

Chapter 5 Nutrition Education

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This chapter describes WIC's nutrition education component, including required nutrition education topics, frequency of nutrition education contacts, providing nutrition education, guidance for documenting nutrition education, and information on nutrition education resources.

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Attachments

Attachment 1. Breastfeeding Anticipatory Guidance Topic Checklist

Required Local Agency Written Policies And Procedures

- Local Agencies that use WIC management support staff to provide mini-lessons must have a written policy. (Section 3, page 6)
- Local Agencies that provide group education must have written class outlines on file. (Section 3, page 7)

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Required Nutrition Education Topics

Nutrition education is an integral component and benefit of the WIC Program and must be provided to WIC participants/caretakers at no cost. At the time of certification, the local agency shall emphasize the positive, long-term benefits of nutrition education and encourage individuals to participate in nutrition education activities. Individual participants can NOT be denied supplemental foods for failure to attend or refusal to participate in nutrition education activities.

■ **Definition And Goal Of Nutrition Education**

Nutrition education is the provision of information about nutrition (including breastfeeding), using methods, materials, and tools that are designed to enhance a participant's understanding of the importance of nutrition and physical activity, and its relationship to good health, to affect a desired change in behavior, or reinforce desired behaviors related to dietary habits or health practices. The goal of nutrition education is to empower participants to make choices that will have a positive impact on their health and nutrition status.

■ **Required Nutrition Education For All Women**

WIC Program Federal Regulations require that all women participating in the Program receive both verbal and written information on the following five topics at least once by the time they complete their participation in the WIC Program.

- ▶ **Importance of good nutrition.** Local agencies must provide information on the importance of good nutrition to health.
- ▶ **Breastfeeding.** Local agencies must provide information on breastfeeding (unless contraindicated for health reasons) as the normal method of infant feeding. Staff must offer breastfeeding promotion and support to all pregnant and breastfeeding women throughout the prenatal and postpartum period. Please refer to Attachment 1 “Breastfeeding Anticipatory Guidance Topics Checklist” to tailor breastfeeding promotion and support based on the needs of the participant. For additional breastfeeding promotion and support information, see Chapter 9.
- ▶ **Substance abuse education.** Local agencies must provide information on the health risks associated with the use of alcohol, tobacco (including secondhand smoke), and drugs. Local agencies must maintain a current list of local counseling and treatment resources for substance abuse and make this list available to all pregnant, breastfeeding, and postpartum women participating in WIC.
- ▶ **Childhood immunizations.** Local agencies must provide information to women regarding the importance of immunizations for their infants and children.
- ▶ **Folic acid.** Local agencies must provide information regarding the importance of folic acid for women who may become pregnant.

■ **Required Substance Abuse Education For All Parents And Caretakers**

WIC Program Federal Regulations require that all parents/caretakers of infants and children

participating in the WIC Program receive information about the health risks associated with the use of alcohol, tobacco (including secondhand smoke), and drugs. This information should be provided to the parent/caretaker at least once during an infant's/child's participation, preferably at the initial certification of the infant/child. The information may be provided verbally or in writing.

Frequency of Nutrition Education

The frequency of nutrition education provided to a participant depends on the WIC category and nutritional needs of the participant.

■ Required Minimum Nutrition Education Contacts

Per federal regulation, local WIC agencies must offer nutrition education at a minimum frequency as outlined in the table below. A nutrition education contact may be given in conjunction with a required nutrition assessment. Refer to Chapter 6C for information on nutrition assessment requirements.

NOTE: A contact of an administrative nature (such as exchanging formula, phone call to a pharmacy to order a special formula, etc.) does not qualify as a nutrition education contact unless it also includes a substantive nutrition education component.

Pregnant Women	Two (2) nutrition education contacts are required per certification period. Only one (1) contact is required for pregnant women certified at 37 weeks gestation or later.
Breastfeeding Women	Four (4) nutrition education contacts are required per certification period. A breastfeeding woman could receive an average of one (1) contact every three (3) months; however, a contact may not necessarily take place within each quarter. Two (2) contacts are required for breastfeeding women whose infants are certified \geq 6 months of age.
Postpartum Women	Two (2) nutrition education contacts are required per certification period.
Infants certified < 6 months of age	Four (4) nutrition education contacts are required per certification period. In this first year of participation, an infant could receive an average of one (1) contact every three (3) months; however, a contact may not necessarily take place within each quarter.
Infants certified \geq 6 months of age	Two (2) nutrition education contacts are required per certification period.
Children	Four (4) nutrition education contacts are required per certification period. A child could receive an average of one (1) contact every three (3) months; however, a contact may not necessarily take place within each quarter.

■ Additional Nutrition Education Contacts

Providing nutrition education in addition to the required number of contacts is optional and is based on a participant's interests and nutritional needs as determined by a complete nutrition assessment. Follow-up may be more frequent for a participant assessed to have a high level of nutritional risk. Refer to Section 3 for more information on level of nutritional risk.

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Providing Nutrition Education

The content of and method used to provide nutrition education must be relevant to the participant's age, nutritional needs, interests, household situation, cultural preferences, language spoken and any special considerations the participant might have. Examples of special considerations include migrant status; experiencing homelessness; having vision, hearing or learning impairments; and/or having limited English proficiency. Nutrition education should be offered to all adult participants and to parents/guardians/caretakers of infant and child participants, as well as directly to child participants, whenever possible. A proxy may receive nutrition education when appropriate for the participant's plan of care.

■ Nutrition Education At Certification/Subsequent Certification

Nutrition education must be provided directly to a participant/parent/guardian/caretaker on an individual basis by a competent professional authority (CPA) as a part of the certification/subsequent certification. Refer to Chapter 6C for information on who qualifies to be a CPA.

■ Follow-Up Nutrition Education

The participant's nutrition status and nutrition risk(s) are determined during the nutrition assessment at an initial or subsequent certification. Based on this assessment, a participant may need low-risk or high-risk nutrition education follow-up contacts to ensure that appropriate nutrition topics are covered. There is a required minimum frequency of nutrition education contacts for all participants during a certification period. Refer to Section 2 for more information.

▸ Low-Risk Follow-Up

Low-risk nutrition education generally focuses on anticipatory guidance such as complementary infant feeding practices, avoiding tobacco smoke exposure or the recommended immunization schedule for young children. It can also focus on public health nutrition messages that promote lifelong positive dietary and physical activity habits such as eating more fruits and vegetables, choosing lower fat foods, increasing physical activity or limiting TV and screen time. Staff must ensure that nutrition education is offered and documented per Section 4 guidance, including any materials or additional resources provided at the agency or mailed or emailed as part of the nutrition education contact.

Low-risk follow-up nutrition education may be appropriate for:

- a postpartum woman (non-breastfeeding);
- a breastfeeding woman who has completed the mid-certification assessment;
- a breastfeeding infant who has completed the mid-certification assessment;
- a non-breastfeeding infant on a contract standard milk- or soy-based infant formula; or
- a child.

Low-risk follow-up nutrition education may be provided by:

- a CPA,
- a trained non-CPA staff member (mini lessons only, see page 6), or

- source outside the local agency.
- **Individual Education.** Individual low-risk nutrition education is provided directly to an individual, parent/guardian/caretaker, or proxy by appropriate local agency staff. When possible, staff should provide education directly to participants including to child participants.

Types of individual low-risk education include:

– Mini Lessons

These are brief, single objective communications which are developed by a nutritionist. Non-CPA staff in the agency who have been trained can provide simple nutrition or physical activity-related information referred to as “mini lessons.”

- Each mini lesson used in an agency must have a written outline which includes the target audience, one educational objective, an outline of the information to be communicated to the participant, and a copy of any or all the educational handout(s) to be given to the participant.
- Mini lessons may be provided in-person, over video conference, or by telephone as determined by the local agency mini-lesson policy.
- *Local agency mini lesson policy:* Local agencies that train non-CPA staff to provide low-risk nutrition education must have a written policy to outline:
 - staff position responsible for coordination, provision, and documentation of mini lesson training for non-CPA staff. The documentation must include the training dates, content of the training, names of staff participating in the training, and name and title of trainer;
 - the specific staff, or groups of staff, who will be trained to provide nutrition education mini lessons;
 - how the staff training will be provided on an ongoing basis to ensure staff maintain current knowledge of the nutrition subject(s) and consider;
 - a communication plan detailing which participants will receive a mini lesson, appropriate methods for providing mini lesson (in-person, videoconferencing, telephone) and when the mini lesson is to be provided; and,
 - how it is documented in Crossroads that mini lessons have been provided to participants. Refer to Section 4 for documentation of nutrition education contacts.

– Online

Online nutrition education provides independent learning opportunities for participants and allows them to complete follow-up nutrition education contacts at their convenience on a computer or mobile device. This option should be offered for all low-risk nutrition education.

➤ **wichealth.org**

CNSS subscribes to wichealth.org, an online nutrition education system. This system allows participants to complete web-based educational modules on a variety of relevant topics. Staff may issue benefits once the nutrition education contact has been confirmed and documented in the participant’s record. Refer

to Chapter 8, Sections 2 & 3 for guidance on NC eWIC issuance.

- **Other online platforms.** If the local agency desires to utilize other online or electronic nutrition education resources, they must be approved by CNSS prior to purchase. Refer to Chapter 12 for more information on obtaining prior approval.
- **Group Education.** Agencies providing group education must have written class outlines which include at a minimum: the target audience, objective(s), content of the presentation, and any activities/materials used. Class outlines should be reviewed periodically and updated periodically by a CPA to ensure they are relevant and accurate. An evaluation of classes offered is optional.

Staff may also choose to coordinate with other group education services in the agency such as, but not limited to, childbirth education, breastfeeding, or parenting classes. These classes may qualify as nutrition education contacts if they include a clear nutrition component, and the local agency must maintain on file a copy of the class outline.

- **Nutrition Education Provided Outside the Local Agency.** Follow-up nutrition education may be provided by individuals who work outside the local WIC agency. For example, staff who work in programs such as the Expanded Food and Nutrition Education Program (EFNEP) and the Head Start Program, and who are trained to provide general nutrition education, may provide low-risk nutrition education to individuals who also participate in WIC. Refer to Section 4 for information on the communication and documentation of nutrition education provided by staff outside of the local agency.

▶ **High-Risk Follow-Up**

High-risk nutrition education is generally focused on education or counseling specific to a nutrition-related health/medical condition and is provided on an individual basis. Refer to Section 4 for information on documentation of nutrition education contacts. Refer to Chapter 8, Sections 2 & 3 for guidance on NC eWIC issuance.

High-risk follow-up nutrition education must be provided for:

- all pregnant women;
- all breastfeeding mother-infant dyads who have not completed the mid-certification assessment;
- all infants receiving any formula other than the contract standard milk- or soy-based infant formula;
- all participants receiving WIC-Eligible Nutritionals as part of Food Package III; and
- any participant per CPA discretion following nutrition assessment.

Note: Participants who have met the required number of high-risk nutrition education contacts with a CPA may elect low-risk nutrition education activities at their discretion.

- **Individual Education.** Individual high-risk nutrition education is provided to an individual, parent/guardian/caretaker, or proxy by a local agency CPA. When possible, staff should provide education directly to participants including child participants. Best practice methods for high-risk nutrition education include in-person and

videoconferencing; however, a CPA can provide high-risk nutrition education over the phone due to participant hardship circumstances such as illness, confinement to bedrest, weather conditions or transportation limitations.

- **Nutrition Education Provided Outside the Local Agency**

A nutritionist, registered dietitian, dietetic technician registered, registered nurse, nurse practitioner, physician assistant, or physician who works in a setting outside of the local WIC agency may provide specialized nutrition education and counseling to WIC participants. Typical settings apart from WIC where specialized nutrition education and counseling may occur include Children’s Developmental Services Agencies, metabolic centers, hospital outpatient clinics, high-risk maternity clinics, and private physicians’ offices. Refer to Section 4 for information on the communication and documentation of nutrition education provided by staff outside of the local agency.

- **Participant Input**

To help ensure that the agency’s approach to nutrition education is relevant and meeting the needs and interests of participants, staff are encouraged to obtain input from WIC participants. Examples of areas for input include nutrition education topics, barriers to attending nutrition education sessions, preferred methods of nutrition education instruction, and/or effectiveness of breastfeeding promotion and support activities.

When gathering input, staff may establish a system just for WIC or coordinate their efforts with other programs in the agency. Participant input can be gathered in a variety of ways including surveys, focus groups, an advisory board comprised of participants, and/or an ongoing suggestion box located in the agency.

Documentation of Nutrition Education

All nutrition education provided to participants must be documented in the Crossroads system. A participant/parent/guardian/caretaker's refusal or inability to take part in educational activities also must be documented.

■ Nutrition Education Provided By Agency Staff

- ▶ **Initial Nutrition Education.** All initial education contacts must be documented by the CPA in the Crossroads system, as part of the participant's nutrition assessment and plan of care that is completed during certification. Documentation should include at a minimum:
 - The person(s) who received the nutrition education,
 - Nutrition education topic(s)/content,
 - Method of delivery, and
 - Date of contact and identification of individual providing the nutrition education which will be captured automatically during certification in the system.
- ▶ **Follow-Up Nutrition Education.** Follow-up nutrition education contacts provided to participants/parents/guardians/caretakers must be documented in the Crossroads system. Refer to Section 3 for more discussion of providing low-risk and high-risk nutrition education.
 - **Low-Risk Nutrition Education.** Documentation of follow-up, low-risk nutrition education must include at a minimum: person(s) who received the nutrition education, the nutrition education topic and the method of delivery. Low-risk nutrition education contacts, including the documentation of group education and mini-lessons, must be documented on the Nutrition Education screen.
 - **High-Risk Nutrition Education.** Documentation of follow-up, high-risk nutrition education or counseling, which is individualized to the participant's health or medical condition, must include the nutrition education topics and content of the nutrition education/counseling and plans for follow-up. High-risk nutrition education contacts must be documented on the Care Plan Summary screen in the Nutrition Assessment text box for the individual participant to whom the nutrition education was provided.

■ Nutrition Education Provided By Staff Outside The Local Agency

When nutrition education and counseling provided outside the local WIC agency is counted toward required nutrition education for a participant, these services must be documented by the outside agency provider. A copy of the documentation of the services provided must be provided to the local WIC agency. This documentation should be scanned into the participant's Crossroads record and a note made on the Care Plan Summary screen in the Nutrition Assessment text box for the individual participant to whom the nutrition education was provided. The note should state that the participant received the nutrition education/counseling from the source outside the agency and refer to the scanned document.

- ▶ **Low-Risk Nutrition Education.** There should be a written agreement between the local WIC agency and any outside agency routinely providing nutrition education to WIC

Section 4: DOCUMENTATION OF NUTRITION EDUCATION

participants. The agreement must include arrangements for documenting and communicating information to the local WIC agency about the date, content or topic, and participant receipt of nutrition education.

- ▶ **High-Risk Nutrition Education.** Health professionals outside of the local WIC agency who provide specialized nutrition education and counseling to WIC participants, should send written documentation of the service (including the date, content, and provider) to the local WIC agency for inclusion in the participant's health record as outlined above.

- **Non-Participation In Nutrition Education**

The inability or refusal of a participant to participate in nutrition education must be documented in the Crossroads system in the Nutrition Education Refusal section on the Nutrition Education screen. Individual participants shall NOT be denied supplemental foods for failure to attend or participate in nutrition education activities.

Nutrition Education Resources

Local WIC agency staff are encouraged to use nutrition education resources to enhance their nutrition education efforts. Staff may use printed materials, visual displays, audiovisual materials or electronic resources to support nutrition education provided to clients. A variety of resources and ideas for providing nutrition education can be found at the Community Nutrition Services Section website at: www.ncdhhs.gov/ncwic.

■ Education Resources Available From The Community Nutrition Services Section

The Community Nutrition Services Section (CNSS) has printed education materials on a variety of topics. These materials may be ordered from the CNSS using DHHS Form 2507. Refer to Chapter 1 for more information about ordering materials.

■ Education Resources Obtained Or Developed By The Local Agency

When local agency staff purchase education resources, obtain them for free, or develop them; the following criteria should be used to evaluate the quality, usefulness, and appropriateness for WIC.

- ▶ **Language.** Materials should be in languages appropriate for the agency's participants.
- ▶ **Literacy level.** Materials should be at no more than a sixth-grade reading level.
- ▶ **Content.** Print, audio, and digital content must be current, accurate and promote evidence-based nutrition and physical activity practices that are relevant to Program participants.
- ▶ **Graphic design.** The graphics and photographs should reflect the populations served by the Program (e.g. ethnic/cultural backgrounds, developmental stages).
- ▶ **Advertising.** Materials should be free from advertising or marketing any product or concept that does not support sound nutrition principles and the nutrition education goals of the WIC Program, including the promotion and support of breastfeeding.
- ▶ **Non-Discrimination Statement.** Refer to Chapter 4 for requirements on use of the nondiscrimination statement on locally developed materials.

NOTE: All electronic nutrition education resources must be approved by the Community Nutrition Services Section (CNSS) prior to purchase. Refer to Chapter 12 for more information on obtaining prior approval.

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Breastfeeding Anticipatory Guidance Topic Checklist

Breastfeeding Topic*	Prenatal	0 Months	3 months	6 months	9 and 12 months
WIC encourages and supports moms to breastfeed	X	X	X	X	X
Changes to a mother's body	X	X			
Breastfeeding benefits the mom and the baby	X	X	X	X	X
Support is critical to breastfeeding success	X	X	X	X	X
Hospital practices and their impact on the breastfeeding relationship	X	X			
Supplemental feedings interfere with a mother's milk supply and her breastfeeding success	X	X	X		
Maternal nutrition during breastfeeding	X	X	X	X	X
Breastfeeding when returning to work or school	X	X	X		
Breastfeed as soon as possible after birth	X	X			
Importance of colostrum and transition to mature milk	X	X			
Comfort and proper positioning	X	X			
Recognize hunger and fullness cues	X	X	X	X	X
Feeding frequencies and maintaining milk supply	X	X	X	X	X

Signs the infant is getting enough human milk	X	X	X	X	
Appropriate weight gain/loss for infants	X	X	X	X	X
Basic breast care/Avoidance of common breastfeeding related breast and nipple issues		X	X		
Appetite/Growth spurts		X	X	X	X
Vitamin D and iron supplementation		X	X	X	
Teething				X	X
Introducing complementary foods			X	X	
Breastfeed for as long as mutually desirable	X	X	X	X	X

*The timeframes are guidelines and may need to be adjusted depending on the participant's individual needs determined at assessment.