



Chapter 5: Nutrition Education

Approval Date: Oct 2019

Supersedes: May 2017

Overview

The Idaho WIC Program operates according to WIC program specific federal regulations that include the WIC nutrition assessment. WIC nutrition assessment is the first step in providing quality nutrition services. The Value Enhanced Nutrition Assessment (VENA) provides the foundation for targeted and relevant nutrition education that guides and supports families in making healthier eating and lifestyle choices.

Nutrition education is a benefit available at no cost to all participants. Nutrition education should be easily understood and relevant to the participant and integrated into all areas of WIC.

Purpose

The sections in this chapter provide standards that outline acceptable measures for delivering nutrition education to all WIC participants.

Scope

The policy applies to all State and local agency staff operating within the Idaho WIC Program.

In this chapter

Section A General Requirements

Section B Delivery of Nutrition Education

Section C Participant Survey

Section D Nutrition Education Topic Codes



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



SECTION A: GENERAL REQUIREMENTS

OVERVIEW

IN THIS SECTION

Availability of Nutrition Education
Low Risk Contact
High Risk Contact
Drugs and Other Harmful Substances
Documentation of Contacts
Refusal of Nutrition Education

Availability of Nutrition Education Policy

POLICY

Nutrition education must be available to all participants through either individual or group sessions appropriate to the individual participant's nutritional risks, needs, and interests. A minimum of two nutrition education contacts must be made available during each six-month certification period for all adult participants, the parents or caretakers of infant and child participants, and the child participants themselves, when possible. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other program operations.

GOALS

Nutrition education shall be designed to achieve the following broad goals:

- Stress the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants, and children under five years of age
- Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the WIC supplemental foods and other nutritious foods
- Facilitate creating a partnership with the participant in goal setting
- Provide a positive approach toward achieving desired health outcomes (rather than focusing on deficiencies)

MINIMUM CRITERIA

Nutrition education contacts based on nutritional risks are defined in two categories:

- Low risk nutrition education contacts
- High risk nutrition education contacts

Referral standards for participant risk status are based on Nutritional Risk Criteria and priority level. Roles and qualifications of staff providing nutrition education are identified in the guidelines below.

All contacts must:

- Facilitate continuing to build rapport with the participant
- Have a practical relationship to the nutritional risks, needs, and interests of the participant
- Use effective communication and be designed for easy understanding by participants
- Meet the different cultural, language, educational, economical, and environmental needs of the participant
- Include information on how to select food for both the participant and the family
- Create a partnership with the participant in goal setting

REFERENCE

7 CFR 246.11 Nutrition Education

Low Risk Contact

POLICY

A participant who does not require high risk nutrition education by a registered dietitian can receive nutrition education from a trained paraprofessional. Nutrition education can address participants' nutritional needs specific to category of eligibility.

REFERENCE

State Policy

High Risk Contact

POLICY

A high risk participant is one whose health is in jeopardy mostly due to nutritional status. Every high risk participant must receive at least one contact with the registered dietitian during a six-month period. The registered dietitian uses critical thinking skills to develop an individual high risk nutrition care plan. The registered dietitian considers all relevant information gathered during the assessment process, nutrition problems identified, previous goals, the participant's viewpoint, and the desired health outcome.

The purpose of the individual care plan is to give direction and enhance the continuity of care provided by the registered dietitian and support staff. The plan must be realistic and tailored to the individual risks, needs, goals, and interests of the participant.

Participants requiring nutrition counseling by a registered dietitian are identified in the Referral Guidelines for Nutrition Counseling.

DOCUMENTATION

Documentation must include a well developed care plan based on an assessment of the participant's risks and needs, the changes expected, and the strategies to be used to achieve those changes directed toward a desired health outcome. Such a plan includes the following components:

- Date of contact
- Assessment including results from nutrition, socioeconomic and cultural assessments, the participant's knowledge, interests, and attitude toward nutritional risk.
- Intervention and nutrition education provided, including client goal(s), education materials discussed
- Progress evaluation criteria to determine effectiveness of nutrition education
- Referrals
- Plan for follow-up, including topics to be discussed and repeat biochemical or anthropological measurements
- Name or initials and credentials of the registered dietitian

Drugs and Other Harmful Substances

POLICY

Information on drugs and other harmful substances must be provided to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children in the WIC Program at certification and as needed.

Health messages related to use of drugs and other harmful substances may be provided through pamphlets, participant newsletters, educational displays in the clinic, and posters or videos in waiting areas.

REFERENCE

7 CFR 246.7(n) Drug and Harmful Substance Abuse Screening

Documentation of Contacts

POLICY

All nutrition education provided to participants should be entered into the Idaho WIC Information System Program (WISPr), either in the Participant Care Plan or Nutrition Education screen within 24 hours of seeing participant in the clinic. If this is not possible, documentation must be written in the participant chart until it can be entered into WISPr. If nutrition education is not provided because a participant refused or was not able to attend, this information should also be entered into WISPr or the participant chart until it can be entered into WISPr.

CERTIFICATION CONTACTS

Documentation must include:

- Date of contact or refusal/inability to attend or participate
- Topic of nutrition education provided
- Education materials discussed
- Client goal, if set
- Plans for follow-up, if needed
- Referrals, if given
- Name and title of staff member providing the nutrition education

The above information is captured on the Care Plan portion of the Certification Form.

INDIVIDUAL CONTACTS

Documentation must include:

- Date of contact or refusal/inability to attend or participate
- Topic of nutrition education provided
- Brief follow-up on the goal/referrals from the previous appointment
- Nutrition education handout (if used)
- New referral (if given)
- New goal (if one is set)
- Name and title of staff member providing the nutrition education, if written in the chart

GROUP CONTACT

Documentation must include:

- Date of contact or refusal/inability or attend or participate
- Class topic or title
- The average group education length should be 15 to 30 minutes total (including benefit issuance and appointment scheduling).

BREASTFEEDING CONTACTS

Refer to local agency breastfeeding education and support plan as included annually in the Nutrition Education Plan and Evaluation.

FORMAT OF DOCUMENTATION

Documentation should be accomplished in a manner that is readily understandable by all staff. Narrative notes, Subjective Objective Assessment Plan (SOAP) notes, or a combination of the two can be used. A description of these methods is found in the Idaho WIC Program Paraprofessional Training Manual, Unit 1 - Basic Skills.

Group education can be documented in several ways:

- Checklist
- Progress notes
- Calendar pages
- Card file system

Class outlines, including handouts, must be kept on file along with a schedule of when classes were presented.

Refusal of Nutrition Education

POLICY

Documentation is required for participants who refuse or are unable to attend/participate in nutrition education. Refusal or inability to attend should be documented in the participant's chart. The purpose of recording this information is to plan further education efforts and to monitor services. Every effort should be made to reschedule participants who were unable to attend or participate in nutrition education.

REFERENCE

WRO Policy Memo 803-AW; Participant Orientation (1/31/03)
State policy

SECTION B: DELIVERY OF NUTRITION EDUCATION

OVERVIEW

Nutrition education is any type of learning experience that desires to help an individual adopt dietary behaviors that enhance health and well being. "... nutrition education 'works,' in that it is a significant factor in improving dietary practices when behavioral change is set as the goal and the educational strategies employed are designed with that as a purpose." (Adapted from Volume 27, Number 6, November-December 1995 Journal of Nutrition Education Special Issue *The Effectiveness of Nutrition Education and Implications for Nutrition Education Policy, Programs, and Research: A Review of Research.*)

Education that is participant centered, motivational, and "how to" is most likely to produce behavioral change. Nutrition education should include communication between local agency staff and participants. Communication is not telling or informing the participant, but recognizing that the participant has an active role in deciding to accept or ignore, misunderstand, or reject the nutrition message. Communication is defined as interaction between WIC staff and participants, such as establishing rapport, discussions about nutrition information provided through classes, individual counseling, newsletters, handouts, displays and exhibits, or audiovisuals.

In order to enhance communication with non-English-speaking participants, the FNS regional office recommends the local agency hire at least one bilingual staff person when more than 5% of the caseload or 100 non-English speaking people are served. The local agency should also hire at least one part-time interpreter when over 5% of caseload or 100 people are served in any individual clinic. Interpreter expenses are allowable nutrition education costs.

The three most common strategies for providing nutrition education are:

- Individual counseling
- Group education
- Displays or exhibits

All three strategies are considered acceptable nutrition education contacts when they meet the criteria specified.

Online education is an acceptable option for a second nutrition education contact if the participant is eligible. Local agencies will be responsible to meet policy requirements when choosing to offer online education.

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Group Education for Adults
Group Education for Children
Large Group Education Events
Online Nutrition Education
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Learning Environment
Displays and Exhibits
General Visual Aids
Newsletters
Handouts, Booklets and Brochures
Audiovisuals
Evaluation of Nutrition Education

Individual Counseling

DESCRIPTION

Successful individual counseling is dependent upon establishing rapport and developing a solid relationship with the participant. The primary role of clinic staff is to help the participant gain useful knowledge about diet or health behavior, and improve behavior change and decision-making skills through goal setting. In all individual nutrition education sessions, the nutrition education intervention must be tailored to the participant's individual needs, interests, and concerns and be relevant to the participant's literacy level and cognitive development as well as be culturally sensitive.

Often individual counseling and nutrition education occur as a physical face-to-face contact. Technology may be used as an option under appropriate circumstances and privacy practices for the delivery of nutrition education and counseling. Technology includes, but is not limited to, computer modules, social media and video conferencing that have no cost or barriers to the participant and have minimal administrative burden on the program. The delivery of education and counseling should still encompass participant centered approaches, confidentiality and include appropriate reinforcement materials such as pamphlets.

For low risk contacts, a telephone call is considered an acceptable method of individual counseling when the participant agrees and confidentiality is maintained. Telephone consultation for low risk participants may only occur when extenuating circumstances arise, such as poor weather conditions. Proper documentation of the reason(s) and education provided must be documented in the participant's record using the same criteria as a physical face-to-face nutrition education contact.

For agencies that are unable to hire a registered dietitian (RD), cost becomes prohibitive due to significant travel time to satellite clinics to provide on-site high risk counseling, or there is a participant barrier as described above using telephone or interactive video technology is an optional delivery method for high risk second nutrition education (NE) appointments. Use of these options shall not be used as a substitute for scheduled face-to-face appointments with the WIC RD for those agencies who have a local WIC RD on staff. The local agency will provide for installation and maintenance of the equipment necessary for the telephone and/or video link contact.

TELEPHONE COUNSELING AND INTERACTIVE VIDEO TECHNOLOGY

Telephone and interactive video technology may be used, when approved by the State WIC office, to provide face to face second nutrition education (NE) for high risk participants.

CONSIDERATIONS

High risk second NE contacts using telephone or interactive video technology should occur in an environment that promotes effective communication between the WIC RD and the participant and ensures that both are actively involved in the interaction and confidentiality of participant information is protected.

The contacts should occur at a time when the participant and the WIC RD are both available and have time to talk. If the participant is not available at the designated time, attempt to reschedule the contact.

If a participant chooses telephone or interactive video technology, staff needs to:

- Obtain the appropriate equipment or necessary software.
- Contact the participant in advance to schedule the appointment and confirm the appointment for the high-risk contact.
- Establish a private location in the clinic where the high-risk participant counseling using interactive video technology will occur.

- The WIC RD will review recent information collected in the participant's record before the contact.
- Provide appropriate documentation for the high-risk appointment after the contact has been made

DOCUMENTATION FOR TELEPHONE AND INTERACTIVE VIDEO TECHNOLOGY COUNSELING

Each nutrition education contact using telephone or interactive technology must be documented in the participant's record using the same criteria as a physical face-to-face high risk nutrition education contact, including a high-risk care plan. After the high-risk contact is completed, documentation by a WIC RD should include a statement indicating that the appointment was conducted over the telephone or using interactive video technology.

LOCAL AGENCY REQUIREMENTS FOR OFFERING TELEPHONE AND INTERACTIVE VIDEO TECHNOLOGY COUNSELING

Local agencies that offer telephone or interactive technology for high-risk participants to complete their second nutrition education contact must have procedures documented. Written procedures must be approved by the State agency a minimum of 60 days prior to implementation and reviewed biannually.

At minimum, the procedures should include:

- Name(s) of the WIC RD who will provide the high risk follow up using telephone or interactive technology.
- How the local agency will assure the interactive technology connection is established and maintained throughout the appointment,
- How the local agency will assure the protection and security of the participant's information with the technology and/or software being utilized.
- Which local agency staff will assist the participant during the appointment such as check-in, collecting heights, weights, or blood work if applicable,
- How the appointment will be identified in the participant's record,
- Where documentation will be kept in the participant's record that the contact was made using the telephone or interactive video technology,
- How educational materials will be provided to the participant, if applicable,
- How the participant's next appointment will be established or plans for follow-up.
- How benefits will be issued to the participant, if applicable.

REFERENCE

Oregon WIC Program and Policy Manual
FNS WIC Nutrition Services Standards: Standard 7 Nutrition education and Counseling (August 2013)

Group Education for Adults

DESCRIPTION

A wide variety of group experiences can be used to provide nutrition education. Group nutrition education can be a very effective education strategy. It brings together participants with similar needs and facilitates learning through idea exchange.

In planning group education sessions, it is essential that class outlines (lesson plans) are developed and used for each class topic. A class outline must include a title, learning objectives including the behavioral change desired, a timeline, a description of activities, an evaluation component, and the date of

development. Each class should have an introduction section which includes an icebreaker. This allows the participants to create a sense of camaraderie. All lesson plans should be kept on file and be available for review during monitoring visits. A suggested class size would be eight participants.

Group education proceeds smoothly when taught by trained staff. One option is to present classes to the staff first and clarify all learning objectives prior to having the class presented to participants. A roster of staff who have received training to conduct each class should also be kept on file.

A variety of different types of group nutrition education experiences can be used in the WIC Program. A brief description of such group experiences is provided.

FACILITATED GROUP DISCUSSIONS

Facilitated group discussions are an interactive form of education where participants decide the topic to discuss and share their knowledge and experience with the group. The discussion is facilitated by a trained staff member who encourages, supports, and promotes the group discussion. Discussion should be designed to either help participants with a problem (e.g., shopping on a limited budget) or to introduce a positive health behavior (e.g., delaying the infant's introduction to solid foods). For further information on facilitated group discussion, contact the Nutrition Education Coordinator at the State agency.

DISCUSSION/SUPPORT GROUPS

Discussion groups are similar to facilitated group discussions except the topic is decided ahead of time and a short, five-minute presentation precedes the discussion by the group.

Support groups can usually function as discussion groups as well. Support groups must help participants with nutrition-related problems (e.g., how to relieve engorgement) or introduce positive health behaviors (e.g., combining working and breastfeeding) to be considered a nutrition education contact.

Group Education for Children

Classes designed specifically for the WIC preschooler (3 to 5 years old) have been enthusiastically received by both participants and parents/caretakers. A wide variety of resources is available to use in the planning and development of children's classes.

Some key points to remember when working with this age group:

- Preschoolers have short attention spans, so class should be 15 minutes or less.
- Lessons should include objects to touch, taste, or smell. Preschoolers learn best from "hands-on" projects.
- Classes should include movement. Preschoolers will not sit for very long.
- Several short projects should be planned rather than one long one.
- Videos, filmstrips, and slide shows should be under 10 minutes long.
- Any visual aids should be large, simple, and easy to identify.

If space permits, children's groups could be scheduled simultaneously with nutrition education for adult participants or the parents/caretakers. The removal of children from adult sessions will help minimize distractions, interruptions, and noise, producing a more conducive atmosphere for adult learning. Ideally, the local agency staff should be assigned to run children's groups. Parents/caretakers may prefer to remain within sight of their children. Participation should be limited to 10 children or less.

Large Group Education Event

DESCRIPTION

Large group education events, such as nutrition fairs or Quick/Mini WIC are a scheduled event where multiple activities are offered at a variety of stations staffed by qualified WIC staff. WIC participants are generally allowed to self-select the booths, tables or stations that they will visit and activities that they will participate in. Scheduling is usually done in groups; however, participants are typically permitted to drop-in for services at any point during an allotted period of time.

Large group education events should never be the only second nutrition education contact option available for participants. Large group events are to be offered in conjunction with individual/ class education appointments and follow-up opportunities to best meet the needs for each participant based on their risk and category.

CONSIDERATIONS

Activities at large group events must be presented and monitored by qualified WIC staff on the site at the event. Large group events are not an appropriate second nutrition education contact for high-risk clients.

Advantages:

- Services can be provided to a large number of participants in a single period of time.
- A variety of activities can keep nutrition education “fresh” for long-term participants.
- Drop-in options provide flexibility for participants.

Disadvantages:

- Labor-intensive preparation and instruction involving multiple staff.
- Adequate space is required to safely accommodate large volume of participants.
- There is limited opportunity to address specific issues for individuals, such as a nutrition related concern that was not evident at the previous appointment.

GUIDELINES

A large event group should encompass the following:

- Activities are nutrition related.
- Activities include face-to-face interaction with participants.
- Activities are language and category appropriate for participants who are scheduled for the event.
- Participants are encouraged to participate in activities appropriate for their nutrition risk(s).
- Activities are participant centered to engage the client in an interactive manner.
- Type and content of activities offered are rotated periodically.
- Customer service and traffic patterns are addressed for timely issuance of multiple month vouchers following participation in the event.
- Participant check-in and check-out procedures are handled in a way that respects participant confidentiality.

DOCUMENTATION AND EVALUATION

Outlines are to be created for each activity to identify activity objectives, materials used and summary of information discussed for each station. Documentation must be maintained regarding which stations are available at each event and which staff are involved with each activity. At a minimum, documentation

must be entered in each participant's chart regarding nutrition education topic(s) addressed with that participant.

Evaluation of the event is to be conducted to assess participant satisfaction with and effectiveness of the education provided. Show rate records are to be assessed to monitor attendance and effective use of staff time.

Online Nutrition Education

Online modules may be used to provide the second nutrition education contact for low risk participants with nutrition risk(s) relevant to the online modules available. Online modules provide an alternative form of education that is self-paced and flexible while still providing effective nutrition education. WIC staff should determine if the participant is eligible for online nutrition education. If the participant is eligible, staff may offer individual, group or online session to complete their second nutrition education.

Participants eligible for online nutrition education include the Responsible Adult or caregiver of a low risk infant or child and low risk pregnant women with nutrition risk(s) relevant to the online modules being offered.

To participate in online education, the participant would be required to have internet and computer access. Acceptable access options may include:

- A home computer with internet access
- A computer in another location with internet access, such as a
 - Library
 - Friend's or relative's home
- WIC clinic kiosks with internet connectivity for participants to access online (if available in the clinic)
- Mobile devices such as smart phones or tablets (may require Wi-Fi or personal data use)

If a participant chooses online education, staff need to:

- Explain to the participant, Responsible Adult, or caretaker of the infant or child how to complete online modules
- Recommend specific modules relevant to the participant's nutrition needs
- Provide a completion date
- Instruct the participant how to provide proof of completion
 - Bring in a copy of their certificate or email to the local WIC clinic
- Provide information for contacting help
- How to receive their benefits
- Schedule a follow-up appointment

A follow-up online education appointment should be documented in WISPr to include:

- Collection of documentation
- Review what the participant learned
 - The class topic
 - When the class was taken
- An opportunity to establish a goal(s) based on what they learned.

LOCAL AGENCY REQUIREMENTS FOR OFFERING ONLINE EDUCATION

Local agencies that provide online education for low risk participants to complete their second nutrition education contact must have procedures documented. Written procedures must be approved by the State agency a minimum of 60 days prior to implementation and reviewed biannually.

At minimum, the procedures should include:

- A plan to train staff on the content of each online class available for participants at your agency. This may include staff reviewing each class and completing training about the nutrition risks relevant for each class.
- Criteria for staff to determine participant eligibility for online education. This includes a way to verify participants have the necessary access to complete the education within the certification period.
- Procedures for participants to provide proof of class completion in order to obtain benefits and establish what proof will be accepted for class completion.
- How benefits will be issued to the participant.
- How the appointment will be identified in the participant's record.
- Identification of local agency staff who will assist with proof of class completion, reviewing content or answering participant questions about classes, and discussion about goal setting.
- Where documentation will occur in the participant's chart within WISPr.

REFERENCE

Oregon WIC Program and Policy Manual

Other Methods

FOOD DEMONSTRATIONS

Food demonstrations should focus on only one food or theme, using foods and utensils commonly available to participants. Sound principles of proper sanitation, food handling, and storage should be incorporated into the demonstration. Taste testing and recipes should be provided. Food purchases are legitimate nutrition education expenditures.

NUTRITION GAMES

Retention of information improves when individuals are provided with the opportunity to "practice" what they have learned. Using games for providing nutrition education is an effective method for enabling such practice and active participation. Some common, readily identifiable television game shows can be easily adapted to convey nutrition and health-related information. "Game shows" can also be an effective strategy for stimulating greater participant interest in other nutrition education programs provided by the local agency.

PUPPET SHOWS

Both preschoolers and their parents/caretakers can learn nutrition messages from short puppet shows. Puppet shows allow for involvement by more than one staff member, and are less threatening for staff learning to conduct nutrition education classes. Puppet shows should be no longer than 15 minutes and simple enough for the preschooler to understand.

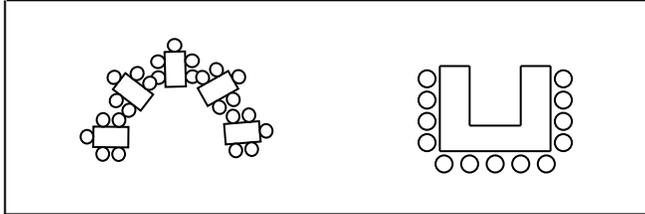
Learning Environment

DESCRIPTION

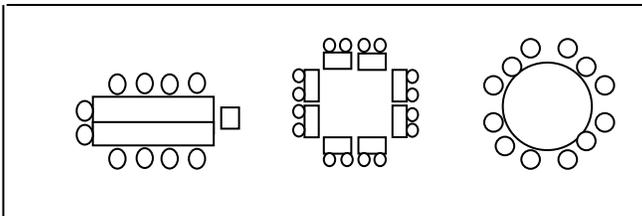
Participants should be seated in a way to encourage greater interaction. If the environment can not be adapted, be assertive in asking participants to sit close together. It is possible in almost any situation to arrange a way to pair up participants in order to have more inactive learning. Look at the following

illustrations for ideas on how to set up a learning environment. (From *101 Ways to Make Training Active*, Silberman, 1995, Jossey-Bass Inc.)

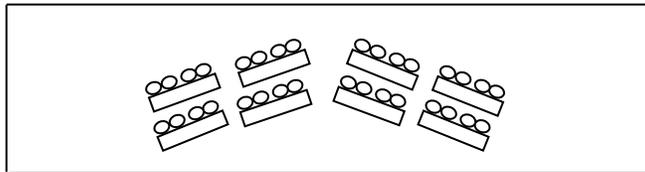
U-SHAPED



CIRCLE



V-SHAPED



LENGTH OF GROUP CONTACT

The average group education length should be 15 to 30 minutes total (including benefit issuance and appointment scheduling).

Displays and Exhibits

DESCRIPTION

A display is a small amount of visual aid material set up in either the entrance hall or waiting room area of the local agency or satellite clinic. An exhibit is similar to a display, but much more elaborate and on a much larger scale. The main purpose of a display or exhibit is to inform participants of new ideas and information in an understandable and interesting way.

MINIMUM CRITERIA

The following standards should be followed whenever developing and organizing displays or exhibits:

- All displays and exhibits must be carefully planned to meet the needs of the participants who will view the display or exhibit.
- Only one topic should be covered in a display or exhibit. Since the average time spent at an exhibit is 7 minutes (less time for a display), the number of new ideas participants are expected to absorb must be kept to a minimum.
- The display or exhibit should not be crowded with too many visual aids.
- The materials should be arranged in a progressive fashion, with ideas and information becoming more complex as the participant moves along the display or exhibit.
- Simply having participants view a display or exhibit does not constitute a nutrition education contact. Displays and exhibits are appropriate nutrition education contacts if the following requirements are met:
 - Participants must complete a brief written or verbal evaluation after viewing the display or exhibit. The evaluation may be incorporated into the exhibit by using a flip chart or a question-and-answer board.
 - Results of the evaluation must be available to the participants.
 - A staff person must be available at the display or exhibit or immediately after the participant views it to address questions. This can be the person who is issuing food vouchers, as long as the staff person has received training on the contents of the display or exhibit.

NOTE: Displays are a good way of addressing non-nutritional interests such as child development, immunizations, toy safety, etc. However, these cannot be counted as a nutrition education contact. Using displays for non-nutritional topics saves class time for nutrition-specific education.

General Visual Aids

DESCRIPTION

Common visual aids used in the WIC Program include handouts, newsletters, posters, flip charts, and audiovisuals. Their use is intended solely to aid in the presentation of information and to facilitate participant learning. Visual aids cannot teach by themselves. Simply giving out a handout, distributing a newsletter, or having participants view a video without discussion does not constitute an acceptable nutrition education contact.

Visual aids are considered appropriate components of nutrition education contacts if used as part of individual counseling, a class, or an exhibit.

Newsletters

DESCRIPTION

Newsletters can help communicate information on clinic schedules, changes in the list of WIC foods, new clinic sites and hours, or changes in local agency WIC staff. Newsletters can also be used to convey

nutrition or health information to participants. Simply distributing a newsletter to participants is not an acceptable nutrition education contact.

CRITERIA

To be considered nutrition education, the contents of the newsletter must relate to an individual participant's nutritional risks. It must be reviewed with the participant, and the participant must complete a brief written or verbal evaluation (including possibly setting a goal) which is then documented into the participant's chart.

PLANNING

The local agency and staff members should meet to plan newsletter themes for the entire year when possible. Themes can be planned around the seasons, holidays, designated health days or months (e.g., National Nutrition Month), or a special nutrition or health topic.

SIZE

In general, newsletters should range from 5" x 8½" to 8½" x 11".

READING LEVEL

The newsletter should be at the sixth grade level or less.

TYPE OF LETTERING

The size of the letters should be easily readable, 12 point font or larger. Key points should be emphasized with underlining or neat free-hand lettering. Do not use all capital letters or italics.

ILLUSTRATIONS

All illustrations should relate to the information presented in the newsletter. A wide variety of clipart books and computer software packages are available for professional looking illustrations. These can be purchased at art supply and computer retail stores, respectively.

REPRODUCTION

Before reproduction, verify that all information is easily understood. If possible, print on bright colored paper or use different colored ink for a more eye-catching product. When distributing the newsletter, make sure it was printed clearly.

TRAINING STAFF

All staff who will be using the newsletter with participants should receive training on the content of the newsletter. It is important to anticipate the types of questions participants may ask and train staff on appropriate answers to questions.

NOTE: All nutrition education information that also provides information about the WIC Program or WIC benefits produced at the state or local level must include the USDA non-discrimination statement as stated in Chapter 2.

Handouts, Booklets and Brochures

DESCRIPTION

Handouts and booklets can best assist in promoting attitude and behavior change when used in group or individual counseling sessions. They should be discussed and reviewed with participants. Handouts serve to re-emphasize information or clarify concepts. They can also be an outline or guide during an education session. Ideally, only one (not more than two) handouts should be discussed with a participant, in any given education session.

CRITERIA

Handouts should be evaluated prior to use. They should contain up-to-date information, be simple to understand, easy to read, clear, and culturally appropriate. The reading level of the handout should be sixth grade level or lower. If there are concerns, please contact the Nutrition Education Coordinator at the State agency.

Audiovisuals

DESCRIPTION

Video cassettes and DVDs are useful tools for nutrition education. Prior to using any audiovisual product, it is important to preview and evaluate it to make sure its content is appropriate for the social, educational, cultural backgrounds, and nutritional needs of your audience. A list of audiovisual materials should be maintained and updated periodically.

Most audiovisuals are not 100% appropriate and may contain errors, outdated scenes, or confusing or biased information. This does not mean the audiovisual should be discarded. Point out these problems to the group prior to the showing. It is important to check equipment to assure it is in good working order prior to each use.

As with other aids, audiovisuals are not intended to provide the sole educational message. Showing an audiovisual without discussion does not constitute a nutrition education contact. Ideally, the audiovisual should consume less than one-third of the scheduled time, with remaining time devoted to discussion or topic-related activities.

Key points to remember for enhancing the educational experience:

- Check equipment to assure it is in good working order prior to use.
- Always provide a brief introduction prior to the viewing.
- Use a lead-in or teaser to encourage viewing, for instance, "I noticed one mother in the film has a very creative way to breastfeed in public. See if you can spot this woman."
- Stay in the room with the group, even if you have seen the audiovisual several times before. This way, it will feel like a shared experience.
- Allow sufficient time for discussion and activities after the showing. Review key points, provide additional information, and address participant questions. You should also try to assess the group's reaction to the audiovisual.

Evaluation of Nutrition Education

POLICY

Evaluation is critical in the nutrition education process. Evaluation provides information regarding the services participants receive. Whenever possible after a nutritional education contact, consider the following:

- Were only one or two topics discussed?
- Were topics tailored to the participant's nutrition risks, needs, and interests?
- If goals were set, was the participant actively involved? Were the goals set by the participant?
- If handouts were used, were the parts that related to the participant emphasized?
- Did the participant have a chance to express her viewpoint and ask questions?

SECTION C: PARTICIPANT SURVEY

OVERVIEW

Policy: Federal Regulation 246.11 (c)(5) Nutrition Education

IN THIS SECTION

Participant Survey

Participant Survey

POLICY

Perform and document evaluations of nutrition education and breastfeeding promotion and support activities. The evaluations shall include an assessment of participants' views concerning the effectiveness of the nutrition education and breastfeeding promotion and support they received.

METHODS

Participants' views on nutrition education, breastfeeding promotion and support, WIC foods, and understanding of core WIC messages will be assessed through one or more of the following methods:

Questionnaire

A State-developed questionnaire with instructions for distribution and collection will be sent to local agencies. Local agencies will be exempt from distributing the questionnaire if they are being monitored by the State agency that year.

Focus Groups (State agency)

The State agency may decide to conduct focus groups in lieu of questionnaires. All local agencies that will be impacted will be notified in advance.

Focus Groups (Local Agencies)

Local agencies may conduct focus groups, if desired.

RESULTS

Results from the periodic assessment of participant views will be made available to all local agencies.

REFERENCE

7 CFR 246.11(c)(5) State Agency Responsibilities

SECTION D: NUTRITION EDUCATION TOPICS

POLICY

The Idaho WIC computer system requires documentation of the nutrition education topics used. The nutrition education topics below may be used for nutrition education only if the interactive education session emphasizes the relationship between nutrition, physical activity, and health. Nutrition education needs to support the participant who is at nutritional risk in achieving positive changes in their dietary and physical activity habits resulting in improved nutritional status and the prevention of nutrition education-related problems.

IN THIS SECTION

Nutrition Education Topics

NUTRITION EDUCATION TOPICS

Nutrition Education Topics:	
Adjust Feeding to Meet Developmental/Sensory Needs	Food Preparation/Recipes
Breastfeeding Management	Food Safety (Selection, Storage, Choking)
Breastfeeding Milk Supply	Formula Preparation/Storage
Breastfeeding Nutrition	Growing Food (gardening)
Breastfeeding Positioning/Attachment	Healthy Balanced Eating (Specific to Category)
Breastfeeding Return to Work or School	Heartburn Management
Lactation Consult:	High Iron Foods – Pica
Breastfeeding Equipment Request	Increase Nutrient/Calorie Dense Foods
Breastfeeding Supply Follow-up	Introducing Solids
Infant Concerns	Introducing Table Foods
Medical Issue, MD Referral Required	Lactose Foods
Multiple Births	Nausea/Vomiting Management
Budgeting/Shopping for Food	Physical Activity (Related to Nutrition)
Dental Concern Nutrition Management	Planning Meals/Snacks
Diabetes Nutrition	Portions
Drug Nutrient Interaction Management	Salt/Sodium DASH
Fiber	Supplements
Food Allergy/Sensitivity	Weaning