THE NORTH CAROLINA WIC NUTRITION ASSESSMENT AND CARE PLAN

PART I: THE NUTRITION ASSESSMENT

WEBINAR SERIES OVERVIEW

Part I: The Nutrition Assessment

- Tuesday, February 19th, 2-4pm
- Thursday, February 21st, 10-12pm

Part II: The Care Plan

- Tuesday, March 5th, 2-4pm
- Thursday, March 7th, 10-12pm

Part III: Effective Data Collection and Counseling

OBJECTIVES

- Define nutrition assessment and its importance
- Discuss frequency of nutrition assessment
- Identify sources of nutrition assessment information
- Review categories of nutrition assessment information
- Establish nutrition risk eligibility for WIC
THE WIC NUTRITION ASSESSMENT

- A systematic method to collect and evaluate data needed to identify nutrition-related problems, their causes, and significance
- Assessment of:
  - Nutrition status
  - Eligibility for WIC
- Provides framework for developing plan of care

WHY IS THE NUTRITION ASSESSMENT IMPORTANT?

- To determine WIC eligibility
- To assess nutrition risk
- Helps understand client knowledge, goals, motivations
- Improves consistency and quality of care
- Supports development of individualized care plans
- WIC helps participants achieve positive health outcomes

THE WIC NUTRITION ASSESSMENT IS NOT...

- Reading nutrition assessment questions directly from Crossroads or an assessment questionnaire
- Only filling in starred Crossroads fields
- Allowing Crossroads to assign all nutrition risk criteria
- The same for every participant

The nutrition assessment IS individualized to each participant.
FREQUENCY OF NUTRITION ASSESSMENTS

All WIC Participants
Assessments at all initial and subsequent certifications

Infants
Additional assessment 5-7 months after birth

Postpartum Breastfeeding Women
Additional assessment 5-7 months after delivery

Children
Additional assessment 5-7 months after each certification

SOURCES OF NUTRITION ASSESSMENT INFORMATION

- Self-reported by participant or parent/guardian/caretaker
- Local agency
- Private health care provider

*Outside sources must be documented in Crossroads

WHAT DOES A NUTRITION ASSESSMENT INVOLVE?

- Collection of data
- Review and analysis of data
- Synthesis of data
- Conclusions from data
CATEGORIES OF NUTRITION ASSESSMENT INFORMATION

- Anthropometric
- Biochemical
- Clinical/Health History/Disease Status
- Dietary and Physical Activity Behaviors
- Eco-social

ANTHROPOMETRIC DATA

- Weight
- Height / Length

CROSSROADS: COLLECTION OF DATA
ANTHROPOMETRIC DATA

Pregnant Women:
- Collect pre-pregnancy weight
- Collect height
- Collect two weights during pregnancy
  - Only one weight if > 37 weeks gestation

Postpartum Women (breastfeeding & non-breastfeeding):
- Collect height and weight
- Collect delivery weight
- Collect pre-pregnancy weight
  (if woman did not participate in WIC during pregnancy)
- Postpartum breastfeeding: collect 2nd weight and height
  at mid-certification assessment

Infants and Children:
- Collect length/stature and weight at initial & mid-certifications
- Calculate expected rate of weight gain
- Record parental BMI for:
  - Infants: at initial or 5-7 month assessment
  - Children (12-24 months of age): when starting WIC
  - Anyone else CPA determines necessary
RESOURCES FOR COLLECTING ANTHROPOMETRIC DATA

- US DHHS Maternal and Child Health Bureau Modules
- CDC Growth Chart Training Modules
- WPM: Chapter 6C, Sections 2 and Attachment 4

BIOCHEMICAL DATA

- Hemoglobin
- Hematocrit
- Lead testing

CROSSROADS: COLLECTION OF DATA
### BIOCHEMICAL DATA

<table>
<thead>
<tr>
<th>Participant Category</th>
<th>Minimum Requirements</th>
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<tbody>
<tr>
<td><strong>WOMEN</strong></td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td>• During current pregnancy</td>
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<tr>
<td>Postpartum non-breastfeeding</td>
<td>• After pregnancy ends (ideally 4-6 weeks after pregnancy ends)</td>
</tr>
<tr>
<td>Postpartum breastfeeding (delivery – 6 months postpartum)</td>
<td>• After delivery (ideally 4-6 weeks after delivery)</td>
</tr>
<tr>
<td>Postpartum breastfeeding (6 – 12 months postpartum)</td>
<td>• Not required if performed following delivery (and results are available to WIC)</td>
</tr>
<tr>
<td><strong>INFANTS / CHILDREN</strong></td>
<td></td>
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<tr>
<td>Less than 9 months of age</td>
<td>• Not required (only appropriate on a case-by-case basis)</td>
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<td>9 months – 23 months of age</td>
<td>• Between 9-12 months of age and again 6 months later (ideally around 15-18 months)</td>
</tr>
<tr>
<td>24 months – 60 months of age</td>
<td>• Required annually beginning at 24 months of age</td>
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<td></td>
<td>• When Hgb &lt; 11.1 gms or HCT &lt; 33%, a blood test must be performed at 6 month intervals until the Hgb is ≥ 11.1 or the HCT is ≥ 33%</td>
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</tbody>
</table>

### Lead Testing:
- Required at 12 and 24 months
- Assess if lead test completed for 18- and 30-month old children
- WIC staff should refer for lead testing when:
  - Lead test not done
  - Results not available
BIOCHEMICAL DATA

Additional Bloodwork Considerations:
- Blood tests may be performed prior to; the same day as; or up to 90 days after date of certification.
- Blood test performed prior to date of certification may only be used when it reflects applicant’s category.
- For women and children:
  - May be deferred up to 90 days after date of certification when at least one qualifying nutritional risk is present at time of certification.

WPM Chapter 6C

CLINICAL/HEALTH HISTORY/DISEASE STATUS

- Health and disease status
- Medications, supplements
- Substance use
- Last menstrual period
- Delivery date
- Prenatal healthcare
- Pregnancy history
- Immunizations
- Breastfeeding status

CROSSROADS: COLLECTION OF DATA
CROSSROADS: COLLECTION OF DATA

**Clinical**

**Dietary & Physical Activity**
- Food safety practices
- Contraindicated supplement use
- Lack of prenatal supplement use
- Pica
- Low calorie diet
- Malabsorption issues
- Eating habits
- Physical activity
- Oral health
- Infant feeding
ECO-SOCIAL DATA

Crossroads Question: What You May Say Instead:

- Has adequate household food storage and preparation?
  - Have you ever had any trouble with your stove or refrigerator?
- Has household food insecurity?
  - In the past month, have you ever had trouble getting food for your family or enough to eat?
  - Have there been days when you have not had enough money to feed your family or to get the food you need?
  - In the past month, have there been days when the quality and variety of your food was reduced because food was not available or affordable?

If "Yes" → make referral!

ECO-SOCIAL DATA

Crossroads Question: What You May Say Instead:

- Recipient of Abuse
  - Do you feel safe in your home?
  - Are you afraid of your partner?
  - Do you feel you are in danger?
  - How are things going at home?
  - Because domestic violence has so many effects on health, I now ask all of my clients about it.
  - Because difficult relationships can cause health problems, we are asking all of our participants the following question:
    - Does a partner, or anyone at home, hurt, hit or verbally threaten you?

If "Yes" → make referral!
BEST PRACTICES FOR ASKING ASSESSMENT QUESTIONS

- Engage the client(s)
- Be conversational and non-judgmental
- Don’t use family or friends as interpreters
- Ask personal questions in a private space
- Sit with silence
NOW WHAT?

Nutrition Risks

NUTRITION RISK CODES

- Participant must have at least one documented nutrition risk code at every certification
- Minimum standard: all eligible risk criteria identified

CROSSROADS RISK CODE ASSIGNMENT

SYSTEM VERSUS MANUAL ASSIGNMENT

WIC Program Manual:
Chapter 6C, Attachment 3, Appendix A, B, C, & D
NUTRITION RISK CODES: TOP REMINDERS

- Identify all eligible nutrition risk criteria
- Identify reasons for inappropriate nutrition practices code
  - Women (427): Appendix B
  - Infants (411): Appendix C
  - Children (425): Appendix D
- Carry over codes from prescription documentation

QUESTIONS?

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