



3 NUTRITION SERVICES
3.32 Nutrition Education: Secondary Nutrition Education Contacts

Effective: 12/1/95

Revised: 8/6/07

Changes highlighted

POLICY: All participants must be offered relevant nutrition contact(s) at the required rates during their certification period. “Nutrition” includes breastfeeding. These contacts, called “secondary nutrition education contacts” or “mid-certification contacts,” must be based on the participant’s nutritional needs, (i.e., risks, anticipatory guidance needs, or the concerns of the participant/caregiver) identified at certification or at individual contacts. These contacts must be conducted on a day other than the certification day, and consist of communication between qualified staff and the participant. All contacts must be positive and stress the benefits of nutrition and, as appropriate, physical activity. Coordination with other programs/services for the provision of contacts (see Policy 3.33) and nutrition education provided directly to children are encouraged. Relevant contacts must be documented.

PROCEDURE:

A. TYPES OF SECONDARY NUTRITION CONTACTS

- 1. Individual Contacts:** Individual Contacts are one-to-one counseling sessions done most frequently for pregnant women, infants at Infant Updates, breastfeeding women and breastfed infants, and participants with “high-risk” risk factors. The components of the contacts are: assessment, follow-up on behavioral objective(s) determined at the last visit, determination of new behavioral objective(s), and provision of counseling/anticipatory guidance and referrals. It may also be necessary to assess the appropriateness of the food prescription. The “WIC Nutrition Risk and Certification & Secondary Nutrition Education Guidelines” provides information on required and recommended components of individual contacts.
- 2. Group Contacts:** Group Contacts are facilitated small group interactive sessions or discussion groups done with participants
- 3. Interactive Displays/Learn-While-You-Wait (LWYW) Education or Self-Paced Interactive Learning Modules or Activities.** These generally refer to a brief (e.g., 10 minutes) educational contact that involves interaction between an educator and a learner/participant that engages the learner/participant. Interactive Displays/LWYW education can be accomplished through a staffed display or with a learning activity (or other type of interactive component) that does not involve a display per se. Self-paced modules or activities use lessons or other interactive learning tools that allow the participant to work at their own pace.



4. **Contacts for Children:** Contacts for Children (and their parents/caregivers) are individual or small group (5-10 people) sessions during which children receive education on nutrition and fitness through games, videos, puppets, and children's literature. At the session, the educator focuses on nutrition feeding skills, physical activity habits, and other parenting issues for caregivers.
5. **Telephone Contacts:** Telephone Contacts are one-to-one verbal contacts that may apply to the secondary nutrition education requirements when both of the conditions below (a and b) are met.
 - a) The participant missed their scheduled secondary nutrition education contact for staff reasons (e.g., no nutrition staff due to illness) or participant reasons (e.g., illness, imminent childbirth, transportation difficulties, inclement weather, or unable to come in to WIC due to work schedule, appointment conflicts, or family obligations) and the visit cannot be rescheduled OR the participant initiates the call and the conversation evolves into nutrition education or breastfeeding support. In these situations, Food Instruments may be mailed (see Policy 4.36).
 - b) The content of the conversation is based on the participant's nutritional needs identified at the last contact (certification or other previous secondary nutrition education contact), counseling is provided, referrals are provided as appropriate, and the content of the contact and reason for provision by telephone are documented in ROSIE.
6. **Community-Based Activities.** Community-Based Activities are those conducted in the community with a population broader than but including WIC participants. Such activities may apply to the WIC secondary nutrition education requirement if the content/message addresses the participant's nutritional needs identified at their last contact (certification or other previous secondary nutrition education contact) and verbal interaction was included to provide an opportunity for questions/answers.
7. **Computer or Internet-Based Activities.** Computer or Internet-based activities utilize the computer or the Internet as a vehicle to deliver secondary nutrition education to participants. Examples of computer-based activities include the use of interactive nutrition software on computers or computer kiosks that use touch screen technology. Internet-based activities include the use of nutrition education learning modules that can be accessed by WIC participants through an Internet connection from their home, work, library, WIC clinic, etc. The "Nutrition Education on the Internet Project" is an example of an acceptable activity (refer to the Notes section for more information). Computer or Internet-based activities



that may apply to the secondary nutrition education requirements for participants must have **all of** the following features:

- a) **Does not replace individual contacts needed for Infant Updates, pregnant women or high-risk participants.**
 - b) **Is** appropriate for the participant's **nutritional needs.**
 - c) **Is** interactive, which assesses the participant's understanding of the topic and opportunity to clarify doubts and questions so that the participant gains the correct information. **The Nutrition Education on the Internet Project modules have built-in interactive and evaluation components and meets the "communication between qualified staff and the participant" included in Policy statement on page 1.**
 - d) **Provides** for documentation of the activity.
 - e) Should be cost-effective and the nutrition education lessons should be easily changeable and adaptable.
8. **Other.** Projects may propose to provide other types of contacts. **Prior to implementation,** a proposal, which includes the methodologies, must be approved by a State WIC Office nutrition consultant, who will forward the proposal to USDA for approval.

B. PROJECT PLANNING OF CONTACTS

1. Contacts must be offered at required rates (see Part D).
2. Given the diversity of participant needs and learning styles, it is necessary to provide a variety of contacts during each month. See Part A. Projects should plan their secondary nutrition education services based on needs of the participants, numbers of participants for whom individual contacts are to be offered, staffing, coordination with other programs for the provision of nutrition education, and numbers of **Food Instrument** issuances held at various sites.
3. Group sessions and other contacts (e.g., interactive displays) **should be planned in advance.** A variety of topics is needed so that individual participant needs can be addressed.
4. Coordination with other programs/services for the provision of individual nutrition counseling and for group or other types of nutrition education (e.g., interactive displays) is recommended. When group or other contacts are to be



provided by another agency/community presenter, the WIC Project Nutritionist or other WIC RD and the other presenter should discuss content, methods, etc. in order to assure that the contact addresses the participants' needs (within the goals of each program/service). See Policy 3.33.

5. Procedures to **increase** participation include reminder telephone calls, placing the participant on monthly draft issuance, making notes in the ID folder, decreasing the number of allowed proxies, and coordinating with other appointments that the participant may have in the agency.

C. SCHEDULING PARTICIPANTS

1. Scheduling of secondary **education** contacts occurs at certification appointments and, if applicable, at secondary **education** contacts when a subsequent secondary contact is to be conducted. Most contacts are conducted at **Food Instrument pick-up**. However, an individual or family may pick up **Food Instruments up to 30 days prior to their scheduled pick-up day** to facilitate attendance at an appropriate group session or interactive display, or to coordinate with other services, e.g., immunization clinics, Prenatal Care Coordination, HealthCheck.
2. Contacts for which a participant is scheduled must address nutritional needs identified at certification **or at individual contacts**. When there are multiple family members, the CPA must use professional judgment in addressing the individual's and family's needs. **When scheduling families for contacts, the needs of the individual family members identified at certification must still be met.**

D. RATES FOR SCHEDULING CONTACTS

1. At-risk pregnant women must be offered at least one **individual secondary** nutrition contact and high-risk pregnant women must be offered at least two secondary individual nutrition contacts, when possible **(may mean assigning them monthly or bi-monthly Food Instrument issuance)**. Coordination with other programs/services (e.g., Prenatal Care Coordination, HealthCheck) is recommended (see Policy 3.33). Contacts may be done in small groups if it is possible to schedule participants and address their individual needs.
2. Infants certified to one year must be offered secondary nutrition education at a quarterly rate, but not necessarily in each quarter. Infants certified at less than three months of age must be offered three secondary nutrition education contacts (an infant update and two other contacts). Infants certified at three months to less than six months of age must be offered two secondary nutrition education contacts, with the timing and content based on the participant's nutritional needs (see Policy 3.34).



3. Infants certified at age six months or more, children, breastfeeding women, and postpartum non-breastfeeding women must be offered at least one secondary nutrition education contact during each certification period.
4. It is recommended that breastfeeding women and non-breastfeeding postpartum women be offered secondary nutrition education contacts that coordinate with the infant's contacts.
5. Note: Pregnant women who are undecided or interested in breastfeeding must be offered at least one secondary breastfeeding contact. This may be done in conjunction with a secondary nutrition education contact. After delivery, breastfeeding women are to be offered support (though not necessarily by WIC). See Policy 3.40.

E. TRANSFERS

Transfers must be offered relevant nutrition education contacts and those contacts must be documented in ROSIE.

F. PROXIES

Proxies are expected to participate in scheduled secondary education provided and relay information to the participant/caregiver. If the proxy is unwilling or unable to participate in the education process, the proxy may be given one month's food instruments and the support staff or CPA should encourage the proxy or the parent/guardian or woman participant to return for education and the remaining months' food instruments in the following month. Telephone contacts and mailing of drafts may be done in limited circumstances. See Policy 4.36.

G. MISSED CONTACTS

1. At least one attempt must be made to reschedule pregnant women and high-risk participants who were scheduled for individual contacts.
2. At least one attempt must be made to reschedule infants who miss their Infant Update.
3. For those above who cannot be rescheduled, telephone contacts may be provided.
4. No entries in ROSIE indicates that the participant missed the contact.

H. DOCUMENTATION

1. Use "ROSIE Care Plan Abbreviations" (attachment to "ROSIE Nutrition Guidance") for documenting within ROSIE (effective 10/1/07).



2. Individual Contacts: Document relevant individual contacts in ROSIE. At a minimum, documentation must include:
 - a) staff providing the contact
 - b) results of any assessment (e.g., problems, anticipatory guidance needs, follow-through on referrals)
 - c) any additional pertinent information
 - d) counseling provided
 - e) mutually agreed upon behavioral objectives for the next visit
 - f) referrals made
 - g) scheduling of next contact, as needed
3. Group Sessions, Interactive Displays, Self-Paced Interactive Learning Modules or Activities, Community-based Activities, Telephone Contacts, Computer-based or Internet-based activities: Document participation in relevant contacts (relevant to the participant's nutritional needs) in ROSIE.
4. Rescheduling attempts: Document per project policy or protocol.

I. TOPICS/CONTACTS THAT ARE NOT SECONDARY NUTRITION EDUCATION

1. Contacts that do not apply to the participant's nutritional needs (e.g., a session on infant feeding for a pregnant woman – which may be good timing and effective for infant outcomes, but does not apply to the woman or to a child).
2. Contacts for newborn infants that occur before the certification process is completed. (Neither the anticipatory guidance provided to a new mother at an infant enrollment, nor the counseling provided when the infant certification is completed up to six weeks later is considered a secondary education contact.)
3. Contacts that are health-related, such as group sessions on quitting smoking, immunizations, etc.

J. LESSON PLANS

Lesson plans are required for group contacts, interactive displays, self-paced modules, contacts for children, and community-based activities. Lesson plans must include the title, target audience, objective(s) or goal(s), materials and equipment needed, content/teaching outline (with methods/activities) and evaluation method(s). Schedules for these types of contacts are also required. Schedules must include the type of contact that was conducted, names and titles of persons who conducted the sessions, sites where the sessions were offered (if different at various issuance sites).



Lesson plans and schedules must be maintained for three full fiscal years so there is a trackable record of sessions participants attended.

NOTES:

Available resources:

- Client-centered (learner-centered) counseling (includes Stages of Change and Motivational Negotiation) training website located at www.wichealthmn.org.
- “Nutrition Comes Alive!” Revitalizing Nutrition Education Manual, Wisconsin WIC Program, 2001. Distributed to all WIC Projects in 2001.
- “Nutrition Education on the Internet” program materials (including an “Implementation Guide”) are available at www.wichealthsupport.org. Internet-based learning modules are available at www.wichealth.org.
- Nutritionist Orientation Manual, Wisconsin WIC Program, Revised 2002.
- “ROSIE Care Plan Abbreviations” (attachment to “ROSIE Nutrition Guidance”) available from State WIC Office.
- “Veggin’ Out” training manual and related materials. Contact the State WIC Office for more information.
- WIC Nutrition Risk and Certification & Secondary Nutrition Education Guidelines Wisconsin WIC Program, 2004 (revision in process).
- Wisconsin Division of Public Health nutrition education cards for pregnant women, breastfeeding, infants, children, women’s health, family health, other (see the Wisconsin WIC Program Forms and Publications Directory).
- Wisconsin Nutrition Education Network Learner-Centered Education Project and campaign materials. Information and materials available at www.nutrisci.wisc.edu/nutrinet/. Contact the State WIC Office for more information.