

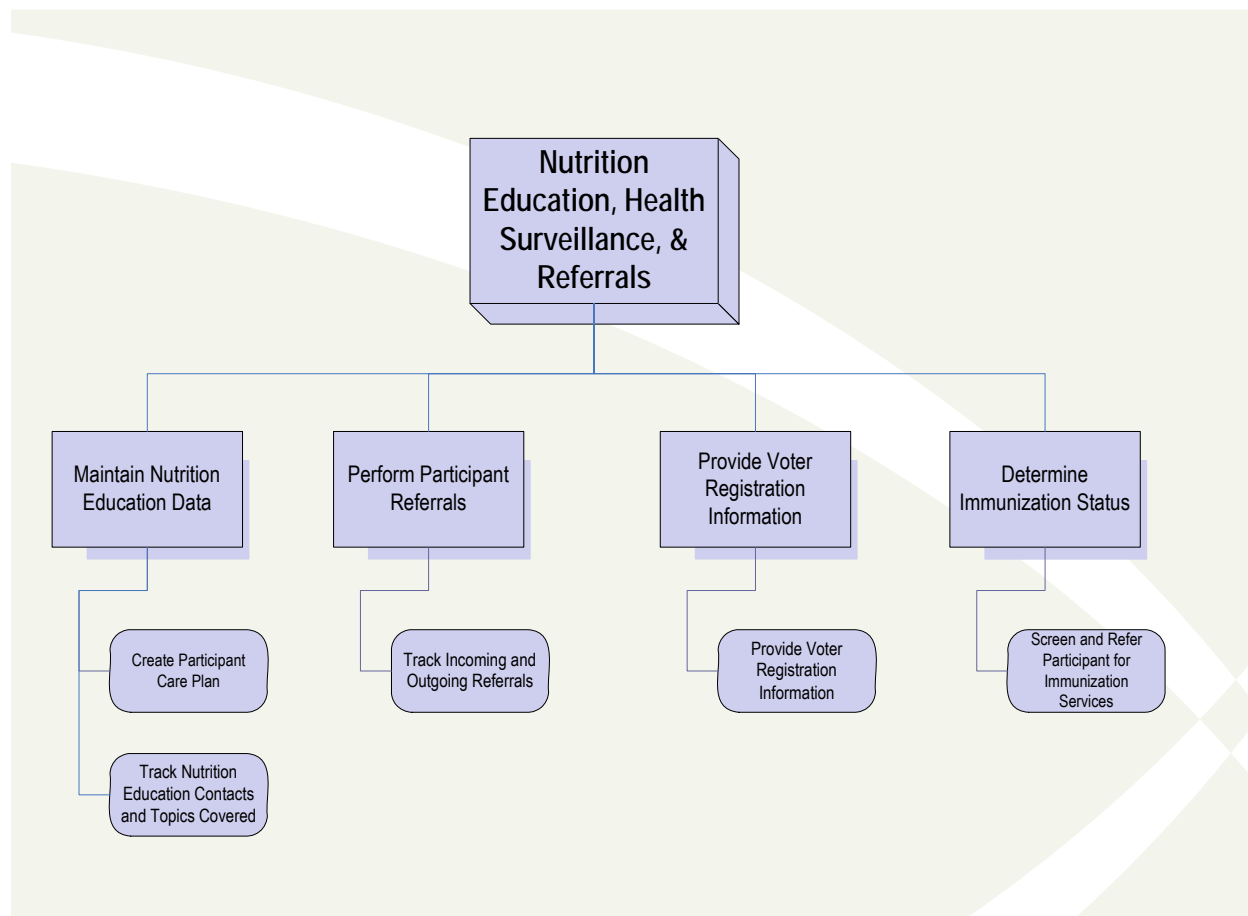
## 3.2 Nutrition Education, Health Surveillance, and Referrals

This functional area is intended to capture nutrition-related information about WIC Program participants; this area captures nutrition education and breastfeeding support services provided, as well as tracks referrals and captures population characteristics for reporting. The nutrition education, health, and referral data are assessed for individual participants, but may be used across populations. This information is needed for the Federal Participant Characteristics Datasets and the CDC Pediatric Nutrition Surveillance System (PedNSS) and Pregnancy Nutrition Surveillance System (PNSS)<sup>25</sup>. This functional area also includes interacting with the Immunization Program. The automated functions that support nutrition education, health surveillance, and referral are:

- Maintain Nutrition Education Data
  - Create Participant Care Plan
  - Track Nutrition Education Contacts and Topics Covered
- Perform Participant Referrals
  - Track Incoming and Outgoing Referrals
- Provide Voter Registration Information
  - Provide Voter Registration Information
- Determine Immunization Status
  - Screen and Refer Participant for Immunization Services

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<sup>25</sup> Refer to the Appendix F document for additional reference information on PedNSS and PNSS data elements.



*Exhibit 3-2: Functional Decomposition Diagram – Nutrition Education, Health Surveillance, and Referrals*

### 3.2.1 Maintain Nutrition Education Data

The WIC Program requires that local agencies offer nutrition education to all participants. This education covers a variety of topics and is provided through individual counseling, group classes, or via electronic media (e.g., kiosks or web-based nutrition education). WIC staff members may show participants how to use prescribed foods in healthy ways, and provide information on other topics that will meet the participants' specific needs (e.g., the importance of breastfeeding). Nutrition education sessions are often scheduled concurrently with food instrument pick-up to facilitate provision of nutrition education.

#### 3.2.1.1 Create Participant Care Plan

*A participant care plan is provided based on need as determined by the authorized WIC staff member, or if requested by the participant. At each participant visit, a WIC staff member may perform health and nutrition monitoring activities that are recorded in the Participant Care Plan. This Plan is used to track the progress of the participant toward achieving his or her goals over time. It is also used to customize individual counseling sessions, plan nutrition education activities, and determine appropriate referrals.*

*Although the content of the Participant Care Plan is dependent on the category of WIC participant and may vary widely from State to State, it generally includes the following types of information, which should be personalized for the specific client receiving the care plan:*

*Nutrition and health goals for the participant*

*Planned and attended nutrition education classes and individual counseling sessions*

*Notes and comments added by WIC staff members*

*Results of nutrition risk assessments*

*Referrals to other programs*

*Results of individual health surveillance activities including ongoing anthropometric measurements, growth charts, and bloodwork changes*

*Immunization status*

*Planned frequency for follow-up*

*Educational pamphlets and materials provided*

Based on the nutrition risk assessment data collected during the certification process, the system should generate an individual Participant Care Plan. The Plan should have the capacity to be updated for the participant at each clinic visit and should maintain appropriate historical information.

**Inputs:**

Comment Date

Comment Description

Comment Identification Number

Education/Training Offer Class Code

Education/Training Offer Class Description

Education/Training Offer Date

Education/Training Offer Materials Provided

Education/Training Offer Status Code

Education/Training Offer Type Code

Participant Care Plan Create Date

Participant Care Plan High Risk Indicator

Participant Care Plan Identification Number

Participant Care Plan Nutrition Goal Date

Participant Care Plan Nutrition Goal Outcome Code

Participant Care Plan Nutrition Goal Outcome Date

Participant Care Plan Nutrition Goals

Participant Care Plan Template Type Code

Participant Category Code

Participant Health Bloodwork

Participant Health Bloodwork Type Code

Participant Health Height/Length

Participant Health Immunization Status Code

Participant Health Nutrition Risk Code(s)

Participant Health Weight

Participant Identification Number

Referral To Organization Code

**Process:**

- Retrieve Participant Care Plan template appropriate for participant risk and category
- Retrieve relevant participant data from Participant data store and populate template
- Retrieve relevant data from Comment, Education/Training, Nutrition Assessment, Participant Health, Participant Care Plan, and Scheduled Appointment data stores
- Accept Participant Care Plan updates and update Comment, Education/Training, Nutrition Assessment, Participant Care Plan, Participant Health, Participant Health, and Appointment data stores
- Display updated Participant Care Plan

**Outputs:**

Screen display of the Participant Care Plan

Printed copy of the Participant Care Plan

**Implementation Approaches**

- ▶ The system could have several care plan templates that it will automatically assign to participants that are in a certain risk category. The template could be built with business logic to provide the most applicable nutrition and health information for that participant's unique nutrition risks. Using the template, the WIC staff member could be able to tailor the individual Participant Care Plan as necessary to meet the participant's unique needs.
- ▶ The system could include a free-form text/notes area for health educators to document their comments and observations.
- ▶ The system could allow for the creation of family-level care plans.

**3.2.1.2 Track Nutrition Education Contacts and Topics Covered**

*Regulations require that the local agency offer adult participants and the parents or caretakers of infant and child participants, and wherever possible, the child participant themselves, at least two nutrition education contacts per certification; for parents/caretakers of infants certified until their first birthday, nutrition education contacts should be quarterly. Nutrition Education/Training may include topics covered in family-based education, classes, and other education settings used by the State Agency.*

The system should capture the nutrition education topics covered for each participant throughout the certification period in any authorized mode (individual, group, online).

**Inputs:**

Education/Training Offer Class Code<sup>26</sup>  
Education/Training Offer Class Description  
Education/Training Offer Date  
Education/Training Offer Materials Provided  
Education/Training Offer Status Code  
Education/Training Offer Type Code  
Participant Care Plan Identification Number  
Participant Family/Household Identification Number  
Participant Identification Number

**Process:**

- Accept input of offered education/training topics
- Update Education/Training and Participant Care Plan data store
- Display updated Nutrition Education screen

**Outputs:**

Screen display and hardcopy report of nutrition education provided history

**Implementation Approaches**

- ▶ When appropriate, nutrition education topics covered could be applied to the records of all family members participating in WIC.
- ▶ The system could produce a report listing the number of nutrition education contacts received by participants to enable the WIC staff to know which participants need additional education contacts.
- ▶ The system could automatically update the Participant Care Plan with the nutrition education provided.
- ▶ When a participant attends a group nutrition education class, the topics covered in the class could be automatically documented for all appropriate family/household members.

<sup>26</sup> A Class Code for individual nutrition education may be established for States that do not hold group nutrition education sessions.

► If kiosk or web-based nutrition education contacts are made, the system should accept documentation of course completion from the web site or kiosk automatically.

## 3.2.2 Perform Participant Referrals

The WIC Program is required to provide WIC applicants and participants, or their designated proxies, with information on other health-related and public assistance programs (e.g., Medicaid, Food Stamp Program, etc.), and, when appropriate, refer them to such programs. In addition, local agencies are required to maintain and make available for distribution to all applicants and participants a list of local resources for drug and other harmful substance abuse counseling and treatment. WIC staff members regularly receive applicants who have been referred from other programs or external organizations. The system is used to track referrals made to and from outside entities.

### 3.2.2.1 Track Incoming and Outgoing Referrals

*The types of agencies or programs that the system could consider for referral tracking may include: Battered Women's Homes, Blood Lead Screening, Child Abuse and Neglect, Child Support Enforcement (CSE), Commodity Supplemental Food Program, Drug Abuse Counseling and Treatment Centers, Early and Periodic Diagnosis, Screening, and Treatment Program, Even Start, Expanded Food and Nutrition Education Program (EFNEP), Family Planning Agencies, Food Stamp Program, Head Start, Healthy Start, Homeless Shelters, Immunization Program, Managed Care Agencies, Maternal Health Program and Child Health Program, MCH Social Worker, Medicaid, Migrant Organizations, Physicians Organizations, Private Providers, School Lunch Program, State Child Health Insurance Program (SCHIP or CHIP), State Programs for Children with Special Health Care Needs (CSHCN), Temporary Assistance to Needy Families or other programs.*

When a referral is made, the system should be used to record the name of the program to which the participant was referred for each certification period. The system should also track the organizations that have referred applicants/participants to WIC.

#### **Inputs:**

Participant Family/Household Identification Number

Participant Identification Number

Referral Date

Referral Declined

Referral From Organization Code

Referral To Organization Code

**Process:**

- Accept user entered participant referral data
- Update Referral data store

**Outputs:**

Referral notice

Referral transaction file

**Implementation Approaches**

- ▶ The system could accommodate outgoing referrals by prompting the staff person to make the referral, by recording instances where an applicant was referred, and by recording the identity of the person making the referral.
- ▶ State agencies are encouraged to track the outcome of referrals, such as whether the participant followed up with the referral organization. If a State agency chooses to capture this information, data elements related to referral outcomes should be included in the system design. If the outcome information is collected, reports could be developed to track trends and outcomes.
- ▶ When a participant is referred to another health care/social service providing agency, the WIC staff member may want to update the Participant Care Plan. The system could automatically update the Care Plan, if applicable.
- ▶ The system should track referrals and produce a report of the number of individuals referred to and from other programs.
- ▶ A zip code matching or a more sophisticated Geographic Information System (GIS) could be used to locate referral agencies within the proximity of the participant's location. The ability to generate more convenient referrals to agencies could potentially improve the utilization rate of the referral process.

### **3.2.3 Provide Voter Registration Information**

As a service to participants, WIC provides voter registration information, forms, and the opportunity to apply to register to vote.

#### **3.2.3.1 Provide Voter Registration Information**

The system should track the effort expended on these voter registration tasks and generate statistical reports of numbers of voter registration contacts made.



### Inputs:

Participant Identification Number

Participant Voter Registration Assistance Provided

### Process:

- Accept user input of participants offered voter registration services
- Create Voter Registration Report

### Outputs:

Voter registration report

## 3.2.4 Determine Immunization Status

WIC's mission is to be a full partner in ensuring healthy and well-nourished women, infants, and children. Low-income children are less likely to be immunized than their counterparts are, which places them at high risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. WIC assists in the immunization effort by ensuring that WIC infants and children are screened and referred for immunizations using a documented immunization history record.

### 3.2.4.1 Screen and Refer Participant for Immunization Services

*The centralized source of immunization data within State governments is often the Immunization Registry<sup>27</sup>. In some cases, the registries are maintained on the Internet. Due to time constraints in certifying participants, some WIC Programs are interested in finding an automated solution that would enable them to update the registry information, without the need for data entry on the part of the WIC staff.*

*Immunization records are requested as part of the WIC certification and health screening process. A documented record (i.e., a computerized or paper record in which actual vaccination dates are recorded) is used at initial and subsequent certifications to screen WIC participants. At a minimum, the WIC staff must screen for DTaP (diphtheria and tetanus toxoids and acellular pertussis). If the infant/child is underimmunized, WIC staff members refer the participant for immunization services, ideally to the infant/child's usual source of medical care.*

<sup>27</sup> The data elements described in this document do not include all of the specific immunization data elements required to fully integrate with an immunization registry.

The system should be used to document that the immunization record was checked and that the participant was referred for immunization services (if necessary), or the reason the participant was not referred.

**Inputs:**

Participant Data Sharing Consent  
Participant Data Sharing Entity  
Participant Date of Birth  
Participant Identification Number  
Participant Health Immunization Record Checked  
Participant Health Immunization Status Code  
Referral Results  
Referral To Organization Code

**Process:**

- Accept user input of immunization status, data sharing, and referral information and update Participant, Participant Health, and Referral data stores
- Display list of participants by immunization status, using sort parameters
- Generate lists of participants who have granted consent for sharing with outside entities

**Outputs:**

List of participants referred (with desired parameters)  
Electronic file on appropriate media for sharing  
Screen display of reason referral not made

**Implementation Approaches**

- ▶ WIC staff could be able to print out, or download electronically, a list of participants needing immunizations for sharing with outside entities (e.g., the Immunization Registry), as appropriate. The system should be able to exclude names of participants that have not authorized consent to share information. The system could enable data to be sorted by date of referral, age of infant/child, reason referral not made, zip code, or to select subsets of children for follow-up, if desired.
- ▶ The system could capture that an immunization/shot record has been reviewed.