In-service Overview:

2013 Risk Criteria Update

Introduction
USDA has updated four existing risk criteria for implementation during 2013. In Oregon, we will implement these updates by March 31, 2013. The updates are intended to enhance understanding of the conditions addressed by these four risks:

- 353 Food Allergies
- 354 Celiac Disease
- 355 Lactose Intolerance
- 401 Presumed Eligibility for Women and Children

The updates include:

Changes:
- Definitions expanded
- Justifications expanded
- References added
- “Implications for WIC Nutrition Services” section added

No Changes:
- Risk numbers
- Risk titles
- Risk levels
- Assessment criteria

In-service Target Audience
- WIC staff who complete risk assessment to determine eligibility for WIC participants.

Timeline
- Complete in-service individually or as a group by March 31, 2013.
- Estimated time for an individual to complete the in-service: 3/4 hour
- Estimated time for a group session: 1 hour (depending on the amount of discussion)

Goal
- WIC staff that complete risk assessment will be able to describe key characteristics of four updated WIC risk criteria.

Materials
- In-service packet including information and handouts related to each updated risk
- Session guide and power point slides for group presentation
- Materials will be posted on the Oregon WIC website at
  - [http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/training.aspx](http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/training.aspx)
Training Information

• A more in-depth version of this information was shared with RD’s that attended the November 27, 2012 LAWN meeting. Minutes and materials from this meeting are posted in the LAWN section of the Oregon WIC website. Consider utilizing your local agency WIC RD or nutritionist as a resource for this in-service.

• Training supervisors are encouraged to review materials ahead of time and determine which areas of discussion would be of greatest interest/most helpful to staff.

• The Nutrition Risk and the Dietary Risk training modules are being updated to reflect these risk updates and will be available on the Oregon WIC website by March 1, 2013.

• Please contact Vernita Reyna or your state nutrition consultant with questions about this in-service.
**Risk 353 Food Allergies**

**Explanation:**
Food allergies are adverse health effects caused by a specific immune response that occurs from exposure to a specific food. The immune response may occur within seconds to a few hours after exposure and may include asthma, wheezing, coughing, vomiting, nausea, diarrhea, hives, and/or anaphylaxis. Anaphylaxis is the most severe immune response often affecting multiple organ systems characterized by breathing problems, swelling and reduced blood pressure. Anaphylactic reactions can be fatal without proper treatment.

Foods that most often cause allergic reactions include cow’s milk (and foods made from cow’s milk), eggs, peanuts, tree nuts (walnuts, almonds, cashews, hazelnuts, pecans, brazil nuts), fish, crustacean shellfish (e.g., shrimp, crayfish, lobster, and crab), wheat, and soy.

This risk is assigned when a food allergy is diagnosed by a health care provider. The diagnosis can be self reported by a participant.

Food intolerances are different from food allergies. Intolerances are adverse reactions to characteristics of a food and do not involve the immune system. The most common food intolerance is lactose intolerance. See Risk 355 on page 13.

**Formula Allergy update:** Adverse reactions to formulas are usually in response to the protein in the formula. All standard infant formulas have intact proteins from cow’s milk or soybeans. Hydrolysate formulas break down the protein into pieces. These pieces are easier to digest but may still trigger allergic reactions in some infants. Amino acid based formulas break protein down to its basic components in order to create a non-allergenic product.

See pages 4 to 6 for examples of formulas that fit these categories. Talk with your RD or WIC Nutritionist for more information on specific formulas.

**TWIST Update:** Document the specific food allergy in TWIST. The TWIST risk level will be medium when this risk is assigned.

**Risk Information Sheet:** USDA has expanded the definition and reason for assigning this risk. In addition, USDA added “Implications for WIC Services” to the risk guidance that they provide. This information has been incorporated into the Education/Referrals section of the risk information sheet that is part of the Nutrition Risk Module.

New information is highlighted on the updated Risk 353 information sheet on pages 7 and 8.

**Review question:** What is the main difference between food intolerance and food allergies?
Allergens in Infant Formula

Most Allergenic

All standard infant formulas (cow-based and soy-based) are made of intact protein chains that can trigger allergic reactions.

Hydrolysate formulas break the protein chain into pieces, peptides. Helps with tolerance, may still trigger an allergic reaction.

Least Allergenic

Amino acid-based formulas are made from individual non-allergenic amino acids.
Hypoallergenic Infant Formulas

More Allergenic

Partial Hydrolysate:

Good Start Gentle 100% whey

Extensive Hydrolysate:

Mead Johnson: Nutramigen, Pregestimil
Abbott: Alimentum

Amino acid-based

Nutricia: Neocate infant
Abbott: Elecare
Mead Johnson: PurAmino (formerly Nutramigen AA)
Specialized infant formulas comparison to child medical formulas

Hydrolyzed infant formulas
Pregestimil  Nutramigen  Alimentum

Hydrolyzed whey protein child formulas
Pediasure Peptide  Peptamen Junior

Amino acid base infant formulas
Neocate infant  Elecare  PurAmino (Nutramigen AA)

Amino acid based child formulas
Neocate Junior  Elecare Jr  Splash
Food Allergies

Category: ALL
Risk Level: MEDIUM

Risk Description

A participant has been diagnosed with a food allergy by a health care provider. Food allergies are adverse health effects caused by a specific immune response that occurs from exposure to a specific food. Immune response may include asthma, wheezing, coughing, vomiting, nausea, diarrhea, skin rash, hives, and/or anaphylaxis.

At risk if: Health care provider diagnosed food allergy
   (Requirement to not tolerate any of the offending food has been removed)

NOT at risk if: Food allergy has NOT been diagnosed by a health care provider

Reason for Risk

Food allergies can restrict what a person can eat, which may affect their nutrition status. The most common causes of food allergies are cow’s milk, eggs, peanuts, tree nuts (walnuts, almonds, cashews, pecans, hazelnuts), fish, shellfish (shrimp, lobster, crab, crayfish), wheat and soy.
How is Risk Assigned?

- CPA-selected.
- Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.

Additional Documentation

Document the *specific type of food allergy* in the “Notes” or “Progress Notes.”

Education/Referrals

- This is a MEDIUM risk level – a referral to a health professional or the WIC nutritionist is recommended.
- Encourage ongoing follow-up with the participant’s health care provider.
- Tailor food packages to substitute or remove offending foods.
- Educate participants on maintaining adequate nutritional intake while avoiding offending foods.
- Educate participants about reading food labels and identifying offending foods and ingredients.

See *More Information about Medical Conditions* to learn more about food allergies.

Example

Jackson is a 4-year old boy at WIC today for his enrollment appointment. He was referred to WIC by his doctor who has diagnosed him with a peanut allergy. Jackson had an anaphylactic response to peanut butter and avoids all contact with peanut products now. Jackson will be enrolled today with Risk 353.
**Risk 354 Celiac Disease**

**Explanation:** Individuals with celiac disease cannot tolerate gluten, a protein in wheat, rye, and barley. Untreated celiac disease damages the small intestine and interferes with nutrient absorption. Without treatment, people with celiac disease can develop complications such as osteoporosis, anemia, and cancer. A person with celiac disease may or may not have symptoms. Diagnosis involves blood tests and, in most cases, a biopsy of the small intestine. Since celiac disease is hereditary, family members of a person with celiac disease may wish to be tested.

Celiac disease is treated by eliminating all gluten from the diet. The gluten-free diet is a lifetime requirement.

It is possible for an individual to be gluten intolerant and need to follow a gluten free diet without having celiac disease. Without the diagnosis of celiac disease, they would not qualify for Risk 354 even though following a gluten free diet. If they are on a gluten free diet due to the diagnosis of a wheat allergy by a health care provider, they could be assigned Risk 353.

This risk is assigned when celiac disease is diagnosed by a health care provider. The diagnosis can be self reported by a participant.

See the list on page 10 for more information on gluten free foods.

**TWIST Update:** The TWIST risk level will be high when this risk is assigned. A referral to the WIC RD or nutritionist is required.

**Risk Information Sheet:** USDA has expanded the definition and reason for assigning this risk. In addition, USDA added “Implications for WIC Services” to the risk guidance that they provide. This information has been incorporated in the Education/Referrals section of the risk information sheet that is part of the Nutrition Risk Module.

New information is highlighted on the updated Risk 354 information sheet on pages 11 and 12.

**Review question:** Which WIC foods are gluten free?
In 2006, the American Dietetic Association updated its recommendations for a gluten-free diet. The following chart is based on the 2006 recommendations. This list is not complete, so people with celiac disease should discuss gluten-free food choices with a dietitian or physician who specializes in celiac disease. People with celiac disease should always read food ingredient lists carefully to make sure the food does not contain gluten.

<table>
<thead>
<tr>
<th>Allowed Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>amaranth</td>
</tr>
<tr>
<td>arrowroot</td>
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<tr>
<td>buckwheat</td>
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<tr>
<td>cassava</td>
</tr>
<tr>
<td>corn</td>
</tr>
<tr>
<td>flax</td>
</tr>
<tr>
<td>Indian rice grass</td>
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<tr>
<td>Job's tears</td>
</tr>
<tr>
<td>legumes</td>
</tr>
<tr>
<td>millet</td>
</tr>
<tr>
<td>nuts</td>
</tr>
<tr>
<td>potatoes</td>
</tr>
<tr>
<td>quinoa</td>
</tr>
<tr>
<td>rice</td>
</tr>
<tr>
<td>sago</td>
</tr>
<tr>
<td>seeds</td>
</tr>
<tr>
<td>sorghum</td>
</tr>
<tr>
<td>soy</td>
</tr>
<tr>
<td>tapioca</td>
</tr>
<tr>
<td>teff</td>
</tr>
<tr>
<td>wild rice</td>
</tr>
<tr>
<td>yucca</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Foods To Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>wheat</td>
</tr>
<tr>
<td>• including einkorn, emmer, spelt, kamut</td>
</tr>
<tr>
<td>• wheat starch, wheat bran, wheat germ, cracked wheat, hydrolyzed wheat protein</td>
</tr>
<tr>
<td>barley</td>
</tr>
<tr>
<td>rye</td>
</tr>
<tr>
<td>triticale (a cross between wheat and rye)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Wheat Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>bromated flour</td>
</tr>
<tr>
<td>durum flour</td>
</tr>
<tr>
<td>enriched flour</td>
</tr>
<tr>
<td>farina</td>
</tr>
<tr>
<td>graham flour</td>
</tr>
<tr>
<td>phosphated flour</td>
</tr>
<tr>
<td>plain flour</td>
</tr>
<tr>
<td>self-rising flour</td>
</tr>
<tr>
<td>semolina</td>
</tr>
<tr>
<td>white flour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Processed Foods that May Contain Wheat, Barley, or Rye*</th>
</tr>
</thead>
<tbody>
<tr>
<td>bouillon cubes</td>
</tr>
<tr>
<td>brown rice syrup</td>
</tr>
<tr>
<td>candy</td>
</tr>
<tr>
<td>chips/potato chips</td>
</tr>
<tr>
<td>cold cuts, hot dogs, salami, sausage</td>
</tr>
<tr>
<td>communion wafers</td>
</tr>
<tr>
<td>French fries</td>
</tr>
<tr>
<td>gravy</td>
</tr>
<tr>
<td>imitation fish</td>
</tr>
<tr>
<td>matzo</td>
</tr>
<tr>
<td>rice mixes</td>
</tr>
<tr>
<td>sauces</td>
</tr>
<tr>
<td>seasoned tortilla chips</td>
</tr>
<tr>
<td>self-basting turkey</td>
</tr>
<tr>
<td>soups</td>
</tr>
<tr>
<td>soy sauce</td>
</tr>
<tr>
<td>vegetables in sauce</td>
</tr>
</tbody>
</table>

* Most of these foods can be found gluten-free. When in doubt, check with the food manufacturer.

**Risk Description**

A participant who has been diagnosed with celiac disease by a health care provider. Celiac disease is an auto immune response to gluten that results in damage to the small intestine. Celiac disease is also known as:

- Celiac sprue
- Gluten-sensitive enteropathy
- Non-tropical sprue

*(Gluten sensitivity has been removed from this list)*

<table>
<thead>
<tr>
<th>At risk if:</th>
<th>Health care provider diagnosed celiac disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT at risk if:</td>
<td>Celiac disease has NOT been diagnosed by a health care provider</td>
</tr>
</tbody>
</table>

**Reason for Risk**

Celiac disease causes the small intestine to become inflamed after exposure to the protein gluten from wheat, rye, barley or any by-product of these grains. This damage results in poor absorption of nutrients in food.
**How is Risk Assigned?**

- CPA-selected.
- Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.

**Additional Documentation**

No special requirements.

**Education/Referrals?**

- This is a HIGH risk level – a referral to the WIC nutritionist is required.
- Guide WIC food package selection based on gluten free options in the food package.
- Educate participants on meeting nutritional needs in the absence of gluten-containing foods.
- Encourage high fiber, gluten-free grain selections.
- Educate participants on planning gluten-free meals and snacks for outside the home.
- Provide referrals as appropriate.
- See More Information about Medical Conditions to learn more about celiac disease.

**Example**

Tamara is enrolling on WIC for her pregnancy. During the health history, she tells you that 5 years ago she was diagnosed with celiac disease. She has been on a gluten-free diet since then. Tamara is enrolled on WIC with Risk 354 and is referred to the WIC nutritionist for high-risk counseling.
Risk 355 Lactose Intolerance

Explanation: Individuals who are lactose-intolerant have difficulty digesting lactose, the sugar found in milk and milk products. They lack sufficient amounts of the enzyme lactase which is necessary for breaking down lactose. Symptoms of lactose-intolerance include mild to severe abdominal discomfort with gas, bloating, cramping and/or diarrhea following the eating or drinking of milk or milk products.

Lactose reduced milk is available through WIC for women and children who are lactose intolerant. The WIC formula that addresses lactose intolerance for infants is Similac Sensitive for fussiness and gas. This is a lactose reduced formula.

This risk is assigned when lactose intolerance is diagnosed by a health care provider. The diagnosis can be self reported by a participant.

TWIST Update: Document the specific symptoms in TWIST. The TWIST risk level will be low when this risk is assigned.

Risk Information Sheet: USDA has added “Implications for WIC Services” to the risk guidance that they provide. This information has been incorporated in the Education/Referrals section of the risk information sheet that is part of the Nutrition Risk Module.

New information is highlighted on the updated Risk 355 information sheet on pages 14 and 15.

Review question: How could lactose intolerance affect nutrient intake?
**Risk Description**

A participant who has been diagnosed with lactose intolerance by a health care provider.

<table>
<thead>
<tr>
<th>At risk if:</th>
<th>Health care provider diagnosed lactose intolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT at risk if:</td>
<td>Lactose intolerance has NOT been diagnosed by a health care provider</td>
</tr>
</tbody>
</table>

**Reason for Risk**

Lactose intolerance occurs when a person’s body does not produce enough of the enzyme lactase. Lactase is needed to digest lactose (milk sugar).

Lactose occurs in dairy products. A person with lactose intolerance who eats or drinks dairy products will have the symptoms such as nausea, diarrhea, bloating, gas or cramps. Symptoms can range from mild to severe.

People with lactose intolerance can often eat small amounts of dairy products or cooked or processed dairy products such as yogurt, cheese and cooked milk in soups, pudding, custard or hot chocolate. People who are avoiding dairy products need to eat other foods to ensure adequate calcium and vitamin D intake.
Lactose intolerance is rare in infants and usually doesn’t develop until around age 2.

**How is Risk Assigned?**

- CPA-selected.
- Select this risk from the “Select Risks/Sub Risks” pop-up during the Health History or on the “Risk Factors” screen.

**Additional Documentation**

In “Notes” or “Progress Notes,” document the symptoms caused by ingestion of dairy products and that the avoidance of dairy products eliminates the symptoms.

**Education/Referrals**

- Adjust WIC food packages to substitute or remove lactose-containing foods which cause symptoms for the participant.
- Educate participants on meeting nutritional needs in the absence of lactose-containing foods.
- Educate participants on planning lactose-free/lactose-reduced meals and snacks.

- See *More Information about Medical Conditions* to learn more about lactose intolerance.

**Example**

Monique is at WIC to be enrolled for her pregnancy. During the health history, she tells you that she is concerned about the baby growing properly because she doesn’t drink milk. She tells you that she was diagnosed with lactose intolerance by a doctor 2 years ago. When she was drinking milk, she was having problems with gas, bloating and diarrhea. After she
stopped drinking milk, she felt better. She now eats some yogurt and cheese, but doesn’t
drink plain milk. Monique would qualify for Risk 355.

**Risk 401 Presumed Dietary Eligibility for Women and Children**

**Explanation:** Women and Children who are 2 years of age and older and income eligible for
WIC may be presumed eligible for WIC participation based on inability to meet the Dietary
Guidelines for Americans. The 2010 version of the Guidelines encourages Americans to eat a
healthful diet — one that focuses on foods and beverages that help achieve and maintain a
healthy weight, promote health, and prevent disease.

For the full text of the Guidelines, see this website:

See page 17 for selected messages from the dietary guidelines to use with WIC participants.

**TWIST update:** Risk 401 addresses presumed eligibility for women and children over age 2
years. Risk 428 addresses presumed eligibility for infants and children ages 4 to 23 months.
These risks are only assigned when no other risks are identified after a full assessment has
been completed. A full assessment is documented in TWIST by answering all of the
questions on the health and diet questionnaires in TWIST.

The final question on the diet questionnaire will be reworded to read “Are risks assigned?”
This question refers to risks generated from either the health or diet questionnaire. If there
are no risks, answer the question “No” and the option to auto assigned presumed eligibility
will be offered. If risks have been assigned answer “Yes” and no further response is
required.

See the page 18 for a snapshot of the reworded TWIST question.

**Risk Information Sheet:** USDA has added “Implications for WIC Services” to the risk
guidance that they provide. This information has been incorporated in the
Education/Referrals section on the risk information sheet that is part of the Dietary Risk
Module.

New information is highlighted on the updated Risk 401 information sheet on pages 19 and
20.

**Review question:** Why would it be appropriate to complete all of the questions on the
TWIST questionnaires before assigning this risk?
Dietary Guidelines 2010
Selected Messages for Consumers

Take action on the Dietary Guidelines by making changes in these three areas.

Choose steps that work for you and start today.

Balancing Calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

Foods to Increase

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1%) milk.

Foods to Reduce

- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers.
- Drink water instead of sugary drinks.

USDA

ChooseMyPlate.gov

June 2011
### Questionnaire

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Answer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>03.1</td>
<td>What concerns do you have about the way your child eats?</td>
<td></td>
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<tr>
<td>04.1</td>
<td>How well does your child eat a variety of foods with different textures?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05.1</td>
<td>How can you tell when your child is hungry or full?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06.1</td>
<td>How well does your child feed himself/herself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07.1</td>
<td>What does your child use when drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08.1</td>
<td>What beverages does your child usually drink?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.1</td>
<td>Is your child receiving fluoride?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.3</td>
<td>Is your child receiving a vitamin D supplement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.1</td>
<td>Are risks assigned?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10.1</td>
<td>Do you want to assign the presumed eligibility risk now?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Risk Factors

- Enrollment
- Family Summary Screen
- Immunizations Status
- Change Transaction Type
- Determine Eligibility
Presumed Dietary Eligibility for
Women and Children
(ages 2 to 5 years)

Category: WOMEN, CHILDREN ages 2 years and older
Risk Level: LOW

Risk Description

Women and children age 2 years and older may be presumed to be at nutrition risk based on inability to meet the Dietary Guidelines for Americans.

At risk if:
Woman or child age 2 years or older who have had a complete nutrition assessment performed
-AND-
No other health or dietary risks have been identified

NOT at risk if:
Child under age 2 years
-OR-
A complete nutrition assessment has not been performed
-OR-
Another risk has been identified

Reason for Risk

Evidence shows that nearly all low-income women of childbearing age and children ages 2-5 years are at dietary risk and will benefit from WIC services.

Considerations for Assigning Risk

Has a complete assessment been done? Have any Anthropometric/Biochemical/Clinical/Dietary risks been identified?
Additional Documentation

No special requirements.

Education/Referrals

• Guide the participant in choosing healthy foods and age-appropriate physical activities as recommended in the *Dietary Guidelines for Americans*.

• Reinforce positive lifestyle behaviors that lead to positive health outcomes.

• Discuss nutrition-related topics of interest to the participant such as food shopping, meal preparation, feeding relationships, and family meals.

• Refer participants, as appropriate, to the Supplemental Nutrition Assistance Program (SNAP), community food banks and other available nutrition assistance programs.

Example

**At Risk**

Lauryn is a 4-year-old child at WIC for a recertification appointment. After a complete nutrition assessment has been performed, no risks have been identified. Lauryn would qualify for Risk 401.

**Not at Risk**

Brynn is a 3-year-old child at WIC for a recertification appointment. During her complete assessment, it is determined that her hemoglobin is low. Brynn would **not** qualify for risk 401.