SESSION AGENDA

- Background
  - Public Health Nutrition
  - Healthy People 2020
  - WIC Program
- Nutrition eligibility
  - Nutrition assessment
  - Nutrition risk criteria

BACKGROUND

A PARTNERSHIP FOR HEALTH
Public Health Nutrition

- Healthy People 2020
- The WIC Program
- Public health program
- Utilizes nutrition assessment & nutrition education

DESIRED HEALTH OUTCOMES

Pregnant Women – to deliver a healthy, full-term infant by:
- Receiving prenatal care, including dental care
- Eating healthy foods
- Avoiding alcohol, tobacco and illegal drugs
- Being physically active
- Learning about breastfeeding

Postpartum (including breastfeeding women) – to achieve optimal health during childbearing years and reduce risk of chronic disease by:
- Receiving early postpartum care & regular preventive health care, including dental care
- Eating healthy foods
- Getting support to breastfeed for as long as she chooses
- Being physically active

Infant – to achieve optimal growth and development in a nurturing environment and develop a foundation for healthy eating:
- Being breastfed or being fed an appropriate infant formula
- Receiving ongoing preventive health care including immunizations
- Offering complementary foods when appropriate
- Supporting an infant to be physically active

Child – to achieve optimal growth and development in a nurturing environment and begin to acquire dietary and lifestyle habits associated with a lifetime of good health by:
- Achieving developmental milestones including self-feeding
- Consuming a variety of foods to meet energy and nutrient requirements
- Supporting a child to be physically active
IS THE WIC PROGRAM ACHIEVING ITS GOALS?

- Improve pregnancy, birth, and infant outcomes
- Increase breastfeeding initiation and duration
- Improve access to health care
- Improve children’s diets and development

NUTRITION ELIGIBILITY
A TWO-PART PROCESS

- Residential Eligibility
- Income Eligibility
- Categorical Eligibility
- Nutrition Risk Eligibility
A "Competent Professional Authority" (CPA) is an individual authorized to determine nutritional risk of a WIC participant and assign supplemental foods.

Collect and evaluate information to identify:
- Health & nutrition problems
- Appropriate goals and nutrition education
- Referral needs
- Appropriate food package
- Breastfeeding support
Anthropometric Biochemical Clinical Dietary Eco-Social

ANTHROPOMETRIC DATA

COLLECTING & USING ANTHROPOMETRIC INFORMATION
**BIOCHEMICAL INFORMATION**

- Blood Lead Test
- Bloodwork (Hgb or Hct test) is required to screen for iron-deficiency anemia
- Flexibility regarding timeline to enhance coordination with other healthcare services
- Can be done prior to date of certification
- Up to 90 days after certification

**CLINICAL INFORMATION**

- Obstetric history and birth outcomes
- Medical conditions
- Oral health conditions
- Pregnancy-induced conditions
- Medications and supplements
- Immunizations
- Use of tobacco, alcohol, illegal drugs
- Infant feeding plans
- Breastfeeding history and complications

**IMMUNIZATION SCREENING & REFERRAL**

- Minimum requirement
  - Immunization status of DTAP used as predictor
  - When to evaluate immunization status?
  - View documented immunization record
  - When to offer a referral?
DIETARY AND PHYSICAL ACTIVITY BEHAVIORS

Diet-Related Behaviors
- Eating/Feeding Patterns
- Types and frequency of food groups consumed
- Food preparation
- Inappropriate practices – i.e. mixing bottles incorrectly
- Family meals

Physical Activity Behaviors
- Engaging in team sports or community events
- Watching TV or using devices excessively

ECO-SOCIAL INFORMATION

- Household composition
- Household smokers
- Water source
- Food security
- Access to additional food resources
- Food preparation and storage
- Health care provider
- Primary caretaker / Childcare

FOOD INSECURITY

- Access to adequate quantity or quality of food limited by lack of money and other resources

Ask the question:
"In the past month, have there been any days when you did not have enough food, or money to buy food?"
ECO-SOCIAL DATA

NUTRITION ASSESSMENT

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<tr>
<th>Assessment Component</th>
<th>Corresponding Crossroads Screen</th>
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<td>• Anthropometric / Lab</td>
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<td>• Family Assessment</td>
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<tr>
<td>Eco-Social</td>
<td>• Family Demographics</td>
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NUTRITION ASSESSMENT Sources of Information

- Interview client/parent/guardian/caretaker
- Medical record
- Referral information from health care provider
- WIC Program Exchange of Information Form
- WIC Program Medical Documentation Form
Conduct nutrition assessment.

1. Identify nutrition risk criteria.

Medical, nutritional, behavioral and social factors

• At least one criterion must be assigned for an individual to participate in the WIC Program

Risk criteria grouped by ABCDE assessment categories

A numerical code is assigned to each risk criterion

• Crossroads only assigns some risk codes automatically – others MUST be manually assigned by CPA staff
RISK CODE 503: TEMPORARY ELIGIBILITY FOR PREGNANT WOMEN

- A pregnant woman who otherwise qualifies for WIC may be certified without a nutrition assessment
- Risk Code 503
- 1 month of food benefits
- Complete nutrition assessment & care plan within 30 days

NUTRITION ASSESSMENT

Summary Statement
- Summarize findings for each participant
- What is included:
  - Main findings
  - Problems
  - Potential problems
- CPA staff should review the Nutrition Assessment and Care Plan Training Webinar Series

THINGS TO REMEMBER

- Nutrition eligibility is repeated mid-year
- Nutrition risk criteria are assigned:
  - Automatically by Crosswalks for some of the risk criteria
  - Manually assigned by the CPA for any other applicable criteria
- Use critical thinking
- Use sticky notes or nutrition assessment to elaborate
QUESTIONS?

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   Washington, D.C. 20250-9410

2. Fax: (202) 690-7442;

3. Email: program.intake@usda.gov.

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TAKE THE CDC ONLINE TRAINING COURSE!

- CDC Online Training Course: Using the WHO Growth Charts to Assess Growth in the United States Among Children Ages Birth to 2 Years

The purpose of the online training is to provide health care providers and public health professionals in the United States with expertise on using and interpreting the growth charts. There are seven sections in this course including the following:

- Recommendations and Rationale for Using the WHO Growth Charts in the United States
- Creating the WHO Growth Standard for Infants and Young Children
- Comparing Methodologies Used to Develop WHO and CDC Growth Charts for Children Birth to 2 Years of Age
- Breastfeeding as the Norm for Infant Feeding
- Using the WHO Growth Standard Charts
- Summary
- Case Examples
- Self-assessment questions are included in each section, and five case studies provide scenarios to guide interpretation of the growth charts.

The course can be completed in 45 minutes.