
General Notes are used to document information not found in Breastfeeding or Nutrition Ed/Counseling notes. They are intended to be general in nature and may not be necessary for every participant. Information that may be documented in General Notes includes:

1. System-generated information:
    - Out of State transfers, certification completion, date of birth change.

2. Administrative activities:
    - Documentation of proofs obtained electronically prior to the applicant's certification appointment to streamline services. See Addendum *PPS Secure and Confidential Communication with WIC Participants* (IL WIC PM AD 5.2) for additional information.
    - Attempted contacts of PG applicant/participant for missed first appointment.
    - When unable to meet the required time frames (10/20 days) document the reason (e.g., participant's preference or lack of staffing).
    - Missed N/ED appointment where the appointment type BI was entered and one month of benefits provided (may include the reason the appointment was missed).
    - Explanation and statement of Department approval when replacement benefits are issued.
    - Clarification of income reassessment status.
    - Participant sanctions (document also scanned into the MIS).
    - Required education provided when Farmer's Market checks issued (can also be done with Nutrition Ed/Counseling Note).
    - Non-urgent communications with participant/HOH outside of WIC appointments.

3. When an Alert is used instead of a General Note:
    - An active alert pop-up message will display each time a record in the household is selected. Once an issue has been resolved, an alert should be made inactive.
    - Alerts will transfer when a participant moves to another household or clinic in Illinois.
    - Alert comments should be used for pertinent, high priority information and comments that are needed to be seen immediately when pulling up a participant record. Having low priority messages as an alert may desensitize staff to alerts and makes it easier to miss important messages.

4. Medically Prescribed Formula (MPF) documentation*:
    - Documentation of MPF can also be done in the Nutrition Ed/Counseling, Care Plan/SOAP.
    - Rationale warranting the formula issued, previous formula(s) and diagnosis/medical condition(s).
    - Rationale for issuing Ready to Feed (RTF) formulas when a powdered option is available (for both MPF and Contract RTF formulas).
    - Clarification with Health Care Provider (HCP), if applicable.
    - Education provided regarding the WIC prescription and purchasing process (reviewed Family Shopping List and WIC Pharmacy Vendor(s)).
    - Plans for the participant's need to continue the MPF and follow up needed.


Note

MPF

FORMULA CHANGE FROM GENTLEASE TO NEOCATE INFANT DUE TO SEVERE ISSUES WITH BOWELS (CONSTIPATION) AND NEWLY DIAGNOSED FOOD ALLERGIES: COW'S MILK PROTEIN, WHEAT, ASPARAGUS. MPF FOR 3 MONTHS, MOM DOES NOT KNOW WHAT WILL HAPPEN WITH FORMULA ONCE SAM TURNS 1 YEAR, APPT WITH MD IN 2 WEEKS.

DISCUSSED/HO: "LOOK AT ME KNOW" CONTINUING SOLIDS, ADDING FRESH F/V.

MOM WILL DISCUSS NEED FOR FORMULA AFTER 1 YEAR WITH MD.
CPA PROVIDED NEW MPF FORM.

    - If applicable, scan the MPF form and Explanation of Benefits (EOB) letter into the participant's record.

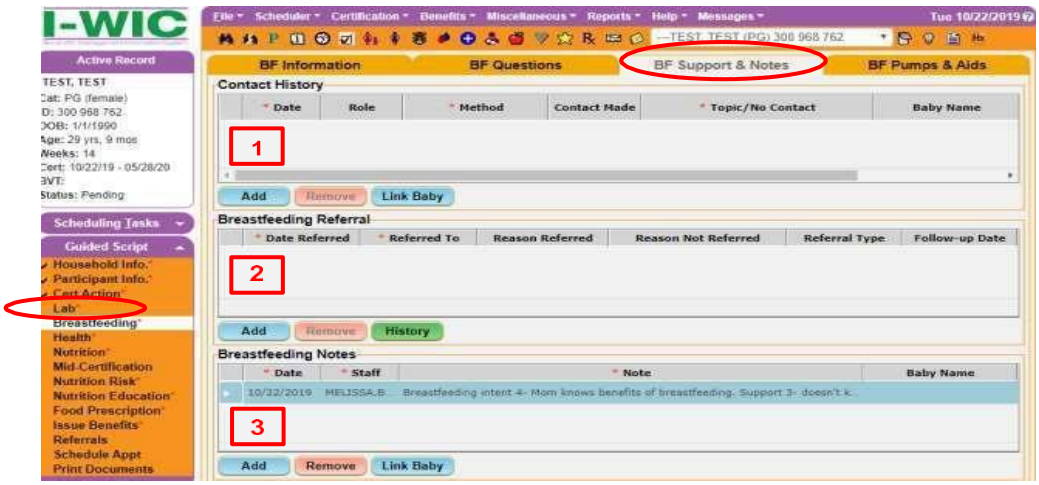
**Use the Food Prescription note field (see p.6) or Alert to indicate when an infant/child is on MPF, or a new form is needed. This also alerts Frontline or CPA Assistants (CPAA) that follow up may be needed.*

Breastfeeding (BF) Support & Notes are used to document breastfeeding support information for pregnant women and breastfeeding mom/baby dyads. Documentation of Breastfeeding notes occurs on the Breastfeeding screen, under the BF Support & Notes tab.

1. The **Contact History** section may be used to document successful or attempted contacts and topics discussed at subsequent visits. If your agency has a Peer Counselor (PC) Program, do not link baby *(Link Baby* button*)* in Contact History grid until baby is 8 days old or older to ensure first week contacts are counted correctly on the PC Contact First Week Summary report.

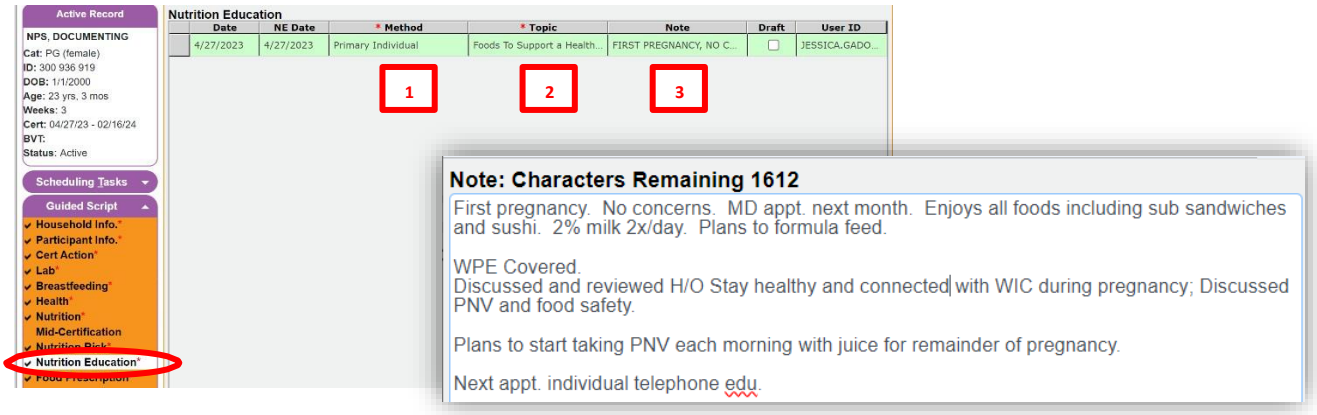
2. The **Breastfeeding Referral** section is used to document and follow up on referrals. If applicable, choose the referral type *PN* for pregnant women, *PP* for breastfeeding woman or *No Referral Made*, and indicate the reason the participant was not referred.

3. The **Breastfeeding Notes** section may include information on the following (and does not need to be repeated in other "Notes" sections, refer to the *NPS Breastfeeding* for more details.
    - By starting with mom's record, baby's record can be linked (*Link Baby button*) and notes will automatically appear under both participants.
    - Pregnant women: feelings, knowledge and/or experiences with breastfeeding, level of intent and support to breastfeed, and prenatal education provided. Follow up on breastfeeding intent, support and progress at subsequent visits or telephone calls.
    - Breastfeeding women: how breastfeeding is going (any issues, problem solving, supplementation use, pumping/storage, weaning/stopped breastfeeding) and breastfeeding dyad or supplementation education provided.
    - Breastfeeding status change: When there is a change in breastfeeding status, a note should be added to include any breastfeeding concerns, supplementation use, etc. (see Addendum *NPS Breastfeeding* (IL WIC PM AD 10.1) for details).
    - Peer Counselor (PC) Programs have separate guidance for documenting contacts by a PC (see Addendum *NPS Breastfeeding Peer Counselor Program- Documentation in WIC MIS* IL BFPC PM 2.4).



Nutrition Ed/Counseling Notes are used to document nutrition education and counseling provided at the initial certification as well as subsequent visits. Refer to Addendum 2 *(Documenting Secondary Education Contacts)* for more details. Documentation of Nutrition Ed/Counseling notes includes:

1. "**Method**" of nutrition education provided for the appointment.
2. Select the best "**Topic**" based on the category specific education topics. At least one topic must be documented. If multiple topics are discussed add the main topic discussed and document additional topics reviewed in the 'note' section of the main topic (one row noting all topics discussed).
3. The "**Note**" section is used to document specifics of the nutrition education/counseling provided. Include, if applicable:
    - Who brought the child to the visit (e.g., Head of Household, Second Parent or Proxy).
    - Nutrition education provided (delivery method, topic).
        - Details should be relevant to the nutrition assessment and risk factors assigned, participant's capacities, strengths, needs and/or concerns, food package prescription (reason for nutrition tailoring due to medical needs) *, and individual care plan and related follow up.
        - Clarification of measurements errors or assigning risk factors.
        - Required education provided per IL WIC PM SFD 7.5, NE 2.1, and NE 5.2, including clarification of "Exit Counseling" or related handouts offered and/or declined.
        - Understanding of the nutrition education received, especially for high-risk participants.
        - Educational materials reviewed/provided.
    - Participant centered goal(s) or progress towards behavior change and goals and/or intent to change nutrition related behaviors.
    - Documentation of the WIC Program Explanation (WPE) per IL WIC PM NE 4.2.
    - Follow up planned for the next WIC visit, including type of secondary education preferred, if applicable.



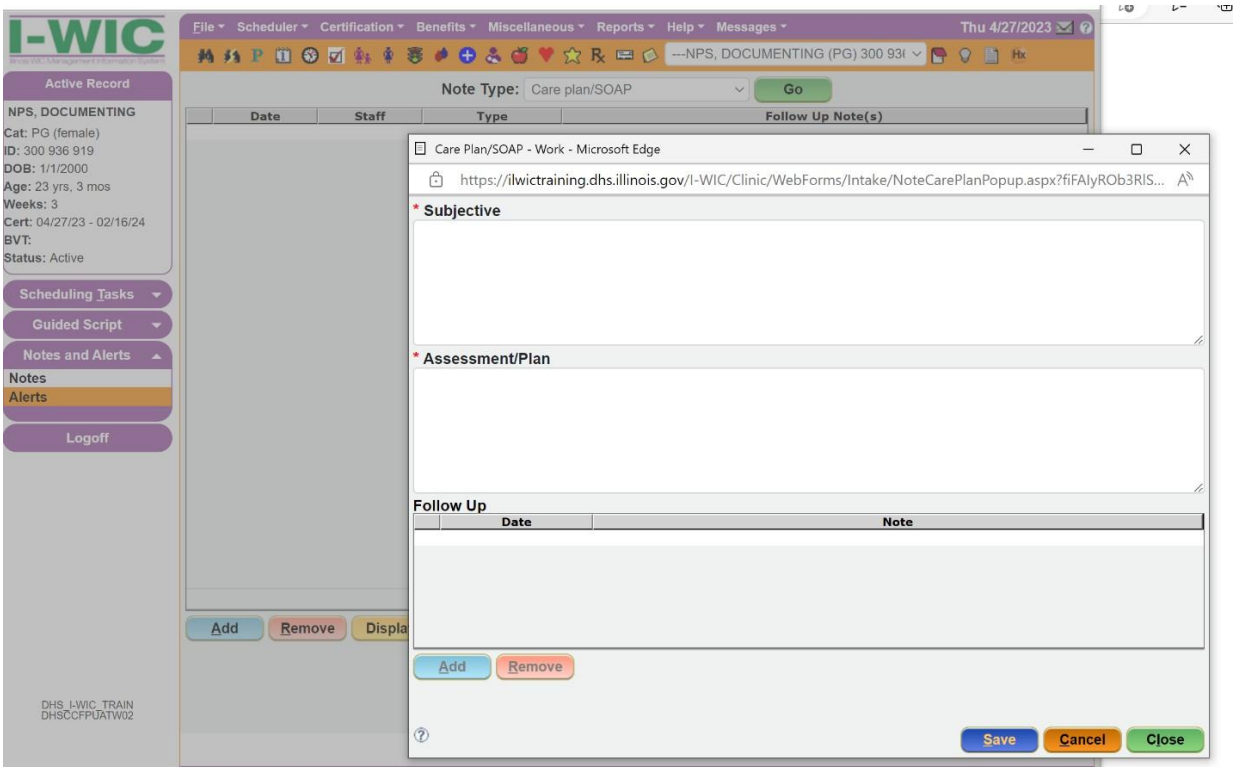
**Use the Food Prescription note field (see p.6) to document nutrition tailoring due to medical need(s).*

Care Plan/SOAP notes If an agency chooses to use this note type for documenting, only information that is relevant to WIC and not documented within the other note type(s) or already in the MIS should be included. A notation must be made on the Nutrition Ed/Counseling screen to "see Care Plan/SOAP note" and information required in the Nutrition Ed/Counseling note must be included.

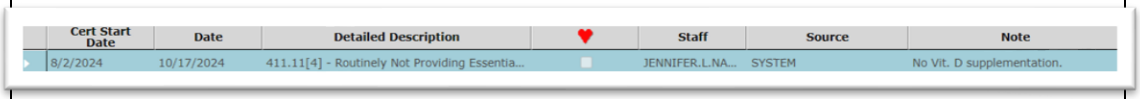
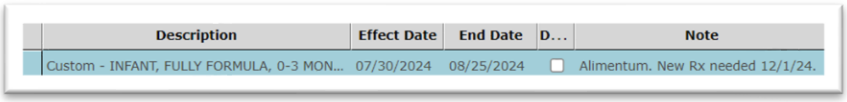
This note type uses "SAP" format and includes subjective information and a summary of the assessment and plan. Addendum 3 (*SAP Format*) identifies information that would be appropriate to include under each section of the SAP note.

The "Follow Up" section is important for High-Risk participants and used to track progress on the care plan at subsequent visits (appointment type: HR F/U of HGB) to follow up on the plan. This section of the Care Plan/SOAP note is enabled the day after the note is completed.

Documentation of Care plan/SOAP note occurs on the Notes screen, note type: "Care Plan/SOAP".



The **note fields** on the following screens should be utilized to document as follows:

Screen In I-WIC	What to Document
Nutrition Risk	• Reason for manually assigned "High Risk" to the participant's Nutrition Risk screen. • Clarification of Nutrition Risk(s): For example: Inadequate vitamins/minerals- vitamin D or fluoride I/C risk 411.11 or folic acid, iodine, iron PG/NP/BF risk 427.04, Recent Major Surgery, Trauma, Burns risk 359 to document C-section or Infant of a WIC/eligible mom risk 701 to document why mom would have been eligible for WIC.  Cert Start Date | Date | Detailed Description | ♥ | Staff | Source | Note 8/2/2024 | 10/17/2024 | 411.11[4] - Routinely Not Providing Essentia... | ☐ | JENNIFER.L.NA... | SYSTEM | No Vit. D supplementation.
Food Prescription	• Modifications/nutrition tailoring to the participant's food package, due to medical need(s) must be documented (e.g., eliminating foods from a food package due to an allergy). • Reason for VOID/Reissue. • If a participant is on an MPF, when a new MPF form is needed.  Description | Effect Date | End Date | D... | Note Custom - INFANT, FULLY FORMULA, 0-3 MON... | 07/30/2024 | 08/25/2024 | ☐ | Alimentum. New Rx needed 12/1/24.

Addendum 1:

WIC Common Terminology & Approved Abbreviations

The table below outlines the WIC common terminology and approved abbreviations. To maintain consistency, integrity and understandability of documentation, any other terms used in WIC documentation should be typed out in their entirety.

A		Cup	c	**G**	
Adverse Pregnancy Outcome Reporting System	APORS	**D**		Gastro-esophageal Reflux (Disease)	GER(D)
		Date of Birth	DOB	Gastrointestinal	GI
Afternoon	PM	Department	dept	Gestational Age	GA
Anthropometric measurements	Anthros	Department of Human Services	DHS	Gestational Diabetes Mellitus	GDM
Appointment	Appt	Dept of Children & Family Services	DCFS	Gravida	G
As needed	PRN	Dept of Healthcare & Family Service	HFS	Growth and development	G/D
B		Developmental Therapy	DT	**H**	
Benefit Issuance	BI	Diagnosis	Dx	Handout	HO
Benefits Valid Through	BVT	Discontinue(d)	d/c	Head of Household	HOH
Better Birth Outcomes	BBO	**E**		Height	Ht
Birth Certificate	Birth cert	Education	Ed	Hematocrit	Hct
Birth Control	BC	Electronic Benefit Transfer	EBT	Hemoglobin	Hgb
Body Mass Index	BMI	Emergency Room	ER	High Risk Follow-up	HR F/U
Breastfeeding	BF	Expected Date of Confinement	EDC	History	hx
Breastfeeding Status Change	BFC	Expires/Expiration	exp	Hour	hr
Breastfeeding Peer Counselor	BFPC	**F**		Household	HH
By mouth	PO	Face-to-Face	F2F	Human Milk	HM
C		Failure to Thrive	FTT	Hypertension	Htn
Calories	kcal	Family Case Management	FCM	**I**	
Case manager	CM	Family Shopping List	FSL	Identification	ID
Certification	Cert	Farmers' Market	FM	Immunizations	Imms
Certified Lactation Counselor	CLC	Father of baby/child	FOB/FOC	Inches	in or "
Certified Lactation Specialist	CLS	Feet/foot	ft or '	Individual Education	Ind Ed
Cesarean section	C/S	Follow-up	F/U	Information	info
Competent Professional Authority	CPA	Food Package Change	FPC	International Board Certified Lactation Consultant	IBCLC
Competent Professional Authority Assistant	CPAA	Formula feeding/fed	FF		
Complains of	c/o	Foster parent	FP		
		Fruit/Vegetable	F/V		

K		P			
Kilogram	Kg	Para	P	Speech-Language Pathologist	SLP
L		Participant	Pt	Speech Therapy	ST
La Leche League	LLL	Pediatrician	Ped	Supplemental Nutrition Assistance Program	SNAP
Large for Gestational Age	LGA	Peer Counselor	PC		
Last menstrual period	LMP	Physical Therapy	PT	Supplementing	supp
Liter	L	Physician	Dr/MD/PCP/HCP	**T**	
Low Birth Weight	LBW	Pick up	P/U	Tablespoon	tbsp
M		Postpartum	NP	Teaspoon	tsp
Maximum	max	Pounds	lbs	Telephone Education	Tel Ed
Medically Prescribed Formula	MPF	Powdered	pwd	Temperature	temp
Medications	meds	Pregnant	PG	Temporary Assistance for Needy Families	TANF
Message	msg	Prenatal Vitamin	PNV		
Mid-certification	midcert	Prescription	Rx	Times	x
Milligrams	mg	Priority Certification	PCert	Total Parenteral Nutrition	TPN
Minimum	min	**Q**		Treatment	tx
Milliliter	ml	Quart	qt	**U**	
Minutes	min	**R**		Up to date	Utd
Morning	AM	Ready to Feed/Ready to Use	RTF/RTU	**V**	
Mother of baby/child	MOB/MOC	Recertification	recert	Vegetables	veg
Multivitamin	MVI	Registered Dietitian	RD	Very Low Birth Weight	VLBW
N		Registered Nurse	RN	Vitamin	vit
Nasogastric	NG	Related to	r/t	Voicemail	VM
Nausea/Vomiting	N/V	Release of Information	ROI	**W**	
Neonatal Intensive Care Unit	NICU	Reschedule	r/s	Week	wk
No known allergies	NKA	Risk Factor	RF	Weight	Wt
No show	n/s	**S**		WIC Program Explanation	WPE
Not available/not applicable	N/A	Satter Division of Responsibility	sDOR	With	w/
Nothing by mouth	NPO	Schedule	sch	Within normal limits	WNL
Nutrition Education	N/Ed	Self-Study Module	SSM	Without	w/o
O		Signs/symptoms	s/s	**Y**	
Obstetrics	OB	Skin-to-skin	S2S	Year	yr
Occupational Therapy	OT	Small for Gestational Age	SGA	Years old	y/o
Ounces	oz	Special Supplemental Nutrition Program for Women, Infants, and Children	WIC		
Out of State Transfer	OST				

Addresses

The address line in the WIC MIS has a 30-character limit; if addresses entered are longer that this, the demographic information will not be communicated to the EBT system, and a card will not be able to be assigned. The table below provides USPS approved street suffix name and the abbreviations.

Street Name	Abbreviation
Alley	Aly
Avenue	Ave
Boulevard	Blvd
Bypass	Byp
Center	Ctr
Circle	Cir
Commons	Cmns
Corner	Cor
Court	Ct
Crossing	Xing
Drive	Dr
Estate	Est
Expressway	Expy
Fields	Flds
Fort	Ft
Freeway	Fwy
Garden	Gdn
Heights	Hts
Highway	Hwy
Hills	Hls
Lane	Ln
Meadows	Mdws
Mount	Mt
Parkway	Pkwy
Place	Pl
Ridge	Rdg
Road	Rd
Route	Rte
Station	Sta
Street	St
Terrace	Ter
Trailer	Trlr
Valley	Vly
Village	Vlg

Names

Enter the participant's name as it appears on the proof of Identity, letters only. Do not enter special characters into WIC MIS (i.e., @, #, $, *, " ", -, etc.) for applicant names or other fields. Use of the "Soundex" feature when conducting a Statewide Search may help capture previously entered similar names, thus avoiding duplicate records.

Addendum 2

Documenting Secondary Education Contacts

Secondary education contacts include individual education, education provided during mid-certification and follow up visits, group education, internet education, self-study modules (SSM), or interactive bulletin boards and are completed by the participant/parent or proxy.

- The local agency should have a method for scheduling secondary education and documenting the preferred type of nutrition education (N/ED), e.g., using the "Appointment Note" or adding a separate column to your clinic schedule for the different types of secondary education contacts.
- The local agency must document completion of nutrition education in the WIC MIS on the Nutrition Education screen (for each participant). Missed appointments should be monitored to further education efforts.
- For more details on how to complete these contacts in the WIC MIS, review the I-WIC Flow Sheets (IL WIC PM CS 11.1): *Secondary Education Appointment: Individual Education (Telephone or Secured Video Chat), Secondary Education Appointment: WIChealth.org, and Mid-Certification Appointment: In Person.*

On the Nutrition Education screen, the following must be documented:

Type of Education	Method	Main Topic	Requirements on Nutrition/Ed screen's Note section
Education during CERT/PCERT/RECERT	**Primary Individual**	Based on what was discussed	Addressed in the Nutrition Ed/Counseling Notes section of the NPS
Group Education	**Primary Group**- first group nutrition education session **Secondary Group**- subsequent group nutrition education session(s)	This will auto-populate on the screen based on the class attended	Indicate "group session completed"
Internet Education	This will auto-populate on the screen once a lesson has been completed at WIChealth.org. Review the *I-WIC flowsheet: Secondary Education Appointment: WIChealth.org* for more information.		
Self-Study Module (SSM)/Interactive Bulletin Board	**Secondary Individual**	Based on SSM/board completed	Indicate "SSM/Interactive board completed." If applicable, add the title and participant's goal for follow up at the next WIC visit
Individual Nutrition Education (In-person or Telephone, Mid-Cert, High Risk Follow up)	**Secondary Individual**	Based on what was discussed	Indicate type of Individual Nutrition Education completed. Follow up on nutrition/health condition, MPF, referral, progress on goal(s) from last assessment per IL WIC PM NE 5.3

Addendum 3:

SAP Format

Notes entered in the WIC MIS may follow the SAP* format when documenting. The following identifies information that would be appropriate to include under each section of the SAP note.

Subjective data refers to statements made by the participants.

- About feeding/eating/breastfeeding practices and preferences.
- Regarding nutrition related health and wellness (mental, emotional, physical) and concerns and/or needs shared.
- Progress on the goal/plan from the last visit.

Assessment is the health professional's view of the participant's nutrition problems, taking into consideration the subjective and objective data (already documented throughout the WIC MIS). Information that may be documented includes:

- Interpretation of growth pattern/weight gain and nutrition related risks and concerns.
- Description of the nutrition practices or feeding pattern/relationships identified.
- Explanation of any causes or contributing factors related to nutrition risk factors assigned.
    - Examples: social, situational, physical, developmental, cultural, psychological, pathological, and/or environmental factors.
    - Signs or symptoms.

Plan identifies the participant's next step(s) as determined by the participant with guidance from the CPA/CPAA. Information that may be documented includes:

- Explanation of individualized food plan.
- Nutrition, breastfeeding education details.
- Participant centered goal(s).
- Follow up planned for the next visit.

Referrals not documented on the Breastfeeding Referral screen will be documented on the general **Referrals** screen of the MIS. If there is no applicable referral from the list provided on the Referrals screen, you may document within the pertaining note.

Follow up that may be documented includes:

- Progress on goal(s) set by the participant at the last visit.
- Any changes concerns or needs in feeding/eating practices, preferences, breastfeeding attitudes and nutrition related health and wellness.
- Any new goal(s) set with the participant.

**SAP format is used, not SOAP, as objective information is already found on other screens in the MIS.*