

Chapter 5 Nutrition Education

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This chapter describes WIC's nutrition education component, including required nutrition education topics, frequency of nutrition education contacts, providing nutrition education, guidance for documenting nutrition education, and information on nutrition education resources.

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Required Local Agency Written Policies And Procedures

- Local Agencies that use WIC management support staff to provide mini-lessons must have a written policy. (Section 3, page 6)
- Local agencies that provide group education must have written class outlines on file. (Section 3, page 7)

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Required Nutrition Education Topics

Nutrition education is an integral component and benefit of the WIC Program and must be provided to WIC participants/caretakers at no cost. At the time of certification, the local agency shall emphasize the positive, long-term benefits of nutrition education and encourage individuals to participate in nutrition education activities. Individual participants shall NOT be denied supplemental foods for failure to attend or refusal to participate in nutrition education activities.

■ **Definition And Goal Of Nutrition Education**

Nutrition education is the provision of information about nutrition (including breastfeeding), using methods, materials, and tools that are designed to enhance a participant's understanding of the importance of nutrition and physical activity, and its relationship to good health, to effect a desired change in behavior, or reinforce desired behaviors related to dietary habits or health practices. The goal of nutrition education is to empower participants to make choices that will have a positive impact on their health and nutrition status.

■ **Required Nutrition Education For All Women**

WIC Program Federal Regulations require that all women participating in the Program receive both verbal and written information on the following five topics at least once by the time they complete their participation in the WIC Program.

- **Importance of good nutrition.** Local agencies must provide information on the importance of good nutrition to health.
- **Breastfeeding.** Local agencies must provide information on the importance of breastfeeding (unless contraindicated for health reasons) as the preferred method of infant feeding. Staff must offer breastfeeding counseling and support to all breastfeeding women throughout the postpartum period. Refer to Chapter 9 for additional information on breastfeeding promotion and support.
- **Substance abuse education.** Local agencies must provide information on the health risks associated with the use of alcohol, tobacco (including secondhand smoke), and drugs. Local agencies must maintain a current list of local counseling and treatment resources for substance abuse and make this list available to all pregnant and postpartum women participating in WIC.
- **Childhood immunizations.** Local agencies must provide information to women regarding the importance of immunizations for their infants and children.
- **Folic acid.** Local agencies must provide information regarding the importance of folic acid for women who may become pregnant.

■ **Required Substance Abuse Education For All Parents And Caretakers**

WIC Program Federal Regulations require that all parents/caretakers of infants and children participating in the WIC Program receive information about the health risks associated with

the use of alcohol, tobacco (including secondhand smoke), and drugs. This information should be provided to the parent/caretaker at least once during an infant's/child's participation, preferably at the initial certification of the infant/child. The information may be provided verbally or in writing. Local agencies must maintain a current list of local counseling and treatment resources for substance abuse and make this list available to all parents/caretakers of infants and children participating in WIC.

Frequency of Nutrition Education

The frequency of nutrition education provided to a participant depends on the category and nutritional needs of the participant.

■ Required Minimum Nutrition Education Contacts

Per federal regulation, Local WIC agencies must offer nutrition education at a minimum frequency as outlined in the table below. A nutrition education contact may be given in conjunction with a required nutrition assessment. Refer to Chapter 6C for information on nutrition assessment requirements.

NOTE: A contact of an administrative nature (such as exchanging formula, phone call to a pharmacy to order a special formula, etc.) does not qualify as a nutrition education contact unless it also includes a substantive nutrition education component.

Pregnant Women	Two (2) nutrition education contacts are required per certification period. Only one contact is required for pregnant women certified at 37 weeks gestation or later.
Postpartum Breastfeeding Women	Four (4) nutrition education contacts are required per certification period. A breastfeeding woman could receive an average of 1 contact every 3 months, however a contact may not necessarily take place within each quarter.
Postpartum Non-Breastfeeding Women	Two (2) nutrition education contacts are required per certification period.
Infants certified < 6 months of age	Four (4) nutrition education contacts are required per certification period. In this first year of participation, an infant could receive an average of 1 contact every 3 months, however a contact may not necessarily take place within each quarter.
Infants certified ≥ 6 months of age	Two (2) nutrition education contacts are required per certification period.
Children	Four (4) nutrition education contacts are required per certification period. A child could receive an average of 1 contact every 3 months, however a contact may not necessarily take place within each quarter.

■ Additional Nutrition Education Contacts

Providing nutrition education in addition to the required number of contacts is optional and is based on a participant's interests and nutritional needs as determined by a complete nutrition assessment. Follow-up may be more frequent for a participant assessed to have a high level of nutritional risk (i.e., a "high risk" participant). Refer to section 3 for more information on level of nutritional risk.

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Providing Nutrition Education

The content of and method used to provide nutrition education must be relevant to the participant's age, nutritional needs, interests, household situation, cultural preferences, language spoken and any special considerations the participant might have. Examples include migrant status; being homeless; having vision, hearing or learning impairments; and/or having limited English proficiency. Nutrition education should be offered to all adult participants and to parents/guardians/caretakers of infant and child participants as well as child participants whenever possible. A proxy may receive nutrition education when appropriate for the participant's plan of care.

■ **Nutrition Education At Certification/Subsequent Certification**

When nutrition education is part of the nutrition assessment and certification process, the education must be provided directly to a participant/parent/guardian/caretaker on an individual basis by a competent professional authority (CPA). Refer to Chapter 6C for information on who qualifies to be a CPA.

■ **Follow-Up Nutrition Education**

A nutrition assessment helps to determine a participant's nutritional status and degree of nutritional risk. Subsequently, the nutrition plan of care and the nature of the required follow-up nutrition education; specifically, "low risk" or "high risk". Refer to Chapter 6C for more information on nutrition assessments. There is required minimum frequency of nutrition education for all participants during a certification period. Refer to Section 2 for more information.

- ▶ **Low-Risk Follow-Up.** Low-risk nutrition education generally focuses on anticipatory guidance such as complementary infant feeding practices, avoiding tobacco smoke exposure or the recommended schedule for immunization for young children. It can also focus on public health nutrition messages that promote lifelong positive dietary and physical activity habits such as eating more fruits and vegetables, choosing lower fat foods, increasing physical activity or limiting TV and screen time.

Low-risk follow-up nutrition education may be provided:

- by a CPA to any participant.
- by trained non-CPA staff (i.e., WIC management support staff) or by another approved method (see discussion later in this section) when a CPA determines it appropriate for:
 - a postpartum non-breastfeeding woman,
 - a non-breastfeeding infant on a contract standard milk- or soy-based infant formula, or
 - a child.

▶ **Methods For Providing Low-Risk Follow-up Nutrition Education**

Following are methods for providing low-risk, follow-up nutrition education. Staff who want to use educational methods other than those listed are encouraged to consult with their Regional Nutrition Consultant.

- **Individual Education.** Individual education is provided directly to an individual or family. There are a variety of ways that individual education can be provided. When possible, staff should provide education directly to child participants.
 - **With a Competent Professional Authority**
 - Face-to-face: Individual nutrition education by a CPA is usually done face-to-face at the local WIC agency.
 - Telephone/mobile device: A conversation via telephone or mobile device with a CPA can qualify as a nutrition education follow-up contact. The content must be documented in the participant’s record. Staff must ensure that follow-up nutrition education is offered and documented, including any materials or additional resources mailed or emailed as part of the nutrition education contact. Refer to Chapter 8, Sections 2 &3 for guidance on NC eWIC issuance.
 - **With Management Support/non-CPA Staff.** Staff, other than CPAs in the agency, who have been trained can provide face-to-face education on simple nutrition or physical activity-related information referred to as “mini lessons.” These are single objective, brief communications which are developed by a nutritionist. Each mini-lesson used in an agency must have a written outline which includes the target audience, one educational objective, an outline of the information to be communicated to the participant, and a copy of the educational handout to be given to the participant, if applicable. Mini lessons may not be provided via telephone.

Local agencies that use WIC management support or other non-CPA staff to provide mini-lessons must have a written local agency policy which includes:

- the specific staff, or groups of staff, that will be trained to provide nutrition education mini-lessons;
 - who will be responsible for training management support staff and other non-CPA staff;
 - how the staff training will be provided on an ongoing basis to assure staff maintain current knowledge of the nutrition subject(s);
 - how and where documentation of staff training will be maintained including the dates of the training, content of the training, names of staff participating in the training, and name and title of trainer;
 - a communication plan detailing which participants will receive a mini-lesson and when the mini-lesson is to be provided; and,
 - how it is documented that mini-lessons have been provided to participants. Refer to Section 4 for information on documentation of nutrition education contacts.
- **Online.** Online nutrition education provides independent learning opportunities for participants and allows them to complete follow-up nutrition education contacts at a time of their choosing on a computer or mobile device. This option should be offered to all low-risk participants.

wichealth.org. The Nutrition Services Branch (NSB) subscribes to wichealth.org, an online nutrition education system. This system allows participants to complete web-based educational modules on a variety of relevant topics from which the participant can choose. If participants choose this method of education, they do not need to be physically present for issuance. Staff may issue benefits once the nutrition education contact has been confirmed and documented in the participant's record. Refer to Chapter 8 sections 2 & 3 for guidance on NC eWIC issuance.

If the local agency desires to have other online or electronic nutrition education resources, they must be approved by NSB prior to purchase. Refer to Chapter 12 for more information on obtaining prior approval.

- **Group Education.** Agencies providing group education must have written class outlines on file. Each outline must include at a minimum: the target audience, objectives, content of the presentation, and any activities/materials used. Class outlines should be reviewed periodically and updated as needed to assure they are relevant and accurate. An evaluation of classes offered is optional.

Staff may also choose to coordinate with other group education services in the agency such as, but not limited to, childbirth education, breastfeeding, or parenting classes. These classes may qualify as nutrition education contacts if they include a clear nutrition component, and a copy of the lesson plan or outline is on file.

- **Nutrition Education Provided Outside The Local Agency.** Follow-up nutrition education may be provided by individuals who work outside the local WIC agency. Staff who work in programs such as the Expanded Foods and Nutrition Education Program (EFNEP) and the Head Start Program and who are trained to provide general nutrition education may provide low-risk nutrition education through these programs to individuals who also participate in WIC. Refer to Section 4 for information on the communication and documentation of nutrition education provided by staff outside of the local agency.
- **High-Risk Follow-Up.** High-risk nutrition education is generally focused on education or counseling specific to a nutrition-related health/medical condition and is provided on an individual basis. A high-risk follow-up must be provided for:
 - all pregnant women,
 - all breastfeeding mother-infant dyads,
 - all infants receiving any formula other than the contract standard milk- or soy-based infant formula, and
 - any participant identified as high risk through the nutrition assessment.

Note: Participants who have met the required number of nutrition education contacts with a CPA may choose to participate in any of the low-risk nutrition education activities at their discretion.

► **Methods For Providing High-Risk Follow-up Nutrition Education**

Following are methods for providing high-risk, follow-up nutrition education.

■ **Individual Education at/by the Local Agency**

- Face-to-face: individual nutrition education by a CPA is usually done face-to-face at the local WIC agency.
- Telephone/mobile device: A conversation via telephone or mobile device with a CPA can qualify as a nutrition education follow-up contact. The content of the communication must be documented in the participant's Crossroads record. This method may be used due to participant hardship circumstances such as illness, confinement to bedrest, weather conditions or transportation limitations. Staff must ensure that follow-up nutrition education is offered and documented, including any materials or additional resources mailed or emailed as part of the nutrition education contact. Participants do not need to be physically present for issuance. Staff may issue benefits once the nutrition education contact has been confirmed and documented in the participant's record. Refer to Chapter 8 sections 2 & 3 for guidance on NC eWIC issuance.

■ **Nutrition Education Provided Outside The Local Agency.**

A nutritionist, registered dietitian, dietetic technician registered (DTR), registered nurse, nurse practitioner, physician assistant, or physician who works in a setting outside of the local WIC agency may provide specialized nutrition education and counseling to high-risk WIC participants. Typical settings apart from WIC where specialized nutrition education and counseling may occur include Children's Developmental Services Agencies (CDSAs), metabolic centers, hospital outpatient clinics, high-risk maternity clinics, and private physicians' offices. The nutrition education contact must be documented in the participant's Crossroads record.

■ **Participant Input**

To help assure that the agency's approach to nutrition education is relevant and meeting the needs and interests of participants, staff are encouraged to obtain input from WIC participants. Examples of areas for input include nutrition education topics, barriers to attending nutrition education sessions, preferred methods of nutrition education instruction, and/or effectiveness of breastfeeding promotion and support activities.

When gathering input, staff may establish a system just for WIC or coordinate their efforts with other programs in the agency. Participant input can be gathered in a variety of ways including surveys, focus groups, an advisory board comprised of participants, and/or an ongoing suggestion box located in the agency.

Documentation of Nutrition Education

All nutrition education provided to participants must be documented in the Crossroads system. A participant/parent/guardian/caretaker's refusal or inability to take part in educational activities also must be documented.

■ Nutrition Education Provided By Agency Staff

- **Initial Nutrition Education.** All initial education contacts must be documented by the CPA in the Crossroads system, as part of the participant's nutrition assessment and plan of care that is completed during certification. Documentation should include at a minimum:
 - The person(s) who received the nutrition education
 - Nutrition education topic(s)/content
 - Method of delivery
 - Date of contact and identification of individual providing the nutrition education which will be captured automatically during certification in the system.
- **Follow-Up Nutrition Education.** Follow-up nutrition education contacts provided to participants/parents/guardians/caretakers must be documented in the Crossroads system. Refer to Section 3 for more discussion of providing low-risk and high-risk nutrition education.
 - **Low-Risk Nutrition Education.** Documentation of follow-up, low-risk nutrition education must include at a minimum: person(s) who received the nutrition education, the nutrition education topic and the method of delivery. Low-risk nutrition education contacts, including the documentation of group education and mini-lessons must be documented on the Nutrition Education screen.
 - **High-Risk Nutrition Education.** Documentation of follow-up, high-risk nutrition education or counseling, which is individualized to the participant's health or medical condition must include the nutrition education topics and content of the nutrition education/counseling, and plans for follow-up. High-risk nutrition education contacts must be documented on the Care Plan Summary screen in the Nutrition Assessment text box for the individual participant to whom the nutrition education was provided.

■ Nutrition Education Provided By Staff Outside The Local Agency

When nutrition education and counseling provided outside the local WIC agency is counted toward required nutrition education for a participant, these services must be documented by the outside agency provider. A copy of the documentation of the services provided must be sent to the local WIC agency. This documentation should be scanned into the participant's Crossroads record and a note made on the Care Plan Summary screen in the Nutrition

Assessment text box for the individual participant to whom the nutrition education was provided. The note should state that the participant received the nutrition education/ counseling from the source outside the agency that provided it and refer to the scanned document.

- **Low-Risk Nutrition Education.** There should be a written agreement between the local WIC agency and any outside agency routinely providing nutrition education to WIC participants. The agreement must include arrangements for documenting and communicating information to the local WIC agency about the date, content or topic, and participant receipt of nutrition education.
 - **High-Risk Nutrition Education.** Health professionals outside of the local WIC agency who provide specialized nutrition education and counseling to high-risk WIC participants, should send written documentation of the service (including the date, content, and provider) to the local WIC agency for inclusion in the participant's health record as outlined above.
- **Non-Participation In Nutrition Education**
The inability or refusal of a participant to participate in nutrition education must be documented in the Crossroads system in the Nutrition Education Refusal section on the Nutrition Education screen. Individual participants shall NOT be denied supplemental foods for failure to attend or participate in nutrition education activities.

Nutrition Education Resources

Local WIC agency staff are encouraged to use nutrition education resources to enhance their nutrition education efforts. Staff may use printed materials, visual displays, audiovisual materials or electronic resources to support nutrition education provided to clients. A variety of resources and ideas for providing nutrition education can be found at the Nutrition Services Branch website at: www.nutritionnc.com.

■ **Education Resources Available From The Nutrition Services Branch**

The Nutrition Services Branch (NSB) has printed education materials on a variety of topics. These materials may be ordered from the NSB using DHHS Form 2507. Refer to Chapter 1 for more information about ordering materials.

■ **Education Resources Obtained Or Developed By The Local Agency**

When local agency staff purchase education resources, obtain them for free, or develop them; the following criteria should be used to evaluate the quality, usefulness, and appropriateness for WIC.

- **Language.** Materials should be in languages appropriate for the agency's participants.
- **Literacy level.** Materials should be at no more than a sixth-grade reading level.
- **Content.** Print, audio, and digital content must be current, accurate and promote evidence-based nutrition and physical activity practices that are relevant to Program participants.
- **Graphic design.** The graphics and photographs should reflect the populations served by the Program (e.g. ethnic/cultural backgrounds, developmental stages).
- **Advertising.** Materials should be free from advertising or marketing any product or concept that does not support sound nutrition principles and the nutrition education goals of the WIC Program, including the promotion and support of breastfeeding.

Refer to Chapter 4 for requirements on use of the non-discrimination statement on locally developed materials.

NOTE: All electronic nutrition education resources must be approved by the Nutrition Services Branch (NSB) prior to purchase. Refer to Chapter 12 for more information on obtaining prior approval.

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