

## APPENDIX B

**VENA Overview – Module #1 – Approximately 15 minutes**  
**Content Outline & Learning Objectives**

1001

I. Introduction (2 minutes)

**Learning Objective:**

- ★ After listening to perspectives about VENA, the learner will indicate ‘agreement’ or ‘disagreement’ with three statements posed in order to reflect on their perceptions about VENA.

1002

A. Perception of VENA

1. Staff quotations, “What is VENA?”

1003

B. Module content overview

1. Definition of VENA
2. Development of VENA
3. Impact on clinic work

1004

C. Module goals

1005

D. Module navigation

2001

II. VENA defined (3 minutes)

2002

**Learning Objectives:**

- ★ At the conclusion of the VENA module, the learner will be able to define the VENA acronym with 100% accuracy.
- ★ At the conclusion of the VENA module, the learner will describe the three main advantages of VENA as it impacts the risk assessment process.
- ★ When presented with a list of four job functions, the learner will recognize 2 functions that VENA does not change in terms of job responsibilities.
- ★ At the conclusion of the VENA module, the learner will be able to define the term ‘nutrition services’.
- ★ At the conclusion of the VENA module, the learner will be able to identify, in writing, two ways that VENA improves nutrition services.
- ★ At the conclusion of the VENA module when presented with a variety of choices, the learner will select the best descriptor of the philosophical change that has occurred in WIC with regard to assessment.

2003

A. VENA acronym defined

1. Value Enhanced Nutrition Assessment (VENA)

B. VENA as practiced (what it is)

1. Advantages of VENA
  - a. Accurate assignment of risk criteria
  - b. Comprehensive assignment of all risk criteria
  - c. Why risk criteria are assigned
2. What makes VENA value enhanced, critical thinking
  - a. Answer WHY risk criteria exist for participant

2004

2005

2006

2007

C. VENA and your job (what it is NOT)

1. Not a new job performance criteria

2. Not a cookie cutter approach to assessment in each and every clinic
3. Not a script of questions for every participant in every clinic
4. Not a new data collection list
5. Not a new packet of new forms

D. VENA summary

2008

1. VENA Policy and Guidance definition
  - a. Philosophical change regarding role of assessment
    - i) To a means for enhancing interaction between participant and staff to develop a more meaningful partnership
    - ii) To link the assessment results to tailor nutrition services benefits offered to participants

2009

2. Common language
  - a. Initiative to improve staff competency and the benefits participants receive
    - i) By establishment of standards for assessment
    - ii) To individualize the nutrition services
  - b. Define 'nutrition services'

2010

E. Key points

➤ **Teaching Point: (multiple choice question) –topic – VENA Acronym**

➤ **Teaching Point: (true/false question) –topic – What is VENA**

3001

III. VENA Development: Why VENA is important (1 minute)

**Learning Objective:**

3002

- ★ At the conclusion of the VENA module, the learner will name two driving forces that led to the development of VENA

3003

A. Presumptive dietary risk and 2002 IOM report

B. USDA's desire for performance of adequate assessment

3004

C. Development of VENA guidance

3005

1. Identifies what comprises a WIC assessment

2. Focuses on staff competencies

3006

D. Key points

➤ **Teaching Point: (multiple choice question) – topic - Why is VENA important**

4001

IV. Impact of VENA implementation (5 minutes 30 seconds)

**Learning Objectives:**

4002

- ★ At the conclusion of the VENA module, the learner will be able to compare and contrast characteristics of a WIC assessment before and after VENA implementation.
- ★ At the conclusion of the VENA module, the learner will be able to define the term 'continuity of care'.
- ★ At the conclusion of the VENA module, the learner will be able to match with 100% accuracy statements that identify three dichotomies (i.e., hierarchy-partnership, eligibility-future contacts, forms-dialogue) of Pre- versus Post-VENA practices.

- ★ At the conclusion of the VENA module, the learner will be able to describe one benefit for both staff and participants as a result of the implementation of VENA.

- 4003 A. Before-VENA practices
1. Emphasis on finding deficiencies and identifying risk criteria (determining WIC eligibility)
  2. Reliance on forms used for certification
  3. Hierarchy of nutritionist and participant (lack of partnership)

- 4004 B. After-VENA practices
1. Use identified risk criteria to guide future contacts (define continuity of care)
  2. Focus is on having a dialogue with the participant
  3. Establish partnership with participant in their care
  4. Benefits for staff

- a. Use limited time to collect relevant information
  - b. Improve job satisfaction through enhanced continuity of care
  - c. Improve staff competencies
- 4008 5. Benefits for participants
- a. Experience a positive encounter
  - b. Receive individualized information and services
  - c. Feel involved in goal setting to improve their own health
  - d. Greater sense of satisfaction of services through continuity of care
  - e. Greater sense of value regarding WIC participation

- 4009 C. Key points

- 4010
- **Teaching Point: (matching question) – topic - Pre versus Post-VENA**
  - **Teaching Point: (multiple choice question) – topic - Pre versus Post-VENA**
  - **Teaching Point: (true/false question) – topic - Continuity of care**
  - **Teaching Point: (multiple choice question) – topic - Benefits of VENA**

- 5001 V. The VENA Process (3 minutes)

5002 **Learning Objectives:**

- ★ At the conclusion of the VENA module, the learner will be able to list the six categories of the VENA process.
- ★ At the conclusion of the VENA module, the learner will be able to match a given data type to the appropriate assessment information category with 80% accuracy.
- ★ Given a random listing of the steps of VENA, the learner will be able to (re)organize the steps to reflect the proper order in one minute or less.
- ★ At the conclusion of the VENA module, the learner will be able to name two staff competencies (e.g., communication, critical thinking) essential to effectively integrate assessment, risk and personalization of nutrition services.

- 5003 A. Relevant WIC assessment information categories
1. Anthropometric (A)
    - a. Height
    - b. Weight
    - c. Recumbent length
    - d. Head circumference

- e. Percentile growth
- f. BMI
- 2. Biochemical (B)
  - a. Hemoglobin and/or hematocrit
  - b. Blood lead levels (where appropriate)
- 3. Clinical (C)
  - a. Medical history
  - b. Medical conditions
    - i) Genetic disorders
    - ii) Disease states
- 4. Dietary (D)
  - a. Ability to meet Dietary Guidelines for Americans
  - b. Eating behaviors and feeding practices
- 5. Environmental and Family Factors (E)
  - a. Residence factors
  - b. Family status
- 6. Other Adjunct Health Issues and Technical Requirements (O)
  - a. Oral health
  - b. Food security
  - c. Physical activity

- 5004 B. Steps of VENA: Inter-relationships among A, B, C, D, E, O
- 1. Collect relevant ABCDEO information
  - 2. Clarify information
  - 3. Identify pertinent risks and related issues
  - 4. Document the assessment
  - 5. Follow-up on previous assessments as appropriate

- 5005 C. Putting the pieces together
- 5006
- 5007
- 1. Using effective communication
  - 2. Critical thinking application
    - a. Linking assessment to risk identification and rationale (why)
    - b. Personalization of nutrition services
  - 3. Effective documentation.

- 5008 D. Key points

- 5009
- **Teaching Point: (multiple choice question) – topic – six categories of assessment**
  - **Teaching Point: (matching question) – topic – organize steps of VENA**
  - **Teaching Point: (true/false question) – topic – competencies**

VI. Summary: (summarizes the main topic areas and main content information contained in each section)  
(30 seconds)

- 6001 1. Introduction
- 6002 2. VENA & Nutrition Services
- 6003 3. VENA Development: Why VENA is Important
- 6004 4. Impact of VENA
- 6005 5. The VENA Process
- 6006 6. Evaluation Overview

VII. Evaluation: (10-12 multiple choice and true/false questions –based on learning objectives and teaching point exercises)

A00

**Anthropometric – Module #2 – Approximately 45 minutes**  
**Content Outline & Learning Objectives**

1001

I. Introduction (2 minutes)

1002

A. Introduction

1. Anthropometric measures help to assess growth and are used by CDC.
2. Anthropometric assessment and WIC health outcome expectations.
3. Introduce “Angela” – child followed by WIC for 2 years, BMI decrease from 100<sup>th</sup> percentile to 50<sup>th</sup>; illustrates positive impact WIC has on a child’s growth/nutritional status

1003

B. Module content overview

1. Importance of anthropometrics
2. Fit with VENA
3. Components
4. VENA process
5. Increasing staff competencies

1004

C. Module goals

1. Why anthropometric assessments are important
2. How the anthropometric assessment fits into a value enhanced nutrition assessment
3. The components of anthropometrics
4. How to integrate competencies into the VENA process

1005

D. Module navigation

2001

II. The Importance of Anthropometric Data in WIC assessment (6 minutes)

2002

**Learning Objectives:**

- ★ At the conclusion of the anthropometric module, the learner will be able to state the purpose of obtaining anthropometric data as a component of a comprehensive WIC assessment.
- ★ At the conclusion of the anthropometric module, the learner will be able to describe WIC health outcomes and expectations for pregnant women; postpartum women; infants and children as they relate to anthropometric assessment.

2003

A. Importance of Accuracy

1. Standardized techniques applied correctly and consistently
  - a. Sources of error
    - i. Error in equipment
    - ii. Error in techniques
  - b. Multiple measures are needed to assess and monitor growth
  - c. Anthropometrics should be considered as one piece of the puzzle with BCDEO

2004

B. WIC Health Outcome Expectations and Anthropometrics

1. How interpretation of anthropometrics might be used
2. Health outcome expectations for each WIC participant type
  - a. Table of interpretation of anthropometrics/visual asset (Part 4: Summary Tables – PA WIC Manual)
    - i. Pregnant woman

1. "Delivers a healthy, full-term infant while maintaining optimal health status."
  - "Achieves a recommended maternal weight gain."
    - Assess pre-pregnancy weight status
    - Monitor maternal weight gain pattern
  - ii. Post-partum/Breastfeeding woman
  - iii. Infant
  - iv. Child
3. WIC's potential for impact related to frequency of participant's visits to clinic

C. Key points

- |      |
|------|
| 2005 |
|------|
- **Teaching Point: (multiple choice question) –topic –the best assessments can answer**
- |      |
|------|
| 2006 |
|------|
- **Teaching Point: (multiple choice) –topic –anthropometrics are important in WIC**
- |      |
|------|
| 2007 |
|------|
- **Teaching Point: (multiple choice) –topic –example that best helps WIC staff support health outcomes**

3001
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III. How Does Anthropometrics Fit Into VENA ( 5 minutes)

**Learning Objective:**

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| 3002 |
|------|
- ★ At the conclusion of the anthropometric module, the learner will be able to describe the role of anthropometrics in VENA

A. VENA anthropometric assessment

1. Guides the direction of appointment: communication, data collection, and consideration of ABCDEO together

3003
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B. Avoiding common anthropometric assessment mistakes

1. Anthropometric data interpreted as stand alone
2. Lack of content knowledge about normal growth patterns
3. Failing to ask why a measure exists within or across assessment categories

3004
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C. Anthropometric data is just one piece of the puzzle of a VENA assessment

1. VENA guidance provided on "what to assess", "what to collect", "what to do", and suggestions for further assessment

D. Key points

3005
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- **Teaching Point: (multiple choice question) – topic - how does VENA help to avoid common mistakes**

3006
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- **Teaching Point: (multiple choice question) – topic - scenario to chose the best area for further inquiry**



4001

IV. Components of Anthropometric Assessment ( 4 minutes)

4002

**Learning Objectives:**

- ★ At the conclusion of the anthropometric module, the learner will be able to list the components of anthropometric assessment.
- ★ At the conclusion of the anthropometric module, the learner will be able to describe the importance of using proper technique, both correctly and consistently, when performing a standing height; recumbent length; weight (child/adult and infant); and head circumference.
- ★ At the conclusion of the anthropometric module, the learner will be able to name two reasons why accuracy is important in obtaining quality anthropometric data.

4003

A. Review: Components of Anthropometric Assessment

1. Weight
2. Height
3. Recumbent length
4. Head circumference
5. BMI (QuickWIC and manually calculated)
6. Growth charts (QuickWIC and manually plotted)

4004

B. Importance of Accuracy

1. A small measurement error can have significant interpretation consequences

4005

C. Sources of error

1. Equipment error
2. Technique error
3. Data entry error
- 4.

4006

D. Consequences of measurement error

1. Inaccurate growth grids/prenatal grids
2. Inaccurate risk assignment *due to inaccurate assumptions made during assessment*
3. Inaccurate data cannot be interpreted correctly *in conjunction with B, C, D, E and O*
4. Leads to inaccurate referrals and education provided to participant (overall quality of nutrition services decreased)

E. Key points

4007

➤ **Teaching Point: (multiple choice question) – topic - components of assessment**

4008

➤ **Teaching Point: (multiple choice question) – topic – example of equipment error**

4009

➤ **Teaching Point: (multiple choice question) – topic – looking at a growth chart**

4010

➤ **Teaching Point: (multiple choice question) – topic – considering the pattern of growth**

5001

V. The VENA Process and Anthropometrics ( 7 minutes)

5002

**Learning Objectives:**

- ★ At the conclusion of the anthropometric module, the learner will be able to describe how the five steps of VENA are performed using anthropometric data as an example.
- ★ At the conclusion of the anthropometric module, the learner will be able to describe the contribution of the six VENA staff competencies in collecting and interpreting anthropometric data.
- ★ At the conclusion of the anthropometric module the learner will be able to describe the relationships between anthropometric data and the six VENA competencies.

5003

A. Review – Five steps of VENA

1. Collect relevant information
  - a. Height
  - b. Weight
  - c. Recumbent length
  - d. Head circumference
  - e. Percentile growth
  - f. BMI
2. Clarify information
3. Identify pertinent risks and related issues
4. Document the assessment
5. Follow-up on previous assessments as appropriate

5004

B. VENA Staff Competencies ( minutes)

1. Lifecycle Nutrition Knowledge – understanding importance of “A” data in interpreting nutritional status during infancy, pregnancy, early childhood, post-partum and breastfeeding (Ex; Inadequate weight gain in breastfed infant – relationship to frequency/duration of feedings, potential breastfeeding complications, etc.?) What do growth patterns look like in each lifecycle stage?
2. WIC Nutrition Assessment Process – “A” data not only used to determine eligibility, but as one piece of information needed to conduct comprehensive assessment for purposes of improving health status and empowering participants to make positive behavior changes – how does “A” data relate to risk criteria?
3. Anthropometric/Biochemical Collection Techniques – Accuracy affects quality of assessment
4. Multicultural Awareness – Understanding of cultural views regarding weight (during all stages of life cycle) and stature (ex; considered acceptable in some cultures to be overweight – sign of prosperity); *avoid stereotyping (ex; all Asians are tall and thin)*
5. Communication – critical to obtaining, clarifying and interpreting “A” data (see above examples) – talking to parents about growth; *emphasis on building rapport (not being judgmental; not being hypercritical; being respectful; helping participants feel valued –*

*making a “sacrifice” in order for this to work – “sacrifice your desire to control the conversation/situation)*

6. Critical thinking – ability to organize and interpret “A” data along with other areas (B, C, D, E and O) to conduct a comprehensive assessment

C. Key Points

5005

➤ **Teaching Point: (multiple choice question) – topic – example of what step of VENA**

5006

➤ **Teaching Point: (multiple choice question) – topic – what competency is being demonstrated**

6001

VI. Applying the VENA Process to a Case Study (Angela) (21 minutes)

**Learning Objectives:**

6002

- ★ At the conclusion of the anthropometric module, the learner will be able to identify two descriptive characteristics of the Case Study child, Angela.
- ★ At the conclusion of the anthropometric module, the learner will be able to integrate staff competencies and the steps of VENA to apply the VENA process in practice using a case study.
- ★ At the conclusion of the anthropometric module, the learner will be able to describe two considerations when communicating anthropometric information to parents/caregivers.

6003

A. Integrate Staff Competencies and the VENA Process

1. The pieces of the puzzle: Setting the stage (Getting to know Angela)

a. Review Chart Notes

i. Initial Certification

ii. 3-month Follow-up Visit

6005

b. Describe Angela’s History

i. Family history of overweight

ii. No medical conditions

iii. Hemoglobin borderline low

iv. BMI 99%

v. Picky eating

vi. Excessive fluids

vii. Parents working full-time

viii. Grandma is primary caregiver

6004

➤ **Teaching Point: (multiple choice question) – topic –What would you do to prepare yourself for this recertification appointment?**

6006

2. Collect relevant information (height/weight/BMI)

a. Anthropometric data typically serves as the “starting point” of assessment process

b. Accuracy affects quality (collection techniques)

6010

6007

➤ **Teaching Point: (multiple choice question) – topic –Correct technique for taking height**

6008

➤ **Teaching Point: (multiple choice question) – topic – Result of error in recording height**

6009

- **Teaching Point: (multiple choice question) – topic – Which BCDEO likely to affect growth**

6011

3. Clarify information

6013

- a. Effective communication throughout the assessment process
- i. Communicating Anthropometric Information to Parents/caregivers ( minutes seconds)
  - ii. Considerations:
  - iii. Developed rapport with parent/caregiver?
  - iv. Assessed parent/caregiver’s attitude towards growth?
  - v. Focus on growth patterns vs. stand-alone measurements?
  - vi. Attention to non-verbal cues
    - Body language
    - Tone of voice

6012

- **Teaching Point: (multiple choice question) – topic – What is this nonverbal cue indicating?**

6014

b. Critical Thinking:

6016

1. Seek to understand (recognize verbal and nonverbal cues)
2. Avoid making assumptions (stereotypes; all weight gain related to diet; disordered eating); concern or lack of concern
3. Guard against being judgmental
4. Use strategies to avoid projecting own values/beliefs as part of assessment
5. Keep an open mind (why seeing what you are seeing)
6. Avoid making conclusions after looking at just one piece of the puzzle (identify relationships - B, C, D, E and O)
7. Differentiate between “need to know” and “nice to know” information

6015

- **Teaching Point: (multiple choice question) – topic – Nice vs. Need to Know information**

6017

c. Multicultural Awareness / Cultural Sensitivity

6019

1. Social/Family
2. Economic
3. Feeding decisions and culture/heritage

6018

- **Teaching Point: (multiple choice question) – topic – Information that provides insights to culturally influenced practices**

6020

- d. Identify pertinent risks and related issues
  1. Linking assessment to risk identification and rationale (why); interrelationships ABCDEO
  2. WIC only “screening” program, not diagnosis
  3. Overweight; Dietary risks; Physical activity?; Others?

6021

- **Teaching Point: (multiple choice question) – topic – If you know A and B, which D factor is most important to explore first? OR if know A, what might be likely risk?**

6022

- e. Document the assessment
  1. Height, Weight and BMI values
  2. “Why” these risks?
  3. Document parental attitudes/concerns regarding growth
  4. Goal(s) for next visit? Care plan for next visit?

6023

- **Teaching Point: (multiple choice question) – topic –Give x,y,z information what would the most optimal goal be?**

6024

- f. Follow-up on previous assessments as appropriate
  1. Continuity – “the loop”

6025

- **Teaching Point: (multiple choice question) – topic – Based on 3 month follow-up visit documentation, what follow-up with the participant center on for recertification?**

6026

B. Key Points

- **Teaching Point: (matching question) – topic –**
- **Teaching Point: (multiple choice question) – topic –**

7001

VII. Summary: (summarizes the main topic areas and main content information contained in each section) ( minutes)

- A. Introduction
- B. Importance of Anthropometric Data in WIC Assessment
- C. How Does Anthropometrics Fit Into VENA?
- D. Components of Anthropometric Assessment
- E. The VENA Process and Anthropometrics
- F. Applying the VENA Process to a Case Study

*Angela as an example – WIC staff closely monitored height, weight and BMI; mom was educated on healthy eating habits (fruits/veggies, low fat foods, low fat milk, limiting fast food, limiting*

*sweetened beverages) and the importance of physical activity (all of which contributes to a lifetime of good health).*

VIII. Evaluation: (10-12 (or more) multiple choice and true/false questions – based on learning objectives and teaching point exercises) = Still to be determined – some will be selected from Practice Questions and still some need to be drafted.

**Dietary Assessment – Module #3 – Approximately 60 minutes**  
**Content Outline & Learning Objectives**

1001

I. Introduction (2 minutes)

A. Introduction

1. Purpose of Dietary Assessment in WIC Nutrition Assessment
2. Improve the Dietary Assessment Process
  - a. Effectively and efficiently collect dietary assessment information
3. Introduce “Angela” – child followed by WIC for 2 years, BMI decrease from 100<sup>th</sup> percentile to 50<sup>th</sup>; illustrates positive impact WIC has on a child’s dietary intake.

B. Module content overview

1. Importance of a dietary assessment
2. Fit with VENA
3. Components of a dietary assessment
4. VENA process for a dietary assessment
5. Increasing staff competencies

C. Module goals

1. Why dietary assessments are important
2. How dietary assessment fits into a value enhanced nutrition assessment
3. The components of dietary assessment
4. How to integrate competencies into the VENA process

D. Module navigation

2001

II. The Importance of Dietary Assessment in WIC assessment (6 minutes)

**Learning Objectives:**

- ★ At the conclusion of the dietary assessment module, the learner will be able to state the purpose of a dietary assessment as a component of a wide-ranging WIC assessment.
- ★ At the conclusion of the dietary assessment module, the learner will be able to describe the WIC dietary assessment process.
  1. All WIC Nutrition Risks have a component that can be influenced by diet (wouldn’t be allowable risk if it wasn’t something WIC benefits could not address).
  2. The ART of Dietary Assessment
    - a. No ‘right’ way to do dietary assessment (unlike anthropometrics where you can take an “accurate” measurement)
    - b. Completeness of a dietary assessment to get a full picture – not a partial picture.
    - c. The Challenges and Limitations of Dietary Assessment – IOM
      - Caution using quantified information as a basis for determining eligibility for the program
  3. The Importance of WIC Dietary Assessment: WIC health outcome expectations.
    - a. In the past we looked for deficiencies and how individuals/families were eating right/or wrong. Now focus is on improving dietary behaviors to optimize growth, development and health.

3001

III. How Does Dietary Assessment Fit Into VENA ( 5 minutes)

**Learning Objective:**

3002

- ★ At the conclusion of the dietary assessment module, the learner will be able to describe the role of a dietary assessment in VENA
1. VENA Dietary assessment should be considered as one piece of the puzzle with BCDEO
    - a. VENA guidance provided on “what to assess”, “what to collect”, “what to do”, and suggestions for further assessment (efficient and effective)
  2. Avoiding common dietary assessment mistakes
    - a. Not complete enough
    - b. Do not consider other categorical information (especially environmental)
    - c. Not sure how to ask questions to get enough information to fully clarify information being collected
  3. Better Assessments = Better Services = Better Health Outcomes for the participant.
    - a. Expand on improving dietary behaviors and provision of better nutrition services – tailoring of food package, education that addresses needs of the participant
    - b. Not imparting content knowledge but instead encouraging change in dietary behaviors.
    - c. May be the most important assessment category in terms of tailoring services (food package, nutrition education for healthier dietary behaviors).

4001

IV. Components of Dietary Assessment ( 4 minutes)

4002

**Learning Objectives:**

- ★ At the conclusion of the dietary assessment module, the learner will be able to list the process involved in a dietary assessment.
  - ★ At the conclusion of the dietary assessment module, the learner will be able to describe the components of dietary assessment to include: problematic feeding practices in general, identification of dietary assessment information that is associated with a risk criteria that is present, and identify dietary assessment information related to the assignment of a/an inappropriate risk/s.
1. Ensure that you have collected sufficient initial information from the ABC assessment categories. EO is helpful but is often included as part of the information that can be collected as the D is collected.
  2. Process of conducting a dietary assessment requires the application of VENA staff competencies: lifecycle nutrition, multicultural awareness, communication, and critical thinking.
  3. Steps in the Process of Dietary Assessment
    - a. Establish rapport with the participant or caregiver.



- b. Utilize appropriate tools such as dietary questionnaire to identify whether a dietary risk should be assigned.
  - c. Use probing questions and dialogue **efficiently** to obtain more details and a fuller understanding of how dietary behaviors relate to other non-dietary risks present in an individual. Employ communication skills.
    - i. At the same time: Employ critical thinking skills
    - ii. Determine relevant vs. irrelevant information and determine what additional information needs to be obtained.
  - d. Consider dietary assessment information along with information obtained from BCDEO.
    - i. Probe further in particular for E and O category information that may influence dietary behaviors.
4. Components of dietary assessment.
- a. Determine if there is a risk that can be assigned that is a dietary risk that can be used to make an individual eligible for the WIC program. (including presumptive risk)
  - b. Assess for eating patterns / dietary behaviors or practices that may be associated with a risk in a different BCDEO category that is present.
    - i. Utilizing dietary, eating and feeding practices contribute to the risks seen. Using dietary assessment information to explain 'WHY' given risks may be present.
  - c. Assess for problematic feeding practices in general that may not be linked to an assignable risks, but could be improved through nutrition education.

5001

V. The VENA Process and Dietary Assessment ( 7 minutes)

5002

**Learning Objectives:**

- ★ At the conclusion of the dietary module, the learner will be able to describe how the five steps of VENA are performed using dietary assessment data as an example.
- ★ At the conclusion of the dietary assessment module, the learner will be able to describe the contribution of the VENA staff competencies in collecting and interpreting dietary assessment data.
- ★ At the conclusion of the dietary assessment module, the learner will be able to describe the relationships between the dietary assessment process the six VENA competencies.

A. Review – Five steps of VENA

- 1. Collect relevant information
  - a. Process is to work through levels of information by drilling down to obtain need information (starting at high level – Ex: are there any food groups that Johnny doesn't eat; then get to the WHY ... can you tell me why – do you not offer (your preference, knowledge of how to prepare, preparation methods, cost/availability), is it taste, texture and Johnny's lack of acceptance, appetite)
  - b. Focus on information (existing behaviors) needed to affect behavior change
  - c. Diet consists of behaviors (not just the focus on the foods)
    - i. Feeding practices (caregiver, infant)
    - ii. Eating behaviors and patterns

- d. Factors (particularly E and O) that influence feeding practices and eating behaviors and patterns.
2. Clarify information
  - a. Increasing understanding to consider dietary risks, dietary practices that may be related to other BCDEO risks, and other problematic eating behaviors where WIC foods and nutrition education can make a difference
3. Identify pertinent risks and related issues
4. Document the assessment
5. Follow-up on previous assessments as appropriate

B. VENA Staff Competencies ( minutes)

1. Lifecycle Nutrition Knowledge – understanding importance of “A” data in interpreting nutritional status during infancy, pregnancy, early childhood, post-partum and breastfeeding (Ex; Inadequate weight gain in breastfed infant – relationship to frequency/duration of feedings, potential breastfeeding complications, etc.?) What do growth patterns look like in each lifecycle stage?
2. WIC Nutrition Assessment Process – “A” data not only used to determine eligibility, but as one piece of information needed to conduct comprehensive assessment for purposes of improving health status and empowering participants to make positive behavior changes – how does “A” data relate to risk criteria?
3. Anthropometric/Biochemical Collection Techniques – Accuracy affects quality of assessment
4. Multicultural Awareness – Understanding of cultural views regarding weight (during all stages of life cycle) and stature (ex; considered acceptable in some cultures to be overweight – sign of prosperity); *avoid stereotyping (ex; all Asians are tall and thin)*
5. Communication – critical to obtaining, clarifying and interpreting “A” data (see above examples) – talking to parents about growth; *emphasis on building rapport (not being judgmental; not being hypercritical; being respectful; helping participants feel valued – making a “sacrifice” in order for this to work – “sacrifice your desire to control the conversation/situation)*
6. Critical thinking – ability to organize and interpret “A” data along with other areas (B, C, D, E and O) to conduct a comprehensive assessment

6001

VI. Applying the VENA Process to a Case Study (Angela) (21 minutes)

**Learning Objectives:**

6002

- ★ At the conclusion of the anthropometric module, the learner will be able to identify two descriptive characteristics of the Case Study child, Angela.
- ★ At the conclusion of the anthropometric module, the learner will be able to integrate staff competencies and the steps of VENA to apply the VENA process in practice using a case study.
- ★ At the conclusion of the anthropometric module, the learner will be able to describe two considerations when communicating anthropometric information to parents/caregivers.

7001

VII. Summary: (summarizes the main topic areas and main content information contained in each section)  
( minutes)

- A. Introduction
- B. Importance of Dietary Assessment Data in WIC Assessment
- C. How Does Dietary Assessment Fit Into VENA?
- D. Components of a Dietary Assessment
- E. Purpose of a Dietary Assessment
- F. The VENA Process and Dietary Assessment

VIII. Evaluation: (10-12 (or more) multiple choice and true/false questions – based on learning objectives and teaching point exercises) = Still to be determined – some will be selected from Practice Questions and still some need to be drafted.

# Introduction to VENA

## ***KEY POINTS SUMMARY***

### **VENA & Nutrition Services: Key Points**

#### ***VENA Advantages & Benefits:***

- Accurate assessment & risk assignment
- Tailored nutrition services

Benefits for both WIC staff & WIC participants

#### ***VENA stands for “Value Enhanced Nutrition Assessment.”***

The term “enhanced” refers to the improved accuracy in assigning risk, insuring that all pertinent risks are identified, and using critical thinking skills to relate the identified risks to behaviors that can be influenced by the benefits WIC provides.

VENA also includes personalization of the process with participants. This leads to individualization of nutrition services and tailored benefits.

With VENA guidance, staff skills are enhanced. Clinic flow becomes more efficient. These enhance the quality and delivery of nutrition services with direct benefits for both WIC staff and participants.

Better assessments equal better outcomes.

To view the VENA Guidance in its entirety, please go to this website:

[http://www.nal.usda.gov/wicworks/Learning\\_Center/Assessment\\_VENA\\_Guidance.html](http://www.nal.usda.gov/wicworks/Learning_Center/Assessment_VENA_Guidance.html)

### **VENA Development: Key Points**

#### ***Development of VENA:***

- IOM/USDA
- Enhancement of staff skills & nationwide consistency

#### ***VENA Guidance:***

- Identify components of a WIC assessment
- Identify Staff competencies

In the VENA Development section you learned that the development of VENA was spurred by the Institute of Medicine report on dietary risk assessment in WIC and the USDA’s desire for enhanced skills and consistent assessment by WIC staff. Use this link to read the IOM Report:

[http://books.nap.edu/catalog.php?record\\_id=10342](http://books.nap.edu/catalog.php?record_id=10342)

The VENA guidance is WIC specific!

# Introduction to VENA

## ***KEY POINTS SUMMARY***

### **Impact of VENA: Key Points**

#### ***Before VENA:***

- Little dialogue
- Lack of consistency

#### ***After VENA:***

- Emphasis on communication & critical thinking
- Improved nutrition assessments
- Individualized care
- Continuity of care

We hope you were able to really see the differences on the impact of WIC services before and after VENA was introduced.

The lack of a standardized assessment process before VENA often meant that we did not capitalize on the vast amount of information that we had. Appointments tended to focus on finding nutrient deficiencies.

Education was delivered to the participant with little input from them. Documentation of the visits was also inconsistent.

With VENA, the focus is on improving the WIC nutrition assessment and the use of the information gathered in the process. Good communication skills and critical thinking are essential for the performance assessments. Participants benefit from this individualized process. Thorough and consistent documentation contributes to the continuity of care.

#### ***Benefits:***

##### **WIC staff:**

- Improved job satisfaction
- Improved assessment skills

##### **WIC Participants:**

- Positive experience
- Meaningful partnerships

In the Impact of VENA section you learned about the benefits of VENA implementation for participants and staff. Greater attention to details within the assessment process reaps its own rewards. Participants and staff are satisfied when the system works well. In turn, you experience job satisfaction. WIC participants enjoy a more positive experience at their appointments because they are involved.

Participant involvement creates meaningful partnerships. These partnerships lead to achievement of meaningful health outcomes.

# Introduction to VENA

## ***KEY POINTS SUMMARY***

### **VENA Process: Key Points**

#### ***The Assessment Categories:***

The six assessment categories are:

Anthropometric

Biochemical

Clinical

Dietary

Environmental/Family factors

Other Adjunct Health Issues and Technical Requirements

The six assessment categories should be able to house sufficient information for a complete and comprehensive view of a participant's life and needs. Armed with this information, and following the five steps of VENA, you should be able to productively work with the participant.

#### ***The VENA Process:***

The VENA process is a structured process. It contains specific categories of information but the information that is contained is unique for each participant.

#### **Five Steps to Performing VENA:**

1. Collect
2. Clarify
3. Identify
4. Document
5. Follow-up

#### ***Essential Staff Competencies:***

Staff Competencies essential for conducting a value enhanced nutrition assessment include the following:

- Communication
- Critical Thinking

Your assessment skills, communication skills, critical thinking ability, and documentation competencies make or break the quality of nutrition services you can offer your participants.

This is a big job. But remember, "Better assessments equal better outcomes." You do make a difference in the lives of WIC families.

# **Anthropometric Assessment**

## ***KEY POINTS SUMMARY***

### **Importance of Anthropometrics: Key Points**

**Anthropometric measurements are an essential component of WIC Assessment because they are used to:**

- Monitor growth
- Assess nutritional status
- Determine eligibility

#### **Anthropometric Techniques:**

- Follow standard procedures!
- Use correct equipment & technique
- Growth can only be assessed when multiple measurements are taken over time

#### **Anthropometric Assessment is only one “piece of the puzzle”**

- Interpretation of growth measurements requires consideration of all other categories (B, C, D, E & O)

Anthropometric assessment is health outcomes-based. This is a positive approach to assessment, where WIC staff work with families to help them achieve specific health outcomes. For example, our goal for every pregnant woman in WIC is to “deliver a healthy, full-term baby while maintaining optimal health status.”

### **How Anthropometrics Fit Into VENA: Key Points**

#### **Interpretation of Anthropometric Measurements:**

- Necessary for staff to possess content knowledge on anthropometric measurements & how they are used to assess growth
- Consider the impact of additional categories (A, B, C, E & O) that influence or are influenced by anthropometric assessment

#### **Anthropometric Assessment – One Piece of the VENA Puzzle:**

- Collect all relevant pieces of anthropometric information
- Consider relationships with other assessment categories

# **Anthropometric Assessment**

## ***KEY POINTS SUMMARY***

### **Components of Anthropometric Assessment: Key Points**

#### **Components of Anthropometric Assessment Used in WIC:**

- Weight
- Recumbent length
- Height
- Head Circumference

Calculations such as Body Mass Index (BMI); prenatal weight gain; and growth percentiles for infants and children are tools based on these measurements.

#### **Accurate anthropometric measurements are critical!**

- Small measurement errors = large errors on a growth chart
- Inaccurate measurements may result in inaccurate identification of risk (which affects eligibility), as well as inaccurate nutrition education & referrals provided
- Inaccurate data cannot be interpreted correctly in conjunction with information from categories B, C, D, E & O

#### **Common Sources of Anthropometric Errors:**

- Equipment (ex; not zeroing a scale prior to taking a weight)
- Technique (ex; measuring a child with his shoes on)
- Data (ex; transposing a height and weight on a growth chart)

### **VENA Process & Anthropometric Assessment: Key Points**

#### **Five Steps to Performing VENA:**

1. Collect
2. Clarify
3. Identify
4. Document
5. Follow-up

Anthropometric data *collected* includes heights, weights, head circumference, and subsequent calculation of BMI, growth percentiles and prenatal weight gain.

Engage in dialogue with the participant to *clarify* factors that may be impacting growth measurements.



# Anthropometric Assessment

## ***KEY POINTS SUMMARY***

Before you can *identify* risks, you will use critical thinking to synthesize anthropometric information as it relates to information from other assessment categories (B, C, D, E & O). **Documentation** needs to be thorough to facilitate continuity of care.

**Follow-up** is based on the previous assessments and documentation.

### **Applying Staff Competencies to Anthropometric Assessment:**

- Lifecycle Nutrition Knowledge – necessary to understand typical growth patterns & weight gain recommendations; provides foundation for anthropometric assessment
- WIC Nutrition Assessment Process – understanding this process optimizes the use of anthropometric information for eligibility & as part of a comprehensive assessment
- Anthropometric/Biochemical Techniques – collection techniques affect both the accuracy & quality of the anthropometric assessment
- Multicultural Awareness – important to consider in both the collection and interpretation of anthropometric information. Gaining insights into a participant's feelings regarding weight, for example, can help you discuss growth in a sensitive manner.
- Communication – know what questions need to be asked and how to ask them (in a friendly, non-judgmental, non-threatening manner)
- Critical Thinking – used to organize & interpret anthropometric information in conjunction with other categories (B, C, D, E & O)

### **Applying the VENA Process: Key Points**

#### **Chart Review:**

- Obtain critical pieces of information from assessment categories
- What recommendations were made at the last appointment?
- What “pieces of the puzzle” are missing?

Strong **communication skills** are necessary to collect and clarify anthropometric information. Examples of effective communication techniques include rapport building and attention to body language and tone of voice.

#### **Effective Communication to Collect & Clarify Information:**

- Build rapport
- Assess parental / caregiver attitude regarding growth
- Address parental / caregiver concerns in a friendly, nonjudgmental manner
- Discuss growth patterns vs. stand-alone measurements
- Recognize verbal & nonverbal cues
- Avoid making assumptions

# **Anthropometric Assessment**

## ***KEY POINTS SUMMARY***

- Avoid premature conclusions

**Critical Thinking** is necessary to collect and clarify anthropometric information. Using critical thinking allows staff to move towards identifying related issues and assigning appropriate risk(s).

Both critical thinking and communication skills are essential in exploring relationships between and among assessment categories and risks.

### **Risk Assignment – Considerations:**

- Have you considered information from all categories (B, C, D, E & O)?
- Are there any other areas that need to be explored or considered before assigning risk(s)?
- Can you explain your rationale, or “why” these risks have been assigned?

### **Documentation – What does this include?**

- New anthropometric / biochemical values
- Parental attitude regarding child’s growth
- Parental / caregiver concerns
- Potential explanations as to “why” anthropometric values are what they are
- Suggestions for monitoring anthropometric measurements
- Education / referrals provided
- Goal(s) set
- Care plan for follow-up

Documentation is an important starting point for the next appointment.

### **Follow-up – Closing the Loop & Setting the Stage:**

- Supports continuity of care
- Documentation serves as an important precursor to the follow-up appointment

# **Dietary Assessment**

## ***KEY POINTS SUMMARY***

### **Importance of Dietary Assessment: Key Points**

#### **Dietary Assessment: Much more than “What foods are you eating?”**

- Feeding practices – independent of the person eating (ex; a mother deciding to breastfeed her infant)
- Eating behaviors – individual choices regarding food intake (ex; a child choosing not to eat)
- Staff relates feeding practices & eating behaviors to assigned risks & to tailor nutrition services

#### **Dietary assessment – high level of participant involvement!**

- No one “right” way to do it!
- Goal – to get a “full” picture, not a partial one
- All factors affecting feeding practices & eating behaviors are considered as part of the assessment

#### **Dietary Assessment is required to:**

- Screen for inappropriate nutrition practices
- Identify participant concerns
- Ascertain participant acceptability & use of WIC foods
- Aid in critical thinking
- Tailor nutrition services
- Obtain information to explain other risks

Nutrition assessment is health outcomes-based.

### **How Dietary Assessment Fits Into VENA: Key Points**

#### **Communication Style:**

- Develop a working partnership with the participant
- Focus discussion on identifying feeding practices & eating behaviors
- Use more open-ended questions & probing techniques
- Consider the impact of additional categories (A, B, C, E & O) that influence or are influenced by dietary information

# Dietary Assessment

## ***KEY POINTS SUMMARY***

### **Dietary Assessment – One Piece of the VENA Puzzle:**

- Collect all relevant pieces of dietary information
- Consider relationships with other assessment categories

### **Components of Dietary Assessment: Key Points**

#### **Components of dietary assessment used in WIC:**

- Screening applicants to determine if dietary risk can be assigned for eligibility
- Assessing for eating behaviors & feeding practices associated with risk in a different category
- Assessing for areas of concern not associated with risks, but that can be addressed with nutrition education

#### **Dietary assessment is the foundation for tailored nutrition services!**

- Collect information from all assessment categories
- Consider relationships with feeding practices & eating behaviors

#### **Staff competencies central to dietary assessment:**

- Lifecycle nutrition knowledge
- Multicultural awareness
- Critical thinking
- Communication

### **VENA Process & Dietary Assessment: Key Points**

#### **Five Steps to Performing VENA:**

1. Collect
2. Clarify
3. Identify
4. Document
5. Follow-up

The process for *collecting* dietary information needs to be efficient! You begin by obtaining the big picture, then “drilling down” with focused questioning.

The goal of *clarifying* dietary information is to begin considering whether a dietary risk can be assigned, and whether this information is associated with other identified risks. Remember – you are focusing on *behaviors* (not just foods)!

# **Dietary Assessment**

## ***KEY POINTS SUMMARY***

Before you can *identify* risks, you will use critical thinking to synthesize dietary information as it relates to information from other assessment categories (A, B, C, E & O).

**Documentation** needs to be thorough to facilitate continuity of care.

**Follow-up** is based on the previous assessments and documentation.

### **Applying Staff Competencies to Dietary Assessment:**

- Lifecycle Nutrition Knowledge – provides foundation for dietary assessment; essential in order to interpret dietary information
- WIC Nutrition Assessment Process – essential in obtaining relevant dietary information and relating to identified risk(s)
- Anthropometric/Biochemical Techniques – collection techniques affect both the accuracy & quality of the anthropometric assessment
- Multicultural Awareness – necessary to have a basic understanding of and appreciation for participant's cultural views & regional differences as they impact their food choices
- Communication – know what questions need to be asked and how to ask them (in a friendly, non-judgmental, non-threatening manner)
- Critical Thinking – used to organize & interpret dietary information in conjunction with other categories (A, B, C, E & O)

### **Applying the VENA Process: Key Points**

- Chart Review – obtain critical pieces of information from assessment categories
- What types of questions need to be asked to obtain relevant dietary information?
- What "pieces of the puzzle" are missing?

*Critical thinking* is necessary to collect and clarify dietary information. Using critical thinking allows staff to focus on feeding practices and eating behaviors, and to understand how these are related to identified risk(s).

Strong *communication skills* are necessary to collect and clarify dietary information. Examples of effective communication techniques include rapport building; using open-ended questions; and integrating lifecycle knowledge and multicultural awareness.

### **Tips for Effective Communication:**

- Recognize verbal and nonverbal cues
- Avoid making assumptions
- Guard against being judgmental
- Keep an open mind
- Avoid making premature conclusions

# **Dietary Assessment**

## ***KEY POINTS SUMMARY***

Both critical thinking and communication skills are essential in exploring relationships between and among assessment categories and risks.

### **Risk Assignment – Considerations:**

- Have you considered information from all categories (A, B, C, D, E & O)?
- Are there any other areas that need to be explored or considered before assigning risk(s)?
- Can you explain your rationale, or “Why” these risks have been assigned?

### **Documentation – What does this include?**

- New anthropometric/biochemical values
- Relevant feeding practices & eating behaviors
- Parental / caregiver concerns
- Education / referrals provided
- Goal(s) set
- Care plan for follow-up

Documentation is an important starting point for the next appointment.

### **Follow-up – Closing the Loop & Setting the Stage:**

- Supports continuity of care
- Documentation serves as an important precursor to the follow-up appointment