



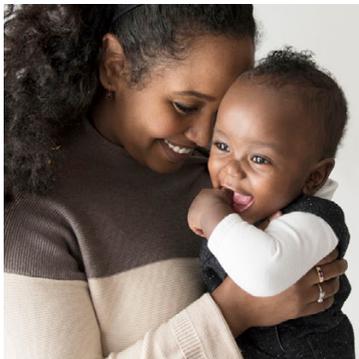
United States Department of Agriculture

Food and Nutrition Service

VENA

Value Enhanced Nutrition Assessment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Updated Guidance



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U.S. Department of Agriculture
Food and Nutrition Service
November 2020
FNS-880

Table of Contents

| | |
|---|----|
| Section 1. Introduction | 1 |
| What Is VENA? | 2 |
| VENA Guidance | 3 |
| Using the VENA Guidance | 6 |
| Section 2. VENA Approach— Participant-Centered and Health Outcome-Based | 7 |
| Participant-Centered Approach..... | 7 |
| Health Outcome–Based Approach | 9 |
| WIC Nutrition Risk and the Health Outcome–Based Approach | 13 |
| Identifying Strengths, Positive Practices, and Motivations | 13 |
| Section 3. The Process of the WIC Nutrition Assessment | 15 |
| Set the Agenda | 17 |
| Collect Relevant Information | 17 |
| Clarify and Synthesize Information | 20 |
| Transition from Assessment Data to Customized Nutrition Services | 21 |
| Document the Assessment | 21 |
| Conduct Follow-Up Assessment..... | 23 |
| Section 4. Using Assessment Data to Guide Nutrition Services | 25 |
| Behavior Change Theories | 26 |
| Promoting Positive Behaviors | 28 |
| Building Health Outcome–Based Goals | 29 |
| Focus Goals on Small Achievable Action Steps | 30 |
| Section 5. Technology and Assessment Tools | 31 |
| Designing Assessment Questions | 31 |
| Management Information Systems | 34 |
| Other Technology to Collect Assessment Data | 35 |
| Providing WIC Services Remotely | 35 |
| Section 6. Staff Competencies and Training | 37 |
| Competency Areas for WIC Nutrition Assessment | 37 |
| Building Competencies Through Training | 38 |
| Identifying Training Needs | 38 |
| Planning Training to Build Competencies | 38 |
| Section 7. Continuous Quality Improvement | 40 |
| Using Direct Observation to Evaluate VENA Implementation | 40 |
| Resources..... | 41 |
| Quality Indicators for Direct Observation of VENA Practices | 42 |
| Continuous Quality Improvement Strategies | 43 |
| Appendix 1. Glossary of Terms | 44 |
| Appendix 2. Health Outcome–Based Assessment by Category | 48 |
| Table A2-1. Health Outcome–Based WIC Nutrition Assessment for a Pregnant Woman | 49 |

Table A2-2. Health Outcome–Based WIC Nutrition Assessment for a Breastfeeding Woman51

Table A2-3. Health Outcome–Based WIC Nutrition Assessment for a Non-Breastfeeding Postpartum Woman 53

Table A2-4. Health Outcome–Based WIC Nutrition Assessment for an Infant 55

Table A2-5. Health Outcome–Based WIC Nutrition Assessment for a Child 12–60 Months of Age..... 57

Appendix 3. Crosswalk of Health Objectives and WIC Nutrition Risks..... 59

Table A3-1. Crosswalk for a Pregnant Woman.. 59

Table A3-2. Crosswalk for a Breastfeeding Woman 60

Table A3-3. Crosswalk for a Non-Breastfeeding Postpartum Woman 63

Table A3-4. Crosswalk for an Infant 65

Table A3-5. Crosswalk for a Child 12-60 Months of Age..... 67

Appendix 4. Essential Staff Competency for WIC Nutrition Assessment 69

Table A4-1. Competency Area 1—Principles of Life Cycle Nutrition 69

Table A4-2. Competency Area 2—The VENA Approach to WIC Nutrition Assessment 70

Table A4-3. Competency Area 3—Anthropometric and Hematological Data Collection Techniques 70

Table A4-4. Competency Area 4—Communication71

Table A4-5. Competency Area 5—Multicultural Intelligence/Awareness71

Table A4-6. Competency Area 6—Critical Thinking 72

Appendix 5. Sample Springboard Assessment Questions and Probing Questions for Nutrition/Health Objectives 73

Table A5-1. Health Outcome–Based Springboard Questions for a Pregnant Woman 73

Table A5-2. Health Outcome–Based Springboard Questions for a Breastfeeding Woman 75

Table A5-3. Health Outcome–Based Springboard Questions for a Non-Breastfeeding Postpartum Woman 76

Table A5-4. Health Outcome–Based Springboard Questions for an Infant..... 77

Table A5-5. Health Outcome–Based Springboard Questions for a Child 12–60 Months of Age 78

Appendix 6. Examples of Observation Tools Used to Evaluate VENA Practices 79

Table A6-1. Assessing Skills with Frequency Used Rating and Examples to Provide Feedback 79

Table A6-2. Assessing Skills to Determine Competency and Mentoring Needed 81

Table A6-3. Checklist of Skills Used During Appointment 82

Table A6-4. Assessing Skills Using Examples 83

Section 1: Introduction

Nutrition assessment is a required¹ and essential part of the U.S. Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The **WIC nutrition assessment** is the process of collecting and synthesizing nutrition and health information in order to assess an applicant's nutrition and breastfeeding status, strengths, and needs. It is used to determine eligibility, through the identification of nutrition risks, and to personalize **WIC nutrition services**. The delivery of individualized nutrition counseling, breastfeeding promotion and support, referrals, and food package tailoring based on a nutrition assessment is a unique feature of WIC among the Food and Nutrition Service (FNS) nutrition assistance

programs. A WIC nutrition assessment uses the **Value Enhanced Nutrition Assessment (VENA) approach** which is **participant-centered** and **health outcome-based**. It allows staff to engage the participant in dialogue about her needs and goals of healthy behavior. This process is critical in meeting the nutrition education goals of WIC, which are to (1) emphasize the relationship between nutrition, physical activity, and health and (2) assist the individual who is at nutritional risk in achieving dietary and physical activity habits resulting in improved nutritional status and the prevention of nutrition-related problems.² A WIC nutrition assessment is the starting point for designing all WIC nutrition services.



¹ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.7 Certification of Participants. August 2019. Available from: [https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r\).#se7.4.246_17](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r).#se7.4.246_17)

² Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.11 Nutrition Education. August 2019. Available from: <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r>

What Is VENA?

Value Enhanced Nutrition Assessment (VENA) is a participant-centered, health outcome-based approach to WIC nutrition assessment. The VENA approach incorporates a WIC nutrition assessment process with policies, staff competencies, a **Management Information System (MIS)**, and quality improvement strategies that together enhance the delivery of WIC nutrition services. It helps to ensure that WIC staff conduct quality nutrition assessments that enrich the interaction between WIC educator and participant, as well as link collected health and diet information to the

/Definition/

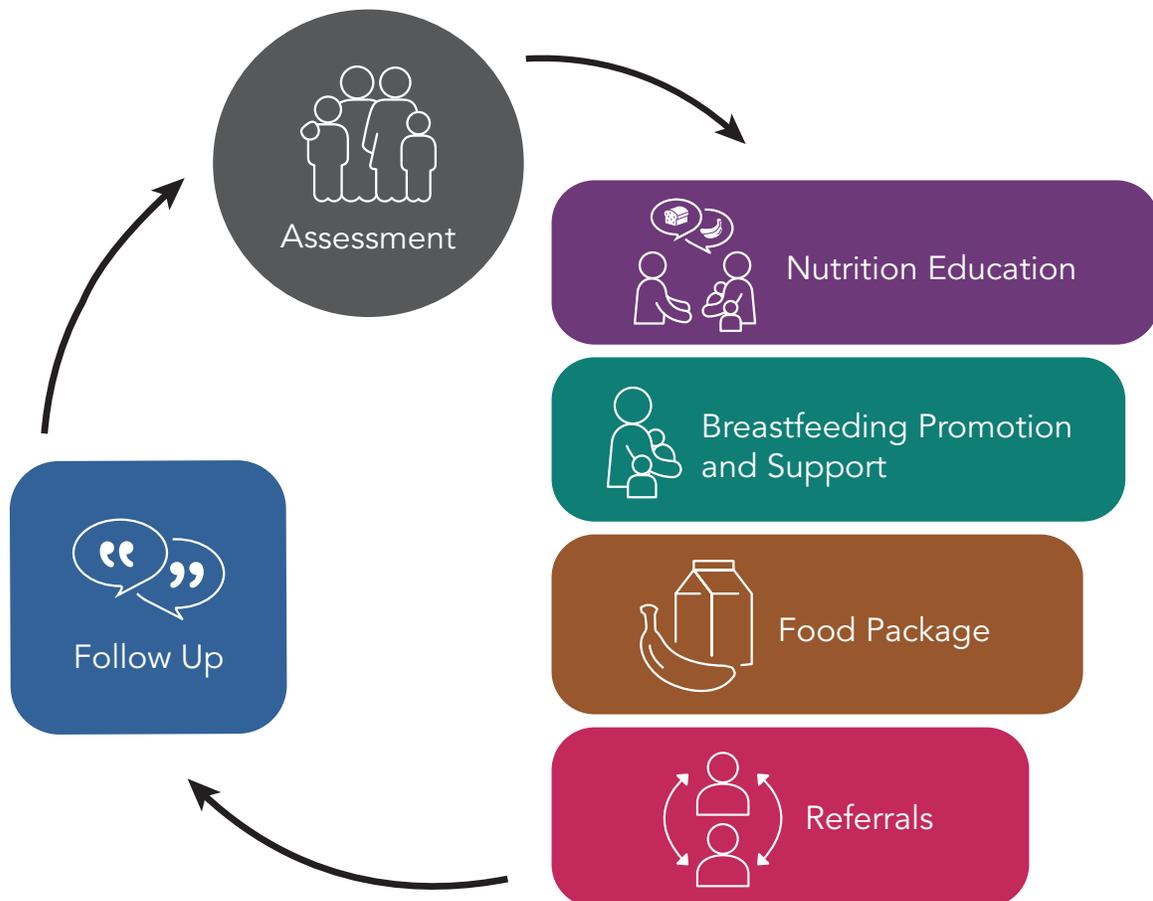
Participant



Participant, for the purposes of this document, refers to a WIC participant, an applicant, or a parent/caregiver.

delivery of nutrition services relevant to the needs of the participant. The VENA approach enhances nutrition services offered to participants and ensures the integrity of WIC as a premier public health nutrition program.

Figure 1
WIC Nutrition Services





VENA Guidance

VENA Guidance³ is intended to assist WIC State agencies in developing policies and procedures related to the WIC nutrition assessment. The Guidance supports FNS Regional Offices, State agencies, and local agencies in continuous quality improvement and customer service efforts to strengthen WIC nutrition assessment.

Background

FNS first issued VENA Guidance in 2006. It was developed through a collaboration among FNS, the National WIC Association, and individual WIC State agencies. Both the original VENA Guidance and VENA nutrition assessment policy⁴ were developed in response to recommendations made in a report from the Institute of Medicine (IOM)⁵, *Dietary Risk Assessment in the WIC Program*⁶ While the IOM recommendations were specific to dietary risk assessment, the report also highlighted the

/Definition/

Nutrition risk



Nutrition risk refers to conditions that are used as a basis for certification. The categories are:

- (a) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements.
- (b) Other documented nutritionally related medical conditions.
- (c) Dietary deficiencies that impair or endanger health.
- (d) Conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse.
- (e) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, homelessness and migrancy.⁷

³ Pursuant to the Congressional Review Act (5 U.S.C. §801 et seq.), the Office of Information and Regulatory Affairs designated this guidance as not major, as defined by 5 U.S.C. § 804(2).

⁴ WIC Policy Memorandum #2006 – 5: Value Enhanced Nutrition Assessment-WIC Nutrition Assessment Policy. March 2006. Available from: <https://www.fns.usda.gov/wic/wpm-2006-5>

⁵ The Institute of Medicine is now the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine.

⁶ Institute of Medicine Committee on Dietary Risk Assessment in the WIC Program. *Dietary Risk Assessment in the WIC Program*. Washington (DC): National Academies Press; 2002.

⁷ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

importance of assessing for other **nutrition risks** such as growth issues, iron deficiency, nutritionally related medical conditions as well as social and environmental factors in order to provide targeted nutrition services. The IOM report resulted in FNS identifying the need for comprehensive nutrition assessment guidance – the VENA Guidance.

VENA Guidance Update

While the intent of the updated Guidance remains the same (i.e., the personalization of WIC nutrition services), it builds on the experiences of State and local agencies in the implementation of VENA and emphasizes nutrition and health determinants, objectives, and outcomes; behavior change; the use of technology in WIC; and the importance of continuous improvement through observation and evaluation of the VENA approach. Additionally, science of behavior change also has influenced the assessment process^{8,9,10} as have changes to WIC federal regulations (e.g., food package changes, extension of the certification period for children to 1 year) since the issuance of the original guidance.

/Definition/

Competent Professional Authority (CPA)



Competent Professional Authority (CPA) refers to WIC staff members authorized to conduct the nutrition assessment, determine nutrition risk, and prescribe supplemental foods. Federal WIC regulations define the CPA as a physician, nutritionist, registered nurse, dietitian, or medically trained State or local health official, or a person designated by physicians or medically trained State or local health officials.¹¹

For this update of the VENA Guidance, FNS collected input from a range of stakeholders and experts, including staff in WIC State agencies and FNS Regional Offices as well as nutrition assessment and counseling professionals. The update was also shaped by a review of studies and publications on nutrition assessment.

Summaries of key concepts in the updated VENA Guidance appear below:

- VENA is a participant-centered, health outcome-based approach to conducting nutrition assessments in WIC. Using the VENA approach, WIC staff can more easily identify and build on participants' strengths to help them achieve their nutrition- and health-related goals.
- In the health outcome-based approach, the WIC **Competent Professional Authority (CPA)** identifies nutrition risks and strengths (**health determinants**) that affect health outcomes. The staff then considers how best to support participants' needs and strengths depending on each participant's identified nutrition risks/health determinants, interests, **motivations**, preferences, and information needs.
- The VENA approach emphasizes a collaborative partnership between CPAs and participants. Participant engagement and interaction are integral parts of the nutrition assessment process.
- VENA allows the CPA to identify each participant's needs and provide individualized nutrition services that may include customized information sharing, **guided goal setting**, tailored food packages, breastfeeding support, and referrals for additional resources or services.

⁸ Spahn JM, Reeves RS, Keim KS, et al. State of the evidence regarding behavior change theories and strategies in nutrition counseling to facilitate health and food behavior change. *J Am Diet Assoc* 2010;110(6):879-891. doi:10.1016/j.jada.2010.03.021

⁹ Marley SC, Carbonneau K, Lockner D, et al. Motivational interviewing skills are positively associated with nutritionist self-efficacy. *J Nutr Educ Behav* 2011;43(1):28-34. doi:10.1016/j.jneb.2009.10.009

¹⁰ Whaley SE, McGregor S, Jiang L, et al. A WIC-based intervention to prevent early childhood overweight. *J Nutr Educ Behav* 2010;42(3):S47-S51. doi: 10.1016/j.jneb.2010.02.010

¹¹ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd &mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12



- CPAs take consistent steps during the assessment to collect and analyze information and use **critical thinking** to prioritize topics for discussion, recommend food packages, and identify resources for referrals.
- MIS and other electronic tools used for assessment may be helpful in collecting and synthesizing data but can become a barrier to participant engagement if not used appropriately.
- The VENA approach encourages WIC staff to support participants as they set realistic goals and act on small steps that can lead to better health outcomes.
- Ongoing staff training on nutrition assessment skills will improve CPAs' confidence and proficiency as they continue to apply participant-centered approaches to the assessment process.
- Quality improvement efforts that include direct observation of assessment practices are essential to evaluating the implementation of VENA.

The updated VENA Guidance is divided into seven sections:

- **Section 1** provides an introduction to the VENA approach and the Guidance.
- **Section 2** describes the VENA approach as being participant centered and health outcome based.
- **Section 3** describes how to apply the VENA approach to the nutrition assessment process.
- **Section 4** discusses ways to use assessment data to guide nutrition services.
- **Section 5** offers guidance for designing assessment tools and the appropriate use of MIS and other technology tools used to carry out assessments.
- **Section 6** contains information on the skills staff need to implement VENA successfully.
- **Section 7** describes suggestions for ongoing quality improvement activities with an emphasis on direct observation to evaluate the implementation of VENA.

Using the VENA Guidance

The VENA Guidance is designed to assist State and local agencies in their efforts to provide high-quality nutrition services. The *WIC Nutrition Services Standards*¹² outline nutrition services components to guide State agencies in establishing policy and practices. The VENA Guidance complements the Nutrition Services Standards and other WIC policy and guidance documents.

It is intended that State agencies use this document to:

- Develop policies and procedures related to nutrition assessment.
- Evaluate and enhance their nutrition assessment processes by conducting a self-evaluation of current nutrition assessment policies and practices.



Operationalizing VENA Guidance

Additional information is available throughout the VENA Guidance to help State and local agencies apply it in their work.

Tips From the Field: Suggestions from State and local WIC staff on the topic area.

Additional Information to further explain and reinforce content.

Definitions: Key terms to improve comprehension.

The Importance of Language: Recognizing the impact of terminology and highlighting the importance of **plain language** and participant-centered phrasing.

- Evaluate current training and staff development offerings and add new strategies and trainings to build staff skills as needed.
- Assess use of MIS and other technology tools to ensure they fit with the VENA approach, allow users to tailor services within a consistent framework, and promote **continuity of care**.
- Review opportunities to incorporate direct observation of staff performance to ensure the VENA approach is operationalized.
- Identify areas of support needed at the State or local level to promote adoption of the VENA approach and communicate support needs to the FNS Regional Offices.

Although some key terms are defined throughout the document, a comprehensive list of terms is available in the **Appendix A: Glossary of Terms**.

¹² U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

Section 2. VENA Approach— Participant-Centered and Health Outcome–Based

VENA incorporates two approaches: participant-centered and health outcome–based. By utilizing these two distinct but complementary approaches, CPAs are able to create a welcoming and affirming environment while elucidating necessary information from the participant, and help guide the participant to the appropriate nutrition and health goals.

Participant-Centered Approach

The VENA approach is participant-centered. The WIC Nutrition Services Standards defines participant-centered as “a systems approach designed to focus on topics and issues that are relevant to the participant. This approach puts the participant’s needs and the goal of healthy behaviors at the core of WIC services delivery and focuses on a person’s capacities, strengths, and developmental needs, not solely on the problems,

risks, or negative behaviors. Participant-centered services encourage staff to engage the participant/ caretaker in dialogue, information exchange, listening, and feedback in order to translate the assessment into action and customize the nutrition services provided.”¹³

Characteristics of Participant-Centered Approach

Characteristics of a participant-centered approach include:

- **Collaboration.** The VENA approach involves a partnership between CPAs and participants. Participant engagement and interaction are essential parts of the nutrition assessment process.



Tips From the Field— Building Rapport and Trust

Feeling welcomed can build a sense of trust and foster good rapport. When participants feel safe and accepted, they are more likely to share honestly. Honest communication will lead to the most effective assessments. CPAs can build rapport and trust through open communication and demonstrations of respect. Sometimes the simplest actions demonstrate respect, such as making eye contact, addressing a participant by name, or starting by asking, “How are you today?” These small demonstrations of respect can help ensure that participants have a positive experience and do not feel like they are just another number as they go through the assessment process.



¹³ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

- **Optimism.** The VENA approach recognizes that participants have hopes and desires for themselves and their families related to nutrition and health. One goal of the process is to draw forth these internal motivations from the participant.
- **Nonjudgmental environment.** Participants are more likely to talk openly and honestly about their behaviors, motivations, and challenges in an accepting and nonjudgmental atmosphere.
- **Empowerment.** The VENA approach can build participants' confidence in their own abilities. CPAs find and affirm strengths and positive practices in order to ensure participants continue them and build additional healthy habits.

CPA and Participant Roles in Participant-Centered WIC Nutrition Assessments

In the VENA approach, both the participant and the CPA contribute to an assessment's overall success. The CPA is a facilitator, guiding the participant through a process that is driven by their unique circumstances. CPAs work with participants to identify their nutrition-related needs and concerns in order to prioritize topics for the nutrition counseling discussion. CPAs honor **autonomy**, recognizing that the decision about whether to explore potential behavior change rests with the participant.

Although CPAs have expertise in nutrition, breastfeeding, and health, participants are experts on their own situation and what will be best for themselves and their family. In addition, WIC participants are often exposed to many nutrition messages in a variety of media. By assessing what the participant already knows about a topic, CPAs can affirm and build on the existing knowledge. The ongoing partnership with participants, built on trust and mutual respect, allows WIC to have a lasting impact on behaviors.

Every aspect of WIC services has the potential to affect the relationship between the participant and WIC staff and influence the success of the interaction. Factors such as clinic appearance, customer service, wait time, and nutrition promotion materials will influence a participants' feelings toward WIC and their engagement in services.^{14,15} For more information on training tools for staff on

The Importance of Language



Terms, phrases, regulatory definitions, and acronyms unique to WIC (i.e., jargon) serve to make communication between co-workers easier; however, it may not be effective language to use with participants.

For example, a participant may understand the words "food benefits" more readily than "food package" or "low blood iron" rather than "low hematocrit." CPAs are encouraged to use plain language that is positive and participant-centered, including easily understood words and inoffensive terms, when talking with participants.

/Definition/

Plain language



Plain language is communication that your audience can understand the first time they read or hear it. There are many techniques that can help you achieve this goal. Among the most common are using:

- Logical organization with the participant in mind.
- "You" and other pronouns.
- Short sentences.
- Common, everyday words.

¹⁴ Deehy K, Hoger FS, Kallio J, et al. Participant-centered education: building a new WIC nutrition education model. *J Nutr Educ Behav* 2010;42(3 Suppl):S39-S46. doi:10.1016/j.jneb.2010.02.003

¹⁵ Isbell MG, Seth JG, Atwood RD, et al. A client-centered nutrition education model: lessons learned from Texas WIC. *J Nutr Educ Behav* 2014;46(1):54-61. doi:10.1016/j.jneb.2013.05.002

the topics of customer service and rapport building, visit the **WIC Works Resource Center**.

For more information about plain language, please visit the **U.S. Government plain language website**.

Health Outcome–Based Approach

While keeping the participant at the center of nutrition assessment, the VENA approach uses a health outcome–based approach as a framework to organize the assessment. The health outcome–based approach to a WIC nutrition assessment focuses the conversation on a positive health goal (health outcome) while discussing how other areas of a participant’s life may influence the health outcome. This framework is consistent with two national public health initiatives:

- U.S. Department of Health and Human Services’ Healthy People¹⁶ — a plan to promote, strengthen and evaluate the nation’s efforts to improve the health and well-being of all people that is updated every ten years.
- Bright Futures,¹⁷ a set of health supervision guidelines to “promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.”

The VENA health outcome–based approach consists of a desired health outcome, nutrition and health objectives, and health determinants. These elements of the health outcome framework are described as follows:

- Desired health outcome—WIC’s overarching health goal for each category of participant. The specific goals for each participant category can be found in **Table 1**.

Table 1. Participant Category and WIC Desired Health Outcome

| Participant Category | WIC Desired Health Outcome |
|------------------------------------|--|
| Pregnant Woman | Delivers a healthy, full-term infant while maintaining optimal health status. |
| Breastfeeding Postpartum Woman | Achieves optimal health during the childbearing years and reduces the risk of chronic disease. |
| Non-breastfeeding Postpartum Woman | Achieves optimal health during the childbearing years and reduces the risk of chronic disease. |
| Infant | Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices. |
| Child 12-60 Months of Age | Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health. |

¹⁶ Office of Disease Prevention and Health Promotion. Healthy People 2030. September 2020. Available from: <https://health.gov/healthypeople>.

¹⁷ American Academy of Pediatrics. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. 2017. Available from: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

- Nutrition and health objectives—actions, practices, and settings that make it more likely for the health goal to be achieved.
- Health determinants—a range of behavioral, biological, socioeconomic, and environmental factors that affect the nutrition and health objectives and overarching goal.¹⁸ Determinants that promote a positive health outcome are protective factors, while those that may hinder a positive health outcome are WIC nutrition risks and other related barriers or needs.

Using the VENA approach, CPAs start the assessment with the desired health outcome in mind. For example, the desired health outcome for a pregnant woman is “Deliver a healthy full-term infant while maintaining optimal health status.” This desired health outcome is more likely to occur when a woman meets/achieves the following health objectives:

- Consume a variety of foods to meet energy and nutrient requirements and remain free from foodborne illness.
- Receive ongoing health care, including prenatal care.
- Achieve the recommended weight gain.
- Remain free from nutrition-related illness or complications.
- Avoid alcohol, tobacco, and drugs.
- Make an informed decision about breastfeeding.
- Receive adequate community and family support.

The determinants that affect the above health objectives and the overall health goal are explored with the participant by collecting and evaluating relevant information during the WIC nutrition assessment. For example, data on weight, height, pre-pregnancy weight, and week of gestation are collected and evaluated to assess whether the pregnant woman is achieving the recommended maternal weight gain.

In a WIC nutrition assessment, it is important to view the participant holistically. The health outcome-based approach helps the CPA to understand the participant’s needs in the context of health determinants. During the exploration of each health determinant, nutrition risks are explored and further probed to identify potential causes such as knowledge, skills, attitudes and beliefs, cultural practices, family and social environment resources, and access to food and health care. (See **Appendix 5. Sample Springboard Assessment Questions and Probing Questions for Nutrition/Health Objectives** for more information.) In addition to nutrition risks, the CPA identifies and reinforces strengths, motivations,



¹⁸ Office of Disease Prevention and Health Promotion. Healthy People 2030. September 2020. Available from: <https://health.gov/healthypeople>.

healthy practices, accomplishments, and developmental progress. This approach to assessment allows the participant to gain a greater appreciation of how to attain good health and recognize her own needs and/or an infant's or child's needs for health improvement, and can ultimately lead to more effective WIC interventions. See **Section 4. Using Assessment Data to Guide Nutrition Services** for more information on how to use assessment data to personalize nutrition services.

Table 2 shows how the nutrition assessment is organized using health outcomes and health determinants and the CPA's role in assessment. Please note that the examples of nutrition risks and needs and protective factors are not a complete list. The roles listed are examples and do not represent an exhaustive list of all the actions a CPA will take to complete a nutrition assessment. See **Appendix 2. Health Outcome–Based WIC Nutrition Assessment by Participant Category** for similar tables for all five participant categories.

Table 2. Health Determinants and CPA Role in WIC Nutrition Assessment for a Pregnant Woman

| Desired health outcome: Deliver a healthy full-term infant while maintaining the mother's optimal health status | | | | |
|---|---|---|---|---|
| Nutrition/Health Objective | Nutrition/Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority's (CPA's) Role [†] |
| | | Examples of Potential WIC Nutrition Risks/Needs* | Examples of Protective Factors* | |
| Consume a variety of foods to meet energy and nutrient requirements, and remain free from foodborne illnesses | Dietary Intake/ Nutrition Practices | <ul style="list-style-type: none"> Consumes a diet very low in calories and/or essential nutrients Compulsively ingests nonfood items Inadequate vitamin/mineral supplementation Food insecurity | <ul style="list-style-type: none"> Eats a variety of fruits and vegetables, lean proteins, and whole grains Takes prenatal vitamins or multivitamins with adequate folic acid Practices food safety behaviors | <ul style="list-style-type: none"> Assess current nutrition practices Assess current and potential impact on nutritional intake and nutritional needs Assess factors that may affect meal pattern Identify misconceptions about ideal nutrition practices Assess potential for foodborne illnesses |
| Receive ongoing health care, including prenatal care a) Achieve recommended maternal weight gain | Health/Dental Care Weight Height Status (Anthropometric) | <ul style="list-style-type: none"> Lack of adequate prenatal care Lack of medical or dental home Underweight Overweight Low maternal weight gain High maternal weight gain Lack of physical activity | <ul style="list-style-type: none"> Established a medical home Enrolled in a health insurance plan Receives regular oral health care Eats a variety of foods to meet energy requirements Engages in physical activity | <ul style="list-style-type: none"> Assess barriers to obtaining care Ask about dental status and treatment already in progress Assess level of access to follow-up medical care Assess possible contributors to weight gain/loss (e.g., knowledge and attitudes regarding weight gain, physical activity level, appetite, stress) |

Table 2. Health Determinants and CPA Role in WIC Nutrition Assessment for a Pregnant Woman *(continued)*

| Desired health outcome: Deliver a healthy full-term infant while maintaining the mother’s optimal health status | | | | |
|--|--|---|---|---|
| Nutrition/Health Objective | Nutrition/Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role[†] |
| | | Examples of Potential WIC Nutrition Risks/Needs* | Examples of Protective Factors* | |
| Remain free from nutrition-related illness or complications | Clinical/Health/Medical | <ul style="list-style-type: none"> • Low hematocrit/low hemoglobin • Nutrition deficiency diseases • Diabetes Mellitus | <ul style="list-style-type: none"> • Eats high iron foods • Takes prenatal vitamins/minerals as prescribed by health care provider • Monitors and manages blood glucose levels | <ul style="list-style-type: none"> • Assess factors that may affect hemoglobin/hematocrit levels • Assess whether it is likely to be a nutritional or physiological anemia • Assess/reinforce compliance with treatment plan from health care provider |
| Avoid alcohol, tobacco, drugs, and other harmful substances | Substance Use | <ul style="list-style-type: none"> • Alcohol and substance use • Nicotine and tobacco use | <ul style="list-style-type: none"> • Does not smoke • Avoids alcohol, drugs, and other harmful substances | <ul style="list-style-type: none"> • Assess understanding of the potential dangers to herself and her pregnancy • Assess attitude toward treatment/cessation programs • Assess awareness of available help and readiness to access/accept it |
| Make an informed decision about breastfeeding | Infant Feeding Decisions | <ul style="list-style-type: none"> • Experienced breastfeeding complications previously • Lack of breastfeeding support | <ul style="list-style-type: none"> • Is knowledgeable about different feeding options • Has an existing support network for breastfeeding | <ul style="list-style-type: none"> • Assess for more information/participation in breastfeeding peer counseling and other breastfeeding support resources • Assess for contraindications to breastfeeding |
| Has environmental and family support to thrive | Social Support/Home Environment | <ul style="list-style-type: none"> • Homelessness • Recipient of Abuse | <ul style="list-style-type: none"> • Has access to adequate food preparation and food storage resources • Has access to safe and adequate water • Lives in a supportive and safe environment | <ul style="list-style-type: none"> • Assess food preparation and food storage equipment • Assess home environment • Identify referral opportunities |

*The nutrition/health determinants listed are examples of some of the potential determinants that a CPA could identify during a WIC nutrition assessment. They do not represent an exhaustive list of WIC nutrition risks nor protective factors.

†The roles listed are examples of actions that a CPA will perform during a WIC nutrition assessment. They do not represent an exhaustive list of all the actions a CPA will take to complete a WIC nutrition assessment.

WIC Nutrition Risk and the Health Outcome–Based Approach

The WIC nutrition risks align with the health outcome–based approach in that they are important determinants to health. **The Index of Allowable Risk Criteria** is a complete listing of nutrition risk criteria that are used to determine eligibility for WIC. The listing is on the FNS PartnerWeb community for State agencies.¹⁹ These policy documents assist CPAs in identifying, documenting, and addressing nutrition risks that affect nutrition and health outcomes. Each nutrition risk document includes a definition, scientific justification, targeted nutrition messages, and references. Categories of risk criteria include anthropometric, biochemical, breastfeeding, clinical/health/medical, dietary, and other risks. Having a centralized list and supporting material allows for a consistent understanding and application of risks across State and local agencies and is a resource when training staff. For a listing of nutrition risk criteria aligned with each health

/Definition/

The Index of Allowable Risk Criteria



*The Index of Allowable Risk Criteria is a tool that lists nutrition risk criteria permitted for use in determining WIC eligibility and providing nutrition services (nutrition education, food packages, referrals, and breastfeeding support). The nutrition risk explanations are a source of technical assistance to State and local agency WIC staff, providing an evidence-based definition and justification for risk assignment as well as nutrition education messages for each criterion.*²⁰

objective in the health outcome based framework, please see **Appendix 3. Crosswalk of Health Objective and WIC Nutrition Risks.**

FNS develops WIC nutrition risk criteria through a work group called the Risk Identification and Selection Collaborative (RISC). RISC membership includes National WIC Association–appointed State and local agency staff, along with the FNS National Office and Regional Office staff. This work group manages the ongoing review, revision, and addition of WIC nutrition risk criteria. RISC ensures that criteria are evidence based, practical for WIC application, and nutritionally linked or related to the nutrition services provided by WIC. For more information about the use and management of the FNS-issued nutrition risk criteria by WIC State agencies, please consult **WIC Policy Memorandum 2011-5: WIC Nutrition Risk Criteria.**

Identifying Strengths, Positive Practices, and Motivations

The VENA approach to assessment emphasizes healthy behavior change and positive health outcomes. Rather than focusing exclusively on a participant’s deficiencies, the VENA approach helps CPAs identify a participant’s strengths, positive practices, and motivations for change. Research has shown that using the assessment process to only identify deficiencies can be less effective.²¹ Often this practice



¹⁹ For a complete listing of the most up-to-date WIC risk criteria, please access the **WIC Nutrition Risk PartnerWeb.**

²⁰ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

²¹ Rollnick S, Miller W, Butler C. Motivational Interviewing in Healthcare. New York (NY): Guilford Publications; 2007.



Tips From the Field— Assessing for Strengths

Just as important as finding out participants' risks is learning what strengths they have that can help them adopt healthy behaviors. In fact, bringing out and acknowledging participants' qualities will make those qualities even stronger. Sometimes these strengths are apparent during the conversation and can be affirmed or reflected by the CPA (e.g., "You don't give up," "You're sensitive to her feeding cues," "You know a lot about nutrition"). CPAs can also ask questions

to call forth strengths. CPA questions can focus on emotional strengths, positive resources, or ways participants have successfully faced the same barrier in the past. Some examples might include:

- Tell me about the support you have at home to help you after the baby is born.
- When you weaned your last child, what was helpful?
- What part of feeding your child do you feel most confident about?

makes people feel judged and lowers their overall confidence, thus reducing the likelihood that they will adopt new habits.

By harnessing strengths and supportive healthy behaviors, VENA builds participants' **self-efficacy** to make small, but meaningful, positive nutrition and health choices for themselves and their family. Participant strengths may include personality characteristics (e.g., optimism, creativity), talents, interests, education or knowledge around food

and nutrition, or existing resources (e.g., a strong support system at home, access to opportunities for physical activity).

/Definition/

Self-efficacy



Self-efficacy refers to a participant's belief about their ability to succeed in reaching specific goals.



Section 3. The Process of the WIC Nutrition Assessment

The WIC nutrition assessment is a core process of WIC nutrition services that CPAs use to determine program eligibility, and identify and draw out participants' interests, needs, desires, motivations, concerns, and current health and nutritional status. It is the foundation for subsequent nutrition services, including customized nutrition education, breastfeeding promotion and support, guided goal setting, relevant referrals, and tailored food packages.

The VENA approach helps CPAs support each participant reach their desired health outcome by collecting and synthesizing relevant information (e.g., dietary practices, desire for or aversion to breastfeeding, interest in weight loss). With a holistic view of the participant, CPAs use critical thinking to identify topics for nutrition education, as well as potential food package tailoring and referral needs. CPAs assess several factors (i.e. health determinants), including:

- **Health and nutrition status.**²² Categories of information for assessment include anthropometric (body measurement- and proportion-related), biochemical, breastfeeding, clinical, dietary, and environmental. The CPA's objective is to identify health determinants that will affect health outcomes, including WIC nutrition risks, medical conditions, diet, and health concerns.
- **Potential barriers to desired health outcome.** CPAs also identify barriers that are not WIC nutrition risks but could affect participants' ability to achieve their desired health outcome (e.g., lack of physical activity). Participants may face serious environmental or socioeconomic barriers that may get in the way of successful outcomes. When the CPA identifies a potential

barrier, further probing questions are necessary to elicit whether there is an internal motivation for change, there is a need for information sharing, or a referral is necessary.

- **Strengths, knowledge, and capabilities.** CPAs identify and build on strengths by affirming existing positive practices and supporting participants in taking action steps that will address barriers and advance toward goals. Examples of protective factors could be exercising regularly or eating the recommended amount of fruits and vegetables each day.
- **Values, cultural practices, and environmental factors.** CPAs learn what is important to each participant, which will help determine where CPAs focus their efforts. Factors to consider include cultural practices and customs as well as environmental and family influences that affect behavior.
- **Interests and current nutrition-related knowledge.** CPAs identify each participant's interests and knowledge. Personalizing the conversation and information to the participant's interests and current knowledge encourages them to engage in the process.
- **Motivation.** CPAs listen for "motivation language" in order to recognize a participant's internal motivation for change. Motivation language may come in many forms, such as stating a desire ("I want to breastfeed my baby for as long as I am able"), emphasizing something the participant values ("Having family meals together is important to us"), or expressing dissatisfaction ("I hate that she is so picky"). State and local agencies can help CPAs evoke, recognize, and respond to

²² It is required to document height/length and weight, and hematological test for anemia measurements. Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.7(e)(1) Certification of Participants. August 2019. Available from: [https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r\).#se7.4.246_17](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r).#se7.4.246_17)

different forms of motivation language through training, mentoring, and other staff development activities. CPAs can have a significant influence on positive behaviors by encouraging, listening for, and responding to motivation language.

Not only is the collection and assessment of relevant information vital to the WIC nutrition assessment process, but *how* CPAs conduct the process is equally important. Some of the skills that are of particular significance to a participant-centered assessment are (see **Section 6. Staff Competencies and Training** for more information):

- Using critical thinking.
- Listening.
- Asking **open-ended questions**.
- Affirming.
- Reflecting.
- Summarizing.
- Empathizing.
- Collaborating.
- Identifying the stage of change.
- Building rapport.

In order to provide high-quality assessments, it is important to adequately define and develop a systematic assessment process. This helps to ensure quality and consistency across assessment activities while creating a framework where WIC staff can function with confidence. A systematic assessment process has advantages, but it cannot be so rigid as to reduce the assessment to a series of questions or data collection points that limit the CPAs' critical thinking and make it more difficult to build rapport with participants.

A WIC nutrition assessment can find balance between standardization and flexibility through the use of a systematic process, shown in **Figure 2**, and the CPA's rapport building skills.

The VENA approach contains elements of both art and science. It requires the use of the CPA's skills in communication and rapport building and the systematic approach to collect and evaluate information elicited from the participant.

Additional Information—Standardized Process Versus Standardized Care

"A standardized process refers to a consistent structure and framework used to provide nutrition care, whereas standardized care infers that all patients/clients receive the same care. This process supports and promotes individualized care, not standardized care." (American Dietetic Association, August 2003)²³

Figure 2
VENA Approach to WIC Nutrition Assessment



²³ Lacey K, Pritchett E. Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management. J Am Diet Assoc. 2003;103(8):1061-1072. doi:10.1053/jada.2003.50564



Set the Agenda

CPAs actively involve the participant in the assessment process through dialogue, information exchange, listening, and feedback. Starting the appointment by first setting the agenda, or explaining the assessment process, serves several purposes:

- **Reducing participant anxiety.** Uncertainty about what will take place in any given situation can make people anxious. Participants who request WIC services are usually aware of the food package benefits. Clarifying the other services WIC provides, as well as the purpose of the assessment, helps ease participants' anxiety.
- **Creating a power-sharing dynamic.** Telling participants in advance what will be taking place shows respect and sets up a framework for open and honest communication. This collaborative approach helps the WIC visit stay on track and empowers both staff and participants to maintain focus. Asking permission to proceed can be part of setting the agenda and contributes to the power-sharing dynamic.

- **Increasing participant engagement (buy-in).** Being open about the intent of the assessment will help build interest and encourage participation in both assessment activities and the resulting nutrition services.

There are multiple opportunities to set the agenda in a WIC visit. It depends on the State agency or clinic's service model for when the agenda is set and by which WIC staff. Ideally, the WIC team is clear about the process—both what information is provided and who provides it. Setting the agenda is a shared responsibility that, when done effectively, makes information clear and gets the participant involved.

Collect Relevant Information

The second assessment step is to collect relevant information. The health determinants that affect the desired health outcome are explored with the participant. A consistent, organized approach helps CPAs collect relevant information. Collecting different types of information (e.g., anthropometric, biochemical, breastfeeding, clinical, dietary, and environmental) will help pinpoint protective factors and WIC nutrition risks for each determinant. Although the primary goal is to identify the

The Importance of Language



When a CPA sets the agenda, he/she can help reduce the participant's anxiety. By opening up the conversation with language such as, "I'll be asking some questions about your diet and health. This will help me focus on the information and services WIC provides to meet your needs," the CPA is letting the participant know what to expect. CPAs can also start the conversation with WIC's desired health outcome goal. For example, a CPA could say to a pregnant participant, "The mission of WIC is to support you in delivering a healthy baby and having good nutrition and health during your pregnancy."

information, the information also needs to be organized for meaning and relevance. How the CPA works with the participant to elicit, identify, and respond to information is key to making the

Sources of Relevant Information

A: Anthropometric (e.g., height, weight, head circumference)

B: Biochemical (e.g., hematocrit, hemoglobin, blood lead values²⁴)

B: Breastfeeding (e.g., breastfeeding history, healthcare provider recommendations, mother's breastfeeding goals)

C: Clinical (e.g., immunization record,²⁵ pre-existing or current medical conditions that may affect nutrition)

D: Dietary (e.g., food preferences, intolerances, dietary patterns, infant and child feeding practices)

E: Environmental (e.g., home environment, socioeconomic status, substance use)

participant's experience positive and helps the CPA customize the WIC nutrition services.

Review of documented information from any prior assessments or other pertinent sources, such as referral information from a health care provider, is also necessary. This review helps the CPA begin the assessment with a better understanding of a participant's circumstances. This step can be critical in building rapport, showing respect, and conveying commitment to continuity of care. For example, it can be tedious and frustrating for a parent who has disclosed the child's serious medical diagnosis on several occasions to be asked again whether the child has any health conditions.

Before beginning the assessment, reviewing additional information sources may help the CPA understand the participant more fully. However, the availability of these sources depends on the agency or clinic's organizational structure and the participant's unique circumstances. Consider these potential sources:

- **The WIC team.** Other WIC staff who have interacted with this participant, whether at the same visit or previously, are a relevant source of information. The WIC team has the opportunity to function as a unit and share information internally, appropriately, and expeditiously.
- **Pre-surveys.** If the process involves collecting information from the participant in advance (e.g., via paper- or web-based questionnaires), reviewing this information will help identify areas where more clarification is needed and potential areas for subsequent nutrition services. Failure to review and use the information provided via pre-surveys can harm the relationship between staff and the participant: If the participant has spent time and energy completing a pre-survey,



²⁴ Upon enrollment of a child, the parent or caretaker must be asked if the child has had a blood lead screening test. If the child has not had a test, the parent or caretaker must be referred to programs where he or she can obtain such a test. See WIC Final Policy Memorandum 2001-1 at: <https://partnerweb.usda.gov/sites/sfp/WIC-FMNP-SFMNP/policymemodocs/2001-1-LeadScreening.pdf>

²⁵ It is WIC policy to assure that children served by WIC are screened for immunization status and, if needed, referred for immunizations. See WIC Policy Memorandum #2001-7 at: <https://partnerweb.usda.gov/sites/sfp/WIC-FMNP-SFMNP/policymemodocs/2001-7-ImmunizationScreeningandReferralinWIC.pdf>



it is important that staff review this information in advance and be prepared to build on it during the assessment.

- **Anthropometric or biochemical information.** Reviewing past anthropometric and biochemical information is important because it can identify changes to health status quickly. Growth charts and pregnancy weight gain graphs are valuable as assessment tools and may be used as counseling tools during the nutrition services component of a WIC visit.

Ideally, State agencies will establish expectations, support performance, and create a consistent method of information sharing and documentation from one WIC appointment to another. Similarly, local agencies will identify and support best practices for information sharing among staff to eliminate duplication of effort and foster teamwork, ensuring that WIC staff have easy and consistent access to key information.

When collecting additional relevant information, it is important to determine what information is best gathered at the family level. WIC services are highly individualized, but it is impractical and ineffective to isolate the individual from the family. It is important to consider what information is best identified at

Additional Information— Dietary Risk Assessment

Dietary risk assessment is a critical element of the nutrition assessment because it focuses attention on food and diet as central to health. The WIC dietary assessment is qualitative, not quantitative. WIC staff are encouraged to ask questions about food behaviors and preferences rather than questions about specific nutrients, ounces or servings. The dietary risk assessment is required to:

- Screen applicants for inappropriate nutrition practices.
- Determine specific concerns of the participant or caregiver related to eating/feeding practices.
- Ascertain participant acceptability and use of WIC foods.
- Obtain information that might explain other identified risk criteria.
- Allow a tailored intervention, including anticipatory guidance for each participant.

the family level and what additional clarification is needed specific to each participant. This process has a particularly strong impact on efficiency in assessments for several family members. A family-level assessment can also reduce caregivers' frustration by minimizing the number of times the same questions are asked about each sibling. Nevertheless, while providing services at the family level is desirable, it is also important to maintain documentation at the individual level. The tools used in assessment, such as the MIS, become key to the success of WIC staff. Additional guidance related to the MIS is provided in **Section 5. Technology and Assessment Tools.**

Throughout the process of gathering information, it is essential that staff listen for the participant's needs, interests, strengths, motivation, and potential knowledge gaps. These indicators will determine subsequent nutrition services.

Clarify and Synthesize Information

Synthesis is the critical thinking component of assessment, where the CPA decides whether additional information is needed or whether it is time to move on to nutrition services. In this step, WIC staff organize, evaluate, and prioritize information by integrating facts and informed opinions. By using counseling techniques (e.g., active listening, observation, questions) and critical thinking, WIC staff engage in this circular approach, moving from identifying information to synthesis and back until they are satisfied that they have done a thorough assessment.

In the process of synthesis, the CPA strives to get satisfactory answers to the following questions in order to identify nutrition risk(s) and protective factors:

- Do I hear needs, interest, or motivation?
- Do I hear **resistance** or defensiveness?
- Do I have a sense of health status within each assessment category?



Tips From the Field— Integrating Assessment Information

Using critical thinking and taking a holistic approach to assessment allows the CPA to see the “big picture” for each participant. Several pieces of information, assessment data, or nutrition risks may be interrelated and affected by one health determinant or behavior. For example, excessive milk intake, low iron, and overweight could all be related to late weaning from the bottle. By assessing the participant's motivations and existing knowledge, the CPA will be able to customize guided goal setting and information sharing.



- Do I know enough to confidently assign the correct risk code(s) based on WIC definitions/cutoff values?
- Can I confidently tailor this participant's food package?
- Do I have a sense of how receptive the participant will be to nutrition services?

Transition From Assessment Data to Customized Nutrition Services

A skillfully completed assessment with an adequate synthesis of information will smoothly transition to nutrition services. Additionally, a CPA will be able to use the assessment data to customize nutrition services to meet the participant's needs. Completing the assessment before moving on to nutrition services ensures:

- **Prioritized counseling.** Nutrition messages are limited so that the participant is not overwhelmed.
- **Accuracy of information sharing.** Any tips or suggestions are appropriate and actionable.
- **Individualized services.** Messages, referrals, and food packages are appropriate.
- **Efficient use of time.** Appointment time is spent focused on the most important issues.

Completing the assessment before moving on to nutrition services does not mean WIC staff cannot respond to a participant's needs, questions, or concerns during the assessment. Deciding when and how to respond requires critical thinking from the CPA.

For additional guidance on customizing nutrition counseling discussions for participants, consult the **WIC Nutrition Education Guidance** and **Section 4. Using Nutrition Assessment Data to Guide Nutrition Services.**

/Definition/

Critical thinking



Critical thinking is the disciplined process of organizing and synthesizing information to evaluate and prioritize it effectively. Critical thinking involves combining facts, informed opinions, active listening, and observations.

Document the Assessment

Documenting the assessment is a programmatic requirement²⁶ that supports continuity of care over time. Documentation is also reviewed during management evaluations and other program monitoring activities to evaluate the quality of

WIC services provided. Since documentation related to assessment is just one component of WIC data collection/retention, agencies should establish methods to allow for successful assessment documentation within the broader WIC services continuum. FNS provides guidance on documentation in the WIC Nutrition Services Standards, Standard 14.²⁷ State agencies can support local staff by establishing policies and practices that balance adequate documentation while preventing excessive data collection that can reduce time available for nutrition services.

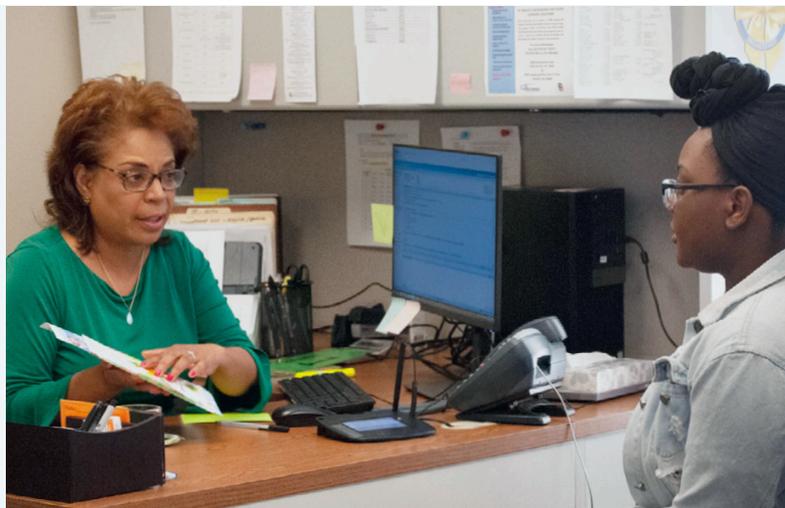
²⁶ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.7(e)(1) Certification of Participants. August 2019. Available from: [https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r\).#se7.4.246_17](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r).#se7.4.246_17)

²⁷ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf



Tips From the Field— Responding to Participant Questions During the WIC Nutrition Assessment

Completing a thorough assessment before providing nutrition services is a best practice for many reasons, but this does not mean that CPAs cannot respond to a participant's questions and concerns during assessment. One question that can help guide decisions about how to respond appropriately to questions and concerns is, "Do I have the information I need to answer this person's question?" If not, a CPA can respond by assuring the participant that he or she will come back to the question or concern after gathering additional information. There may be other instances when responding to a question or concern during the assessment is appropriate.



CPAs should use their critical thinking skills to determine what is best for each participant in each situation.

When creating policies around the types of information to be collected and documented, State agencies should consider:

- **Utility.** The collection of data that is not required or acted upon should be minimized or eliminated.
- **Ease of access.** CPAs should know where to find past assessment information quickly and consistently.
- **Referral data.** CPAs should know if the State agency and/or local agency has a Memorandum of Understanding for data sharing with other health care providers.

Consistent documentation processes make communication with other WIC staff easier and allow for continuity of care over time, helping to

streamline workflow and allowing the CPA to start discussions after only a minimal review of the previous nutrition assessment. See **Section 5. Technology and Assessment Tools** for additional guidance about MIS documentation.

High-quality documentation helps staff deliver meaningful nutrition services and ensures continuity of care for WIC participants. All risks identified through the assessment process must be documented along with other information necessary to support ongoing care. For more on documentation requirements, consult **WIC Policy Memorandum #2008-4, WIC Nutrition Services Documentation**, and the *WIC Nutrition Services Standards*, Standards 6 and 14.²⁸

²⁸ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

Conduct Follow-Up Assessment

The process of assessment is ongoing, with documentation from previous assessment(s) creating the foundation for subsequent WIC visits. At the follow-up visit, the CPA assesses any change from previous visits and collects additional information needed to help the participant achieve small positive behavioral changes over time. Depending on the situation, the CPA may prioritize what information to include in the follow-up assessment before moving forward. For example, it may be necessary to update some of the original assessment data, such as rechecking weight or hemoglobin/hematocrit values. In many cases, the follow-up will include checking on the status of a prior referral or assessing progress toward goals. This review will allow the CPA to work with the participant to either set new goals or address any challenges. Since there are many types of WIC visits, the WIC State agency will determine policies about when and how CPAs conduct follow-up assessments.

The Importance of Language



The words used to document an assessment are often different from those used to communicate with a participant. It is important to make careful distinctions between the language used for WIC administration and that used with participants. For example, while a CPA might document a participant as “high risk,” telling the participants that they are high risk may be inappropriate and disruptive.



Tips From the Field— Don't Start From Scratch

Many State agencies have a WIC MIS that make it possible to see or import information from previous certifications, allowing CPAs to start from an informed standpoint and reducing the time needed for the assessment process. Although some information will change and need to be updated, other information, such as chronic medical conditions, may not change.

Local agencies should use past assessment information at follow-up appointments. This information is helpful for monitoring growth or health status, checking in on nutrition goals or creating new goals, and closing the loop on referrals.



Table 3 shows an example of the CPA’s role at each step in the VENA approach to the WIC nutrition assessment process for a child determined to be overweight.

Table 3. Nutrition/Health Determinant Example: Overweight Child

| WIC Nutrition Assessment Step | Competent Professional Authority’s (CPA’s) Role |
|---|--|
| Setting the agenda | The CPA introduces him/herself and gives the parent/caretaker a brief description of what they will be doing together. The CPA discusses the desired health outcome for a child (see Table 1). |
| Collecting relevant information | Collects health and nutrition status information; potential barriers to healthy outcomes; strengths, knowledge and capabilities; values, cultural practices, and environmental factors; interests and current nutrition knowledge; and motivations. |
| Clarifying and synthesizing information | <p>Using springboard questions and probing questions, active listening, and observation, the CPA assesses for motivations, existing knowledge, and potential knowledge gaps. Is the parent/caregiver concerned about the child’s weight? Are feeding practices appropriate? Does the parent/caregiver have options for providing physical activity for the child? Are the measurements accurate?</p> <p>The CPA identifies nutrition risks and needs (e.g., high intake of sugary beverages and snacks, overweight, lack of resources for physical activity).</p> <p>The CPA identifies protective factors (e.g., offering a variety of fruits and vegetables, expressing interest in improving diet).</p> |
| Using assessment data to guide nutrition services | The CPA customizes information sharing and guided goal setting. For example, if the parent/caregiver wants to increase the child’s activity, the CPA can share information about local area activities for children. If the parent/caregiver is concerned about how many sugary drinks the child consumes, the CPA can help set a goal for reducing sugary drinks and offer suggestions for alternatives. |
| Documenting the assessment | The CPA enters information in the participant’s record, including data collected during the assessment that is required for eligibility (e.g., nutrition risk codes) and for follow-up care in future appointments (e.g., referrals made, goals set). |
| Conducting the follow-up assessment | At the next assessment, the CPA rechecks the child’s weight and height and follows up on any referrals provided or assesses progress toward the goal set at the previous visit. The CPA affirms progress and/or helps the parent/caretaker identify ways to overcome barriers. |

Section 4. Using Assessment Data to Guide Nutrition Services

Outcomes of the VENA approach to the WIC nutrition assessment process include customized nutrition education and breastfeeding counseling, a tailored food package, and targeted referrals if needed. CPAs use critical thinking to integrate each participant's unique set of circumstances, medical conditions, nutrition practices, and breastfeeding goals into a cohesive plan for nutrition services. Based on the participant's needs identified during the WIC nutrition assessment process, the CPA provides referrals and tailors the food package as necessary. For example, if a food allergy to egg is identified, the CPA will tailor the participant's food package to remove the eggs. Likewise, if a lack of a

The Importance of Language



When exploring nutrition risks identified through the assessment, CPAs decide on the most effective communication strategies to meet each participant's needs. WIC State agencies may determine how the information is communicated to participants, provided that it is reflective of the VENA approach. That is, the information is provided to participants as part of a positive, participant-centered assessment process.³¹ Although the term "risk" is used for documentation, using the term with participants may cause undue anxiety and negative emotions and undermine the VENA approach. Instead, the CPA can discuss the risk from an optimistic perspective, as something that can be resolved or improved in the future through behavior changes. The CPA can also normalize the risk by saying something like, "A lot of parents worry about their child drinking too much juice. Does that concern you?"

/Definition/

WIC nutrition assessment



WIC nutrition assessment is the process of collecting and synthesizing relevant information in order to:

- Assess an applicant's nutrition and breastfeeding status, risks, capacities, strengths, needs, and/or concerns.
- Identify and assign WIC nutrition risk criteria.
- Customize counseling strategies (e.g., nutrition/breastfeeding education, guided goal setting, **affirmations**) that address a participant's needs and concerns.
- Tailor the food package to address nutrition needs and breastfeeding status and preferences, including those based on the participant's culture.
- Make appropriate referrals.^{29,30}

medical home is identified, the CPA will provide the participant with a referral to local area health care facilities.

During the WIC nutrition assessment process, the CPA explores the protective factors unique to a participant and reinforces positive behaviors, motivations, and nutrition knowledge. CPAs personalize each conversation to best help the participant move closer to adopting nutrition and health behaviors for positive outcomes. For some participants, this might mean evoking and responding to hopes (e.g., "I don't want him on the bottle too long; I worry about his teeth") and using guided goal setting to help participants take small

²⁹ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

³⁰ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

³¹ For more information on explaining the purpose of the assessment process for participants, consult **WIC Policy Memorandum #2008-1, WIC Program Explanation for Participants**.

behavioral action steps. For others, it may mean affirming or building on existing plans or positive behaviors. The CPA works with the participant to mutually determine where to focus the nutrition education conversation—using the nutrition risk and needs identified in the assessment as the menu of topics to choose from for discussion. Topics not covered at the certification appointment may be covered in later visits.

VENA both allows for and informs personalized discussions. State agencies can strengthen this approach by designing policies that help CPAs use their best judgment. In addition to fostering professional judgment or critical thinking, training and mentoring help staff feel more comfortable about the adequacy of their assessment practices and documentation and nutrition services. For more information on staff skills and training, see **Section 6. Staff Competencies and Training.**

Behavior Change Theories

The VENA approach emphasizes healthy behavior change and positive health outcomes. Behavior change theories and models provide the rationale for effective assessment and counseling approaches. Examples of behavior change theories include the **social-ecological model (SEM)** and the **transtheoretical model (TTM)**, also called Stages of Change.

The SEM provides a framework to show how an individual's food and physical activity choices are influenced by many factors. Individual demographics (e.g., age, ethnicity, income) and personal factors such as knowledge, skills, and preferences play a role, as does where individuals work, play, shop, learn, and pray. Organizations, businesses, and Government policies and systems shape an individual's access to healthy food and/or opportunities to be physically active. Social and cultural norms and values influence choices and, ultimately, health.



Through VENA, the CPA can apply the SEM in order to consider the multiple levels of individual and social influences and protective factors that can support participant behavior change to achieve positive health outcomes. Evidence suggests that changing behavior requires the support and engagement of various sectors of society. For example, a women's decision to breastfeed is highly influenced by her social network, and to be successful she needs institutional support, such as hospital practices that enable and encourage breastfeeding and workplace policies that provide accommodation for nursing mothers.

The TTM is based on the assumption that people do not change behaviors quickly but gradually, in incremental stages.³² There are five stages of change that progressively move toward sustaining a long-term behavior change (i.e., maintenance stage). The model assesses a participant's willingness to make a behavior change in a specified amount of time (e.g., "In 3 months, I want to start walking every night after work") and linking it with a stage of change (e.g., the preparation stage). By understanding which stage of change the participant is in, the CPA can provide the appropriate strategies that will help the participant move into the next stage of change until ultimately reaching behavior maintenance.

³² Prochaska JO, Redding CA, Evers K. The transtheoretical model and stages of change. In Glanz K, Rimer BK, Lewis FM, eds. *Health Behavior and Health Education: Theory, Research, and Practice*. 3rd ed. San Francisco (CA): Jossey-Bass, Inc.; 2002:99-120.

Table 4 shows the transtheoretical model's stages and their corresponding time frame.

There are also counseling methods that can help a CPA apply the VENA approach to the WIC nutrition assessment. **Table 5** shows several counseling methods based on behavior change theories that

have proven to be successful for identifying a participant's strengths and motivations for change, even when time for intervention is limited.^{33,34}

Note: Please see **WIC Works Resources System** for staff training resources for some of the behavior change theories described below.

Table 4. Transtheoretical Model and Stages of Change

| Stage | Time Frame for Intended Behavior Change |
|------------------|--|
| Precontemplation | Do not intend to start healthy behavior within the next 6 months |
| Contemplation | Intend to start healthy behavior within next 6 months |
| Preparation | Intend to start healthy behavior within next 30 days |
| Action | Currently performing healthy behavior for less than 6 months |
| Maintenance | Currently performing healthy behavior for more than 6 months |

Table 5. Counseling Methods to Identify Strengths and Motivations for Behavior Change

| Stage | Time Frame for Intended Behavior Change |
|----------------------------------|--|
| Motivational interviewing | Designed to explore and enhance an individual's internal motivation to change by resolving ambivalence, eliciting the importance for change, and increasing confidence to make change. |
| Appreciative inquiry | Focuses on building confidence by drawing out positive feelings related to what went well in the past, what is going well in the present, or what the family wants for the future. |
| Emotion-based counseling | Taps into how an individual feels about a given topic. It recognizes that while information and facts are important, emotions are more frequently the driver behind change. |
| Three-step counseling | Designed to promote positive practices by asking open-ended questions to reveal barriers or concerns, affirming and normalizing feelings, and sharing targeted information. |

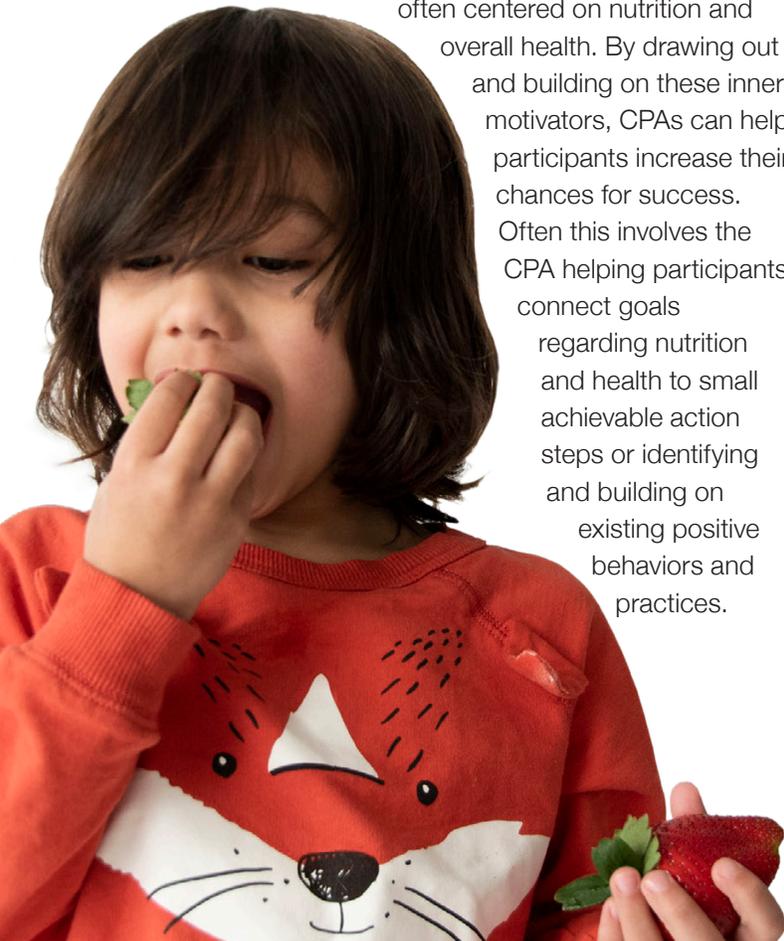
³³ Spahn JM, Reeves RS, Keim KS, et al. State of the evidence regarding behavior change theories and strategies in nutrition counseling to facilitate health and food behavior change. *J Am Diet Assoc* 2010;110(6):879-891. doi:10.1016/j.jada.2010.03.021

³⁴ Resnicow K, Davis R, Rollnick S. Motivational interviewing for pediatric obesity: conceptual issues and evidence review. *J Am Diet Assoc* 2006;106(12):2024-2033. doi:10.1016/j.jada.2006.09.015

Promoting Positive Behaviors

In most behavior change strategies, the concept of a person's inner motivation for change plays a central role.³⁵ One underlying assumption is that an individual's success in making behavior change is highly dependent on the person's internal beliefs and motivations regarding change. Unless a participant has internal motivation, providing information alone is unlikely to get the participant to change the behavior. Through VENA, CPAs have a powerful role in inspiring and building motivation for adopting positive nutrition- and health-related behaviors. Most participants have specific hopes

or goals for themselves and their families, often centered on nutrition and overall health. By drawing out and building on these inner motivators, CPAs can help participants increase their chances for success. Often this involves the CPA helping participants connect goals regarding nutrition and health to small achievable action steps or identifying and building on existing positive behaviors and practices.



Sometimes the CPA might identify a nutrition risk and other barrier and, through probing, determine that the participant is not motivated to change or that information does not need to be shared. For example, a parent may share that she is aware of the recommendation for bottle weaning but that she prefers to wait until the child is older. Before urging her to wean earlier, the CPA can ask probing questions to identify the parent's reasons for delayed weaning. This framing is more likely to get the parent to talk about her beliefs and concerns around bottle use and weaning and may lead to an opportunity for change.

Additionally, compelling someone to make positive changes when the person is not ready can actually increase the participant's resistance to change and call forth **resistance talk**.³⁶ Knowing commonly used resistance talk statements can help CPAs identify resistance talk. CPAs can facilitate the transition from resistance talk to behavior change intention by expressing understanding, suggesting alternative ways to think about the issue, and performing guided goal setting.³⁷ It is important for the CPAs to facilitate these discussions with respect for the participant's autonomy.

/Definition/

Resistance



Resistance is a process of avoiding or diminishing sharing about oneself because the individual feels uncomfortable or anxious. **Resistance talk** is verbal evidence that participants are not ready to change and feel they need to defend against change. The more participants put forth arguments against change, the less likely it is that they will change their behavior. Resistance talk could mean participants are being pushed to make a change they are not ready for.

³⁵ Rollnick S, Miller WR, Butler CC. *Motivational Interviewing in Healthcare*. New York (NY): Guilford Publications; 2007.

³⁶ Kellogg M. *Counseling Tips for Nutrition Therapists Practice Workbook* (Vol. 1 and 2). Philadelphia (PA): Kg Press; 2006, 2009.

³⁷ Contento IR. Step 5: translating behavioral theory into educational strategies: a focus on enhancing motivation for change. *Nutrition Education: Linking Research, Theory, and Practice*. 2nd ed. Burlington (MA): Jones & Bartlett Learning; 2011:254-255.



Building Health Outcome–Based Goals

The VENA approach, using health outcomes as a focal point, allows discussions to be positive and proactive. Rather than talking about a nutrition deficiency as a problem to be solved in isolation, the conversation is more broad, addressing underlying determinants of health and emphasizing the behaviors that will influence participants' health over the lifespan. For example, a normal growth pattern and a healthy weight for a child are not behaviors but rather outcomes influenced by several behaviors, such as parents' following good infant feeding practices and the child's eating a variety of healthy foods and engaging in physical activity. It is important to connect the overall WIC health outcome (i.e., achieve a normal growth pattern) to specific goals for the participant (i.e., child achieving a healthy weight). Goals are achieved not by internal motivation alone but rather through a combination of observing the identified behavior change (e.g.,



Tips From the Field— Less Is More

The nutrition assessment may identify several areas where behavior change could improve a participant's nutrition and health outcome. However, addressing too many areas at once can be overwhelming to the participant and make taking action harder. CPAs can use the VENA approach to prioritize topic areas. Because there are multiple opportunities for nutrition education over the course of a certification, CPAs can focus on small targets and behaviors over time rather than trying to address all determinants during one visit.

the parent observes the child's eating pattern) and applying nutrition and health knowledge (e.g., what the parent learned from the CPA about appropriate infant feeding practices). The CPA can guide the participant through the goal-setting process and break each goal into small achievable action steps.

Focus Goals on Small Achievable Action Steps

The CPA guides the participant toward improved health outcomes through incremental behavior change by breaking goals into small achievable action steps. By demonstrating how a goal can be achieved through small action steps, it will help the participant gain confidence in their ability to perform the action steps and achieve the goal. With each successful step taken and goal achieved, participants will gain more confidence and often greater motivation, empowering them to maintain healthy behavior.

Table 6 shows examples of participant goals and action steps based on several nutrition/health objectives.

The Importance of Language



In many programs, WIC staff strive to establish goals with participants that are specific, measurable, achievable, relevant, and time-bound (SMART). However, different terms such as “next steps” or “small changes” may be better understood by participants. If a participant uses the term “goal,” it is completely appropriate for the CPA to use that word as well. As with all word choices, CPAs select the most effective language based on real-time interactions and what will be most effective with the individual participant.

Behavior change is complex, but the VENA approach can help CPAs conduct the WIC nutrition assessment in a way that will identify a participant’s determinants of health and internal motivations. Together, the CPA and participant can create small, achievable goals that can be taken to achieve a positive health outcome.

Table 6. Examples of Participant Action Steps

| Nutrition/Health Objective | Example of a Participant Goal | Example of Action Step |
|---|---|---|
| Consume a variety of foods to meet energy and nutrient requirements and remain free from foodborne illness. | <ul style="list-style-type: none"> Bring a homemade lunch and healthy snacks, including fruits and/or vegetables, to work instead of eating fast food. | <ul style="list-style-type: none"> Prepare lunch and snacks the night before work. |
| Receive ongoing health care, as appropriate. | <ul style="list-style-type: none"> Find a medical and dental home for child. | <ul style="list-style-type: none"> Make an appointment with a health care provider. Contact one of the pediatric dentists on the WIC referral list. |
| Achieve appropriate weight for life stage. | <ul style="list-style-type: none"> Increase physical activity. Decrease sugar intake. | <ul style="list-style-type: none"> Take a walk four times per week. Limit juice offered to a child to 4 ounces or less per day. |
| Remain free from nutrition-related illness or complications. | <ul style="list-style-type: none"> Manage hyperemesis gravidarum to reduce nausea. | <ul style="list-style-type: none"> Put crackers or dry cereal by bed to eat before getting up in the morning. |
| Avoid alcohol, tobacco, and drugs. | <ul style="list-style-type: none"> Reduce the number of cigarettes smoked per day. | <ul style="list-style-type: none"> Contact a smoking cessation helpline for additional information and support. |
| Breastfeed successfully for as long as desired. | <ul style="list-style-type: none"> Exclusively breastfeed infant for 6 months. | <ul style="list-style-type: none"> Create a plan for breastfeeding support after delivery. Attend breastfeeding class next month. |
| Receive proper environmental and family support to thrive. | <ul style="list-style-type: none"> Feel like healthy behaviors are supported by family members. | <ul style="list-style-type: none"> Enroll in a free parenting class at a local health center. Ask a partner to read the breastfeeding handout. |

Section 5: Technology and Assessment Tools

Technology can enhance aspects of the VENA approach. For example, technology enables consistent data collection and rapid data analysis (e.g., by plotting growth graphs or identifying nutrition risks). It can support staff with an assessment framework and access to reports on participant characteristics (e.g., nutrition risks, demographics), and it offers opportunities for remote engagement with participants (e.g., videoconferencing).

In addition, State and local agencies may emphasize the collection and use of referral data from medical providers or other approved sources. Advances in technology and use of electronic medical records make it possible to use referral data across programs (e.g., WIC staff in an agency that provides health care may be able to access participants' medical records). For example, if a child was tested for hematocrit/hemoglobin at a recent medical appointment, using this information streamlines the assessment process and means there is more time to provide nutrition services. WIC agencies may explore data sharing agreements to permit access to referral data. Although establishing those agreements can take some time and effort up front, the return on investment typically makes it worth the effort.

However, despite its many advantages, technology can also present challenges in providing services to participants. For example, it can hamper the interpersonal communication between participants and CPAs, make staff rely too much on the tool and not enough on their own critical thinking skills, encourage overzealous data collection, and shift the focus from supporting health outcomes to just completing the assessment process. It is important to carefully balance priorities when incorporating technology into the assessment process. This section will address considerations to ensure that the VENA approach is maintained when technology is used during a WIC nutrition assessment.



Tips From the Field— Don't Start From Scratch

When designing assessment questions, State agencies may collect tools and questions from other State agencies and tailor questions to be appropriate for their own populations. State-developed VENA training tools and webinars can be found on the **WIC Works Resource System**.

Designing Assessment Questions

WIC State agencies establish policies and practices to support a consistent VENA approach, including determining what dietary information to collect and what types of assessment tools and questionnaires to use, that will lead to a quality WIC service.

As information technology evolves and the needs and demographics of participants change, State agencies continue to improve assessment methodologies and instruments. There is no one tool or assessment process that will meet the needs of all State agencies, so there is a great deal of variation in tools and practices used. Although the assessment instruments/methods may vary, suggestions for designing processes include the following:

- Incorporate open-ended questions. Open-ended questions require more thought and more detailed answers. They allow the participant to share a range of responses and can help the CPA collect information about behaviors, values, and motivations.

- **Consider question order.** This affects the assessment conversation. One recommendation is to save highly personal or sensitive questions until later in the assessment, when more trust is established. Starting with some open-ended springboard questions (e.g., “What are some of your child’s favorite foods?”) sends the participant an early message that their engagement and participation in the process are valued. (For additional examples of springboard questions, see **Appendix 5. Sample Springboard Assessment Questions and Probing Questions for Nutrition/Health Determinants.**)
- **Encourage additional probing questions.** Although questions about behaviors will be more qualitative, it is sometimes necessary to ask follow-up questions to identify risk factors. Probing questions are also useful in determining whether a participant is motivated to address barriers or whether information sharing is appropriate.
- **Add questions to draw out internal motivation and values.** Questions specifically designed to evoke a participant’s inner motivation, hopes, or concerns around health and nutrition will help the CPA personalize the conversation. For example, when working with a pregnant participant, the CPA could ask, “For you, what are the top three reasons you have decided to breastfeed?” or “How do you feel on the days when you manage to have a healthy breakfast instead of stopping for fast food?”
- **Allow flexibility in phrasing.** How CPAs phrase questions should depend on several considerations, such as the participant’s age, literacy level, or knowledge of issues related to nutrition and health. CPAs should also practice multicultural awareness when phrasing questions.



Tips From the Field—Testing Participant-Facing Assessment Tools

An important step in finalizing any assessment tool that a participant will complete is to test it with a group of participants who reflect the population’s diversity. Testing can determine whether wording is appropriate, questions are clear, time required to respond is not burdensome, and the tool is effective in collecting the intended information.



Tips From the Field—Evoking Interests, Motivations, or Challenges

In addition to collecting data about health status and behaviors, CPAs can collect information on a participant’s interests and motivations and any barriers they face. All of this information can help customize the conversation to the participant’s needs. Using open-ended questions that allow the participant to enter a response or choose topics of interest is a good way to engage the participant.

The Index of Allowable Risk Criteria gives CPAs a well-informed position to identify the nutrition risks and needs of the participant. For example, there are many WIC nutrition risks and needs associated with nutritionally related medical conditions; if a participant has such a condition, it is important for the CPA to consider it when customizing nutrition counseling. It is also important that the CPA document the condition to ensure continuity of care, providing information for the next CPA who works with the participant. However, it is not necessary or productive for the CPA to ask about each medical condition individually, expending valuable time that is better spent providing tailored nutrition services. Instead, CPAs can use global “springboard” questions to ask about medical conditions or identify other needs. The CPA can also use “probing” questions to further pinpoint deterrents.



Tips From the Field— Springboard Questions

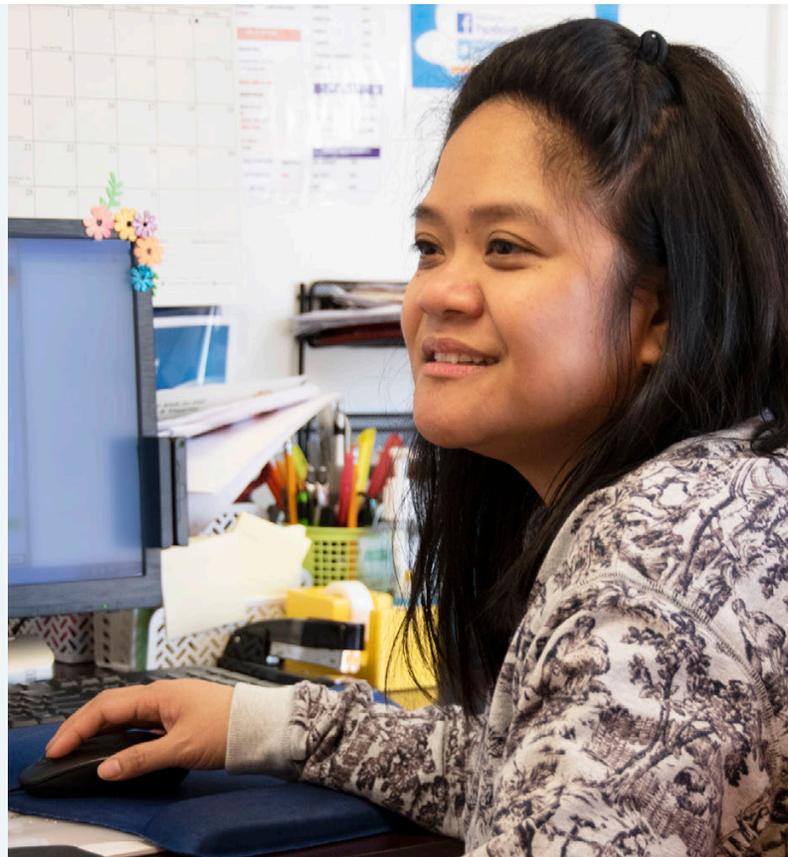
To make the assessment as efficient as possible, CPAs often use open-ended springboard questions. These questions will help the CPA determine whether additional questions are necessary to probe for protective factors or needs within each determinant. For example, a CPA may say to a pregnant participant, “Tell me about any concerns or problems you are having with this pregnancy.” The participant’s response might share information that will help the CPA identify and document relevant risk factors. This approach is more effective than asking about each potential medical or health condition individually and allows the CPA to target additional probing questions. (For additional examples of health determinant–based springboard questions, see **Appendix 5. Sample Springboard Assessment Questions and Probing Questions for Nutrition/Health Determinants.**)



Tips From the Field— Maintain Focus on the Participant

Although the MIS is critical to participant services, CPAs should remember to maintain focus on the participant, not on the computer. Focusing on the participant helps build rapport and maintains the CPA–participant relationship. The CPA can stay focused on the participant by:

- Reviewing key historical information in the MIS before welcoming the participant into the office.
- Making eye contact throughout the appointment.
- Setting up the office so it is not dominated by the computer.
- Starting the assessment-related conversation with the participant, then turning to the computer to enter data, rather than doing both simultaneously.
- Asking permission to turn away from the participant to enter data as needed.



Management Information Systems

The FNS **Functional Requirements Document for a Model WIC Information System** describes data and functions associated with nutrition assessment, including maintaining participant

nutrition and health characteristics, calculating **body mass index (BMI)** and producing growth charts, capturing and documenting blood test results, and determining nutrition risk factors.³⁸ A well-designed WIC MIS can support a quality WIC nutrition assessment. **Table 7** below lists some MIS functions to consider when a MIS is being designed or updated.

Table 7. MIS Functions/Components and Considerations

| MIS Functions/Components | Considerations |
|--------------------------|--|
| Policy alignment | <ul style="list-style-type: none"> Do the structure and function of the management information system (MIS) line up with the process and style Competent Professional Authorities (CPAs) use to complete the assessment and provide services? |
| Data collection | <ul style="list-style-type: none"> What are the data used for? Does the benefit outweigh the cost of collecting the data? Is it clear which questions are mandatory and which are optional? Are data maintained and easy to retrieve (e.g., prepopulated) for future certifications/appointments when appropriate? |
| Risk assignment | <ul style="list-style-type: none"> Does the MIS support auto-assignment of risk factors? Is it clear to staff which risks are auto-assigned and which are manually assigned? Is it clear how an auto-assigned risk is generated? |
| Assessment questions | <ul style="list-style-type: none"> How many assessment questions need to be included in the MIS? Are the questions provided as examples or scripted? What probing questions can be asked following a springboard question? Is the wording of assessment questions aligned with best practice expectations (e.g., open-ended questions when appropriate, nonleading questions, questions to evoke needs and motivations)? |
| Notes | <ul style="list-style-type: none"> Does the MIS make individualized documentation possible? Are notes available in a central location within the MIS? Is documentation for past visits easily accessible during subsequent visits? |
| Length of assessment | <ul style="list-style-type: none"> How many screens and clicks are needed to complete a certification? How long does it take a staff member to navigate the system to complete a certification or provide follow-up services? |

³⁸ U.S. Department of Agriculture, Food and Nutrition Service. Functional Requirements Document for a Model WIC Information System. September 2008. Available from: <https://fns-prod.azureedge.net/sites/default/files/apd/FReD-v2.0-Final.pdf>



Other Technology to Collect Assessment Data

As technology advances, more WIC agencies are introducing innovative strategies for collecting assessment data before the one-on-one sessions. Collecting some data ahead of time can allow for a more personalized discussion. Instead of spending time collecting the data, CPAs can focus instead on building on the data and asking additional questions to target support and information sharing.

WIC agencies are using different types of technologies and tools, including tablets, cellphones, downloadable apps, and online questionnaires, to collect assessment data. Examples include having a participant complete initial questions on a tablet in the waiting room or asking the participant to complete questions before the visit, using their own cellphone, tablet, or computer. Important considerations when using technology to collect assessment data before the appointment include the following:

- **Workflow.** To use the data effectively to inform the assessment process, the CPA must have time to review the data ahead of the session. Doing this before the face-to-face discussion demonstrates respect to the participant and allows the CPA to follow up on any information as necessary.
- **Choice of questions.** Some assessment questions may be appropriate to ask before the visit, while others may be most effective if asked during the one-on-one meeting. For example, the CPA should ask commonly misunderstood questions during the visit rather than providing them to the participant beforehand. Regular updates to any pre-assessment questionnaires are also critical. Input from local agency staff is

valuable in identifying commonly misunderstood questions and determining whether they should be reworded or simply deleted.

- **Integrating or storing information.** When considering tools for collecting assessment data, it is important to consider what data need to be stored and whether the technology can be integrated into the MIS. Regardless of how the data are collected and stored, it is important to prevent duplication of effort by WIC staff and ensure confidentiality of any personal health information.

Providing WIC Services Remotely

Providing remote WIC services helps both the Program and participants, with benefits such as expanding scheduling options, requiring less time for appointments, eliminating transportation barriers, and reducing congestion in clinic waiting areas. Before initiating remote services, State agencies must develop detailed policies and procedures for FNS review and approval.³⁹ Technology also offers more types of encounters, such as remote consultations with a registered dietitian or breastfeeding consultant and flexibility for the location where participants can receive services (e.g., at home or in a workplace). Remote access can also allow staff fluent in a particular language to provide direct service in participants, eliminating the need to work through an interpreter service. These options offer convenience and flexibility for participants. Reducing barriers to accessing WIC services will make it easier for participants to remain in and benefit from WIC.

WIC staff will require relevant training and support to provide WIC services remotely. For example, new workflow patterns or practices to accommodate the addition of remote options may be needed.

³⁹ Services can be provided remotely only when all regulatory requirements related to certification and physical presence exceptions are met. Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.7(o) Certification of Participants. August 2019. Available from: [https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r\).#se7.4.246_17](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r).#se7.4.246_17)

Involving the local staff in planning will help ensure their buy-in and that the resulting strategy meets the needs of both the agency and participants.

Participants too may need training on how to access and use the new technology. Pilot-testing remote services with a small group of participants or staff allows an opportunity to find and address issues in the processes before launching them to a wider audience.

Technology can be effective for remote appointments, but it is important to acknowledge its limitations; it may not be appropriate for every participant. For example, some participants may not have Internet access, and others may lack videoconferencing options on their phone or computer or may find costs for data usage prohibitive. Some participants may simply prefer a face-to-face encounter. Other participants may choose to attend some appointments in person and others remotely. When conducting an appointment remotely, consider the following strategies to make the interaction effective.

Avoid Distractions

Reduce distractions both for the CPA and the participant. Tell the participant in advance that being in a private, quiet place during the appointment is ideal. Provide the CPA with a similar environment.

Prepare in Advance

Ensure that information such as measurements, materials, or resources (e.g., handouts, websites, apps) will be available during the discussion.

Compensate for Lack of Body Language

For audio-only assessments, account for the lack of nonverbal communication. Body language is a rich source of information that is not available via telephone, so tone and word choice become even

more important. Techniques that CPAs can use to compensate for lack of visual contact include the following:

- Smile at the beginning of the call; the participant will sense the smile by the tone of your voice.
- Set the agenda for your time together.
- Use follow-up questions, **reflective listening**, and summaries.
- Listen even more carefully for motivation language.



Tips From the Field— Collecting Anthropometric and Hematologic Data

Agencies must consider how to collect anthropometric or hematologic data before remote appointments. Referral data from medical providers or access to electronic medical records is helpful. Another option is to arrange brief walk-in visits for measurements and blood tests in the WIC clinic at a convenient time before the remote appointment.



Section 6. Staff Competencies and Training

Hiring and training qualified staff are essential in providing quality WIC services. State agencies may put VENA into action with well-trained professional or paraprofessional staff. Regardless of staff members' education or experience before working with WIC, State and local agencies must emphasize development of the essential knowledge base and work skills. Training, followed by ongoing staff development activities, ensures that WIC personnel maintain and refine their skills and have opportunities to develop new ones. For more information, please see the WIC Nutrition Services Standards, Standard 5.⁴⁰

Competency Areas for WIC Nutrition Assessment

Competencies are desired outcomes for knowledge, skills, and behavior. When learners demonstrate a **competency**, they are demonstrating their ability to do something. In the VENA approach, competencies address a variety of knowledge and skill areas and are specific to the environment where the CPA works. Developing or selecting appropriate competencies should be based on factors such as job responsibilities and the CPA's educational preparation and experience. In developing staff competencies, it is important to consider the individuals' inherent talents and abilities, as well as their learned skills.

Because the tasks involved in VENA are fairly consistent among WIC agencies, the following six competencies to perform those tasks have been identified:

- **Principles of life cycle nutrition.** Understanding normal nutritional needs during pregnancy, lactation, the postpartum period, infancy, and early childhood.



- **The VENA approach.** Understanding the steps in the VENA approach to nutrition assessment, to include all the requirements related to blood work, anthropometric measurements, documentation, follow-up visits, and so on.
- **Data collection techniques.** Understanding the importance of precise and valid data, as well as how to collect anthropometric and hematological data.
- **Communication.** Knowing how to communicate effectively with participants and foster open exchanges.
- **Multicultural intelligence/awareness.** Understanding how sociocultural issues (race, ethnicity, religion, group affiliation, socioeconomic status, and worldview) affect nutrition and health practices and nutrition-related health problems.
- **Critical thinking.** Knowing how to analyze and synthesize information to draw appropriate conclusions.

⁴⁰ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

- For more information about the knowledge required and performance expected for each competency, see **Appendix 4. Essential Staff Competency for WIC Nutrition Assessment**

Building Competencies Through Training

Training approaches that focus on the outcome rather than the process of learning are ideal. Because many competency-based approaches incorporate independent learning, CPAs progress at their own rates. Training activities are planned to accommodate differences in learning styles and ensure that CPAs acquire the skills, understanding, and attitudes needed to function in their specific work roles. Because the conditions and requirements for performing most roles continuously evolve, it is important to review and update competencies regularly. State agencies may develop different training programs based on staffing patterns and service delivery models.



Tips From the Field—Ways to Build and Maintain WIC Nutrition Assessment Competencies

- Conduct regular in-service training to maintain focus on quality services.
- Identify and address individual employees' training needs.
- Provide opportunities for staff to attend local, State, and national nutrition training events and conferences focusing on maternal and child nutrition.
- Use training opportunities to discuss participant case studies and reinforce WIC nutrition assessment skills.
- Discuss successes and challenges during team meetings or huddles.
- Include role-playing or simulations in training events.
- Observe staff conducting WIC nutrition assessments and provide constructive feedback.



Tips From the Field—Encourage Self-Assessment

Having staff assess their own skills can help identify ongoing training needs. Self-assessment activities might include the following:

- Conducting a short interview with each staff member to ask about areas where the member is confident and where the member feels she or he need more training.
- Asking staff to rate themselves on various skills, using a scale where 1 equals “needs significant practice” and 5 equals “excellent.”
- Conducting a short survey with staff that includes asking open-ended questions about their strengths, areas needing improvement, and what support would be most helpful in developing skills.

Trends or themes across staff members' responses can indicate areas where they require more training or mentoring.

Identifying Training Needs

Staff training needs can be identified in several ways. First, comparing essential competencies and performance expectations with the content of training programs for new staff can reveal gaps or areas for enhancement. Second, observation and mentoring provide excellent opportunities to evaluate individual staff members' performance with WIC nutrition assessments and further build their competence through constructive feedback. Third, ensuring that staff understand what is expected of them is essential to ensuring high-quality performance.

Planning Training to Build Competencies

CPAs must be able to do more than list or describe facts, data, or other information. Competencies combine higher-level cognitive skills and critical thinking to determine a course of action. Training begins with verifying that a foundation of knowledge exists or providing opportunities to establish



such a foundation. Trainees can then move on to synthesizing facts through problem-based learning and evaluating their performance through simulations. As training continues, opportunities for independent learning and performance in the work setting are incorporated until the trainee is proficient at job-related tasks. A well-designed training program includes various techniques to reach training outcomes in all areas: knowledge, skills, attitudes, and values. **Table 8** shows appropriate techniques for desired learning outcomes.



Tips From the Field— Use Mentors to Enhance Competency

Mentoring in WIC is a form of ongoing staff development that builds relationships between colleagues, supports staff skill enhancement, and identifies programmatic challenges to address. A mentor is a trusted, highly skilled individual who places the mentees' best interests foremost in each mentoring session. A mentor does not have to play a specific WIC staff role but may be a CPA, registered dietitian, site supervisor, State agency consultant, or something else. The mentor's approach, competence, and character are more important than their role. The most effective mentors:

- Approach mentoring as an ongoing process, modeling the style/technique expected of WIC staff in interactions with participants and recognizing that the time spent in mentoring offers exponential gains to the program.
- Can discuss program initiatives and policies broadly and specifically. Competent mentors have real-world WIC experience and understand the program's vision.
- Embody the core values of WIC in their interactions with colleagues, building trust, demonstrating respect, seeking first to understand, listening more, affirming specifically, managing expectations, being sincere, and providing honest feedback.

Table 8. Matching Training Techniques to the Desired Learning Outcome

| Desired Outcome | Appropriate Techniques |
|-----------------|---|
| Knowledge | Lecture, symposium, seminar, or other classroom-based situation; video, debate, dialogue, interview, recording, book-based discussion, reading, and web-based learning. |
| Skills | Role-playing, games, participative exercises, simulations, nonverbal hands-on exercises, skill practice exercises, drills, and coaching. |
| Attitudes | Experience-sharing discussion, group-centered discussion, role-playing, case studies, games, and rewarding appropriate behavior. |
| Values | Lecture, debate, dialogue, video, symposium or seminar, dramatization, guided discussion, experience-sharing discussion, role-playing, and games. |

Section 7. Continuous Quality Improvement

The VENA approach to a WIC nutrition assessment has evolved as State and local agencies learn more about what drives behaviors and effective strategies to support the adoption of healthy nutrition practices among participants. The commitment of staff at the federal, regional, State, and local level to continuously improve the quality of the participant experience and the impact of WIC on health outcomes helps make this evolution possible. Initiatives to improve program quality also influence retention, helping to ensure that eligible participants remain in WIC and benefit from services. “Continuous quality improvement” is a term for all ongoing efforts to advance WIC service delivery, including WIC nutrition assessment.

There are several ways to promote continuous quality improvement in WIC. State and local agencies determine how to improve and enhance their services through prospective and retrospective reviews. Such reviews could be participant surveys and direct observation.

Direct observation can take place during a variety of activities, including formal evaluations, informal technical assistance, or staff coaching. Ongoing training, staff development, and other targeted program enhancement initiatives are also important quality improvement strategies. For more information, please see the *WIC Nutrition Services Standards*, Standard 16.⁴¹

Using Direct Observation to Evaluate VENA Implementation

Direct observation is an important part of evaluating the overall quality of assessment practices and the extent to which the VENA approach is operationalized, as well as for identifying

opportunities for improvement. Although review of documentation in participant records is a useful indicator of *what* took place during a WIC visit, observation provides a more complete picture of not only what takes place during the WIC nutrition assessment but also how the assessment is conducted. While VENA is a framework for a systematic assessment process, the ways in which the assessment is carried out will vary. CPAs use a variety of soft skills during the assessment, such as body language, friendly greetings, and active listening, which directly affect the effectiveness of the assessment. Additionally, CPAs adapt the assessment and their use of soft skills for each participant based on what they believe will be most effective. Because of this individualized approach, CPAs’ use of soft skills can only be assessed through watching the staff–participant interactions.

CPAs face many decision points during an assessment, and they actively employ critical thinking to guide conversations with participants (e.g., evaluating the information they are receiving, determining areas of interest, identifying when more detail is needed). Because there is not one “right way” to complete an assessment, observation is also a useful tool in validating the CPAs decisions and/or supporting additional skill development. A brief conversation between the observer and CPA immediately following the WIC assessment can be instrumental in quality improvement. Similarly, observers can look for trends among CPAs to identify where a targeted training would be helpful.

Observers must be well trained in the VENA approach as well as in the soft skills used in assessment. This knowledge helps observers effectively model the desired skills in their communications with CPAs. By using these soft skills, the observer will reinforce to CPAs that

⁴¹ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

staff at all organizational levels believe these are effective. The skill set of the observer can be developed through periodic training, with opportunities to practice the skills being evaluated.

When State and local agencies have more than one person conducting observations, consistency among observers is critical. Because VENA and subsequent nutrition services are highly individualized, they are also subjective and do not fit neatly into a checklist of “meets expectations” or “does not meet expectations.” State agencies can help establish consistency among observers through strategies such as:

- Providing clear direction on core programmatic objectives and vision (e.g., nutrition assessment is a core process in the larger continuum of WIC services that ideally culminates in supporting positive health outcomes).
- Meetings among observers to discuss the intent of the VENA approach, related federal guidance, and implications for service delivery.
- Opportunities for multiple observers to watch the same interaction (i.e., in-person or video-recorded session) and compare notes.
- Periodically reviewing findings across agencies, both positive and negative, to identify possible inconsistencies.

Some State agencies have promoted consistency among observers and assisted local agencies by developing evaluation criteria or quality indicators to explain how to characterize “meets expectations” or “does not meet expectations” in practice. This helps observers and local staff better understand expectations for participant interactions. In some cases, State evaluation tools allow for different levels of competency

to accommodate variations in staff proficiency, experience, and/or training. These added levels of competence allow for and encourage growth among WIC staff and facilitate the identification of training needs for individual staff and agencies as a whole. For examples of observation tools developed by State agencies, refer to **Appendix 6. Examples of Observation Tools Used to Evaluate VENA Practices.**

Resources

The **WIC Works Resource System** (WIC Works) is an online education, training, and resource center for State and local WIC staff that offers a variety of resources from FNS, WIC State and local agencies, other federal agencies, and non-Governmental entities.





Quality Indicators for Direct Observation of VENA Practices

When creating evaluation criteria or quality indicators, State agencies incorporate as much flexibility as possible to reflect how CPAs individualize services. CPAs do not use all skills or strategies during each appointment; rather, they prioritize their approach depending on the needs of the participant. One way to allow for flexibility and encourage CPAs to individualize services is to limit the number of indicators to be evaluated. Key indicators include those that capture the overall intents of the process, allowing the CPA the freedom to personalize the appointment while still meeting quality expectations. Having fewer criteria will also make it easier to achieve consistency across observers.

As State agencies determine how they will evaluate strength-based assessment and counseling practices, potential quality indicators to consider include the following:

- CPAs employ critical thinking skills to gather, analyze, and prioritize assessment information.
- CPAs individualize the assessment and nutrition services conversation to the unique circumstances of the participant.
- CPAs identify and affirm participants' strengths and positive behaviors.
- CPAs use open-ended questions to engage the participant in the assessment and nutrition services conversation.
- CPAs document relevant information, nutrition risks assigned, and nutrition interventions.
- State agencies can support quality improvement by making observation tools available to local agencies in advance. Sharing these promotes transparency and builds trust and clarity around expectations for both State agency staff and local staff. In addition, the tools can be used by local agency managers or staff mentors to observe services in their WIC sites and provide coaching to help staff build skills. Inviting local input when designing the tools will help ensure the process reflects service delivery principles important to local agencies and that the tools will be used for ongoing monitoring within the local agency.

Continuous Quality Improvement Strategies

Conversations between observers and WIC staff members can be very effective in affirming skills observed and offering ideas for strengthening the interactions with participants or for conducting the assessment process. A well-trained observer will be able to identify both strengths and opportunities for enhancement, and they will be skilled in providing feedback in style that is consistent with VENA approach. Observing the WIC nutrition assessment process across multiple WIC staff, either within the same agency or across multiple agencies, is useful for identifying overall strengths, challenges, and opportunities for improvement. The information

gleaned during direct observations may indicate a need for additional training using existing curricula or developing new training resources on new topics or using different modes of learning. Alternatively, the information may highlight the need for revisions or clarification to a State or local policy or process. This could involve a straightforward update and communication about the change or it may require a longer-term initiative, such as modifications to the WIC MIS. In addition, comparing observation findings across multiple observers may highlight a need to refine current observation tools or to provide additional training efforts. For more information on staff training, refer to **Section 6. Staff Competencies and Training**.



Appendix 1. Glossary of Terms

Affirmation—A statement that acknowledges an individual’s positive qualities (strengths, efforts, or personal characteristics) and encourages continued application of those qualities. Affirmations strengthen relationships, encourage positive behaviors, and build confidence in one’s ability to change.

Autonomy—An individual’s ability and right to make decisions concerning their lives. Although the WIC staff supports behavior change, ultimately it is up to the individual to decide whether to change. Recognizing and respecting a participant’s autonomy supports behavior change by empowering participants and reducing the chance of resistance.

Body mass index (BMI)—A measure of body fat based on height and weight. The calculation involves dividing weight in kilograms by height in meters squared or dividing weight in pounds times 703 by height in inches squared (kg/m^2 or $703 \times \text{lbs.}/\text{in}^2$).

Competency—An individual’s demonstrated knowledge, skills, or abilities performed to a specific standard. Competencies are observable behavioral acts demonstrated in a job context and are influenced by an organization’s culture and work environment.

Competent Professional Authority (CPA)—An individual on the staff of a local agency authorized to conduct the nutrition assessment, determine nutrition risk, and prescribe supplemental foods. Federal WIC program regulations define the CPA as a physician, nutritionist, registered nurse, dietitian, or medically trained State or local health official, or person designated by physicians or medically trained State or local health officials.⁴²

Continuity of care—The process of ensuring quality care over time. The participant and the WIC staff collaborate to identify and support the achievement of small steps toward health goals over time. Continuity of care is supported by appropriate documentation and processes to allow for access to a participant’s history and seamless sharing of information between staff members.

Critical thinking—The disciplined process of organizing and blending information to evaluate and prioritize it effectively. Critical thinking involves integrating facts, informed opinions, active listening, and observations.

Emotion-based counseling—A counseling approach that recognizes that emotions drive behaviors and that discussing a participant’s motivations and emotions around change before providing facts and information is most effective in helping to bring about lasting behavior change.

Guided goal setting—The process of helping participants set goals. The WIC staff and the participant work together to identify potential goals through the assessment process and develop small progressive action steps toward positive health outcomes. Guided goal setting is based on the premise that participants who set realistic, achievable goals for themselves are more likely to make changes than those who do not set goals.

Health determinants—A range of behavioral, biological, socioeconomic, and environmental factors whose interactions affect people’s health status. Health determinants that promote a positive health outcome may be viewed as protective factors, while determinants that may hinder positive outcomes can be considered potential barriers, e.g., WIC nutrition risks.

⁴² Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

Health Outcome–Based Approach—An approach to the WIC nutrition assessment where a desirable health outcome (e.g., delivery of a healthy full-term baby) serves as a focal point to collect relevant information. The elements of this approach include (1) a desired health outcome, (2) nutrition/health objectives (e.g., consume a healthy diet) and (3) health determinants (see definition). This approach also allows participants to gain a greater appreciation of how to attain good health and recognize their own need(s) and/or needs of an infant/child for health improvement.

Index of Allowable Risk Criteria—A list of permitted nutrition risk criteria for use in determining WIC eligibility and providing nutrition services (nutrition education, food packages, referrals, and breastfeeding support). The nutrition risk explanations are a source of technical assistance to State and local agency WIC staff, providing an evidence-based definition and justification for risk assignment, as well as nutrition education messages, for each criterion.⁴³

Management information system (MIS)—A computerized information-processing system designed to support data collection and synthesis and service delivery.

Motivation—A person’s reason(s) for acting or behaving in a particular way, or the general desire to do something.

Motivational interviewing—An approach to assessment and counseling designed to explore and enhance an individual’s internal motivation to change by resolving ambivalence, eliciting the importance for change, and increasing confidence to make a change.

Multicultural intelligence/awareness—The capability to relate and work effectively with people from different cultural backgrounds. Multicultural intelligence includes an understanding of how sociocultural aspects (race, ethnicity, religion, group affiliation, socioeconomic status, and worldview) affect nutrition and health practices.

Nutrition risk—Attributes that hinder positive health outcomes, including (a) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (b) other documented nutritionally related medical conditions; (c) dietary deficiencies that impair or endanger health; (d) conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or (e) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, homelessness and migrancy.⁴⁴

Nutrition services—A comprehensive term for activities that result from the assessment process. WIC nutrition services encompass customized nutrition counseling, referrals for additional programs or services, assignment of a tailored food package, and breastfeeding promotion and support. Customized nutrition counseling could include nutrition education, guided goal setting, sharing relevant information, and/or reinforcing positive behaviors.

Open-ended questions—Questions that require more than a simple one-word answer, often used to gain a broader situational understanding. In contrast, closed-ended questions can be answered simply (e.g., yes or no) and are often used to gather specific information.

⁴³ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

⁴⁴ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

Participant—For the purposes of this document, the word refers to a WIC participant, an applicant, or a parent/caregiver.⁴⁵

Participant-centered approach—A systems approach designed to focus on topics and issues that are relevant to the participant. This approach puts the participant's needs and the goal of healthy behaviors at the core of WIC service delivery and focuses on a person's capacities, strengths, and developmental needs, not solely on the problems, risk, or negative behaviors. In contrast to the traditional didactic WIC assessment and education model, participant-centered services encourage staff to engage the participant/caretaker in dialogue, information exchange, listening, and feedback, in order to translate the assessment into action and customize the nutrition services provided.⁴⁶

Plain language—Communication used so your audience can understand the first time they read or hear it.⁴⁷

Reflective listening—A statement that conveys understanding. This can include paraphrasing someone's statement to confirm its meaning or reflecting more than what was said directly, such as emotions or intent. Reflective listening is effective in a variety of scenarios and helps clarify understanding, encourages greater exploration, and builds relationships.

Resistance—A process of avoiding or diminishing sharing about oneself because the individual feels uncomfortable or anxious.

Resistance talk—Evidence of a person's defense against change, often in the form of arguments against change. The more participants argue against change, the less likely it is that they will change their behavior.

Self-efficacy—Participants' beliefs about their ability to succeed in reaching specific goals. Efforts to support participants' beliefs about their own strengths and abilities will affect how likely they are to achieve goals.

Social-ecological model (SEM)—An approach that addresses several social ecologies or levels of influence on behavior at once. These levels are labeled intrapersonal factors, interpersonal processes and primary groups, institutional factors, community factors, and public policy and legislation.⁴⁸

Three-step counseling—A strategy designed to promote positive behaviors by asking open-ended questions to identify barriers or concerns, affirming and normalizing feelings, and sharing targeted information.

Transtheoretical model (TTM, stages of change)—Proposes that self-change in behavior is a process that occurs through five stages and that individuals use a variety of psychological and behavioral processes in making changes.⁴⁹

⁴⁵ See the following citation for regulatory definition: Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

⁴⁶ U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Program Division. WIC Nutrition Services Standards. 2013. Available from: https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

⁴⁷ U.S. Plain Language Action and Information Network. Available from: <https://www.plainlanguage.gov/>

⁴⁸ Contento IR. Foundation in theory and research: promoting environmental support in action. Nutrition Education: Linking Research, Theory, and Practice. 2nd ed. Burlington (MA): Jones & Bartlett Learning; 2011: 121–122.

⁴⁹ Contento IR. Foundation in theory and research: facilitating the ability to take action. Nutrition Education: Linking Research, Theory, and Practice. 2nd ed. Burlington (MA): Jones & Bartlett Learning; 2011: 108–112.

VENA Approach—a participant-centered, health outcome–based approach to WIC nutrition assessment. The VENA approach incorporates a WIC nutrition assessment process with policies, staff competencies, a Management Information System (MIS), and quality improvement strategies that together enhance the delivery of WIC nutrition services. The words “VENA” and “the VENA approach” are used interchangeably.

VENA Guidance—Comprehensive nutrition assessment guidance to assist WIC State agencies in operationalizing the VENA Approach to WIC nutrition assessment.

WIC nutrition assessment—The process of collecting and synthesizing relevant information in order to assess an applicant’s nutrition and breastfeeding status, risks, capacities, strengths, needs, and/or concerns; identify and assign WIC nutrition risk criteria; customize counseling strategies (e.g., nutrition/breastfeeding education, guided goal setting, affirmations) that address a participant’s needs and concerns; tailor the food package to address nutrition needs and breastfeeding status and preferences, including those based on the participant’s culture; and make appropriate referrals.^{50,51}

⁵⁰ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.11 Nutrition Education. August 2019. Available from: <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=7a2c252817410a1e102dbbaab0898e9e&mc=true&n=pt7.4.246&r>

⁵¹ Electronic Code of Federal Regulations. Title 7. Agriculture. Part 246. Special Supplemental Nutrition Program for Women, Infants, and Children. Section 246.2 Definitions. August 2019. Available from: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ede49f3ec92e9131f2fb220fedbe8ccd&mc=true&n=pt7.4.246&r=PART&ty=HTML#se7.4.246_12

Appendix 2. Health Outcome–Based Assessment by Category

Health outcomes are dependent upon health determinants, a set of factors influenced by individual behaviors, past and current health conditions, and the family and social environment. Protective factors for each determinant are things that will increase the likelihood of achieving the desired health outcome, while identified WIC nutrition risks may reduce the possibility of a positive outcome. Each health determinant can be explored with the participant by collecting and synthesizing relevant information. For example, data on weight, height, pre-pregnancy weight, and weeks of gestation are collected and evaluated to assess whether the pregnant woman is achieving a recommended weight gain. During the exploration of each objective, CPAs work to identify WIC nutrition risks and protective factors and how they relate to the nutrition/health objective. The CPAs work with participants to identify relevant goals and action steps (see **Table 6**). This systematic process of exploring each health determinant can be adapted for State and local processes and contribute to positive outcomes for participants.⁵²

Below is a framework for a health outcome–based VENA for each participant category. The tables describe the desired health outcomes, a list of health objectives for each participant category, and examples of potential WIC nutrition risks and protective factors. The tables also include examples of what actions the CPA can take to properly identify a participant’s WIC nutrition risks and protective factors.

It should be noted that the examples of potential WIC nutrition risks, protective factors, and CPA’s role are not exhaustive. For a complete listing of WIC nutrition risks for each health objective (crosswalk), please see **Appendix 3. Crosswalk of Health Objectives and WIC Nutrition Risks**. For a complete list of the most up-to-date WIC risk criteria that include evidence-based definitions and justifications for risk assignment, as well as applicable nutrition education messages, please visit the **WIC Nutrition Risk PartnerWeb**.

⁵² The order of health determinants below does not imply priority or importance. Each State agency establishes policies and procedures about nutrition assessment tasks, including how tasks are organized and when each is completed.

Table A2-1. Health Outcome–Based WIC Nutrition Assessment for a Pregnant Woman

| Desired health outcome: Deliver a healthy full-term infant while maintaining the mother’s optimal health status | | | | |
|--|---|--|--|---|
| Nutrition/ Health Objective | Nutrition/ Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role† |
| | | Examples of Potential WIC Nutrition Risks/ Needs* | Examples of Protective Factors* | |
| Consume a variety of foods to meet energy and nutrient requirements, and remain free from foodborne illnesses | Dietary Intake/ Nutrition Practices | <ul style="list-style-type: none"> Consumes a diet very low in calories and/ or essential nutrients Compulsively ingests nonfood items Inadequate vitamin/mineral supplementation | <ul style="list-style-type: none"> Eats a variety of fruits and vegetables, lean proteins, and whole grains Takes prenatal vitamins or multivitamins with adequate folic acid Practices food safety behaviors | <ul style="list-style-type: none"> Assess current nutrition practices Assess current and potential impact on nutritional intake and nutritional needs Assess factors that may affect meal pattern Identify misconceptions about ideal nutrition practices Assess potential for foodborne illnesses |
| Receive ongoing health care, including early prenatal care | Health/Dental Care | <ul style="list-style-type: none"> Lack of adequate prenatal Care Lack of medical or dental home | <ul style="list-style-type: none"> Established a medical home Enrolled in a health insurance plan Receives regular oral health care | <ul style="list-style-type: none"> Assess barriers to obtaining care Ask about dental status and treatment already in progress Assess level of access to follow-up medical care |
| Achieve a recommended maternal weight gain | Weight/ Height Status (Anthropometric) | <ul style="list-style-type: none"> Underweight Overweight Low maternal weight gain High maternal weight gain Lack of physical activity | <ul style="list-style-type: none"> Eats a variety of foods to meet | <ul style="list-style-type: none"> Assess possible contributors to weight gain/loss (e.g., knowledge and attitudes regarding weight gain, physical activity level, appetite, stress) |
| Remain free from nutrition-related illness or complications | Clinical/Health/ Medical | <ul style="list-style-type: none"> Low hematocrit/ low hemoglobin Nutrition deficiency diseases Diabetes Mellitus | <ul style="list-style-type: none"> Eats high iron foods Takes prenatal vitamins/minerals as prescribed by health care provider Monitors and manages blood glucose levels | <ul style="list-style-type: none"> Assess factors that may affect hemoglobin/ hematocrit levels Assess whether it is likely to be a nutritional or physiological anemia Assess/reinforce compliance with treatment plan from health care provider |

Table A2-1. Health Outcome–Based WIC Nutrition Assessment for a Pregnant Woman *(continued)*

| Desired health outcome: Deliver a healthy full-term infant while maintaining the mother’s optimal health status | | | | |
|--|---|---|---|---|
| Nutrition/ Health Objective | Nutrition/ Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role [†] |
| | | Examples of Potential WIC Nutrition Risks/ Needs* | Examples of Protective Factors* | |
| Avoid alcohol, tobacco, drugs, and other harmful substances | Substance Use | <ul style="list-style-type: none"> • Alcohol and substance use • Nicotine and tobacco use | <ul style="list-style-type: none"> • Does not smoke • Avoids alcohol, drugs, and other harmful substances | <ul style="list-style-type: none"> • Assess understanding of the potential dangers to herself and her pregnancy • Assess attitude toward treatment/cessation programs • Assess awareness of available help and readiness to access/accept it |
| Make an informed decision about breastfeeding | Infant Feeding Decisions | <ul style="list-style-type: none"> • Experienced breastfeeding complications previously • Lack of breastfeeding support | <ul style="list-style-type: none"> • Is knowledgeable about different feeding options • Has an existing support network for breastfeeding | <ul style="list-style-type: none"> • Assess interest for more information/participation in breastfeeding peer counseling and other breastfeeding support resources • Assess contraindications to breastfeeding |
| Receive proper environmental and family support to thrive | Social Support/ Home Environment | <ul style="list-style-type: none"> • Homelessness • Recipient of abuse | <ul style="list-style-type: none"> • Has access to adequate food preparation and food storage resources • Has access to safe and adequate water • Lives in a supportive and safe environment | <ul style="list-style-type: none"> • Assess food preparation and food storage equipment • Assess home environment and support systems • Identify referral opportunities |

* The nutrition/health determinants listed are examples of some of the potential determinants that a CPA could identify during a WIC nutrition assessment. They do not represent an exhaustive list of WIC nutrition risks or protective factors.

† The roles listed are examples of actions that a CPA will perform during a WIC nutrition assessment. They do not represent an exhaustive list of all the actions a CPA will take to complete a WIC nutrition assessment.

Table A2-2. Health Outcome–Based WIC Nutrition Assessment for a Breastfeeding Woman

| Desired health outcome: Achieve optimal health during the childbearing years and reduce the risk of chronic diseases | | | | |
|---|--|---|---|---|
| Nutrition/Health Objective | Nutrition/Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role† |
| | | Examples of Potential WIC Nutrition Risks/Needs* | Examples of Protective Factors* | |
| Consume a variety of foods to meet energy and nutrient requirements, and remain free from foodborne illnesses | Dietary Intake/ Nutrition Practices | <ul style="list-style-type: none"> Consumes a diet very low in calories and/ or essential nutrients Compulsively ingests nonfood items Ingests foods that could be contaminated with pathogenic microorganisms | <ul style="list-style-type: none"> Eats a variety of fruits and vegetables, lean proteins, and whole grains Limits calories from added sugars and saturated fats and reduces sodium intake Practices food safety behaviors Takes vitamins/ minerals as prescribed by health care provider | <ul style="list-style-type: none"> Assess current nutrition practices Assess current and potential impact on nutritional intake and nutritional needs Assess factors that may affect meal pattern Identify misconceptions about ideal nutrition practices Assess potential for foodborne illnesses |
| Receive ongoing health care, including early postpartum care | Weight/ Height Status (Anthropometric) | <ul style="list-style-type: none"> Overweight Underweight Low maternal weight gain High maternal weight gain Lack of physical activity | <ul style="list-style-type: none"> Eats a variety of foods to meet energy requirements Engages in physical activity | <ul style="list-style-type: none"> Assess possible contributors to weight gain/loss (e.g., knowledge and attitudes regarding weight gain, physical activity level, appetite, stress) |
| Achieve a desirable postpartum weight or body mass index (BMI) | Weight/ Height Status (Anthropometric) | <ul style="list-style-type: none"> Overweight Underweight Low maternal weight gain High maternal weight gain Lack of physical activity | <ul style="list-style-type: none"> Eats a variety of foods to meet energy requirements Engages in physical activity | <ul style="list-style-type: none"> Assess possible contributors to weight gain/loss (e.g., knowledge and attitudes regarding weight gain, physical activity level, appetite, stress) |
| Remain free from nutrition-related illness or complications | Clinical/Health/ Medical | <ul style="list-style-type: none"> History of gestational diabetes Elevated blood lead levels Lactose Intolerance | <ul style="list-style-type: none"> Takes vitamins/ minerals as prescribed by health care provider Is knowledgeable about high iron foods | <ul style="list-style-type: none"> Ask about potential sources of lead exposure Assess special diet and medications prescribed to manage or treat condition |

Table A2-2. Health Outcome–Based WIC Nutrition Assessment for a Breastfeeding Woman *(continued)*

| Desired health outcome: Achieve optimal health during the childbearing years and reduce the risk of chronic diseases | | | | |
|---|--|---|---|--|
| Nutrition/Health Objective | Nutrition/Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role[†] |
| | | Examples of Potential WIC Nutrition Risks/Needs* | Examples of Protective Factors* | |
| Avoid alcohol, tobacco, drugs, and other harmful substances | Substance Use | <ul style="list-style-type: none"> Alcohol and substance use Nicotine and tobacco use | <ul style="list-style-type: none"> Does not smoke Avoids alcohol, drugs, and other harmful substances | <ul style="list-style-type: none"> Assess understanding of the potential dangers to herself and her infant Assess attitude toward treatment/cessation programs Assess awareness of available help and readiness to access/accept it |
| Breastfeed infant successfully | Infant Feeding Decisions | <ul style="list-style-type: none"> Breastfeeding complications or potential complications Lack of breastfeeding support | <ul style="list-style-type: none"> Breastfeeds enough to ensure adequate milk supply Eats a variety of foods to meet energy requirements Has an existing support network for breastfeeding | <ul style="list-style-type: none"> Evaluate awareness of breastfeeding recommendations Assess effectiveness of mother’s management strategies Assess adherence to medical providers’ recommendations Assess support system |
| Receive proper environmental and family support to thrive | Social Support/Home Environment | <ul style="list-style-type: none"> Homelessness Recipient of abuse Limited ability to prepare food | <ul style="list-style-type: none"> Has access to adequate food preparation and food storage resources Has access to safe and adequate water Lives in a supportive and safe environment | <ul style="list-style-type: none"> Assess possible contributors to weight gain/loss (e.g., knowledge and attitudes regarding weight gain, physical activity level, appetite, stress) |

* The nutrition/health determinants listed are examples of some of the potential determinants that a CPA could identify during a WIC nutrition assessment. They do not represent an exhaustive list of WIC nutrition risks or protective factors.

† The roles listed are examples of actions that a CPA will perform during a WIC nutrition assessment. They do not represent an exhaustive list of all the actions a CPA will take to complete a WIC nutrition assessment.

Table A2-3. Health Outcome–Based WIC Nutrition Assessment for a Non-Breastfeeding Postpartum Woman

| Desired health outcome: Achieve optimal health during the childbearing years and reduce the risk of chronic diseases | | | | |
|---|---|--|---|---|
| Nutrition/ Health Objective | Nutrition/ Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority's (CPA's) Role[†] |
| | | Examples of Potential WIC Nutrition Risks/ Needs* | Examples of Protective Factors* | |
| Consume a variety of foods to meet energy and nutrient requirements, and remain free from foodborne illnesses | Dietary Intake/ Nutrition Practices | <ul style="list-style-type: none"> Consumes a diet very low in calories and/ or essential nutrients Consumes sugary beverages in excess Ingests foods that could be contaminated with pathogenic microorganisms | <ul style="list-style-type: none"> Eats a variety of fruits and vegetables, lean proteins, and whole grains Limits calories from added sugars and saturated fats and reduces sodium intake Practices food safety behaviors | <ul style="list-style-type: none"> Assess current nutrition practices Assess current and potential impact on nutritional intake and nutritional needs Assess factors that may affect meal pattern Identify misconceptions about ideal nutrition practices Assess potential for foodborne illnesses |
| Receive ongoing health care, including early postpartum care | Health/Dental Care | <ul style="list-style-type: none"> Lack of adequate postpartum care Lack of medical or dental home | <ul style="list-style-type: none"> Attends postpartum visits to a health care provider Enrolled in a health insurance plan Receives regular oral health care | <ul style="list-style-type: none"> Assess barriers to obtaining care Ask about dental status and treatment already in progress Assess level of access to follow-up medical care |
| Achieve a desirable postpartum weight or body mass index (BMI) | Weight/ Height Status (Anthropometric) | <ul style="list-style-type: none"> Overweight Underweight Low maternal weight gain High maternal weight gain Lack of physical activity | <ul style="list-style-type: none"> Eats a variety of foods to meet energy requirements Engage in physical activity | <ul style="list-style-type: none"> Assess possible contributors to weight gain/loss (e.g., knowledge and attitudes regarding weight gain, physical activity level, appetite, stress) |
| Remain free from nutrition-related illness or complications | Clinical/Health/ Medical | <ul style="list-style-type: none"> History of gestational diabetes Elevated blood lead levels Gastrointestinal disorder Food allergy | <ul style="list-style-type: none"> Adheres to diet recommendations provided by health care provider Reads food labels carefully to manage food allergy | <ul style="list-style-type: none"> Ask about potential sources of lead exposure Assess special diet and medications prescribed to manage or treat condition Assess knowledge/ compliance with diet recommendations for medical condition |

Table A2-3. Health Outcome–Based WIC Nutrition Assessment for a Non-Breastfeeding Postpartum Woman *(continued)*

| Desired health outcome: Achieve optimal health during the childbearing years and reduce the risk of chronic diseases | | | | |
|--|---------------------------------------|---|---|--|
| Nutrition/Health Objective | Nutrition/Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority's (CPA's) Role [†] |
| | | Examples of Potential WIC Nutrition Risks/Needs* | Examples of Protective Factors* | |
| Avoid alcohol, tobacco, drugs, and other harmful substances | Substance Use | <ul style="list-style-type: none"> Alcohol and substance use Nicotine and tobacco use | <ul style="list-style-type: none"> Does not smoke Avoids drugs other harmful substances Limits alcohol to recommended levels | <ul style="list-style-type: none"> Assess understanding of the potential dangers to herself and her infant Assess attitude toward treatment/cessation programs Assess awareness of available help and readiness to access/accept it |
| Receiving proper environmental and family support to thrive | Social Support/Home Environment | <ul style="list-style-type: none"> Homelessness Recipient of abuse | <ul style="list-style-type: none"> Has access to adequate food preparation and food storage resources Has access to safe and adequate water Lives in a supportive and safe environment | <ul style="list-style-type: none"> Assess food preparation and food storage equipment Assess home environment Identify referral opportunities |

* The nutrition/health determinants listed are examples of some of the potential determinants that a CPA could identify during a WIC nutrition assessment. They do not represent an exhaustive list of WIC nutrition risks or protective factors.

[†] The roles listed are examples of actions that a CPA will perform during a WIC nutrition assessment. They do not represent an exhaustive list of all the actions a CPA will take to complete a WIC nutrition assessment.

Table A2-4. Health Outcome–Based WIC Nutrition Assessment for an Infant

| Desired health outcome: Achieve optimal growth and development in a nurturing environment and develop a foundation for healthy eating patterns | | | | |
|---|---|---|---|---|
| Nutrition/ Health Objective | Nutrition/ Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role† |
| | | Examples of Potential WIC Nutrition Risks/ Needs* | Examples of Protective Factors* | |
| Consume human milk and/or iron-fortified infant formula and other foods as developmentally appropriate, and remain free from foodborne illnesses | Dietary Intake/ Nutrition Practices | <ul style="list-style-type: none"> • Developmental delays or feeding barriers that affect intake • Routinely feeding inappropriately diluted formula • Routinely offering complementary foods or other substances that are inappropriate in type or timing • Parent or caregivers routinely using feeding practices that disregard the developmental needs or stage of the infant • Parent or caregivers routinely using nursing bottles or cups inappropriately | <ul style="list-style-type: none"> • Consumes adequate breast milk and/or iron-fortified infant formula to meet energy and nutrient requirements • Consumes complimentary foods as developmentally appropriate • Establishes feeding patterns appropriate for their age • Uses nursing bottles and/or cups appropriately • Achieves self-feeding milestones • Caregiver practices infant feeding recommendations and is responsive to infant feeding cues | <ul style="list-style-type: none"> • Assess current and potential impact on nutritional intake, nutritional needs, and feeding • Assess potential for breastfeeding problems • Assess cultural, medical, and other influences on feeding practices • Assess developmental skills related to feeding • Assess potential for foodborne illness • Assess caregivers’ ability to mix formula appropriately and follow feeding recommendation from baby’s health care provider |
| Receive ongoing health care, including screenings and immunizations | Health/Dental Care | <ul style="list-style-type: none"> • Inappropriate preventive health care, including screening and immunizations • Lack of medical or dental home | <ul style="list-style-type: none"> • Attends recommended well-child visits and receives appropriate immunizations | <ul style="list-style-type: none"> • Assess barriers to obtaining care • Assess level of access to follow-up medical care |

Table A2-4. Health Outcome–Based WIC Nutrition Assessment for an Infant *(continued)*

| Desired health outcome: Achieve optimal growth and development in a nurturing environment and develop a foundation for healthy eating patterns | | | | |
|---|---|---|---|---|
| Nutrition/ Health Objective | Nutrition/ Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role [†] |
| | | Examples of Potential WIC Nutrition Risks/ Needs* | Examples of Protective Factors* | |
| Achieve a normal growth pattern | Weight/ Height Status (Anthropometric) | <ul style="list-style-type: none"> • Underweight • High weight for length • Short stature/ length • Low birth weight | <ul style="list-style-type: none"> • Consumes sufficient calories to meet energy and nutrient requirements | <ul style="list-style-type: none"> • Determine possible contributors that may affect growth • Assess caregivers’ knowledge and attitudes regarding development of good eating habits, satiety cues, and nutrition |
| Remain free from nutrition-related illness or complications | Clinical/Health/ Medical | <ul style="list-style-type: none"> • Inborn error of metabolism • Failure to thrive • Preterm or early term delivery | <ul style="list-style-type: none"> • Attends medical appointments for nutrition-related illness • Caregiver understands and complies with treatment plan | <ul style="list-style-type: none"> • Assess understanding of and compliance with treatment plan • Assess current and potential impact on nutritional intake, nutritional needs, and feeding • Assess level of access to follow-up medical care |
| Receive proper environmental and family support to thrive | Social Support/ Home Environment | <ul style="list-style-type: none"> • Homelessness • Migrancy • Exposure to environmental smoke • A primary caregiver with limited ability to make feeding decisions and/or prepare food | <ul style="list-style-type: none"> • Lives in an environment that is free of lead or secondhand smoke • Lives in a safe environment and establishes a trusting relationship with the caregivers | <ul style="list-style-type: none"> • Assess food preparation and food storage equipment • Assess home environment |

* The nutrition/health determinants listed are examples of some of the potential determinants that a CPA could identify during a WIC nutrition assessment. They do not represent an exhaustive list of WIC nutrition risks or protective factors.

[†] The roles listed are examples of actions that a CPA will perform during a WIC nutrition assessment. They do not represent an exhaustive list of all the actions a CPA will take to complete a WIC nutrition assessment.

Table A2-5. Health Outcome–Based WIC Nutrition Assessment for a Child 12–60 Months of Age

| Desired health outcome: Achieve optimal growth and development in a nurturing environment and begin to acquire dietary and lifestyle habits associated with a lifetime of good health | | | | |
|--|---|---|--|---|
| Nutrition/ Health Objective | Nutrition/ Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role ^{††} |
| | | Examples of Potential WIC Nutrition Risks/ Needs* | Examples of Protective Factors* | |
| Consume a variety of foods to meet energy and nutrient requirements, achieve developmental milestones for self-feeding and remain free from foodborne illnesses | Dietary Intake/ Nutrition Practices | <ul style="list-style-type: none"> • Consumes an inappropriate beverage as the primary milk source • High intake of sugar-containing beverages • Intake of potentially contaminated foods • Routine inappropriate use of nursing bottles, cups, or pacifiers • Inappropriate feeding practices for the child’s developmental stage/needs | <ul style="list-style-type: none"> • Eats fruits and vegetables, lean proteins, and whole grains • Limits calories from added sugars and saturated fats and limits sodium intake • Consumes adequate calories daily • Weaned from the bottle at an appropriate age • Achieves self-feeding milestones • Caregiver aware of child feeding recommendations | <ul style="list-style-type: none"> • Assess current and potential impact on nutritional intake, nutritional needs, and feeding • Assess cultural, medical, and other influences on feeding practices • Assess developmental skills related to feeding • Assess potential for foodborne illness • Assess caregivers’ knowledge and attitudes regarding development of good eating habits, satiety cues, and nutrition |
| Receive ongoing health care, including screenings and immunizations | Health/Dental Care | <ul style="list-style-type: none"> • Inappropriate preventive health care, including screening and immunizations • Lack of medical or dental home | <ul style="list-style-type: none"> • Attends regular appointments for oral care after the age of 1 • Attends regular well-child visits that include blood lead screening and immunizations | <ul style="list-style-type: none"> • Assess barriers to obtaining care • Ask about dental status and treatment already in progress • Assess level of access to follow-up medical care |
| Achieve a normal growth pattern | Weight/ Height Status (Anthropometric) | <ul style="list-style-type: none"> • Underweight • Overweight • Low stature | <ul style="list-style-type: none"> • Consumes sufficient calories to meet energy and nutrient requirements • Is given opportunities for active play | <ul style="list-style-type: none"> • Determine possible contributors that may affect growth • Assess caregivers’ knowledge and attitudes regarding development of good eating habits, satiety cues, and nutrition |

Table A2-5. Health Outcome–Based WIC Nutrition Assessment for a Child 12–60 Months of Age *(continued)*

| Desired health outcome: Achieve optimal growth and development in a nurturing environment and begin to acquire dietary and lifestyle habits associated with a lifetime of good health | | | | |
|--|---|--|--|---|
| Nutrition/ Health Objective | Nutrition/ Health Determinant Category | Nutrition/Health Determinants | | Competent Professional Authority’s (CPA’s) Role† |
| | | Examples of Potential WIC Nutrition Risks/ Needs* | Examples of Protective Factors* | |
| Remain free from nutrition-related illness or complications | Clinical/Health/ Medical | <ul style="list-style-type: none"> • Low hematocrit/ low hemoglobin • Elevated lead levels • Recent surgery or trauma | <ul style="list-style-type: none"> • Attends medical or dental visits for nutrition-related illness • Caregiver understands and complies with treatment plan | <ul style="list-style-type: none"> • Assess understanding of and compliance with treatment plan • Assess current and potential impact on nutritional intake, nutritional needs, and feeding • Assess level of access to follow-up medical care |
| Receive proper environmental and family support to thrive | Social Support/ Home Environment | <ul style="list-style-type: none"> • Homelessness • Recipient of abuse • Exposure to environmental smoke | <ul style="list-style-type: none"> • Lives in an environment that is free of lead or secondhand smoke • Lives in a safe environment and establishes a trusting relationship with the caregiver | <ul style="list-style-type: none"> • Assess food preparation and food storage equipment • Assess home environment |

* The nutrition/health determinants listed are examples of some of the potential determinants that a CPA could identify during a WIC nutrition assessment. They do not represent an exhaustive list of WIC nutrition risks or protective factors.

† The roles listed are examples of actions that a CPA will perform during a WIC nutrition assessment. They do not represent an exhaustive list of all the actions a CPA will take to complete a WIC nutrition assessment.

Appendix 3. Crosswalk of Health Objectives and WIC Nutrition Risks

The purpose of this appendix is to list the WIC nutrition risks that correspond to the health

objectives within the framework of a health outcome-based assessment.

Table A3-1. Crosswalk for a Pregnant Woman

| Consume a diet to meet energy and nutrient requirements and remain free from foodborne illnesses | |
|--|---|
| <ul style="list-style-type: none"> • Failure to Meet Dietary Guidelines for Americans • Inappropriate Nutrition Practices for Women: <ul style="list-style-type: none"> - Consuming dietary supplements with potentially harmful consequences - Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Compulsively ingesting non-food items (pica) - Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms | |
| Receive ongoing preventative health care including prenatal care | |
| <ul style="list-style-type: none"> • Lack of Adequate Prenatal Care | |
| Achieve a recommended maternal weight gain | |
| <ul style="list-style-type: none"> • Underweight (Women) • Overweight (Women) • Low Maternal Weight Gain • High Maternal Weight Gain | |
| Remain free from nutrition-related illness or complications | |
| <ul style="list-style-type: none"> • Low Hemoglobin/Low Hematocrit • Elevated Blood Lead Levels • Hyperemesis Gravidarum • Gestational Diabetes • History of Gestational Diabetes • History of Preeclampsia • History of Preterm or Early Term Delivery • History of Low Birth Weight • History of Spontaneous Abortion, Fetal or Neonatal Loss • Pregnancy at a Young Age • Short Interpregnancy Interval • Multi-fetal Gestation • Fetal Growth Restriction • History of Birth of a Large for Gestational Age Infant • Pregnant Woman Currently Breastfeeding • History of Birth with Nutrition-Related Congenital or Birth Defect • Nutrition Deficiency Diseases • Gastrointestinal Disorders • Thyroid Disorders | <ul style="list-style-type: none"> • Hypertension and Prehypertension • Renal Disease • Cancer • Central Nervous System Disorders • Genetic and Congenital Disorders • Inborn Errors of Metabolism • Infectious Diseases (Acute and Chronic) • Food Allergies • Celiac Disease • Lactose Intolerance • Hypoglycemia • Drug Nutrient Interactions • Eating Disorders • Recent Major Surgery, Physical Trauma, Burns • Other Medical Conditions • Depression • Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat • Oral Health Conditions • Fetal Alcohol Spectrum Disorder |

Table A3-1. Crosswalk for a Pregnant Woman *(continued)*

| Avoid alcohol, tobacco, and drugs, and other harmful substances |
|--|
| <ul style="list-style-type: none">• Nicotine and Tobacco Use• Alcohol and Substance Use |
| Make an informed decision about breastfeeding |
| <ul style="list-style-type: none">• Breastfeeding Mother of Infant at Nutritional Risk |
| Achieve a recommended maternal weight gain |
| <ul style="list-style-type: none">• Presumptive Eligibility for Pregnant Women• Homelessness• Migrancy• Recipient of Abuse• Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food• Foster Care• Environmental Tobacco Smoke Exposure |

Table A3-2. Crosswalk for a Breastfeeding Woman

| Consume a diet to meet energy and nutrient requirements and remain free from foodborne illnesses | |
|--|--|
| <ul style="list-style-type: none"> • Failure to Meet Dietary Guidelines for Americans • Inappropriate Nutrition Practices for Women: <ul style="list-style-type: none"> - Consuming dietary supplements with potentially harmful consequences - Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Compulsively ingesting non-food items (pica) - Inadequate vitamin/mineral supplementation recognized as essential by national public health policy | |
| Achieve a desirable postpartum weight or body mass index (BMI) | |
| <ul style="list-style-type: none"> • Underweight (Women) • Overweight (Women) • High Maternal Weight Gain | |
| Remain free from nutrition-related illness or complications | |
| <ul style="list-style-type: none"> • Low Hemoglobin/Low Hematocrit • Elevated Blood Lead Levels • History of Gestational Diabetes • History of Preeclampsia • History of Preterm or Early Term Delivery • History of Low Birth Weight • History of Spontaneous Abortion, Fetal or Neonatal Loss • Pregnancy at a Young Age • Short Interpregnancy Interval • Multi-fetal Gestation • History of Birth of a Large for Gestational Age Infant • History of Birth with Nutrition-Related Congenital or Birth Defect • Nutrition Deficiency Diseases • Gastrointestinal Disorders • Diabetes Mellitus • Thyroid Disorders • Hypertension and Prehypertension • Renal Disease | <ul style="list-style-type: none"> • Cancer • Central Nervous System Disorders • Genetic and Congenital Disorders • Inborn Errors of Metabolism • Infectious Diseases (Acute and Chronic) • Food Allergies • Celiac Disease • Lactose Intolerance • Hypoglycemia • Drug Nutrient Interactions • Eating Disorders • Recent Major Surgery, Physical Trauma, Burns • Other Medical Conditions • Depression • Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat • Pre-Diabetes • Oral Health Conditions • Fetal Alcohol Spectrum Disorder |
| Avoid alcohol, tobacco, and drugs, and other harmful substances | |
| <ul style="list-style-type: none"> • Nicotine and Tobacco Use • Alcohol and Substance Use | |

Table A3-2. Crosswalk for a Breastfeeding Woman *(continued)*

| Breastfeeds her infant(s) successfully |
|---|
| <ul style="list-style-type: none">• Breastfeeding Mother of Infant at Nutritional Risk• Breastfeeding Complications or Potential Complications (Women) |
| Receive proper environmental and family support to thrive |
| <ul style="list-style-type: none">• Possibility of Regression• Homelessness• Migrancy• Recipient of Abuse• Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food• Foster Care• Environmental Tobacco Smoke Exposure |

Table A3-3. Crosswalk for a Non-Breastfeeding Postpartum Woman

| Consume a diet to meet energy and nutrient requirements and remain free from foodborne illnesses | |
|--|--|
| <ul style="list-style-type: none"> • Failure to Meet Dietary Guidelines for Americans • Inappropriate Nutrition Practices for Women: <ul style="list-style-type: none"> - Consuming dietary supplements with potentially harmful consequences - Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Compulsively ingesting non-food items (pica) - Inadequate vitamin/mineral supplementation recognized as essential by national public health policy | |
| Achieve a desirable postpartum weight or body mass index (BMI) | |
| <ul style="list-style-type: none"> • Underweight (Women) • Overweight (Women) • High Maternal Weight Gain | |
| Remain free from nutrition-related illness or complications | |
| <ul style="list-style-type: none"> • Low Hemoglobin/Low Hematocrit • Elevated Blood Lead Levels • History of Gestational Diabetes • History of Preeclampsia • History of Preterm or Early Term Delivery • History of Low Birth Weight • History of Spontaneous Abortion, Fetal or Neonatal Loss • Pregnancy at a Young Age • Short Interpregnancy Interval • Multi-fetal Gestation • History of Birth of a Large for Gestational Age Infant • History of Birth with Nutrition-Related Congenital or Birth Defect • Nutrition Deficiency Diseases • Gastrointestinal Disorders • Diabetes Mellitus • Thyroid Disorders • Hypertension and Prehypertension • Renal Disease | <ul style="list-style-type: none"> • Cancer • Central Nervous System Disorders • Genetic and Congenital Disorders • Inborn Errors of Metabolism • Infectious Diseases (Acute and Chronic) • Food Allergies • Celiac Disease • Lactose Intolerance • Hypoglycemia • Drug Nutrient Interactions • Eating Disorders • Recent Major Surgery, Physical Trauma, Burns • Other Medical Conditions • Depression • Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat • Pre-Diabetes • Oral Health Conditions • Fetal Alcohol Spectrum Disorder |
| Avoid alcohol, tobacco, and drugs, and other harmful substances | |
| <ul style="list-style-type: none"> • Nicotine and Tobacco Use • Alcohol and Substance Use | |

Table A3-3. Crosswalk for a Non-Breastfeeding Postpartum Woman *(continued)*

| Receive proper environmental and family support to thrive |
|---|
| <ul style="list-style-type: none">• Possibility of Regression• Homelessness• Migrancy• Recipient of Abuse• Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food• Foster Care• Environmental Tobacco Smoke Exposure |

Table A3-4. Crosswalk for an Infant

| Consume human milk and/or iron-fortified infant formula and other foods as developmentally appropriate, and remain free from foodborne illnesses | |
|--|--|
| <ul style="list-style-type: none"> • Inappropriate Nutrition Practices for Infants: <ul style="list-style-type: none"> - Routinely using a substitute(s) for breast milk or for Food and Drug Administration-approved iron-fortified formula as the primary nutrient source during the first year of life - Routinely using nursing bottles or cups improperly - Routinely offering complementary foods or other substances that are inappropriate in type or timing - Routinely using feeding practices that disregard the developmental needs or stage of the infant - Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins - Routinely feeding inappropriately diluted formula - Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients - Routinely feeding a diet very low in calories and/or essential nutrients - Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breastmilk or formula - Feeding dietary supplements with potentially harmful consequences - Routinely not providing dietary supplements recognized as essential by national public health policy when an infant’s diet alone cannot meet nutrient requirements • Dietary Risk Associated with Complementary Feeding Practices • Breastfeeding Complications or Potential Complications (Infant) • Breastfeeding Infant of a Woman at Nutritional Risk | |
| Achieve a normal growth pattern | |
| <ul style="list-style-type: none"> • Underweight or At Risk of Underweight (Infants and Children) • Overweight or At Risk of Overweight (Infants and Children) • High Weight-for-Length (Infants and Children <24 Months of Age) • Short Stature or At Risk of Short Stature (Infants and Children) • Slowed/Faltering Growth Pattern | |
| Remain free from nutrition-related illness or complications | |
| <ul style="list-style-type: none"> • Low Hemoglobin/Low Hematocrit • Elevated Blood Lead Levels • Failure to Thrive • Low Birth Weight and Very Low Birth Weight • Preterm or Early Term Delivery • Small for Gestational Age • Low Head Circumference (Infants and Children <24 Months of Age) • Large for Gestational Age • Nutrition Deficiency Diseases • Gastrointestinal Disorders • Diabetes Mellitus • Thyroid Disorders • Hypertension and Prehypertension • Renal Disease • Cancer • Central Nervous System Disorders • Genetic and Congenital Disorders | <ul style="list-style-type: none"> • Inborn Errors of Metabolism • Infectious Diseases (Acute and Chronic) • Food Allergies • Celiac Disease • Lactose Intolerance • Hypoglycemia • Drug Nutrient Interactions • Recent Major Surgery, Physical Trauma, Burns • Other Medical Conditions • Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat • Oral Health Conditions • Fetal Alcohol Spectrum Disorders • Neonatal Abstinence Syndrome • Infant up to 6 Months Old of WIC Mother of or a Woman Who Would Have Been Eligible During Pregnancy |

Table A3-4. Crosswalk for an Infant *(continued)*

| Receive proper environmental and family support to thrive |
|---|
| <ul style="list-style-type: none">• Possibility of Regression• Homelessness• Migrancy• Recipient of Abuse• Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food• Foster Care• Environmental Tobacco Smoke Exposure |

Table A3-5. Crosswalk for a Child 12-60 Months of Age

| Consume a variety of foods to meet energy and nutrient requirements as developmentally appropriate, and remain free from foodborne illnesses | |
|--|---|
| <ul style="list-style-type: none"> • Failure to Meet Dietary Guidelines for Americans (only for children after 24 months) • Inappropriate Nutrition Practices for Children: <ul style="list-style-type: none"> - Routinely feeding inappropriate beverages as the primary milk source - Routinely feeding a child any sugar-containing fluids - Routinely using nursing bottles, cups, or pacifiers improperly - Routinely using feeding practices that disregard the development needs or stage of the child - Feeding foods to a child that could be contaminated with harmful microorganisms - Routinely feeding a diet very low in calories and/or essential nutrients - Feeding dietary supplements with potentially harmful consequences - Routinely not providing dietary supplements recognized as essential by national public health policy when a child’s diet alone cannot meet nutrient requirements - Routine ingestion of non-food items (pica) • Dietary Risk Associated with Complementary Feeding Practices | |
| Achieve a normal growth pattern | |
| <ul style="list-style-type: none"> • Underweight or At Risk of Underweight (Infants and Children) • Obese (Children 2-5 years of Age) • Overweight or At Risk of Overweight (Infants and Children) • High Weight-for-Length (Infants and Children <24 Months of Age) • Short Stature or At Risk of Short Stature (Infants and Children) • Low Birth Weight and Very Low Birth Weight (Children <24 Months of Age) • Preterm or Early Term Delivery (Children <24 Months of Age) | |
| Remain free from nutrition-related illness or complications | |
| <ul style="list-style-type: none"> • Low Hemoglobin/Low Hematocrit • Elevated Blood Lead Levels • Failure to Thrive • Small for Gestational Age • Low Head Circumference (Infants and Children <24 Months of Age) • Nutrition Deficiency Diseases • Gastrointestinal Disorders • Diabetes Mellitus • Thyroid Disorders • Hypertension and Prehypertension • Renal Disease • Cancer • Central Nervous System Disorders • Genetic and Congenital Disorders | <ul style="list-style-type: none"> • Inborn Errors of Metabolism • Infectious Diseases (Acute and Chronic) • Food Allergies • Celiac Disease • Lactose Intolerance • Hypoglycemia • Drug Nutrient Interactions • Recent Major Surgery, Physical Trauma, Burns • Other Medical Conditions • Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat • Oral Health Conditions • Fetal Alcohol Spectrum Disorders |

Table A3-5. Crosswalk for a Child 12-60 Months of Age *(continued)*

| Receive proper environmental and family support to thrive |
|---|
| <ul style="list-style-type: none">• Possibility of Regression• Homelessness• Migrancy• Recipient of Abuse• Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food• Foster Care• Environmental Tobacco Smoke Exposure |

Appendix 4. Essential Staff Competency for WIC Nutrition Assessment

The following tables represent samples of knowledge required and performance expected for each competency. These tables can help guide State agencies in developing VENA staff training.

Competency Statement: Understanding of normal nutritional needs for pregnancy, lactation, the postpartum period, infancy, and early childhood.

Table A4-1. Competency Area 1—Principles of Life Cycle Nutrition

Competency Statement: Understanding of normal nutritional needs for pregnancy, lactation, the postpartum period, infancy, and early childhood.

| Knowledge Required | Performance Expected |
|---|---|
| Nutrition requirements and dietary recommendations for the women, infants, and children WIC serves. | <ul style="list-style-type: none"> Analyzing health and nutrition information based on life cycle stage. Evaluating the impact of the parent/feeding dynamics on nutritional status, growth, and development. |
| Federal nutrition policy guidance and what it means for women, infants, and children. | <ul style="list-style-type: none"> Interpreting and comparing dietary practices of participants with federal policy guidance. Differentiating between protective and harmful nutrition practices. |
| Relevant, evidence-based recommendations published by reputable sources. | <ul style="list-style-type: none"> Comparing participant dietary practices with evidence-based recommendations. |
| Basic physical and practical elements of breast milk production (lactation) and breastfeeding and evidence-based techniques for managing lactation, including potential difficulties. | <ul style="list-style-type: none"> Applying knowledge of the human body in assessing breastfeeding problems. Completing breastfeeding assessments at critical points in the early postpartum period according to State agency policies. |

Table A4-2. Competency Area 2—The VENA Approach to WIC Nutrition Assessment

Competency Statement: Understanding of the WIC nutrition assessment process.

| Knowledge Required | Performance Expected |
|---|---|
| Purpose and process of a WIC nutrition assessment. | <ul style="list-style-type: none"> • Providing individualized nutrition assessment. • Obtaining and synthesizing relevant assessment information. • Using nutrition assessment information to identify WIC nutrition risk and provide subsequent nutrition services. • Using systematic processes according to State agency policies. |
| WIC nutrition risk criteria. | <ul style="list-style-type: none"> • Applying risk definitions correctly and using appropriate cutoff values when assigning nutrition risks. |
| Process for documenting WIC nutrition assessment results. | <ul style="list-style-type: none"> • Documenting relevant information appropriately according to State agency policy. • Using information documented during previous appointments to provide follow-up and continuity of care. |

Table A4-3. Competency Area 3—Anthropometric and Hematological Data Collection Techniques

Competency Statement: Understanding of the importance of precise and valid data as well as the methodology for collecting anthropometric and hematological data.

| Knowledge Required | Performance Expected |
|--|--|
| Relevance of anthropometric data to health and nutrition status. | <ul style="list-style-type: none"> • Demonstrating appropriate anthropometric measurement techniques. • Reading and recording measurements accurately. • Interpreting growth data and prenatal weight gain correctly. |
| Relationship of hematological parameters to health and nutrition status. | <ul style="list-style-type: none"> • Demonstrating appropriate techniques for performing a hemoglobin or hematocrit assessment according to State agency policies. • Evaluating blood work results according to State agency policy. |

Table A4-4. Competency Area 4—Communication

Competency Statement: Knowledge of how to communicate effectively with participants and foster open communication.

| Knowledge Required | Performance Expected |
|--|--|
| The principles of effective communication for collecting WIC nutrition assessment information. | <ul style="list-style-type: none"> • Using appropriate techniques to establish a relationship and begin a conversation. • Practicing active listening. • Collecting information without bias or prejudicing a participant's response. • Avoiding jargon unfamiliar to the participant. • Adapting word choice, rate of speech, and communication mannerisms to be more like those of the participant. • Confirming accuracy of understanding by paraphrasing or reflecting what was heard. • Comparing participant's verbal responses to nonverbal indicators to assess participant's attitude and feelings. • Using open-ended and closed-ended questions appropriately. • Ensuring adequacy of understanding before providing nutrition services. • Selecting self-administered information-gathering tools that are appropriate according to State agency policy. |

Table A4-5. Competency Area 5—Multicultural Intelligence/Awareness

Competency Statement: Understanding of how sociocultural issues (race, ethnicity, religion, group affiliation, socioeconomic status, and worldview) affect nutrition and health practices and nutrition-related health problems.

| Knowledge Required | Performance Expected |
|---|---|
| Cultural groups in the target population. | <ul style="list-style-type: none"> • Respecting different belief systems. • Assessing cultural practices for protective or potential harm to the participant's health or nutrition status. |
| Cultural eating patterns. | <ul style="list-style-type: none"> • Asking about cultural foods and recognizing their nutrient contributions in assessment of eating patterns. • Evaluating food |
| Culturally based communication differences. | <ul style="list-style-type: none"> • Using culturally appropriate communication styles to collect WIC nutrition assessment information. • Using interpretation and/or translation services appropriately. |

Table A4-6. Competency Area 6—Critical Thinking

Competency Statement: Knowledge of how to synthesize and analyze information to draw appropriate conclusions.

| Knowledge Required | Performance Expected |
|----------------------------------|---|
| Principles of critical thinking. | <ul style="list-style-type: none"> • Collecting adequate relevant information before drawing a conclusion and guiding further nutrition services. • Clarifying information and verifying accuracy of understanding as needed. • Recognizing protective and harmful behavioral factors. • Recognizing irrelevant information and disregarding it. • Considering the participant’s perspectives and opinions about nutrition and health behaviors. • Identifying causal relationships between behaviors and health. • Verifying the accuracy of inconsistent or unusual measurements and referral data. • Prioritizing nutrition services based on synthesis of assessment information and participant’s interests, needs, and desires. |

Appendix 5. Sample Springboard Assessment Questions and Probing Questions for Nutrition/Health Objectives

The following tables are examples of springboard assessment questions a CPA might ask a participant in order to elucidate all the nutrition/health objectives related to the participant's

health outcome. This is not an exhaustive list of springboard assessment questions or probing questions.

Table A5-1. Health Outcome–Based Springboard Questions for a Pregnant Woman

| Desired health outcome: Delivery of a healthy full-term infant while maintaining the mother's optimal health status | | |
|---|--|---|
| Nutrition/Health Objectives | Examples of Springboard Assessment Question | Examples of Probing Questions |
| Consuming a variety of foods to meet energy and nutrient requirements and remain free from foodborne illnesses | Tell me what you eat in a typical day. | <ul style="list-style-type: none"> • Are there any foods you avoid or dislike? • How many meals and snacks do you eat in a day? • What are some foods you eat that are related to your culture? • Do you have safe water and refrigeration at home? |
| Receiving ongoing health care, including prenatal care. | Are you going to all of your prenatal appointments? | <ul style="list-style-type: none"> • Are you having trouble getting a doctor's appointment? |
| Achieving the recommended weight gain. | How do you feel about your weight gain during this pregnancy? | <ul style="list-style-type: none"> • How much weight did your doctor tell you to gain? • How much did you gain with your last pregnancy? • How often do you go on walks or work out? |
| Remain free from nutrition-related illness or complications. | Tell me about any concerns or problems you are having with this pregnancy. Do you have any medical conditions? | <ul style="list-style-type: none"> • Do you take any medications? • Are you on a special diet? • Do you receive treatments for any medical condition? |
| Avoid alcohol, tobacco, and drugs. | Is there anything you feel you should do less of in order to have a healthy pregnancy? | <ul style="list-style-type: none"> • Do you use nicotine products? • Do you drink alcohol? • Does anyone living with you use nicotine products? |

Table A5-1. Health Outcome–Based Springboard Questions for a Pregnant Woman *(continued)*

| Desired health outcome: Delivery of a healthy full-term infant while maintaining the mother’s optimal health status | | |
|--|---|---|
| Nutrition/Health Objectives | Examples of Springboard Assessment Question | Examples of Probing Questions |
| Make an informed decision about breastfeeding. | What have you heard about breastfeeding? | <ul style="list-style-type: none"> • Would you like to know more about breastfeeding? • Tell me about previous experience with breastfeeding? • What are your mom/partner/friends telling you about how to feed your baby? |
| Receive proper environmental and family support to thrive. | Tell me about who is available to help you during your pregnancy and with the new baby. | <ul style="list-style-type: none"> • Do you feel supported by your partner/parent/relative? • Do they have experience with a newborn? |

Table A5-2. Health Outcome–Based Springboard Questions for a Breastfeeding Woman

| Desired health outcome: Achieving optimal health during the childbearing years and reducing the risk of chronic diseases | | |
|--|--|--|
| Nutrition/Health Objectives | Examples of Springboard Assessment Question | Examples of Probing Questions |
| Consume a variety of foods to meet energy and nutrient requirements and remain free from foodborne illnesses. | Tell me about the foods you typically eat over the course of a week. | <ul style="list-style-type: none"> • Do you feel like you’re eating enough? • Do you drink/eat raw or unpasteurized milk/dairy products? • Has your diet affected your milk supply? • Do you drink plenty of fluids? |
| Receive ongoing health care, including early postpartum care. | Have you been attending or have you scheduled your postpartum check-up? | <ul style="list-style-type: none"> • Have you had any trouble getting an appointment? |
| Achieve a desirable postpartum weight or body mass index (BMI). | How do you feel about your weight? | <ul style="list-style-type: none"> • How often do you go on walks or work out? • Are you losing weight according to your doctor’s recommendation? • What do you think is your ideal weight? |
| Remain free from nutrition-related illness or complications. | Do you see a doctor for a medical condition? | <ul style="list-style-type: none"> • Do you use nicotine products? • Do you drink alcohol? • Does anyone living with you use nicotine products? |
| Avoid alcohol, tobacco, and drugs. | Is there anything you feel you should do less of in order to have a healthy pregnancy? | <ul style="list-style-type: none"> • Do you use nicotine products? • Do you drink alcohol? • Does anyone living with you use nicotine products? |
| Breastfeed her infant(s) successfully. | How’s breastfeeding going? | <ul style="list-style-type: none"> • What questions or concerns do you have about breastfeeding? • What do your partner and family members say about |
| Receive proper environmental and family support to thrive. | Tell me about who is helping you with breastfeeding or caring for your baby. | <ul style="list-style-type: none"> • How do you feel your partner has been able to support your breastfeeding efforts? • If you have returned to work*, is there a clean and safe place for you to pump and store your milk? |

* These sample questions use “if you have returned to work.” In practice, it is more participant-centered to ask the postpartum woman participant whether she has returned to work and then use probing questions to further investigate her feelings and circumstances.

Table A5-3. Health Outcome–Based Springboard Questions for a Non-Breastfeeding Postpartum Woman

| Desired health outcome: Achieving optimal health during the childbearing years and reducing the risk of chronic diseases | | |
|--|---|--|
| Nutrition/Health Objectives | Examples of Springboard Assessment Question | Examples of Probing Questions |
| Consume a variety of foods to meet energy and nutrient requirements and remain free from foodborne illnesses. | What are some of your favorite foods? | <ul style="list-style-type: none"> • Do you eat foods from all of the food groups? • Do you like to cook/prepare family meals? |
| Receive ongoing health care, including early postpartum care. | What did your doctor tell you during your postpartum visit? | <ul style="list-style-type: none"> • Do you understand what your doctor told you? • Did your doctor prescribe you any medications? |
| Achieve a desirable postpartum weight or body mass index (BMI). | How do you feel about your weight currently? | <ul style="list-style-type: none"> • Do you feel like you are losing weight at an appropriate rate? • Has your doctor said anything about losing weight after a baby? |
| Remaining free from nutrition-related illness or complications. | Have you been diagnosed with any medical condition/disease? | <ul style="list-style-type: none"> • Do you feel like you are properly managing your medical complications*? |
| Avoid alcohol, tobacco, drugs, and other harmful substances. | What, if any, concerns do you have about alcohol, tobacco, or drugs for yourself or others around you and the baby? | <ul style="list-style-type: none"> • Is there anyone at home who is using nicotine products? • Are you aware of what is in secondhand smoke? |
| Receive proper environmental and family support to thrive. | Who is available if you need help? | <ul style="list-style-type: none"> • If you have returned to work[†], do you feel like your work environment is supportive? • Do you feel supported by those at home? |

* These sample questions use “medical complications.” In practice, it is more participant-centered to use the participant’s medical history and say the medical complication by name (e.g., diabetes, hypertension).

† These sample questions use “if you have returned to work.” In practice, it is more participant-centered to ask the postpartum woman participant whether she has returned to work and then use probing questions to further investigate her feelings and circumstances.

Table A5-4. Health Outcome–Based Springboard Questions for an Infant

| Desired health outcome: Achieving optimal health during the childbearing years and reducing the risk of chronic diseases | | |
|--|--|---|
| Nutrition/Health Objectives | Examples of Springboard Assessment Question | Examples of Probing Questions |
| Consume human milk and/or iron-fortified infant formula and other foods as developmentally appropriate and remain free from foodborne illnesses. | How does your baby* act when he or she is hungry? | <ul style="list-style-type: none"> • What is your baby eating? • How often is your baby nursing/drinking a bottle? • If formula fed, how do you mix formula? • What are your thoughts about when to give your baby solids? • Has your doctor prescribed vitamins/minerals for your baby? |
| Receive ongoing health care, including screenings and immunizations. | What has your baby's doctor told you during the well-baby check-ups? | <ul style="list-style-type: none"> • Is your baby up to date on his/her immunizations? • Are you able to make all of your baby's doctor's appointments? |
| Achieve a normal growth pattern. | How do you feel about your baby's weight and growth? | <ul style="list-style-type: none"> • Do you feel that your baby is getting enough to eat? • What does the doctor say about your baby's growth? |
| Remaining free from nutrition-related illness or complications. | Does your baby have any medical conditions? | <ul style="list-style-type: none"> • Does your baby have any medical conditions that make it hard for him/her to eat? • Is your baby on any medications? • Is your baby able to perform the appropriate milestone†? |
| Receiving proper environmental and family support to thrive. | Who helps you care for your baby? | <ul style="list-style-type: none"> • Tell me about where your baby sleeps. • Does anyone at home smoke? |

* These sample questions use “your baby.” In practice, it is more participant-centered to use the infant's name when speaking with the parent/caregiver.

† This sample question uses “appropriate milestone.” In practice, the CPA would know the age of the baby and the corresponding milestone to inquire about. For example, if the participant is 9 months old, it would be appropriate to ask whether the baby is picking up cereal O's with its thumb and index finger.

Table A5-5. Health Outcome–Based Springboard Questions for a Child 12–60 Months of Age

| Desired health outcome: Achieving optimal growth and development in a nurturing environment and beginning to form dietary and lifestyle habits associated with a lifetime of good health | | |
|---|---|---|
| Nutrition/Health Objectives | Examples of Springboard Assessment Question | Examples of Probing Questions |
| Consume a variety of foods to meet energy and nutrient requirements, achieve developmental milestones for self-feeding and remain free from foodborne illnesses | Tell me about feeding times with your child.* | <ul style="list-style-type: none"> • Do you feel that your child eats a variety of food? • Is there anything that your child refuses to eat? • Describe mealtime at your house. • How often does your family eat out? |
| Receive ongoing preventive health care, including screenings and immunizations. | What has your child’s doctor told you? | <ul style="list-style-type: none"> • Are you able to make all of your child’s doctor’s appointments? • Has your child been screened for blood lead? • Is your child on any medications? |
| Achieve a normal growth pattern. | How do you feel about your child’s growth? | <ul style="list-style-type: none"> • What does your child’s doctor say about his/her growth? • What kind of play activities does your child enjoy? |
| Remain free from nutrition-related illness or complications. | Does your child have any medical conditions? | <ul style="list-style-type: none"> • Does your child see a doctor for anything other than a well-child visit? • Is your child on any special diet? • Does your child have any cavities or fillings? |
| Achieve developmental milestones. | Tell me something your child has recently learned to do on his/her own. | <ul style="list-style-type: none"> • Is your child able to perform the appropriate milestone†? • How does your child tell you he/she is full? |
| Receive proper environmental and family support to thrive. | Who helps you care for your child? | <ul style="list-style-type: none"> • Does your child have a safe place to play? • When you’re not home, who is feeding your child? |

* These sample questions use “your child.” In practice, it is more participant-centered to use the child’s name when speaking with the parent/caregiver.

† This sample question uses “appropriate milestone.” In practice, the CPA would know the age of the baby and the corresponding milestone to inquire about. For example, if the baby were 9 months old, it would be appropriate to ask if he/she is picking up cereal O’s with the thumb and index finger.

Appendix 6. Examples of Observation Tools Used to Evaluate VENA Practices

The following tables represent examples of observation tools used by State agencies to evaluate VENA practices. There are strengths and weaknesses to each of the samples, and State

agencies are encouraged to adapt or create tools that best match their Program operations, quality improvement, and integrity needs.

Table A6-1. Assessing Skills with Frequency Used Rating and Examples to Provide Feedback

On a scale of 1 to 5, indicate the extent to which the WIC staff member applied each skill. **(1 = not at all, 2 = slightly, 3 = moderately, 4 = to a good extent, 5 = to a great extent)**

| Skill | Score |
|--|-------|
| <p>Opened the session in an engaging way and informed the participant what to expect from the visit.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Listened with presence and gave undivided attention to the participant.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Used reflective listening to repeat what the participant has said as a way to confirm understanding and build a positive rapport.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Asked mostly open-ended questions rather than closed-ended questions.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Probed with questions to clarify information and gain a better understanding of the participant's needs.</p> <p><i>Write examples below for giving feedback:</i></p> | |

Table A6-1. Assessing Skills with Frequency Used Rating and Examples to Provide Feedback *(continued)*

| Skill | Score |
|--|-------|
| <p>Allowed silence in session to give participant time to think and respond.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Affirmed the participant by saying things that are positive or complimentary, focusing on strengths, abilities, or efforts.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Tailored the session to the participant’s questions and experiences.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Focused on the participant and not the computer or other forms.</p> <p><i>Write examples below for giving feedback:</i></p> | |
| <p>Recognized and supported the participant’s culture and living situation and how that may affect dietary and health decisions.</p> <p><i>Write examples below for giving feedback:</i></p> | |

Source: FNS Western Region

Table A6-2. Assessing Skills to Determine Competency and Mentoring Needed

| Area/Action | Needs to Be Mentored in Specific Identified Skills | Demonstrates Competence |
|--|--|--|
| <p>Invest in the Interaction</p> <p>Welcome the participant and build rapport by opening the conversation in a warm, inviting, genuine tone.</p> | <ul style="list-style-type: none"> • Greets participant by name • Introduces self • Sets the agenda • Reviews previous notes at an inappropriate time • Uses participant-centered practices | <ul style="list-style-type: none"> • Reviews previous notes before calling client • Greets client by name • Staff introduces self • Sets the agenda in the spirit of participant-centered services • Affirms client |
| <p>Assessment</p> <p>Uses critical thinking skills to gather, analyze, evaluate, and prioritize the assessment to appropriately assign WIC codes.</p> | <ul style="list-style-type: none"> • Assessment is incomplete • Uses ABCDE (anthropometric, biochemical, breastfeeding, clinical, dietary, and environmental), misses key areas in a section • Introduces “Getting to the Heart of the Matter” tool, but does not connect it to the assessment • Asks the client relevant closed-ended questions • Actively listens to client • Asks probing questions • Interrupts complete assessment process to identify WIC codes | <ul style="list-style-type: none"> • Uses ABCDE completely; introduces “Getting to the Heart of the Matter” tool appropriately • Introduces “Getting to the Heart of the Matter” tool at start and connects it to the assessment • Asks the client relevant open-ended questions • Asks probing questions to get complete information • Reflects what client is saying • Identifies WIC codes after assessment is complete |
| <p>Nutrition Counseling and Education</p> <p>Offers appropriate, relevant, and accurate counseling and advice</p> | <ul style="list-style-type: none"> • Offers different topics to discuss based on assessment and client’s interest at appropriate times • Offers anticipatory guidance • Offers education in a didactic manner | <ul style="list-style-type: none"> • Offers different topics to discuss based on assessment and client’s interest at appropriate times • Offers anticipatory guidance • Tailors discussion around client’s assessed needs and interests • Uses OARS (open-ended questions, affirmations, reflections, summaries) • Asks permission • Uses consensus • Explores and offers ideas • Explores client’s feelings |
| <p>Support Health Outcomes</p> <p>Encourage success by closing the conversation.</p> | <ul style="list-style-type: none"> • Asks client about next steps • Briefly summarizes discussion | <ul style="list-style-type: none"> • Asks and discusses with client next steps • Summarizes discussion in more detail • Affirms client • Sets up topics for next appointment for follow-up |

Source: Arizona WIC Program

Table A6-3. Checklist of Skills Used During Appointment

| Question | Yes | No | Not applicable (NA) |
|---|------------|-----------|----------------------------|
| Are client concerns, knowledge, readiness for change explored? | + | - | NA |
| Was the client actively involved in the encounter? | + | - | NA |
| Are nutrition education topics discussed based on client concerns? | + | - | NA |
| Is the previous nutrition education topic reviewed? Is this documented? | + | - | NA |
| Was the encounter friendly, supportive, accommodating, respectful, welcoming? | + | - | NA |
| Was the encounter positive and based on health outcomes not deficiencies? | + | - | NA |

Source: Michigan WIC Program

Table A6-4. Assessing Skills Using Examples

| Skill to Listen and Watch for: | Observations: Specific examples you heard or observed |
|---|--|
| Engages the participant <ul style="list-style-type: none"> • Introductions • Sets agenda | |
| Focuses the appointment <ul style="list-style-type: none"> • Completes assessment • Listens first—before sharing • Open-ended questions • Affirmations • Reflections • Summaries • Tracks potential topics for counseling • Prioritizes topics to explore | |
| Evokes change talk <ul style="list-style-type: none"> • Allows time for participant to talk • Reflects change talk • Explore—offer—explore • Asks permission to share information with participant • Provides nutrition-focused counseling • Rolls with resistance • Uses brain science strategies | |
| Plans with the participant <ul style="list-style-type: none"> • Works with the participant to develop an actionable next step/plan • Summarizes the next step for the participant • Documents the plan • Shares hope for a positive health outcome | |

Source: Oregon WIC Program

