



## GROUP SESSION LEADER'S GUIDE – 2014 NUTRITION RISK CRITERIA UPDATE

### Session Focus:

**Target Audience:** WIC staff performing nutrition risk assessments (RDs, CAs)

**Session Goal:** United States Department of Agriculture (USDA) Food & Nutrition Services (FNS) has updated three existing nutrition risk criteria for implementation during 2015 or sooner. This in-service will enhance understanding of the conditions addressed by these revision updates which go into effect in Idaho on October 1, 2014:

- *361 Depression*
- *381 Oral Health Conditions (formerly known as Dental Problems)*
- *411 Inappropriate Nutrition Practices (Infants)*

In addition, Idaho WIC will be adding a new nutrition risk criterion October 1, 2014:

- *334 Lack of or Inadequate Prenatal Care*

**Session Objectives:** By the end of the session staff will be able to...

- Objective 1: Identify key points to revision updates for risks *361*, *381* and *411*.
- Objective 2: Develop understanding of the new nutrition risk criterion *334*.
- Objective 3: Correctly document and assign in WISPr risks *334*, *361*, *381* and *411*.
- Objective 4: Identify changes to the prenatal and infant nutrition assessment questions.

### Session Planning:

#### Materials Needed:

##### Staff handouts:

- Handout *334 Lack of or Inadequate Prenatal Care*
- Handout *361 Depression*
- Handout *381 Oral Health Conditions*
- Handout *411 Inappropriate Nutrition Practices*
- Guidance for Screening and Referring Women with or At Risk for Depression
- *WIC Learning Online Infant Feeding Tips for Food Safety*
- *WIC Learning Online Infant Formula Preparation*
- Prenatal Nutrition Assessment computer down form
- Infant Nutrition Assessment computer down form

##### Additional materials for session leader:

- WIC Connects Group Session Leader's Guide – 2014 Nutrition Risk Criteria Update (this leader's guide)
- Risk Update 2013 Presentation PowerPoint
- For leader reference (revisions/updates are in red font):
  - Appendix RD Referral
  - Appendix NRC 334
  - Appendix NRC 361
  - Appendix NRC 381
  - Appendix NRC 411

**Preparation Needed:**

- Participate in the NEAT train-the-trainer conference call July 10, 2:00 – 3:30 pm MT. Call in number 888-706-6468, participant code 811393.
- Review materials in advance of the group training session.

Prior to leading the in-service session, spend time reflecting on how you can ‘model’ participant centered services (PCS) skills throughout the session. Read the in-service outline below and think about where you might use open-ended questions (see the activities), affirmations (affirm staff for their comments/answers during the session), reflections (acknowledge when the group seems apprehensive, excited, confident, etc.), and summarizations (anywhere it seems to fit during the session discussions). At the conclusion of the power point presentation session, determine the “next steps” (see slide 22 below) and summarize.

<b>Session Outline:</b>
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Facilitator notes – (total time needed about 60 to 75 minutes)

PPT Slide:	Important concepts to cover, learning activities
<b>Slides 1, 2</b>	<p><b>Opening the session:</b> The United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) has revised three existing nutrition risk criteria for implementation during 2015 or sooner. In Idaho, we’ll implement these updates October 1, 2014.</p> <ul style="list-style-type: none"> <li>• <i>361 Depression</i></li> <li>• <i>381 Oral Health Conditions</i> (formerly known as Dental Problems)</li> <li>• <i>411 Inappropriate Nutrition Practices</i> (infants)</li> </ul> <p>ID WIC Program will also be implementing a new risk criterion on October 1, 2014:</p> <ul style="list-style-type: none"> <li>• <i>334 Lack of or Inadequate Prenatal Care</i></li> </ul>
<b>Slide 3</b>	<p><b>Revision updates include:</b> <b>Changes –</b></p> <ul style="list-style-type: none"> <li>✓ A title and category change</li> <li>✓ Expanded definitions, justifications, clarification and references</li> <li>✓ Minor changes to the prenatal and infant nutrition assessment interview in WISPr and computer down forms</li> <li>✓ A new risk criterion</li> </ul>
<b>Slide 4</b>	<p><b>There are no changes to –</b></p> <ul style="list-style-type: none"> <li>✓ Risk numbers</li> <li>✓ Risk priority</li> <li>✓ RD referrals</li> <li>✓ Why/how staff manually assign these risks in WISPr</li> </ul> <p>The updates are intended to increase understanding of the conditions addressed by these risks so risk assignment will be accurate.</p>
<b>Slide 5</b>	<p>Discuss the <b>plan for completing the in-service:</b> we’ll review the summary handout for each risk and consider the discussion questions together.</p> <p><b>Warm-up Activity:</b></p> <ul style="list-style-type: none"> <li>• <i>Why is it helpful to review nutrition risk criteria periodically?</i> Example answers: It helps staff stay updated regarding new information related to health conditions. It helps staff assign risks correctly and provide relevant nutrition education.</li> </ul>

<p><b>Slide 6</b></p>	<p>The first risk update we'll be discussing is <b>361 Depression</b> (have attendees refer to the summary handout <i>361 Depression</i>).</p> <p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• <i>What participant categories apply?</i> Answer: all women categories apply - <b>children will no longer be assigned 361.</b></li> <li>• <i>What qualifies as depression?</i> After the group offers their ideas go to slide 7 for the answer.</li> </ul>
<p><b>Slide 7</b></p>	<p>All forms of <b>diagnosed clinical depression</b> apply (review example list on slide). There must be a diagnosis by a medical provider or the participant must state they have been diagnosed by a medical provider. The diagnosis <b>needs to be documented</b> in the participant's chart.</p> <p>Frequently asked question: <i>Does a diagnosis of anxiety qualify for risk 361?</i> Answer: No, there must be a diagnosis of clinical depression. Sometimes people are diagnosed with both depression and anxiety – in those scenarios risk 361 applies.</p>
<p><b>Slide 8</b></p>	<p>Review the risk's <b>key concepts</b> as outlined on the slide (also have attendees refer to their handout).</p>
<p><b>Slide 9</b></p>	<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• <i>What services can WIC offer to women diagnosed with depression?</i> Example answers: <ul style="list-style-type: none"> <li>➤ Referrals to their medical provider; local community mental health resources; 2-1-1 Idaho CareLine; suicide prevention hotlines/websites.</li> <li>➤ Education – healthy nutrition, physical activity and breastfeeding may be helpful towards coping with symptoms of depression.</li> </ul> <p>Have staff refer to the USDA handout <i>Guidance for Screening and Referring Women with or At Risk for Depression</i> for additional staff resources, referral and education ideas.</p> </li> <li>• <i>What other risk criteria might apply?</i> Example answers: <ul style="list-style-type: none"> <li>➤ Risk 902 <i>Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions/Prepare Food</i> may be assigned as appropriate for an infant/child of a mother diagnosed with depression (note: the assessment or care plan documentation needs to identify the limited ability to make appropriate feeding decisions and/or prepare food).</li> <li>➤ Risk 357 <i>Drug-Nutrient Interactions</i> may be assigned as appropriate to women taking antidepressants (note: medication needs to be documented).</li> <li>➤ A weight-related risk if there has been an appetite change (depression symptom) that has resulted in a weight change.</li> </ul> </li> </ul>
<p><b>Slide 10</b></p>	<p>The second risk update we'll be discussing is <b>381 Oral Health Conditions</b> (have attendees refer to the summary handout <i>381 Oral Health Conditions</i>). The title has changed, this risk used to be known as <i>381 Dental Problems</i>.</p> <p>To assign this risk a participant must have a diagnosis of dental caries (cavities, tooth decay) or a periodontal type disease (gum/bone infections) or state they have been diagnosed by a physician, dentist or someone working under a physician's orders. The <b>diagnosis needs to be documented</b> in the participant's chart.</p> <p>Frequently asked question: <i>Can a dental assistant or hygienist working for the health department make a diagnosis?</i> Answer: Not unless the dental assistant/hygienist is working under the orders of a physician/dentist.</p>
<p><b>Slide 11</b></p>	<p>Review key <b>facts about tooth decay</b> listed on the slide (also have attendees refer to their handout).</p>

	<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• <i>What types of foods/beverages contribute to tooth decay?</i></li> </ul> <p>Example answers:</p> <ul style="list-style-type: none"> <li>○ Foods/beverages with added sugar</li> <li>○ Breakfast bars, granola bars, sweetened dry cereals</li> <li>○ Cakes, candy, cookies, doughnuts</li> <li>○ Fruit juice, dried fruit</li> <li>○ Pretzels, crackers</li> </ul>
<b>Slide 12</b>	<p>Discuss how <b>oral health problems can increase:</b></p> <ul style="list-style-type: none"> <li>• a woman’s risk for other health problems - atherosclerosis, rheumatoid arthritis, diabetes</li> <li>• her risk of having pregnancy problems – preeclampsia, preterm delivery, low birth weight baby</li> <li>• the risk that her baby/child with develop tooth decay</li> </ul>
<b>Slide 13</b>	<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• <i>What types of education, recommendations and referrals can WIC staff offer to participants?</i></li> </ul> <p>Example Answers:</p> <ul style="list-style-type: none"> <li>○ Referrals to a dentist; community dental screening and/or fluoride varnish services.</li> <li>○ Obtain dental care during and after pregnancy.</li> <li>○ Drink/provide only water and milk between meals.</li> <li>○ Limit sugary foods and drinks (if eaten, do so at mealtime).</li> <li>○ Limit 100% fruit juice to ½ to ¾ cup per day; avoid juice drinks and carbonated beverages.</li> <li>○ Eat/provide a varied, balanced healthy diet.</li> <li>○ Breastfeed during the first year of life and beyond as mutually desired.</li> <li>○ Don’t have baby sleep with a bottle (or else use plain water).</li> <li>○ Wean from bottles by age 12 months.</li> <li>○ Wipe a baby’s gums with a washcloth or soft toothbrush to establish a daily routine.</li> <li>○ Brush teeth twice daily starting when a baby’s teeth erupt.</li> <li>○ Use fluoride toothpaste (“pea size” for 2-5 year olds, “smear” for under age 2).</li> <li>○ Floss daily.</li> <li>○ Minimize saliva sharing activities (sharing a cup, silverware, etc.).</li> <li>○ Women (adults) rinse nightly with an alcohol-free over-the-counter mouth rinse (0.05% sodium fluoride).</li> <li>○ Find a dentist/dental home by 12 months of age.</li> <li>○ Have dental exams/care every 6 months.</li> <li>○ Parents/caregivers discuss the possible need for fluoride supplementation with their child’s dentist.</li> </ul>
<b>Slide 14</b>	<p>Next we’ll be discussing <b>411 Inappropriate Nutrition Practices</b> (have attendees refer to the summary handout <i>411 Inappropriate Nutrition Practices</i>). The revision focuses on sub-section <b>411.9</b> regarding the definition/justification of inappropriate sanitation in the preparation, handling and storage of breast milk and formula.</p>
<b>Slide 15</b>	<p>Review the <b>changes regarding breast milk: when 411.9 no longer applies and the new reasons 411.9 may be assigned</b> (see slide). Have attendees refer to the <i>Infant Nutrition Assessment</i> computer down form to see the changes to assessment question 6. in red type.</p> <p>Frequently asked question: Why have WIC recommendations regarding how long breast milk can be safely stored (number of hours/days) been more limited than most other published guidelines?  Answer: Although there are variations in the recommended lengths for breast milk to be held at room temperature or stored in the refrigerator or freezer, safety is more likely to be assured by using the more conservative guidelines and WIC is considered to be an “at risk population.” However, with the revisions to 411.9, staff may consider participant circumstances (e.g., adequate refrigeration, safe water, heat source) as well as the health of the infant when deciding which guidelines to follow regarding</p>

	recommending the length of time breast milk may be stored.
<b>Slide 16</b>	Review the <b>changes regarding formula: the wording change and the new reason for assigning 411.9</b> (see slide). Have attendees refer to the <i>Infant Nutrition Assessment</i> computer down form to see the changes to assessment question 7 in red type.
<b>Slide 17</b>	<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• <i>What resources are available to help staff better understand the proper preparation, handling and storage of breast milk and formula?</i></li> </ul> <p>Example answers:</p> <ul style="list-style-type: none"> <li>➤ Manufactures instructions on packaging/websites for formula, breast pumps, etc.</li> <li>➤ WIC Learning Online Infant Feeding: Tips for Food Safety (have attendees refer to handout)</li> <li>➤ WIC Learning Online Infant Formula Preparation handout (have attendees refer to handout)</li> </ul>
<b>Slide 18</b>	The <b>new risk criterion</b> being added this October is <b>334 Lack of or Inadequate Prenatal Care</b> (have attendees refer to the summary handout 334 Lack of or Inadequate Prenatal Care). The new risk applies to category pregnant women (priority 1), is manually assigned in WISPr, and doesn't require an RD referral.
<b>Slide 19</b>	Review <b>when to assign 334</b> (see slide and have attendees refer to their handout).
<b>Slide 20</b>	Have attendees <b>review question 5. of the <i>Prenatal Nutrition Assessment</i></b> computer down form. Discuss that the assessment question is not changing, but an additional response section is being added to document the total number of prenatal medical appointments. This additional response section will appear in WISPr, too. Risk documentation includes entering the date of the first appointment and the total number of appointments. If the participant has not had any appointments or can't remember how many, staff may enter 0 or unknown.
<b>Slide 21</b>	<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• <i>How and where will you refer pregnant women who aren't receiving prenatal medical care?</i></li> </ul> <p>Example answers:</p> <ul style="list-style-type: none"> <li>➤ Staff can ask a probing question such as: "Is there something preventing you from getting medical care for your pregnancy? Do you have plans to start getting medical care for your pregnancy? Have you selected a health care provider to start scheduling appointments with?"</li> <li>➤ Staff can refer the participant to a low income medical provider in their community (unless the participant already has identified a provider to schedule an appointment with).</li> </ul>
<b>Slide 22</b>	<p><b>Closing the session:</b></p> <p>Are there any questions? If you have questions later, check with an RD, Coordinator or the State Office.</p> <p>Determine any staff "next steps" (e.g., staff will need to discard any old computer down nutrition assessment forms (prenatal and infant) on October 1, 2014; staff will need to discard any outdated resources for breastfeeding/formula sanitation).</p>
<b>Slide 23</b>	<b>Thank you</b> for participating!

**Facilitator review:**

How well did the session support certifier understanding of the updated risk criteria?

What suggestions do you have for the State Office regarding future Nutrition Risk Criteria training and related materials?

Feedback may be given to:

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