



**POLICY:** During a six month certification period, a minimum of two nutrition education contacts must be made available to all adult participants, to the parent or caretaker of infant and child participants, and to the children themselves when possible. For certification periods greater than six months, nutrition education contacts must be made available quarterly. Local programs are encouraged to provide nutrition education to participants on a more frequent basis when possible. The nutrition education contact will be through individual or group sessions which are appropriate to the participant’s nutrition needs.

**PURPOSE:** To ensure that appropriate nutrition education is made available to all participants and to establish standards for nutrition education contacts.

**RELEVANT REGULATIONS:** 7 CFR §246.6 ¶(b)—Goals  
 7 CFR §246.11 ¶(c)(4) and (7)—State agency responsibilities  
 7 CFR §246.11 ¶(e)—Participant contacts

**OREGON WIC PPM REFERENCES:** ♦635—Participant Notification: Eligibility and Rights & Responsibilities  
 ♦645—Certification Periods  
 ♦661—Competent Professional Authority: High-Risk Counseling  
 ♦670—Risk Criteria: Overview  
 ♦675—Risk Criteria: Codes and Descriptions  
 ♦810—Nutrition Education: Making Education Available  
 ♦830—Nutrition Education: Documentation

**DEFINITIONS:**

<i>Certification period</i>	Length of time participant will be enrolled in WIC and receive WIC benefits. Refer to ♦645—Certification Periods.
<i>High-risk participant</i>	A participant with a health risk that has been identified to meet one of the state’s high-risk criteria. Refer to ♦661—Competent Professional Authority: Appropriate Counseling for Risk Levels.
<i>Nutritional risk</i>	A health or dietary condition that indicates a nutrition-related health problem or need and is required for program eligibility.
<i>Individual care plan</i>	A written plan that outlines actions that will assist the participant in assuming responsibility for improving identified health-related problems on a prioritized basis.

**APPENDICES:** 820.4 Appendix A Offering second nutrition education contacts to families with multiple members on WIC

## NUTRITON EDUCATION: PARTICIPANT CONTACTS, *cont.*

**PROCEDURE:** 1.0 The first nutrition education contact is made at the time of certification and is an in-person interaction between the participant and the WIC certifier. It includes the following CPA actions: (See ¶1.1-¶1.3 fore more information.)

- Establishing a connection between the participant’s program eligibility and desired health outcomes.
- Targeting nutrition education to the participant’s specific nutrition needs and interests.
- Assisting the participant with identifying next steps for specific behavior change.

*Explanation of risks/interventions*

1.1 The first step in behavior change is to raise awareness of desired health outcomes. Inform the participant of the reason they are enrolled on the program and give an explanation of the risk factor(s) that made the participant eligible for WIC. This does not mean every risk factor must be reviewed, but rather is intended to summarize the reasons the participant is enrolled. For more information, see policies ♦635—Participant Notification: Eligibility, Rights and Responsibilities, ♦670—Overview of Risk Criteria and Priorities and ♦675—Risk Criteria: Codes and Descriptions.

For example: “Your child is being enrolled in WIC because of the concerns about his health and growth that we have talked about today.”

*NE targeted to participant’s needs*

1.2 The nutrition education provided should match the participant’s need and their motivation level (stage of change). For a parent or caretaker, the education should be targeted to the parent or caretaker’s motivation level. Document the nutrition education provided in the participant’s record. (See ♦830—Nutrition Education: Documentation for documentation requirements.)

- 1.2.1 All pregnant participants will be encouraged to breastfeed unless contraindicated for health reasons. The goal is to provide accurate breastfeeding information and support so the woman can make an informed infant feeding choice.
- 1.2.2 The education will meet the cultural and language needs of the participant.
- 1.2.3 Document nutrition education materials provided to the participant.
- 1.2.4 The local program nutritionist or registered dietitian will develop an individual care plan with each high-risk participant. Provide other participants with an individual care plan when the participant, parent or caretaker requests one. Document individual care plans in the participant’s record.

*Identification of next steps*

## NUTRITON EDUCATION: PARTICIPANT CONTACTS, *cont.*

- 1.3 Document the participant's identified behavior change, the steps the participant will take and the status in the participant's record. Local programs must update the participant's "Next Steps" status at each certification visit.

### *Second NE contacts*

- 2.0 Local programs must make available and offer a minimum of one additional nutrition education contact to each participant following the first nutrition education contact. Local programs are encouraged to provide nutrition education to participants on a more frequent basis whenever possible.
  - 2.1 The CPA will work with the participant to identify and choose a second nutrition education contact most appropriate to the nutritional risk status of the participant.
  - 2.2 High-risk participants will receive contacts according to the individual care plan developed by the local WIC nutritionist/registered dietitian. See ♦661—Competent Professional Authority: High-Risk Counseling. A registered dietitian or nutritionist will see high-risk participants at least once in each certification period.
  - 2.3 Schedule participants who are not high risk for either individual or group sessions.
    - 2.3.1 The second contact must relate to the participant's nutritional risk(s) and individual nutritional needs, taking into account cultural and individual preferences.
    - 2.3.2 If several members of a family are WIC participants, offer each participant a separate nutrition education contact. Offer each participant a second education contact appropriate to the nutritional risk status of the participant.
    - 2.3.3 If the parent or caretaker in a family where several members are WIC participants is only able or willing to attend a limited number of second nutrition education contacts, follow the guidelines in Appendix A for offering second nutrition education.

### *Verbal interaction*

- 2.4 Nutrition education contacts must include verbal interaction with participants, including when audiovisual and written nutrition education materials are used. See ♦810—Nutrition Education: Making Education Available.
  - 2.4.1 Written information provided to a participant, parent or caretaker without the benefit of face-to-face contact will *not* be considered as fulfilling a required nutrition education contact. This includes such materials as newsletters, nutrition education pamphlets, and recipe cards.

**NUTRITON EDUCATION: PARTICIPANT CONTACTS, *cont.***

- Counseling interventions*** 3.0 Local programs are encouraged to develop counseling interventions for specific nutrition risk conditions, including high-risk conditions.
- 3.1 The local program nutritionist may modify counseling protocols based on a participant’s individual risk condition.
- Lesson plans*** 4.0 Local programs will enter class titles, duration, language and frequency or dates offered into TWIST. Local program lesson plans must be kept on file at the local program and should include measurable goals and learning objectives. See the Oregon WIC Training Module “*Providing Group Nutrition Education*” for more information. ★

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### Offering 2<sup>nd</sup> Nutrition Education Contacts to Families with Multiple Members on WIC

If several members in a family are WIC participants, offer each participant a separate nutrition education contact appropriate to the nutritional risk status of the participant. If the parent or caretaker indicates they are only able or willing to attend a limited number of second nutrition education activities, use the guidance listed below to help ensure consistent 2<sup>nd</sup> NE offerings.

- Schedule appropriate high risk family members first.
- Local program staff may schedule family members with *similar* nutrition risks for a group education contact that meets the needs of several family members.
- For low risk family members in *different* categories, prioritize group education offerings in the following order:
  1. Pregnant Women
  2. Breastfeeding Women
  3. Infant
  4. Child
  5. Postpartum

#### Scenario 1: Family with clients in different categories with different risks

If a family has several members on WIC and they all have very different nutrition needs, consider offering them individual appointments, so the educator can address their various nutrition education needs. At the certification appointment, staff can specify a Plan in the “Progress Note” field in TWIST and record the education topic or follow-up that is needed to address the participants’ needs.

**Example:** A family has a 7 month old baby, a 2 year old that is still on the bottle at bedtime with poor dental practices and a 3 year old with a low hemoglobin. Each of the children are scheduled for individual education (IE) appointments. For each participant, the certifier puts a Plan in the “Progress Note” field in TWIST for the IE appointment, so in addition to following up on the goal, the educator will be able to see at a glance the education topic to cover appropriate to each participant’s needs.

#### Scenario 2: Family with high risk and low risk participants in different categories.

A WIC family has a high risk child and a low risk pregnant woman. Schedule the high risk child with the RD and offer an appropriate prenatal or breastfeeding class to the pregnant woman. If the family can only attend the high risk appointment for the child, consider having the RD also cover appropriate education for the woman.

**NUTRITON EDUCATION: PARTICIPANT CONTACTS, *cont.***

**Scenario 3:** Family with participants in the same category with similar nutrition risks.

A WIC family has a four year old child and a two year old child with similar nutrition risks. Both children would benefit from a class on healthy snacks for young children. Request or schedule both children into the same class.

**Scenario 4:** Family with low risk participants in different categories.

A WIC family has a low risk pregnant women, an 18 month old child and a 3 ½ year old child who are also low risk. Offer the woman a prenatal class. She indicates she would rather attend a class related to child nutrition. Schedule or request a child nutrition class and schedule the entire family into that class.