



Memorandum

14-028

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: February 28, 2014

SUBJECT: Policy Memo – New/Revised and Deleted Policies: *Texas WIC Policy CS:17.0: Documentation of a Complete Nutrition Assessment; Texas WIC Policy CS:32.0 Mid-Certification for Children; Texas WIC Policy NE:01.0 Standards for Nutrition Education Contacts; NE:02.0 Local Agency Nutrition Education Coordinator Responsibilities and Nutrition Education/Breastfeeding Plan and NE:04.0 Nutrition Education Lessons and Materials* are being revised and *Texas WIC Policy NE:03.0* is being deleted

This memo announces revisions/deletion to the subject policies as follows. The policies are effective March 1, 2014. At that time they will be posted and you may update your *Policy and Procedures Manual* by accessing the *WIC Website* at:
http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm

Summary of Revisions

Texas WIC Policy CS:17.0 Documentation of a Complete Nutrition Assessment

- Throughout the policy “blood test” has been changed to “blood screen” or “blood work” for more correct verbiage.
- The exemptions to a few risk codes were deleted in procedure I.B. due to one year child certification period.
- Part of the blood work being waived in procedure II.C.4. was deleted due to one year child certification period.
- The statement about blood work from Health Care Provider is acceptable was moved from II.C.4. to II.C.3.
- Reworded a few statements for clarity.

Texas WIC Policy CS:32.0 Mid-Certification Assessment for Children

- Procedure I -Reworded for clarification and included the updated mid-certification assessment time line, between the 4th and 10th months from the “effective certification/sub-certification/ recertification date”, and added an example.

- A. 1. Added clarification when a mid-certification is required or not for children turning 5 years old in current certification.
- 2. Added change to Texas WIN. Mid-Cert field is available for transfers entered into Texas WIN.
- B. 2. a. Added requirement that all children 1 year of age to less than 2 years of must have their blood screening at every certification and mid-cert assessment.
- 3. Explanation on how to assess risk code 501, Regression, when height, weight and/or blood values improve at the mid-cert assessment. Added table for clarification.
- 4. Was previously number 3.
- D. Added clarification where nutrition education counseling and referrals are documented and included the nutrition education code.
- F. Number 3. Added 99 to have all values in one place and then added NOTE to remind staff not to enter any other values other than the mid-cert code.
- Procedure II. A. Added requirement to file the mid-certification assessment form when a refusal is made.
- Procedure III. Updated time frame to complete mid-certification assessment.
 - A. and B. Added clarification of staff duties.

Texas WIC Policy NE:01.0 Standards for Nutrition Education Contacts; NE:02.0 Local Agency Nutrition Education Coordinator Responsibilities and Nutrition Education/Breastfeeding Plan and NE:04.0 Nutrition Education Lessons and Materials

- Overall changes were made so that the policies have consistent tone, capitalizations, punctuation, etc.
- Policy NE:01.0 was reorganized to flow better. Mid-certification was added to the list of times a client may have individual counseling.
- Policy NE: 2.0 revised that approval of the NEBF Plan will be *written notification* to the local agencies from the state agency. Reworded to read *notification* (took out written) because we are moving to electronic notification. The LA can then print our electronic notification if they wish.
- Policies NE:02.0 and NE:03.0 were combined. There was a lot of repetition in these policies.
- Policy NE:03.0 was deleted.
- Policy NE:04.0 – Minor wording changes and the Nutrition/Health/Breastfeeding Fair template was incorporated into the policy.

If you have any questions or require additional information regarding the certification policies, please contact Anita Ramos, Clinic Services Training Specialist, at anita.ramos@dshs.state.tx.us or (512) 341-4581. If you have any questions or require further information regarding the nutrition education policies, please contact Katie Coyne, Nutrition Education Consultant, at katie.coyne@dshs.state.tx.us or (512) 341-4514.

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Effective March 1, 2014

Policy No. CS:17.0

Documentation of a Complete Nutrition Assessment

Purpose

To ensure accurate and thorough determination of eligibility for WIC benefits, and identification of all nutrition risk conditions.

Authority

7 CFR Part 246.7

Policy

Local agency (LA) staff shall perform a complete nutrition assessment on every WIC applicant who is categorically eligible and whose income and residence meet program guidelines. Supporting documentation of the complete nutrition assessment shall be available for audit/review.

Procedures

- I. A nutrition assessment shall be performed by a certifying authority (CA) or a WIC Certification Specialist (WCS). Other trained WIC staff may obtain measurements diet/health histories and perform blood screens for low iron.
 - A. **Nutrition risk** factors shall be evaluated by a CA or WCS.
 - B. Every nutrition risk for which a person can qualify shall be identified and documented on the appropriate participant form.

- II. A nutrition assessment is considered complete when the following indicators of nutritional status have been evaluated:
 - A. **Current weight and height/length** – all applicants.

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1. The weight and height/length shall be measured and plotted according to the instructions in the Guidelines for Nutrition Assessment.
 2. The value "0 lbs, 1 ounce" for birth weight shall be entered in the Texas WIN system if the birth weight is unknown.
 3. The code "999 lbs, 0 ounces" for weight and "99 0/8 inches" for length/height shall be entered in the Texas WIN system to indicate that measurements cannot be obtained using standard clinical equipment or from a healthcare provider.
 4. Documentation of why measurements were not obtained shall be included in the participant's chart. Refer to Guidelines for Nutrition Assessment – Weighing and Measuring – Special Considerations and/or WCS Module 8: Anthropometric Data Collection.
- B. **Diet Assessment** – all applicants. Utilizing the health history and interview, an assessment of applicant's nutritional status, shall be conducted.
- C. **Hemoglobin or hematocrit** – all applicants six months of age or older.
1. All infants and children certified at ages 9 months to 24 months shall have a blood screen for low iron:
 - a. Infants shall have a blood screen between 9 – 12 months of age and again, as a child, between 15 –18 months of age.
 - b. Blood work may be performed on infants initially certified between 6 and 9 months of age for the reasons stated below and shall be documented in the client's chart.
 - i. The CA or WCS determines blood work is required because the infant may be at nutritional risk, or
 - ii. The requirement to return to the clinic for blood work between 9 and 12 months presents a barrier for program participation.

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- c. Premature infants shall not have a blood screen before 9 months corrected/adjusted age.
 - d. All children shall have a blood screen performed at least once every 12 months, excluding the mid-certification assessment.
 2. Pregnant women shall have a blood screen during their pregnancy. Postpartum and breastfeeding women shall have a blood screen after delivery.
 3. Assessment of iron status shall be performed according to the instructions in the Guidelines for Nutrition Assessment. A current hemoglobin/hematocrit value obtained from a healthcare provider (not older than 30 days for infants or 60 days for women and children from the certification date) is acceptable.
 4. Waiving the requirement for hemoglobin/hematocrit is allowed for limited situations and shall be documented in the client's chart. For exceptions listed in 4. a. b. c., enter the following values in the Texas WIN automated system: 99.9 for hemoglobin or 99 for hematocrit. The following exceptions are the only circumstances that would preclude a blood screen for low iron.
 - a. Applicants whose religious beliefs do not allow them to have blood drawn. A statement of refusal to have blood drawn shall be included in the applicant's certification file. Acceptable documentation includes a written, signed statement by the parent/caretaker or applicant, or written documentation by the WIC staff that is signed by the parent/caretaker or applicant.
 - b. Applicants with "life long" medical conditions such as hemophilia, fragile bones, or osteogenesis imperfecta. A written, signed statement by the healthcare provider, physician or someone working under a physician's orders is required.

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- c. Applicants with a treatable skin disease or with a serious skin condition, where the blood collection may cause harm to the applicant. A written, signed statement by the healthcare provider, physician or someone working under a physician's orders is required.
 - d. When a blood screen is not performed or waived, a true value for hemoglobin or hematocrit cannot be entered into the computer.
 - i. For infants certified at 7 or 8 months of age (exception C.1.b.i and ii), enter the following values in the Texas WIN automated system: 78.0 for hemoglobin or 78 for hematocrit.
 - a. These infants need to have their blood work postponed and a blood work (BW) appointment scheduled between 9 and 12 months of age.
 - b. This process will be repeated at the infants' child subsequent certification appointment when they are either 13 or 14 months old; the blood work will again be postponed until they are between 15 and 18 months old.
 - c. In both cases, the initial and subsequent certification appointments, the BW appointment code will be used and 78/78.0 will be entered in the Hct/Hgb field in Texas WIN, respectively.
- D. **Health History (Medical/Maternal history)** - all applicants.
- 1. Nutrition risk conditions related to medical/maternal history shall be assessed according to the instructions in the Guidelines for Nutrition Assessment. A health history shall be completed for each certification.

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2. For applicants certified as pregnant women, a medical/maternal history shall be completed during the pregnancy, and for applicants certified as postpartum and breastfeeding women, a medical/maternal history shall be collected after the termination of the pregnancy.
- III. **Medical/nutrition data** previously obtained in the WIC clinic or from a healthcare source or a referral may be used to evaluate the applicant's nutritional status in order to reduce the number of times WIC applicants are subjected to the same assessment procedures.
- A. Medical data for women and children (i.e., weight, height/length measurement, hemoglobin/hematocrit values and diet assessment) may be used for determining nutrition risk for a full certification period, if it is not more than 60 days when eligibility is determined. Medical data for applicants certified as pregnant women shall have been collected during their pregnancy, and data for applicants certified as postpartum and breastfeeding women shall have been collected after the termination of their pregnancies.
 - B. Medical data for infants (i.e., weight, height/length measurement, hemoglobin/hematocrit values and diet assessment) may be used for determining nutrition risk for a full certification period if it is not more than 30 days when eligibility is determined, with the exception of birth data.
 1. The birth weight and length of an infant shall not be accepted for certification purposes after the infant is two weeks of age.
 2. When an infant is older than two weeks of age, a current weight and length must be obtained. The birth weight and length shall be plotted in addition to current weight and length.
 3. To certify an infant that is not physically present, obtain and plot the birth weight and length, or more current data, whichever is appropriate based on the age of the infant. To prevent termination of WIC services, the infant shall be presented by six weeks of age to be weighed and

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measured, and the current weight and length shall be plotted. For infants with special health care needs, see section IV below.

- C. Medical data submitted from a healthcare source, other than the local WIC agency:
 - 1. Shall be in writing, and include the data and date measurements were obtained; or
 - 2. If information is obtained via telephone by LA, staff shall document the data and date measurements were obtained.

- IV. When an applicant has **special health care needs**, special accommodations may be made in obtaining medical/nutrition data to evaluate the applicant's nutritional status. Refer to Policy CR:07.0 for the definition of special health care needs and procedures to follow in these circumstances. Refer to Policy CS:04.0 for appropriate waivers, if necessary.

- V. Documentation of a complete nutrition assessment shall be maintained in each income-eligible applicant's record and shall be available for audit/review.

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Mid-Certification Assessment for Children

Purpose

To ensure the quality and accessibility of health care and nutrition services for children are not diminished for participants certified for longer than six months.

Authority

7 CFR Part 246.7

Policy

Local agencies (LAs) shall ensure children certified for a year shall be offered a Mid-Certification Assessment, which includes a nutrition assessment (review of anthropometrics, blood work, and a brief update of the health and dietary assessment), immunization screening, nutrition education and referrals to other health and social services, within the certification period. Food benefits shall not be denied to parents/guardians who refuse to obtain these services for their children.

Procedures

- I. Children certified for a year shall be offered a mid-certification assessment between the 4th and 10th months from the “effective certification/sub-certification/recertification date”. When calculating this time period, count the month of certification as the first month. Example: For a certification done on March 10th, the Mid-Certification Assessment shall be offered and completed any time from June 1st through December 31st. Note: In Texas WIN, the “Mid Cert” field is accessible at the beginning of the fourth month and a reminder will appear on the appointment, certification and issuance screens.

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- A. A Mid-Certification Assessment shall be offered and documented on the Mid-Certification Assessment form, back side of the WIC-R-05, or the most current certification forms.
1. The Mid-Certification Assessment is not required for children turning five years old in less than six months from their most recent certification month. Ex: Child is certified any day in June. If his 5th birthday is any day in December or later, the mid-cert shall be done/offered.
 2. For in-state and out-of-state transfers entered in Texas WIN, the "Mid Cert" field is available, so the reminder will not appear/pop up.
 - a. If participant transfer information, such as verification of certification (VOC), does not identify risk codes, i.e. risk code 201, and contacting the participant's previous clinic/state, staff shall perform the blood test.
- B. Nutrition Assessment shall include:
1. Length/height and weight: plot on the appropriate growth chart.
 2. Hemoglobin/hematocrit:
 - a. required for all children who were certified or received a mid-certification assessment between the ages of 12 to 23 months
 - b. required for children 24 months up to 5 years if the blood test value at the most recent certification was below the normal range hemoglobin: 11.1 g/dL for children 2 to less than 5 years of age; hematocrit: 33% for children 2 to less than 5 years of age).
 3. Risk code 501, Regression, may be excluded from being assigned at subsequent certification when values pertaining to height/length, weight and/or blood work improve at the Mid-Cert assessment. The table below provides guidance for these situations. For example, risk code 201, Low Hemoglobin/Low Hematocrit, was assigned at certification. At the Mid-Cert assessment the blood value is within the normal range. At sub-cert, the blood value is within the

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normal range again, so risk code 501, Regression, is not assigned. When a value is within normal levels at two screenings, risk code 501 will not be assigned.

Certification	Mid-Cert	Sub Cert	Assign 501
Risk code assigned, e.g. 201, low Hgb/Hct	Value improved (does NOT meet definition), e.g. Hct/Hgb normal value	Value good, does NOT meet definition, e.g. Hct/Hgb normal value	No
Risk code assigned, e.g. 201, low Hgb/Hct	Value still meets definition of risk code, e.g. 201, low Hgb/Hct	Value improved and does NOT meet definition, e.g. Hct/Hgb normal value	Yes
Risk code not assigned, e.g. Hct/Hgb normal value	Value meets definition of risk code, e.g. 201, low Hgb/Hct	Value meets definition of risk code, e.g. 201, low Hgb/Hct	No, assign appropriate risk code, e.g. 201, low Hgb/Hct
Risk code not assigned, e.g. Hct/Hgb normal value	Value good, doesn't meet definition of risk code, e.g. Hct/Hgb normal value	Value meets definition of risk code, e.g. 201, low Hgb/Hct	No, assign appropriate risk code, e.g. 201, low Hgb/Hct

4. Health and dietary assessment – include any **major** changes in the child's health status, dietary habits or physical activity since the previous certification.
- C. Immunization screening – document for children less than 2 years of age.
 - D. Nutrition education (NE) and referrals shall be offered and documented under "Topics Discussed" and "Referrals Discussed", respectively, on the VENA Family Documentation tool. Use NE code VC00099 for the VENA counseling session, if applicable.
 - E. Medical information (including hematocrit/hemoglobin, height, and weight) shall be accepted from a health care provider if the values are within 60 days of the Mid-Certification Assessment.

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- F. When the Mid-Certification Assessment is completed and documented in the participant's chart, staff shall enter one of the following in the "Mid Cert" field in the Texas WIN (TWIN) system.
1. 50 is entered for a completed mid-certification
 2. 75 is entered for a completed mid-certification with blood work
 3. 99 is entered when a mid-certification assessment is refused (see II below) or refused by default. 'Refused by default' is when a participant lapses four or more months for benefit issuances in a row and therefore a mid-certification assessment appointment cannot be made within the specified timeframe (see Procedure I of this policy).

NOTE: Do not enter any other data into TWIN for the mid-certification assessment. Do not enter/update values for height, weight, blood, etc.

- II. A parent/guardian may refuse a Mid-Certification Assessment.
- A. If the parent/guardian refuses the Mid-Certification Assessment, the parent/guardian shall read, sign and date the "Refusal" section of the Mid-Certification form. The form shall be filed in the participant's chart.
 - B. If the parent/guardian refuses to read, sign and date the form, staff shall document the refusal, sign and date in the "Refusal" section of the Mid-Certification form.
 - C. Staff shall enter "99" in the "Mid Cert" field in the Texas WIN system.
- III. LAs will be considered out of compliance if a child has reached the 10th month after certification and a mid-certification assessment has not been performed, documented and/or entered into Texas WIN.
- A. The Certifying Authority/WIC Certification Specialist shall complete the Mid-Certification Assessment form. Other staff

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may only document the height, weight and blood value on the form.

- B. The Certifying Authority/WIC Certification Specialist may perform the Mid-Certification Assessment and issue benefits. Separation of duties is not violated due to the Mid-Certification Assessment is an evaluation and not program eligibility.

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Policy No. NE:01.0

Standards for Nutrition Education Contacts

Purpose

To ensure nutrition education (NE) is made available to all participants and addresses the nutritional needs of the participants.

Authority

7 CFR Part 246.11,

Policy

WIC participants shall be offered NE according to standards and staff qualifications.

Definitions

Nutrition education means individual or group sessions and the provision of materials designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.

Procedures

- I. All adult participants and parent/guardians/caregivers of infant and/or child participants shall be offered two NE contacts per each six-month certification period or offered every three months to women or parent/guardian/caregivers of infants certified for a period exceeding six months.
- II. All NE contacts shall:
 - A. Be provided by qualified staff (*Policy NE:02.0, TR:3.0*).
 - B. Address participants' questions and concerns.
 - C. Be delivered using current client-centered learning principles.
 - D. Meet participant's language and cultural preferences.

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- E. Include professional assessment by WIC staff to determine issues to be addressed and stress the positive, long-term benefits of nutrition education.
 - F. Be offered at no cost to participants.
 - G. Consist of accurate messages and current information.
 - H. Be documented with the correct NE code in the WIN system.
 - I. Offer a variety of NE delivery methods and accept certificates or codes for completion of web based lessons at www.texaswic.org.
 - J. Include evaluation to ensure appropriateness and effectiveness.
(*Policy QA: 1.0, NE: 2.0*).
- III. Substance abuse information shall be provided to all pregnant, breastfeeding, postpartum women and to parents or caregivers of infants and children.
- IV. Breastfeeding information and support shall be provided to all pregnant and postpartum participants.
- V. Types of Nutrition education contacts include:
- A. Individual counseling shall be provided at initial certification, subsequent certification, mid-certification at the request of the participant, and:
 - 1. Shall include the completion of the *VENA Family Documentation Tool* (Stock No. 13-06-12805)
 - 2. May be conducted in place of group class at benefit issuance. In this instance, it is optional to complete a VENA Documentation Tool.
 - 3. Staff shall:
 - a. complete assessment forms, review previous VENA tool (if applicable) and sign or initial;
 - b. attempt to establish rapport;
 - c. attempt to identify and explore parents' concerns using active listening skills and open ended questions;
 - d. summarize conversation and if appropriate assist participant in setting goal;
 - e. provide appropriate referrals; and
 - f. attempt to conclude on a positive note.

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- B. Group classes shall:
1. Be offered at benefit issuance between certifications to all participants in the form of discussion based groups, poster or bulletin board group sessions, breastfeeding support group meetings, lessons with activities and or videos, health fairs or other client-centered methods such as garden-based classes, grocery tours etc. Certificates or codes for completion for web-based lessons provided at texaswic.org shall be accepted.
 2. Be presented by qualified staff, who have been trained on the subject matter prior to teaching the class (*Policies: NE:02.0; TR:03.0* and LA NE Coordinator/WIC Director's discretion).
 3. Be scheduled as indicated in the current NE plan.
 4. Be a SA or LA developed lesson plan (Policy *NE:4.0*).
 5. Always have a staff member present in the classroom.
 6. Be offered according to participant's category, risk conditions, interests, time considerations, preferred language and cultural needs; participants may choose a preferred class.
 7. Allocate time for participants to ask questions related to the class topic. If the educator is unable to answer the question, then the information shall be obtained and made available to the participant.
- C. Self-paced lessons may serve as a NE contact if:
1. It is (SA) or (LA) developed (Policy *NE:4.0*);
 2. The participant completes the questions and a designated staff member reviews the answers with the participant prior to benefit issuance; and
 3. It is not substituted for individual counseling at certification.
- D. *Texaswic.org* lessons shall be accepted as an NE contact by Local Agencies.
- E. Take home lessons shall:
1. Consist of an activity and evaluation; and
 2. Can be provided by the SA or be a video or a book or a lesson developed by LA and approved by SA or LA registered dietitian.

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Policy No. NE:01.0

- F. Breastfeeding support group meetings shall be led by an IBCLC, a trained Peer Counselor or any Certification Authority who has completed their required BF training (*Policy BF: 4.0; TR: 3.0*).
 - 1. Local agencies shall submit a breastfeeding support group schedule to their SA liaison and include at least:
 - a. one main topic that will be addressed at each meeting;
 - b. one objective for the named topic(s); and
 - c. one evaluation question for each named topic.
- G. Alternate forms of nutrition education
 - 1. Participants may receive WIC NE contacts from outside agencies or certain professional persons at the discretion of the LA NE coordinator and based on standards specified in Section II, with the approval of the SA NE Section. Examples include but are not limited to: La Leche League, diabetes support groups, and nutrition counseling by a registered dietitian. Nutrition education codes shall be assigned by the SA, at the request of the Local Agency
 - 2. For families of children with special health care needs, see *Policy CR: 07.0*.
- VI. Nutrition education may be declined by participants.
 - A. Food benefits shall be issued to all participants, even those who decline nutrition education.
 - B. Participants unable to stay for a NE contact or who decline a NE contact shall be issued food benefits as soon as possible. When a participant declines or refuses NE or is unable to receive NE due to an emergency, the NE code field in Texas WIN should be left blank. The blank field indicates that no NE was provided.
- VII. Each LA is responsible for ensuring that the equipment and materials necessary to conduct NE classes or counseling is available at all clinic sites in accordance with the approved *NE/BF Plan (Policies AC: 33.0, AC: 34.0, NE: 2.0)*.
- VIII. Local Agency NE expenditures shall be in accordance with *Policies AC: 33.0 and AC: 34.0*.

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Policy No. NE: 2.0

**Local Agency Nutrition Education Coordinator Responsibilities and
Nutrition Education/Breastfeeding Plan**

Purpose

To ensure that a qualified, designated staff administers (plans, implements and evaluates) nutrition education. To assure that nutrition education is planned, scheduled and provided to address the nutritional needs of the program participants.

Authority

7 CFR Part 246.11; State Agency

Policy

All staff providing Nutrition Education (NE) shall have appropriate qualifications and complete required training. Each local agency (LA) shall follow an approved Nutrition Education/Breastfeeding Promotion (NE/BF) Plan. The LA Nutrition Education coordinator shall ensure that lessons and materials presented to WIC participants contain accurate, current, culturally appropriate, and professionally recognized nutrition information.

Procedure

Each LA shall designate a NE Coordinator to oversee NE activities. All staff providing NE shall have appropriate qualifications and complete required training (Refer to TR 3.0).

- I. The designated LA NE coordinator shall be a registered dietitian (RD) licensed dietitian (LD), or a certifying authority (CA), preferably a degreed nutritionist with 24 semester hours of food and nutrition (CS 15:0, CS 16.0).

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- II. The NE coordinator shall complete all the required trainings (TR: 3.0) within specified timeframes. Documentation of the completion shall be kept on file at the LA for review.

- III. The NE coordinator shall attend the Texas WIC Program's Nutrition/Breastfeeding Conference every year. Other conferences or trainings may be accepted in lieu of this conference, with the approval of the state agency (SA).

- IV. The NE coordinator is responsible for planning, implementing and evaluating NE at the LA.
 - A. Planning Nutrition Education
 - 1. The NE/BF Plan shall be submitted to the SA by the designated date. The plan shall be in effect October 1 through September 30.
 - 2. The SA shall have the option to withhold reimbursement if the NE/BF Plan and/or required revisions are not submitted by September 30, or the date agreed upon between the SA and local agency.
 - 3. A new LA shall submit a NE/BF Plan no later than the end of the third month of operation.
 - 4. When the NE/BF plan is approved, the LA shall receive final notification from the SA. The LA shall maintain the approval letter on file with the NE/BF Plan.
 - 5. Changes to the class schedule shall be submitted electronically to SA NE liaison prior to teaching the class.
 - 6. The NE coordinator shall work with the BF coordinator to submit the NE/BF Plan. See policy BF 2.0 for information specific to the breastfeeding portion of the NE/BF Plan.
 - B. Implementing Nutrition Education
 - 1. Nutrition education materials used at the LA shall:
 - a. Be accurate, current, and relevant in content.
 - b. Be based on sound, established and scientific evidence.
 - c. Meet the cultural and language needs of the participants.

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Policy No. NE: 2.0

- d. Be provided by SA or approved by SA or LA registered dietitian. All clinic sites must have current NE resources such as pamphlets, videos, lesson outlines, and other materials required for effective delivery of nutrition education.
 - 2. The LA shall maintain a current inventory of NE and BF lessons and materials provided by the state agency. Deleted and out-of-date materials shall not be used for participant education.
- C. Evaluating Nutrition Education
- 1. Quality management activities related to NE shall be conducted annually (at minimum) by the LA and:
 - a. Shall include observation of group and individual nutrition education sessions to ensure accurate and appropriate delivery of information in a client-centered way.
 - b. Results should be used to determine and plan staff training.
 - 2. Participant feedback related to NE should be used to plan future education activities.

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Policy No. NE: 4.0

Nutrition Education Lessons and Materials

Purpose

To ensure that lessons and materials presented to WIC participants contain accurate, current, professionally recognized nutrition information.

Authority

State Policy

Policy

The local agency (LA) may use state agency (SA) developed lessons and materials and/or LA developed lessons to provide nutrition education (NE) to participants. All materials shall contain accurate information that is appropriate for the category and risk condition(s) of the participant.

Procedures

- I. Local Agencies shall maintain a current inventory of NE and breastfeeding (BF) lessons and materials as listed in their current class schedule. Deleted and out-of-date materials shall not be used for participant education.
- II. Every lesson used by the LAs shall have a code assigned by the SA. Local Agencies shall contact their SA liaison to request code for LA-developed lessons.
- III. Local Agencies can develop and use their own lessons and materials for nutrition education.
 - A. Local Agency-developed lessons and materials that are created by RDs or LDs are not required to be submitted to the SA for approval. However, LA-developed lessons shall be submitted to the SA to obtain a NE code.

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Policy No. NE: 4.0

- B. Local Agency-developed lessons and materials created by non-RDs or LDs must be submitted to the SA for review, approval, and coding prior to using in the clinic. Lessons that are submitted to the SA for review must:
 - 1. be written in the *CCNE Lesson Template, Self-Paced and Bulletin Board Worksheet* or *Nutrition/Health/Breastfeeding Template*; and
 - 2. include corresponding checklists and any LA developed materials/handouts.
- C. Local Agency-developed materials must include the USDA nondiscrimination statement (refer to policy CR:2.0).
- D. Local Agencies are responsible for maintaining LA-developed lessons and materials to ensure information provided to participants remains current and accurate.
- E. If the LA substantially changes a SA lesson, the lesson shall be viewed as a new lesson developed by the LA and the lesson shall be submitted to the SA for review, comment and coding as directed in this policy. Adapting discussion questions to better meet participants' needs during a client-centered lesson is not considered a substantial change, assuming the staff facilitating the lesson is appropriately trained (TR:3.0). Substantial modifications include:
 - 1. changes in the lesson's objectives;
 - 2. new methods of presentation (for example, replacing the video with a discussion or game); and
 - 3. replacing original materials (pamphlets, audiovisuals, or posters) with materials which are not state approved/developed or which cover a different topic than the lesson.
- F. Other NE materials (handouts, fliers, newsletters, etc.) developed by LAs RDs or LDs do not need to be submitted to the SA for approval. Nutrition materials developed by LAs without RDs or LDs shall be submitted to the SA for approval before using for WIC NE. Follow policy CR:2.0 to determine if the USDA nondiscrimination statement should be included in LA developed NE materials.
- G. Materials obtained from non-WIC agencies/organizations for educational use in WIC clinics must be reviewed by the LA's NE Coordinator to ensure:

<p style="text-align: center;">Nutrition Services Department of State Health Services</p>

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1. content, literacy level, and language of the materials are appropriate;
2. applicable copyright laws are followed; and
3. material is obtained from a recognized professional organization such as:
 - a. American Academy of Pediatrics;
 - b. American Dental Association;
 - c. American Heart Association; or
 - d. March of Dimes

For all other inquiries on non-WIC materials, LAs shall contact their SA nutrition education liaison.