

# Presumed Dietary Eligibility Risks

## Chapter **5**

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Risk Info Sheets: 401 & 428



## 5-1 Presumed Dietary Eligibility Risks

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### **Items Needed**

- ◆ The *Risk Info Sheets* listed below:
  - ◇ 401 – *Presumed Dietary Eligibility for Women and Children (ages 2 to 5 years)*
  - ◇ 428 – *Presumed Dietary Eligibility for Infants and Children (ages 4 to 23 months)*
- ◆ *Job Aid: Completing a Diet Assessment for Pregnant Women*
- ◆ Access to TWIST Practice database for case studies

### **Objectives**

After completing this lesson, you will be able to:

- ◆ Determine the criteria that would allow assignment of the presumed dietary eligibility risks.
- ◆ Identify 2 presumed dietary eligibility risks.

### **Overview**

Research has shown that individuals who meet WIC income guidelines typically have diets that do not meet dietary recommendations. For this reason, WIC has two dietary risks that can be assigned to participants who have no other nutrition risk factor. These risks are described in a *Risk Info Sheet* at the end of this lesson.

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Read the *Risk Info Sheets* for each of the following presumed dietary eligibility risks:

401 – *Presumed Dietary Eligibility for Women and Children (ages 2 to 5 years)*

428 – *Presumed Dietary Eligibility for Infants and Children (ages 4 to 23 months)*

**The two presumed dietary eligibility risks**

The two presumed dietary eligibility risks differ only in the age/category of the participants to which they can be assigned.

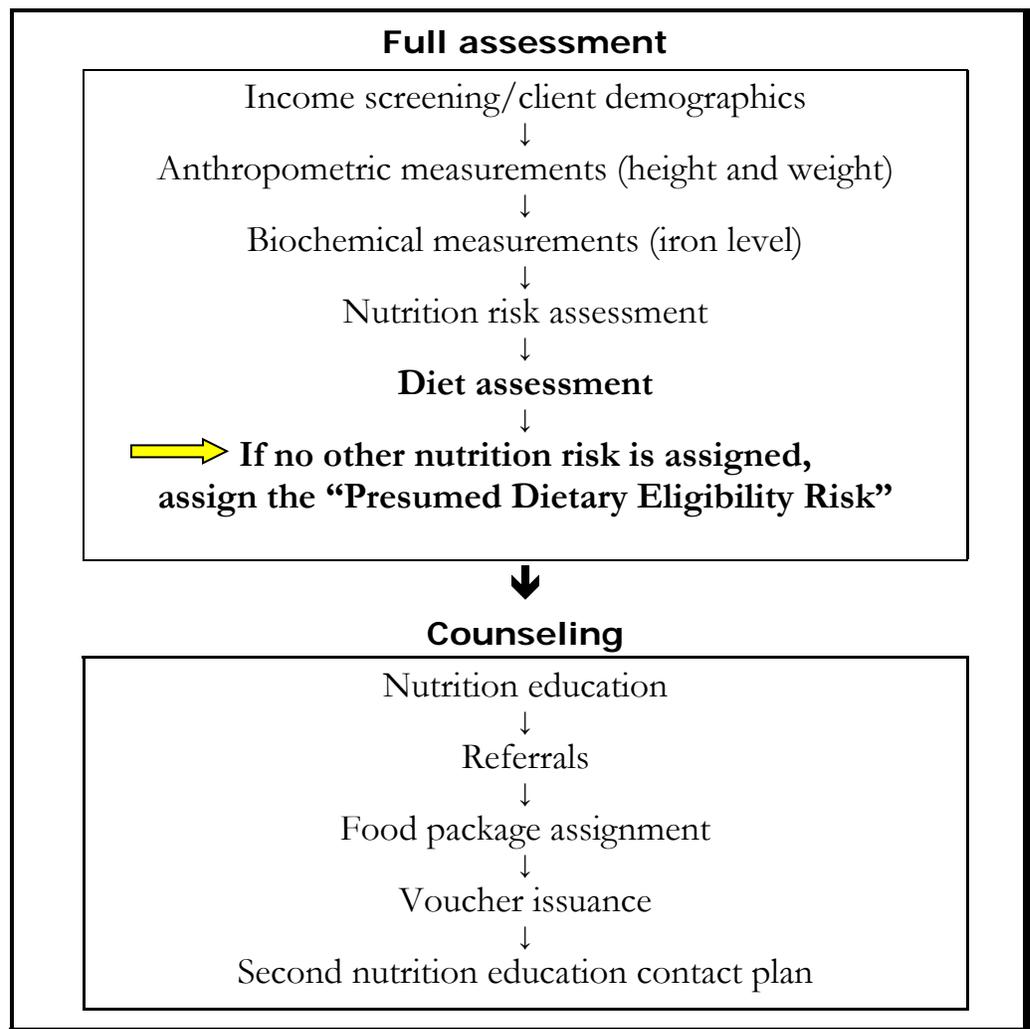
Risk #	Category and Age	Reason for Risk
401	<ul style="list-style-type: none"> <li>▪ Women</li> <li>▪ Children, ages 2 to 5 years</li> </ul>	Older children and women usually have diets that do not meet the Dietary Guidelines for Americans.
428	<ul style="list-style-type: none"> <li>▪ Infants, ages 4 to 12 months</li> <li>▪ Children, ages 13 to 23 months</li> </ul>	Older infants and young children are transitioning from one kind of diet to another.



## When to assign presumed dietary eligibility

You will notice from the *Risk Info Sheets* that these risks should not be assigned until you have completed the entire nutrition assessment and have not identified any risks. Remember, the entire nutrition assessment includes checking for all nutrition risks - anthropometric, biochemical, clinical/medical and dietary. This means that you have done all the heights, weights and blood work, completed the health history and done a thorough diet assessment.

Only after you are sure that the participant has no other nutrition risks would this risk be assigned.





### **Selecting presumed dietary eligibility risks in TWIST**



**Critical Thinking:** After you have done a full assessment, and if no nutrition risk has been assigned, you would select the appropriate presumed dietary eligibility risk. These risks can be assigned in TWIST on either the “Diet Assessment – Risk Factors” sub-tab, or on the “NE Plan – Risk/Interventions” sub-tab.

### **Infants under 4 months of age**

**Presumed dietary eligibility risks are not applicable for infants under 4 months of age.** Infants under the age of 4 months only need to have breast milk or formula, and therefore would rarely have an inadequate diet. Most infants under 4 months of age will be eligible for WIC based on another risk or on their mother being eligible for WIC during her pregnancy.



**Critical Thinking:** If an infant being screened for eligibility has no nutrition risk assigned, carefully review what information you have collected and see if you can identify an appropriate risk, such as *Risk 701 – Infant Born to WIC Mom* or *WIC-eligible Mom* or *Risk 702 – Breastfeeding Infant of Woman at Nutritional Risk*. If no risk is identified, the infant would not be eligible for WIC.





5. Tonya is an underweight pregnant woman. Would she qualify for a presumed dietary eligibility risk?  
YES – RISK # \_\_\_\_\_ NO
6. Monica is a breastfeeding woman. Her hemoglobin level is 11.5. Would she qualify for a presumed dietary eligibility risk?  
YES – RISK # \_\_\_\_\_ NO
7. Kevin is 4 years old. After a complete nutrition assessment, no other health or dietary risks were identified. Would he qualify for a presumed dietary eligibility risk?  
YES – RISK # \_\_\_\_\_ NO

### ***Case study***

Complete *Case Study E* and *Case Study F*, which are located in the *Case Studies* section of the module.

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## Review Activity

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### *With your Training Supervisor*

1. Discuss your questions about Chapter 5.
  2. Check your answers to the written *Practice Activities* and *Skill Checks*.
  3. Check your answers to *Case Study E* and *Case Study F*.
  4. Discuss where in the certification process assigning presumed dietary eligibility risk may fall.
  5. Discuss what is unique about the 2 presumed dietary eligibility risks compared to other dietary risks.
  6. Discuss how you might handle an infant under 4 months of age with no nutrition risk assigned.
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# Presumed Dietary Eligibility for Women and Children (ages 2 to 5 years)

401

Category.....	<b>WOMEN CHILDREN ages 2 years and older</b>
Risk Level.....	<b>LOW</b>



## 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.

<b>At risk if:</b>	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
<b>NOT at risk if:</b>	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/**B**iochemical/**C**linical/**D**ietary 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.

# Presumed Dietary Eligibility for Infants and Children (ages 4 to 23 months)

428

Category.....	<b>INFANTS ages 4 to 12 months, CHILDREN ages 13 to 23 months</b>
Risk Level.....	<b>LOW</b>



## Risk Description

Infants and young children between the ages of 4 to 23 months may be presumed to be at nutrition risk for inappropriate complementary feeding practices. Complementary feeding is the gradual addition of foods and beverages to the diet of an infant or young child. An infant or child is at risk for inappropriate complementary feeding when they are moving towards:

- ◆ Eating solid foods
- ◆ Learning to feed themselves
- ◆ Weaning from breast milk or formula
- ◆ Transitioning from infant foods to table foods

<b>At risk if:</b>	An infant ages 4 to 12 months or a child ages 13 to 23 months has had a complete nutrition assessment performed -AND- No other health or dietary risks have been identified
<b>NOT</b>	Infant is under 4 months of age

<b>at risk if:</b>	<p>-OR- Child is over age 2 years</p> <p>-OR- A complete nutrition assessment has not been performed</p> <p>-OR- Another risk has been identified</p>
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### Reason for Risk

Adding complimentary foods to an infant or child’s diet can be challenging. To manage complimentary feeding successfully, caregivers must make decisions about what, when, where, and how to offer foods according to the infant or child’s:

- ◆ Requirement for energy and nutrients
- ◆ Fine, gross, and oral motor skills
- ◆ Emerging independence and desire to self feed
- ◆ Need to learn healthy eating habits through exposure to a variety of nutritious foods

### Considerations for Assigning Risk

Has a complete assessment been done? Have any Anthropometric/**B**iochemical/**C**linical/**D**ietary risks been identified?



### Additional Documentation

No special requirements.



### Education/Referrals

Provide counseling appropriate for participant’s concerns.

### Example

**At Risk**

Brett is a 1-year-old child at WIC for a recertification appointment. After a complete nutrition assessment has been performed, no risks have been identified. Brett would qualify for Risk 428.

**Not at Risk**

Peggy is an 18-month-old infant at WIC for a recertification appointment. During a complete assessment, it is identified that Peggy is short stature for age. Peggy would **not** qualify for Risk 428.

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