

Core WIC Training

Nutrition Education
for WIC Staff



Questions? Contact us:

Email: WAWICtraining@doh.wa.gov

Phone: 1-800-841-1410
(Ask for the Communications and Training Team)

Visit our website: www.doh.wa.gov/wicstaff

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To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)



Nutrition Education For WIC Staff

By the end of this training, you will have:

- Explored why nutrition education is important
- Identified Federal and State requirements for providing nutrition education
- Practiced client-centered counseling skills
- Experienced using a variety of nutrition education materials
- Discovered resources for nutrition education options for participants

Staff Tools provided in the Appendix:

- Nutrition Education Resources
- Getting Nutrition Education Materials for your clinic
- Participant Centered Tools



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This training provides WIC staff with an opportunity to explore nutrition education policies, participant centered approaches and discover new materials that supports behavior change.

Why: It's important for staff to understand the policies that guide nutrition education for WIC participants. By understanding these policies; WIC staff can confidently use participant centered counseling skills as a basis for behavior change.

What: By the end of this training you will have:

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Additional Resources in the Learning Management System (LMS)

- [Participant Centered Education](#)
- [Participant Centered Services – Setting the Stage](#)
- [Principles of Influence](#)
- [Energizers 1-10](#)

Reference Materials:

- Washington State WIC Nutrition Program Policy and Procedure Manual: Volume 1, Chapter 16 – Nutrition Education

WIC Nutrition Education

In this section we'll explore how what we do every day in WIC has the potential to positively impact the lives of WIC participants and their families. Each time we have a conversation with a WIC participant or caregiver:

- We make the connection!
- We have the potential!
- We facilitate change!

WIC Connects is Participant Centered Services in Washington.

Nutrition education topics for WIC staff

Discover all you can and become knowledgeable in areas related to WIC:

- Maternal and child nutrition
- Cooking with beans
- Meal planning
- Parenting
- Community resources

What topics will you talk about with your participants?

There are a variety of ways to learn about maternal and child nutrition. Look for opportunities for learning something new by:

- Asking co-workers to sit in on their appointments when appropriate.
- Let your coordinator know your needs.
- Attend WIC trainings.
- Look for community-supported workshops.

Why WIC provides nutrition education

Nutrition Education is the link between healthy foods and the goals of the WIC program:

- To improve the health status of program participants.
- To prevent the occurrence of health problems in program participants.

Nutrition Education Contacts

<p>The Basic Contact</p>	<p>The first time the participant is offered nutrition education during the eligibility period.</p> <p>For the Basic Contact information from the assessment is used to start the nutrition conversation and to identify information and resources that may be helpful for the family.</p> <p>The Basic or Initial Contact is completed at New Certifications or Recertifications. (NC or RC)</p>
<p>The Second Contact</p>	<p>Participants are provided with a <i>minimum</i> of one additional nutrition education contact. This is in addition to the Basic Nutrition Education Contact</p> <p>This contact is provided on a day other than that of the certification.</p> <p>During the Second Contact staff talk with the participant or caregiver about the participant’s nutrition needs and interests.</p> <p>The Second Contact can be:</p> <ul style="list-style-type: none"> • An individual contact documented in Participant Services as a Second Contact (2C) or • A group education contact documented in Participant Services as a class (CL) or • A High Risk contact documented in Participant Services as a Registered Dietitian (RD) visit.
<p>The High Risk Contact</p>	<p>Participants who meet the High Risk criteria must be scheduled for an individual appointment to see the Registered Dietitian.</p> <p>This appointment is a more in-depth nutrition assessment, usually scheduled for 30 minutes. During this appointment the RD writes a High Risk Care Plan (HRCP). The HRCP may be a full “Soapie” note, but a brief plan is also acceptable.</p> <p>Some participants may need more than one visit to the RD.</p> <p>The HRCP may be coordinated with other providers, but it is up to the nutritionist to coordinate these efforts and review the material received from an outside source.</p> <p>If the WIC RD provides the HRCP then it is considered the second contact. If another RD outside of WIC provides the care plan, then another second contact must be documented. For example, a prenatal nutrition or breastfeeding class.</p>
<p>Other times nutrition</p>	<p>Infant Mid-Certification Health Assessment –The nutrition education offered at the HA relates to the infant’s nutrition needs,</p>

education is offered:	<p>caregiver’s concerns, and follow-up to previous nutrition goals as appropriate.</p> <p>The Child Mid-Certification Health Assessment – staff ask a few open-ended questions to assess for health or feeding issues. Nutrition education is related to the child’s nutrition needs and the caregiver’s concerns. It is also a chance to follow up on nutrition goals and discussions.</p>
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Second Nutrition Education Contact for Multiple Family Members

When several family members are on WIC, the second nutrition education contact can be provided to the family members at the same contact.

For participants or caregivers attending a class:

- The topics discussed need to be relevant to all the participants OR
- The participants shall be given the opportunity to ask questions that are relevant to the other members of the family.

For participants who are considered High Risk:

- If one member of the family is high risk, an individual high risk contact is provided.
- During the High Risk visit topics relevant to other family members are discussed if appropriate, or another class or individual contact is scheduled.

***Read** the following examples and **decide** if all members of the group can get credit for a Nutrition Education contact.

Example 1: Cindy is a breastfeeding mom, Laura is her 9 month old baby, and Dillon is her 3 year old. Cindy, Laura, and Dillon attend the “Healthy Whole Grains” group education (class). In the group they discuss how to use the whole grain choices she gets from WIC for herself and Dillon. At the end of the group, Cindy asks questions about table foods for Laura.

Yes

No

Example 2: Melanie is a breastfeeding mom, Keiley is her 6 month old baby, Kris is her 4 year old. Melanie attends the Infant Feeding Class. While in the group, she asks how to encourage Kris to eat more vegetables; the group discusses this, along with talking about introducing solids to babies.

Yes

No

Example 3: Rowena is a pregnant mom and has a 2 year old named Jon. Rowena attends the breastfeeding class where she learns all about breastfeeding. The class discussion was about how to breastfeed and the benefits for moms and babies.

Yes

No

Example 3: Stacy is a postpartum mom with 3 month old baby, Jodi. Stacy is considered High Risk and at the RD visit, Stacy asks the RD about feeding baby Jodi cereal and fruits.

Yes

No

***See answers in the Appendix.**

What happens if participants don't want to participate in nutrition education?

When a participant states they don't want to attend (or miss) an education contact, they're not denied the benefits of WIC nutrition services, including the foods (checks).

If a participant is unable to attend or misses the second education (2C, CL, or RD):

- Document a No-Show in the participants file.
- Reschedule the nutrition education activity as many times as necessary.
- For participants who aren't High Risk, offer alternatives, such as an individual education, an Internet 2C, a different time or day. For some participants it's easier for them to see an individual, and more difficult to attend a class.
- Work with the participant to find an **option that will work for them.**

• • •
For all education contacts,
consider the cultural and
individual preferences of the
participant.

Occasionally a participant will refuse nutrition education, if this happens:

- Document a No-Show in the participants file and state the participant refused the second education contact.
- Do not reschedule if the participant refuses nutrition education or counseling.
- Explore other options for completing the second education contact when appropriate.

Note: a "No-show" is not considered a refusal to participate.

WIC Connects tips:

Try an **open-ended question**: What is the best day and time for you to join a group discussion about fresh fruits and vegetables?

Or an **affirmation**: You're so busy; it is great you're here for our group discussion about fresh fruits and vegetables.

Or a **reflection**: You really would like to know more about fresh fruits and vegetables and next week is a better time for you.

Or even a **summary**: We talked quite a bit about using your checks today, and what types of foods you can buy on WIC, and you asked if we had information for you about fresh fruits and vegetables. We have a class with ideas and recipes—can you make it next month?

An Activity

When you hear and read the following what does it bring to mind?

“People are more likely to try on new behaviors they choose, than those they’re told to do.”

Take a few minutes and share with a partner how you feel when you’re told to do something. How does this compare to when someone explores options with you?

What is motivating?

People are motivated by benefits and pleasure – not knowledge!

You can get people’s attention when you draw on their natural desires. We also need to remember as educators we may be enthusiastic about changes- while your participant may not be ready for change.

If you think about new car advertisements – you value safety and reliability, but think about what the ads show – people out on the open road, climbing mountains, driving for the “fun” of it.

- They’re marketing to your emotions- how you will *feel* when you are driving that new car. People are definitely not motivated by knowledge, or most people that is!
- People are also not motivated by fear. So, it isn’t the logical reasons like health benefits, or the fears of poor health that motivate behavior change.

Why consider participant-centered connections

Traditional messages that focus solely on health benefits often feel like lectures. They don’t create positive feelings that lead to behavior change.

What can we say to really get to what’s in it for them- what’s the *emotional* message?

- We need to find out what our participants value and get to the *emotional* reason.
- We cannot make our participants change- that’s not our job- it’s theirs!

Research related to Motivational Interviewing, shows when people feel accepted, they’re more willing and able to make positive behavior changes.

The following communication tools can help you explore behavior change with your participants.

Active Listening - we need to listen to understand

- Focus on what the participant is saying
- Reflective - reflecting back to the participant “It sounds like you are thinking about trying to eat more fruits and vegetables but are concerned that your family won’t like the change.”
- Paraphrase - restating what the participant has said. This helps to reframe what the participant is saying, so you both understand what is being said.
- Silence - allowing some time for silence is really an ok thing!
- Summarize – “On the one hand you are concerned about ...”

Empathy

- Put yourself in your participant’s shoes.
- Recognize each participant as being an individual.
- Acknowledge what they’re saying.
- Tell the participant that you understand what they are going through – “I hear how stressful this is, quitting smoking is a hard thing to do and you want to do the best thing for you and your baby.”

Influence Principle: Authority – people rely on those with superior knowledge or wisdom for guidance on how to act. Influence skill: Mention a weakness in your case. Always follow the weakness with the strongest emotion-based reason for change. For example:

- “It does take a while to learn to enjoy veggies AND a love of veggies is a gift you give that lasts a lifetime.”

Other sample phrases –

- “So you are ...”
- “It sounds like you have...”
- “You’re wondering...”
- “You sound concerned about...”
- “May I share some ideas?”
- “Other moms have told me...”
- “This has worked for some...”

Discussion Starters for WIC Staff:

Open the conversation with a question, *“What healthy habits would you like your kids to have when they grow up?”* *“If there was one thing you could change about your family’s health or nutrition, what would it be?”* *“Are there any foods you wish your family ate more of?”*

Before sharing information - Get permission!

- *“There are a lot of ideas other moms have shared with me, would you be willing to talk about any of these ideas?”*
- *“Can I share some helpful ideas I’ve learned from other moms?”*

If the participant has a specific nutrition need or something you would like to address, you could use some of the following questions: (We want to help the participant choose the topic, rather than us telling them they have a *problem*.)

- How do you feel about your child’s eating right now?
 - What do you think about your child’s growth?
 - How do you feel about your child’s bottle use?
 - Can you tell me what you know about smoking during pregnancy?
 - What concerns about smoking do you have?
 - Some moms have told me it is really hard to get their child off the bottle, what methods have you tried?
1. If the participant isn’t concerned and you still feel it is important enough to share some information, you could say: *“I see that you do a lot of good things for your child as a mom and that being a mom is important to you.”*
 2. Follow with a factual statement: *“From my point of view, weaning your child from the bottle would help your child develop strong & healthy teeth and help you avoid expensive and painful dental work later on.”*

If they’re still unconcerned, you could share a few pieces of information and let them know you understand they’re not ready to look at this now, and you’re here to help them when they are. *“I hear that this is not the right time for you to give this a try, and I am sure when you are ready you will find a way that works for you. We are here to support you whenever you’re ready.”*

Appendix

Answers from Page 4

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- Yes
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- Yes
- No

Nutrition Education Resources

Materials from MyFulfillment -All materials are provided to WIC clinics free of charge.

To order visit:

<https://prtonline.myprintdesk.net/DSF/Companies/myFULFILLMENT/storefront.aspx?SITEGUID=1ec29a2b-ab92-4913-9730-8c9421964cdd>

1. If you're a first time user, you must create a login name and password.
2. Choose Shop by Agency
3. Chose Department of Health
4. Choose WIC
5. Select a topic
6. Add items to your cart
7. Check out by including the agency (or clinic name) and shipping address

WIC Sharing Center (Handouts, lesson plans, presentations and more from other states)

http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/sharinggallery.htm

Tools for Participant Centered Services

Using Ask, Provide, Ask or Explore, Offer, Explore

Ask: Ask what the participant already knows, or would like to know.

- *What are some things you already know about _____?*
- *What have you heard about _____?*
- *What concerns do you have about _____?*
- *When it comes to _____, what would be most helpful to know more about?*

Provide: Offer information in a neutral, nonjudgmental manner.

- *The WIC program suggests.....*
- *The American Academy of Pediatrics recommends.....*
- *(Consensus) Other parents have found.....*
- *What we generally recommend*

Ask: Ask about the participant's thoughts, feeling, and reactions.

- *What do you think about this information?*
- *Based on these ideas, what could you see yourself doing?*
In terms of _____, what concerns you the most?
If you made a change in this part of your life, how might that be a good thing?

Tips for Participant Centered Contacts

People prefer to say “yes” to people they like.

How can you be more likeable?

- *Greeting: What can you say that helps participants feel “I’m in a safe, good place where people like me without judgment?”*
- *Recognizing what participants are doing right: How can you catch participants in the act of doing right and recognize their successes?*
- *End on a high note: How can you end the appointment in a positive way?*