



Dietary Risk Assessment in WIC

Background

The Food and Nutrition Service (FNS) has utilized the expertise of the Institute of Medicine (IOM)¹ to provide science-based information to guide program policy decisions. The IOM, at the request of the USDA, has produced two reports related to dietary risk assessment:

- *WIC Nutrition Risk Criteria: A Scientific Assessment*²
- *Dietary Risk Assessment in the WIC Program*³

The report, *WIC Nutrition Risk Criteria: A Scientific Assessment*, was a review of the scientific basis for nutrition risk criteria used to determine WIC Program eligibility. The IOM Committee acknowledged the importance of dietary assessment as part of the WIC benefits package. It reviewed dietary risk criteria in use at the time of the study such as *inadequate diet* and explored the use of failure to meet *Dietary Guidelines* as an indicator of nutritional risk. The Committee recommended discontinuation of *inadequate diet*, citing flawed assessment methodology. The report did recommend using *failure to meet Dietary Guidelines* but indicated research would be needed to develop and validate assessment instruments and establish cutoff points. For children, the Committee felt that applicable criteria would be captured in *failure to meet Dietary Guidelines*. For infants, the report recommended the use of *inappropriate infant feeding practices*, stating that risks from such practices were “well documented” and methods to identify them were acceptable.

To address the unresolved issues related to dietary risk, the USDA, with input from the Risk Identification and Selection Collaborative (RISC), an FNS and National WIC Association (NWA) workgroup, commissioned the IOM to convene an expert committee. The charge to the IOM Committee was to propose a framework to assess dietary risk of WIC applicants based on failure to meet the *Dietary Guidelines* and to recommend specific parameters for its definition as a risk criterion, *failure to meet the Dietary Guidelines*. The resulting report, *Dietary Risk Assessment in the WIC Program*, did not produce the framework. Instead, it offered five findings and a single recommendation based on the findings.

¹ The Institute of Medicine is now called the National Academy of Medicine and is part of the National Academies of Sciences, Engineering and Medicine (NASEM).

² Institute of Medicine (IOM); Committee on Scientific Evaluation of WIC Nutrition Risk Criteria. *WIC nutrition risk criteria: A scientific assessment*. Washington, DC: National Academy Press; 1996.

³ Institute of Medicine (IOM); Committee on Dietary Risk Assessment in the WIC Program. *Dietary risk assessment in the WIC program*. Washington, DC: National Academy Press; 2002.

Finding 1.

“A dietary risk criterion that uses the WIC applicant’s usual intake of the five basic Pyramid food groups as the indicator and the recommended numbers of servings based on energy needs as the cut-off points is consistent with *failure to meet Dietary Guidelines*.”

Finding 2.

“Nearly all U.S. women and children usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid and, therefore, would be at dietary risk based on the criterion *failure to meet Dietary Guidelines*.”

Finding 3.

“Even research-quality dietary assessment methods are not sufficiently accurate or precise to distinguish an individual’s eligibility status using criteria based on the Food Guide Pyramid or on nutrient intake.”

Finding 4.

“Physical activity assessment methods are not sufficiently accurate or reliable to distinguish individuals who are ineligible from those who are eligible for WIC services based on the physical activity component of the *Dietary Guidelines*.”

Finding 5.

“Behavioral indicators have weak relationships with dietary or physical activity outcomes of interest. As a result, they hold no promise of distinguishing individuals who are ineligible for WIC from those who are eligible in the category of dietary risk.”

Recommendation.

“Presume that all women and children ages 2 to 5 years who meet the eligibility requirements of income, category and residency status also meet the requirement of nutrition risk through the category of dietary risk based on *failure to meet Dietary Guidelines*, where *failure to meet Dietary Guidelines* is defined as consuming fewer than the recommended number of servings from one or more of the five basic food groups (grains, fruits, vegetables, milk products and meats or beans) based on an individual’s estimated energy needs.”

The IOM report made clear that the intent was *not* to affect the current use of other nutrition risk criteria, such as growth issues, iron deficiency, or predisposing medical conditions related to nutrition. Such information is necessary for the priority placement of participants and to individualize nutrition services.

As a result of the IOM Dietary Assessment report, the FNS identified the need to develop comprehensive nutrition assessment guidance to ensure the integrity of the process nationwide and

to revise and consolidate WIC dietary risk criteria to include a presumptive criterion for women and children ages 2 to 5 years. These needs have been addressed in the Value Enhanced Nutrition Assessment (VENA) Policy and Guidance.

Dietary Assessment is Essential to a WIC Nutrition Assessment

Although the IOM Dietary Assessment report states that traditional dietary assessment methods (such as a 24-hour recall or food frequency questionnaire) are inappropriate for detecting nutritional deficiencies in an individual, it does not recommend elimination of all inquiry about dietary and lifestyle practices. The IOM WIC Nutrition Risk Criteria report affirms the need for dietary assessment, stating that it “focuses attention on food and diet as central to health.” Dietary assessment is required to:

- Screen applicants for inappropriate nutrition practices;
- Determine specific concerns of the participant or caregiver related to eating/feeding practices;
- Ascertain participant acceptability and use of WIC foods;
- Obtain information that might explain other identified risk criteria;
- Aid in the critical thinking process; and
- Allow a tailored intervention, including anticipatory guidance for each participant.

The WIC Program’s approach to dietary assessment will be qualitative, not quantitative. WIC personnel may ask about appetite, favorite foods, and cultural food preferences rather than quantify ounces or servings. Such questions will foster positive communication and can serve as a “springboard” for further discussion.

Food choices can have short- and long-term effects on health status. These effects may be seen during the WIC assessment as other nutritional status indicators, such as altered body weight, growth pattern, or hemoglobin level. When such conditions are identified, it is logical to look for clues related to foods consumed. For example, an inappropriate infant feeding practice like putting cereal in the bottle could explain an infant’s rapid weight gain. Variables, such as knowledge, attitudes, beliefs, and family and community environment affect food consumption. “Lifestyle” practices, such as alcohol or tobacco use, or lack of routine physical activity, can also affect food choices and nutritional risk indicators.

Although the elements of dietary information collected within a State agency will be uniform, it is important to personalize the encounter with the participant. WIC staff may explore one or more variables in greater depth, depending on the circumstances of the participant. For example, access to foods or food safety may be emphasized for a homeless participant, while cultural issues may be explored with a recent immigrant.