WIC

Nutrition Services Standards

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Table of Contents

Foreword iii

Introduction v

Organization of the Standards vi

Use of the Standards viii

FNS/NWA WIC Nutrition Services Standards Revision Workgroup ix

Nutrition Services Plan and Evaluation 1

Standard 1. State and Local Agency Nutrition Services Plan and Evaluation 1

Clinic Environment and Customer Service 4

Standard 2. Clinic Environment and Customer Service 4

Nutrition Services Staffing 8

Standard 3. Staff Qualifications, Roles and Responsibilities 8

Standard 4. Staffing Patterns and Staff Recruitment and Retention 22

Standard 5. Staff Training 24

Nutrition Assessment 27

Standard 6. Nutrition Assessment 27

Nutrition and Breastfeeding Education 32

Standard 7. Nutrition Education and Counseling 32

Standard 8. Breastfeeding Education, Promotion and Support 38

Breastfeeding Peer Counseling 43

Standard 9. Breastfeeding Peer Counseling 43

Program Coordination and Participant Referrals 47

Standard 10. Program Coordination 47

Standard 11. Participant Referrals 51

Food Package 54

Standard 12. WIC Food Selection and Authorization 54

Standard 13. Food Package Prescriptions 58

Documentation and Data Collection 61

Standard 14. Nutrition Services Documentation 61

Standard 15. Breastfeeding Data Collection 64

Quality Improvement 65

Standard 16. Quality Improvement 65

Definitions 68

Self-Assessment 71

Foreword

In 2000/2001 the US Department of Agriculture's Food and Nutrition Service (FNS) and the National WIC Association (NWA) (known at that time as the National Association of WIC Directors, NAWD) convened a collaborative committee to update the 1988 jointly-developed Nutrition Services Standards for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Prior to this committee, FNS and NAWD similarly worked together in 1993 to create the *Joint Statement on Quality Nutrition Services in the WIC Program*. Since 2001, a number of new Federal regulations and policies have been issued as have recommendations and position statements of professional organizations considered experts in the nutritional needs of WIC's target population. Among the significant changes that have occurred during this time are the comprehensive changes to the WIC food packages, the development of Value Enhanced Nutrition Education (VENA) and the creation of the Breastfeeding Peer Counselor Program. Thus, in August 2011, FNS and NWA formed a workgroup and resumed their collaborative efforts to update and revise the WIC Nutrition Services Standards.

The underlying foundation of the current and previous iterations of the standards is the concept of Revitalizing Quality Nutrition Services (RQNS), an evolving process of continuous program improvement involving partners at the Federal, State and local levels. The goal of RQNS is to enhance and strengthen the effectiveness of WIC nutrition services so that WIC continues to be the premiere national public health nutrition program, helping participants to achieve and maintain optimal nutritional status. Delivering quality nutrition services continues to serve as the driving force and foundation for revising the Nutrition Services Standards. The revised standards continue to reflect the workgroup's effort to maintain WIC as a premier public health program and are intended to support a process of continuous quality improvement.

To further emphasize and promote continuous program improvement, the workgroup replaced the Quality Assurance (QA) standard that appeared in the 2001 document with a Quality Improvement (QI) standard. In contrast to QA, which is more reactive and retrospective in that it demonstrates that a service fulfilled or met a set of requirements or criteria, QI involves both prospective and retrospective reviews, measures where an agency is in meeting a standard, and facilitates determining how to make things better, thus improving and enhancing a service. Essentially, the difference between these two concepts is that QA answers a closed-ended question with one of two options: yes/no; pass/fail; meets expectations/does not meet expectations, etc., whereas QI answers an open-ended question, such as: "How can we improve our services?" or "How can 'x' process be more efficient?" However, QA still holds value within WIC in that it evaluates the quality of services delivered and is an essential part of QI; thus, in the revised standards, a QA

section appears at the end of each standard. It is worth mentioning that although there is no WIC-specific publication on QI, the concepts are highly transferable and relevant to the Program.

To facilitate and encourage using the standards as a tool for continuous program improvement, the workgroup separated the self-assessment piece from the standards and revised it to promote the critical thinking necessary to perform a valuable assessment of their WIC Program's services. To this effect, the revised self-assessment piece allows for narrative evaluations regarding what the agency is doing particularly well and what the agency can improve. An electronic version of the self-assessment tool has also been made available at the following link: https://wicnss.fns.usda.gov/.

In September 2012, a draft of the standards and self-assessment tool was made available to State agencies with the opportunity to provide comments; State agencies were encouraged to share the drafts with their local agencies for them to provide comments as well. Approximately 700 written comments from 60 State and local WIC agencies and Indian Tribal Organizations (ITOs) representing all seven regions were received and considered for incorporation into the standards.

FNS would like to thank all State and local agencies and ITOs who submitted comments, as these comments provided valuable insight in the revision process. FNS would also like to thank the workgroup for all their hard work in and dedication to revising the WIC Nutrition Services Standards.

Introduction

WIC's mission is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program. WIC Nutrition Service Standards are intended to assist State and local agencies in their continual efforts to improve the services they provide by focusing on core elements that are essential to providing high quality nutrition services and setting expectations for WIC Program performance that are reasonable, achievable and measurable. In determining what is considered reasonable, the workgroup asked the question: "Would the agency be able to meet the standards in another way (i.e., without doing these core elements)?" This also helped to ensure that the standards maintained flexibility in order to be useful to the diverse organizational and operational structures in which agencies deliver WIC services.

Within the context of this revision, the workgroup defined the term *standard* as "a reasonable expectation and level of quality or excellence that is accepted as the norm and by which the provision of nutrition services is assessed." To this effect, the WIC Nutrition Services Standards describe quality nutrition services for State and local agencies regardless of the setting in which agencies provide services. Of note, though WIC Federal regulations, policy and guidance still largely serve as the basis for the standards, the revised standards no longer use the performance codes (Federal Requirements, Recommended Criteria, and Best Practice) formerly assigned to each standard. Rather, the revised Nutrition Services Standards emphasize that, although not all standards and/or elements within a standard are Federal requirements, they are considered essential aspects of providing quality nutrition services.

It is important to note that, within the context of the WIC Program, the term *nutrition services* encompasses breastfeeding education, promotion and support, including peer counseling activities. Thus, the reader should interpret any reference to nutrition services as including these elements in addition to other components such as nutrition assessment, nutrition education, referrals and food package prescriptions.

These standards supersede the 2001 WIC Nutrition Services Standards.

Organization of the Standards

Each standard contains a purpose statement that clarifies its relation to WIC's mission and to providing quality nutrition services, essentially answering the question "why is this important?" Within each standard are elements (or expectations) that describe quality nutrition services and are considered essential. As noted in the Introduction, the revised standards eliminated the performance codes in order to emphasize that all elements within a standard are considered essential aspects of providing quality nutrition services to WIC participants. However, though the revised standards removed the performance codes, and therefore the citation of the regulations, policies, etc., footnotes throughout the standards provide the source used for a particular element(s). Footnotes, located at the bottom of the page on which they appear, contain the complete citation, thus, eliminating the need for a separate reference section. Of note, references related to regulations, policy, position statements, etc. have been updated based on the most current version at the time of the revision; however, updates to these references after the publication of the revised standards will supersede the previous version. State and local agencies can access WIC policy memos from 2004 to the present on the FNS WIC website at: www.fns.usda.gov/wic/policyandguidance; to access earlier policy memos, State agencies may contact their regional office.

Certain aspects of WIC nutrition services (e.g., documentation, breastfeeding, staff qualifications) are essential elements of multiple standards. Therefore, rather than repeat detailed information each time that element appears, the standards employ cross referencing so that detailed information about the element appears in one standard, and other standards for which the element is relevant lists the element but refers to (i.e., cross references) the standard that contains the detailed information.

Whereas the 2001 document had 21 standards in 9 categories, the revised document has 16 standards in 10 categories. Fewer standards relative to the 2001 document is primarily due to consolidating standards under a category. The workgroup consolidated standards under the categories of Nutrition Services Plan; Nutrition Education, Counseling, Materials and Evaluation; and Clinic Environment and Customer Service.

Three new categories were added: Breastfeeding Peer Counseling; Documentation and Data Collection; and Quality Improvement. Program Outreach and Marketing was eliminated as a standalone category and standard, however, the elements within that standard are incorporated in the document throughout other standards. Also, as noted in the Foreword, a quality assurance section appears at the end of each standard.

The revised standards take advantage of technology in several ways. In the electronic format, terms in the Definition section appear as links in the document; clicking the link

takes the reader to the term and its definition in the Definition section. Likewise, cross-references appear as links whereby clicking the link takes the reader to the cross-referenced standard.

Use of the Standards

Each State and local agency supports the goal of Revitalizing Quality Nutrition Services when they evaluate the quality of services they deliver. Therefore, the primary purpose of the Nutrition Services Standards is to provide a tool for State and local agencies to self-assess how well they deliver a wide range of nutrition services and subsequently determine how to make improvements in their processes to achieve the desired outcome of delivering quality nutrition services in their WIC Programs. The Nutrition Services Standards identify a level of quality which all State and local WIC agencies can achieve to stimulate greater accomplishment and to encourage agencies to employ continuous quality improvement.

Ideally, State and local agencies would use a team approach when evaluating their WIC Program using the self-assessment tool. Not only does this facilitate obtaining information from those most familiar and most involved with specific aspects of the nutrition services provided, but it also emphasizes teamwork and that everyone's input and contribution is valued. However, the workgroup recognizes that all agencies may not have the staff to conduct self-assessments in this manner.

As with the previous iteration, a secondary purpose of the NSS is for Regional Offices to use the standards as a tool in providing technical assistance to State agencies as part of the management evaluation process.

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Nutrition Services Plan and Evaluation

Standard 1. State and Local Agency Nutrition Services Plan and Evaluation

The State and local agency establish nutrition services priorities and develop, implement, evaluate and promote a Nutrition Services Plan that includes all elements within the Nutrition Services Standards.

Purpose: The Nutrition Services Plan establishes nutrition priorities, including breastfeeding promotion and support, and focuses activities to improve participant health and nutrition outcomes and serves as a basis for allocating nutrition services resources.

A. The State and local agency each develops an annual Nutrition Services Plan[1] through a process during which the agency:

1. Conducts a Needs Assessment[2] identifying strengths and weaknesses considering:

    a. WIC Participant data (such as demographics, nutrition risk, breastfeeding data, and key health indicators as well as National and State-level reports including *WIC Eligibles and Coverage* (http://www.fns.usda.gov/ora/menu/Published/WIC/WIC.htm)
    b. Community data[3] (demographics, nutrition needs)
    c. WIC Agency needs and resources
    d. Community needs and resources
    e. Staffing and staff competencies
    f. Nutrition Services Standard self-assessment
    g. Participant feedback of nutrition services received, including views of participants who are no longer on WIC

2. Establishes goals, measurable objectives and action steps designed to:

    a. Reflect results of the needs assessment.

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[1] 7 CFR 246.11(d)(2)
[2] 7 CFR 246.11(c)(1)
[3] Bright Futures: Nutrition 3rd Edition, American Academy of Pediatrics, 2011.

b. Be consistent with population-based approaches (Healthy People goals and objectives, Bright Futures Nutrition, Dietary Guidelines for Americans, Surgeon General's Call to Action to Support Breastfeeding, etc.).
c. Coordinate with Maternal and Child Health Bureau (MCHB) and other programs to improve health outcomes. Examples of resources include, but are not limited to:

   i. *Partners in Promoting Health and Nutrition for Young Children and Families* (http://www.fns.usda.gov/ora/menu/Published/WIC/FILES/wichdst.pdf)
   ii. *Coordination Strategies Handbook: A Guide for WIC and Primary Care Professionals* (http://www.fns.usda.gov/wic/resources/strategies.htm)

d. Address key nutrition priorities for the target population through nutrition education messages delivered by the local agency and reflect State agency guidance for nutrition education plans.

3. Includes an evaluation component to:

   a. Assess progress toward attainment of goals and objectives (compared to prior years if applicable).
   b. Provide information on the effectiveness of intervention methodologies and obtain suggestions for future interventions.

B. The State agency provides guidance and ensures that the local agency's Nutrition Services Plan is consistent with that of the State agency.

C. The State and local agency promote their Nutrition Services Plan.

1. The State and local agency integrate relevant components of its Nutrition Services Plan into public health nutrition and other agency program plans by:

   a. Sharing aggregate participant health and nutrition data.
   b. Collaborating with WIC partners on ways to favorably influence maternal and child health and nutrition outcomes.
   c. Participating in the development of policies and data collection methodologies.

2. The State and local agency make their plan (or appropriate summary documents or components) available to WIC, MCHB and food assistance partners. (See Standards 10: Program Coordination and 11: Participant Referrals)

D. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review and evaluate data elements and collection practices to ensure accurate and relevant data collection.

2. The State agency uses a data collection system to periodically review and evaluate nutrition services activities, goals and objectives, to ensure that they reflect current nutrition services priorities and are consistent with the Nutrition Services Plan.

3. The State and local agency annually review the Nutrition Services Plan to ensure that it reflects current nutrition services priorities as well as the results of the needs assessment.

Clinic Environment and Customer Service

Standard 2. Clinic Environment and Customer Service

State and local agencies ensure that WIC operations provide participant-centered services in an environment that communicates respect and is conducive to participants achieving positive health outcomes.

Purpose: The context of overall clinic considerations plays a large role in providing quality nutrition services. Providing nutrition services in an environment that promotes the health and well-being of participants and in ways that are appealing, accommodating, respectful, and relevant to their individual needs facilitates State and local agencies not only in assisting participants to achieve positive health outcomes but also in retaining participants in the Program.

A. The State and local agency establish policies for a clinic environment that demonstrate respect and are conducive to participants achieving positive health outcomes. The policies include, but are not limited to, provisions to:

1. Ensure that outside signage makes it easy to locate the WIC clinic.
2. Ensure that all areas where staff obtains participants' information and anthropometric data maximize privacy to prevent others from overhearing conversations, viewing documents or viewing information on computer screens.[1]
3. Provide a clean, comfortable, inviting and child-friendly reception/waiting area.
4. To the extent possible, arrange areas for nutrition and health assessment counseling in a way that allows participants and staff to sit face-to-face without physical barriers (i.e., knee-to-knee).
5. Ensure all areas are clean, well-maintained and child safe (e.g., play areas are secure and equipped with age-appropriate, safe, equipment/toys; medical supplies are out of the reach of children).
6. Maintain equipment in good working order and check calibration on a routine basis.

[1] 7 CFR 246.26(d)

7. Clearly identify biohazard containers for medical waste and keep them out of reach of children.

8. As appropriate, work with property management to have restrooms that are clean and sanitary, accessible to people with disabilities,[2] and include a diaper changing area.

9. Provide a non-smoking environment.[3]

10. Ensure that all staff treat participants and their colleagues with respect and provide services in a respectful manner.

11. Favor positive over negative signage (e.g. enjoy your conversation out of the clinic area, or enjoy your food and drink outside).

12. If used, display posters convey positive messages and images, are culturally diverse, and are rotated on a routine basis to ensure messages stay fresh and current.

B. The local clinic provides a breastfeeding-supportive environment in that it:[4]

1. Provides educational and promotional materials that portray breastfeeding as the optimal method of infant feeding.

2. Does not display formula or materials, displays or logos featuring formula, or images (posters, pictures, brochures, etc.) that feature bottle feeding.

3. Encourages breastfeeding anywhere in the clinic, including the waiting room. For those wishing to breastfeed and/or express milk in private, a space is provided and is easily located through clear signage.

4. Supports breastfeeding-friendly workplace policies.

C. The State and local agencies have policies, procedures, and/or processes that result in efficient and effective participant appointments and clinic flow as well as

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[2] 7 CFR 15b.18

[3] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #1994-2, *Mandatory No-Smoking in Local Agencies*.

[4] 7 CFR 246.11(c)(7)(i)

exceptional customer service. Such policies, procedures and processes include provisions that:

1. Meet processing standards.[5]
2. Have minimum waiting times, informing participants if their wait is going to be more than 15 minutes and update participants in a timely manner (timeframes established by State/local agency).
3. Utilize appointment reminder systems.
4. Encourage/solicit a participant's input on appointment times for certification and nutrition education contacts.
5. Emphasize greeting and welcoming all participants upon arrival despite punctuality, and provide options for participants whom the clinic cannot accommodate at that time, such as being seen later that day or rescheduling for another day.
6. Offer extended hours to better serve their participant needs including lunch time, weekends, and evenings.[6]
7. Offer same day appointments whenever possible.
8. Offer assistance or referrals with transportation, such as community service vans, wherever possible.[7]
9. To the extent possible, coordinate appointments with other services delivered at the same site.
10. Inform participants of the sign-in process in a professional and courteous manner.
11. Accommodate a participant's individual needs including cultural preferences by providing information (verbal and written) in their native language or translated as needed.[8, 9] If interpreters are unavailable, the clinic employs a language line.

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[5] 7 CFR 246.7(f)
[6] 7 CFR 246.7(b)(4)
[7] 7 CFR 246.14(c)(7)
[8] 7 CFR 246.11(e)(6)
[9] 7 CFR 246.11(c)(3)

12. Offer children an activity beyond the waiting room to keep them occupied (toys, coloring books, videos, etc.) in order to enhance communication between parent(s)/caregiver and WIC staff.

D. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The local agency monitors the clinic environment based on the above elements and routinely solicits feedback from staff.

2. The State and local agency offer participants the opportunity to provide anonymous feedback on the clinic environment and customer service.

Nutrition Services Staffing

Standard 3. Staff Qualifications, Roles and Responsibilities

The State and local agency ensure that staff who provide nutrition services meet standard qualifications as well as any applicable State licensure and/or certification requirements, have clearly defined roles and responsibilities and successfully perform their respective roles and responsibilities.

Purpose: Defining staff qualifications, roles and responsibilities helps to ensure that participants receive nutrition services, including breastfeeding promotion, education and support, from staff who have the appropriate education, skills and/or experience for the position they hold and operate within their scope of practice. This facilitates providing participants with quality nutrition services and administering an efficient and effective Program.

A. The State agency ensures that the State Nutrition Coordinator has the following qualifications:[1]

1. One or more of the following skills and experience:

    a. Program development skills
    b. Counseling skills
    c. Community action experience
    d. Participant advocacy experience
    e. Education background and experience in the development of educational and training resource materials AND

2. Holds a Master's or Doctoral degree in the field of nutrition from an accredited college or university with emphasis in food and nutrition, community nutrition, public health nutrition, nutrition education, human nutrition, nutrition science or equivalent AND has at least two years of experience as a nutritionist in education, social service, maternal and child health, public health, nutrition or dietetics OR

3. Holds credentials of a Registered Dietitian (R.D.) or is eligible for registration with the Academy of Nutrition and Dietetics' Commission on Dietetic Registration, and if applicable, holds a State license or is certified as a nutritionist/dietitian AND has a minimum of 2 years of job-related experience OR

[1] 7 CFR 246.3(e)(3)

4. Holds a Bachelor's degree in the field of nutrition from an accredited college or university and has 3 years of experience as a nutritionist in education, social service, maternal and child health, public health nutrition or dietetics related experience OR

5. Is qualified as a Senior Public Health Nutritionist under the Department of Health and Human Services guidelines OR

6. Meets State/Indian Health Service standards and State personnel qualifications as a Public Health Nutritionist.

B. The State agency ensures that the State Nutrition Coordinator performs the following roles and responsibilities (depending on a State agency's organization, another staff member under the State Nutrition Coordinator's oversight may perform some of these responsibilities):

1. Develops and evaluates the State's overall WIC Nutrition Services Plan. (See Standard 1: Nutrition Services Plan)

2. Provides technical assistance and consultation on nutrition services to State and local agency staff and other health professionals.

3. Provides in-service training and technical assistance for local agency staff involved in providing nutrition education to participants.[2]

4. Keeps current with up-to-date nutrition and breastfeeding information and disseminates this as well as FNS-provided information to other State and local agency staff.

5. Develops State policies, procedures and/or guidelines that pertain to nutrition services [e.g., nutrition assessment (See Standard 6: Nutrition Assessment), nutrition education (See Standard 7: Nutrition Education), food package prescriptions (See Standard 13: Food Package Prescriptions), and job descriptions.[3]]

6. Supervises other State nutrition services staff.

[2] 7 CFR 246.11(c)(2)
[3] 7 CFR 246.4

7. Participates in the development, management and implementation of the State nutrition services budget to ensure that it includes required expenditures for nutrition education, including breastfeeding promotion and support.[4]

8. Analyzes and comments on proposed policy or legislation that has potential impact on WIC nutrition services, when necessary.

9. Coordinates nutrition services with other internal WIC Program operations and other nutrition assistance program partners, including both public and private organizations. (See Standard 10: Program Coordination)

10. Provides technical nutrition support in the development and revisions of State management information systems.

11. Evaluates the effectiveness of professional training programs and revises curriculum and materials, as needed.

12. Evaluates progress towards goals and objectives.

13. Identifies or develops appropriate nutrition education resources and materials.

C. The State agency ensures that the State Breastfeeding Coordinator has all of the following qualifications:

1. Holds a Bachelor's or higher degree from an accredited college or university with an emphasis in any health or nutrition-related field.

2. Has successfully completed specialized training in lactation management and care (International Board Certified Lactation Consultant (IBCLC) is preferred, but individual may be exam-eligible or have successfully completed other State-approved specialized training).

3. Has experience in program management.

4. Has expertise in breastfeeding management and promotion.

5. Has one or more of the following skills and experience:

    a. Program development skills

[4] 7 CFR 246.14(c)(1)

b. Counseling skills
c. Community action experience
d. Participant advocacy experience
e. Education background and experience in the development of educational and training resource materials

D. The State agency ensures that the State Breastfeeding Coordinator performs the following roles and responsibilities (depending on a State agency's organization, another staff member under the State Breastfeeding Coordinator's oversight may perform some of these responsibilities): [5]

1. Identifies breastfeeding promotion and support services needed in the State in order to develop program objectives and goals.

2. Coordinates State breastfeeding promotion and support activities with other internal WIC Program operations and external agencies/programs (See Standard 10: Program Coordination) and coordinates efforts according to the State plan.

3. Ensures that all State and local agency staff receive competency-based training on breastfeeding promotion and support.[6, 7]

4. Keeps current with up-to-date nutrition and breastfeeding information and disseminates this as well as FNS-provided information to other State and local agency staff.

5. Identifies methods/strategies that local agencies will use to promote and support breastfeeding.[8]

6. Develops State policies, procedures and/or guidelines for breastfeeding promotion and support.[9]

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[5] 7 CFR 246.3(e)(4)
[6] 7 CFR 246.11(c)(2)
[7] U.S. Department of Agriculture, Food and Nutrition Service. *Using Loving Support to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff*. 2009.
[8] 7 CFR 246.4(a)(9)(i)
[9] 7 CFR 246.11(c)(7)

7. Monitors local agency breastfeeding promotion and support activities for compliance with Federal and State requirements.[10]

8. Monitors State breastfeeding initiation and duration rates.[11] (See Standard 15: Breastfeeding Data Collection)

9. Evaluates State breastfeeding promotion and support activities.

10. Provides technical assistance and consultation on breastfeeding promotion and support to local agency staff.

11. Provides input on breastfeeding promotion and support expenditures as part of the State Nutrition Services and Administrative budget.

12. Identifies or develops appropriate breastfeeding education resources and materials. (See Standard 8: Breastfeeding Education and Support)

E. The State agency ensures that the State Peer Counselor Coordinator has all of the following qualifications:

1. Holds a Bachelor's or higher degree from an accredited college or university with an emphasis in any health or nutrition-related field.

2. Has successfully completed specialized training in lactation management and care (International Board Certified Lactation Consultant (IBCLC) is preferred, but individual may be exam-eligible or have successfully completed other State-approved specialized training).

3. Has experience in program management.

4. Has experience in breastfeeding management and promotion.

[10] 7 CFR 246.11(c)(5)
[11] 7 CFR 246.25(b)(3)

F. The State agency ensures that the State Peer Counselor Coordinator performs the following roles and responsibilities (depending on a State agency's organization, another staff member may perform some of these responsibilities)[12, 13]:

1. Assists in establishing peer counseling program goals and objectives at the State level.

2. Assists in establishing standardized breastfeeding peer counseling program policies and procedures consistent with the *Loving Support* Model for a Successful Peer Counseling Program. (See Standard 9: Peer Counseling)

3. Plans and oversees breastfeeding peer counseling program activities (program implementation and evaluation, and staff training, etc.).

4. Assists in developing a State agency peer counseling budget and allocating funding for local agency peer counseling program activities.

5. Provides guidance and technical assistance to local agencies to ensure that they meet program goals and follow policies and procedures established for the peer counseling program.

6. Identifies and coordinates community partnerships to enhance the effectiveness of the peer counseling program. (See Standard 10: Program Coordination; see also *Loving Support Through Peer Counseling: A Journey Together- For WIC Managers*)

G. The local agency ensures that the Competent Professional Authority (CPA) has all of the following qualifications:

1. Is a physician or nutritionist (Master's or Bachelor's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), dietitian, registered nurse, physician's assistant certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority, or a State or local

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[12] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Model for a Successful Peer Counseling Program*. 2011.

[13] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Through Peer Counseling: A Journey Together- For WIC Managers*. 2011.

medically trained health official.[14]

2. Has successfully completed a competency-based training program on performing the duties of a CPA. (See Standards 6: Nutrition Assessment, 7: Nutrition Education, 13: Food Package Prescription, and 14: Documentation)

3. Have literacy and language skills appropriate to address the needs of diverse participants.

H. The local agency ensures that the CPA performs the following roles and responsibilities within a participant-centered framework to meet participant needs:

1. Assesses and documents a participant's nutrition risk(s).[15] (See Standards 6: Nutrition Assessment and 14: Documentation)

2. Prescribes food packages.[16] (See Standard 13: Food Package Prescriptions)

3. Provides nutrition education, including breastfeeding promotion and support that is responsive to the identified needs/interests of each participant. (See Standards 7: Nutrition Education and 8: Breastfeeding)

4. Identifies the need for individual care plans.[17]

5. Refers participants to other health and social services and provides appropriate follow-up to referrals. (See Standard 11: Participant Referrals)

6. Implements individual care plans for low-risk participants.[17]

7. When the CPA is a qualified nutritionist, implements individual care plans for high-risk participants, otherwise, identifies and refers high-risk participants to a qualified nutritionist. (See Standard 3M Qualified Nutritionist Qualifications)

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[14] 7 CFR 246.2
[15] 7 CFR 246.7(e)
[16] 7 CFR 246.10(b)(2)(ii)(C)
[17] 7 CFR 246.11(e)(5)

8. Documents nutrition services provided, including referrals and follow-up to referrals.[18] (See Standard 14: Documentation)

9. Ensures that screening and referrals for lead testing[19] and immunizations[20] using a documented immunization record is performed.

I. The local agency ensures that the Local Agency Breastfeeding Coordinator/Supervisor has all of the following qualifications:

1. Meets the qualifications for a CPA. (See Standard 3G CPA Qualifications)

2. Has experience in program management.

3. Has, at minimum, 1 year of experience in counseling breastfeeding women.

4. Has successfully completed specialized training in lactation management and care (International Board Certified Lactation Consultant (IBCLC) is preferred, but individual may be exam-eligible or have successfully completed other State-approved specialized training).

J. The local agency ensures that the Local Agency Breastfeeding Coordinator/Supervisor performs the following roles and responsibilities (depending on a local agency's organization, the local agency may assign some of these responsibilities to another staff member):

1. Oversees the planning, implementation and evaluation of local agency breastfeeding activities.

2. Ensures that local agency staff is properly trained on breastfeeding education and support.

3. Provides ongoing supervision and support of local agency breastfeeding staff.

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[18] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2008-4, *WIC Nutrition Services Documentation*.

[19] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2001-1, *Clarification of WIC's FY 2001 Appropriations Act Provisions Regarding Blood Lead Screening*.

[20] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2001-7, *Immunization Screening and Referral in WIC*.

4. Keeps current with up-to-date breastfeeding information and disseminates this as well as FNS-provided information to other local agency staff.

5. Identifies, coordinates and collaborates with community breastfeeding stakeholders. (See Standard 10: Program Coordination)

6. Monitors local agency breastfeeding rates. (See Standard 15: Breastfeeding Data Collection)

7. Ensures that breast pump issuance, inventory, and maintenance are logged and monitored.

8. Performs the roles and responsibilities of a CPA. (See Standard 3H CPA Roles/Responsibilities)

K. The local agency ensures that the Local Agency Breastfeeding Peer Counselor Coordinator/Supervisor has all of the following qualifications:

1. Meets the qualifications for a CPA. (See Standard 3G CPA Qualifications)

2. Has experience in program management.

3. Has, at minimum, 1 year of experience in counseling breastfeeding women.

4. Has successfully completed specialized training in lactation management and care (International Board Certified Lactation Consultant (IBCLC) is preferred, but individual may be exam-eligible or have successfully completed other State-approved specialized training).

L. The local agency ensures that the Local Agency Breastfeeding Peer Counselor Coordinator/Supervisor performs the following roles and responsibilities (See Standard 9: Peer Counseling):

5. Contributes to the development of program goals and objectives for the local agency peer counseling program.

6. Conducts a needs assessment to identify gaps in breastfeeding resources and services within the local agency and community that the WIC peer counseling program can address.

7. Oversees the training of peer counselors and peer counselor supervisors.

8. Oversees the planning, management, implementation and evaluation of local agency peer counseling activities.

9. Keeps current with up-to-date breastfeeding information and disseminates this as well as FNS-provided information to other local agency staff.

10. Mentors new peer counselors, providing routine follow-up and guidance in the early days of the job.

11. Provides ongoing supervision and feedback for peer counselors.

12. Reports on peer counseling program activities to supervisor and the State agency.

13. Coordinates with local community stakeholders such as hospitals and health care providers to enhance the effectiveness of the peer counseling program. (See Standard 10: Program Coordination; see also *Loving Support Through Peer Counseling: A Journey Together- For WIC Managers*)

M. The local agency has access to a qualified nutritionist to provide nutrition services to high-risk participants. The nutritionist has the following qualifications:

1. Has successfully completed a training program approved by the State agency on the provision of WIC nutrition services to high-risk participants AND

2. (Preferably) has credentials of a Registered Dietitian (R.D.) or eligibility for registration with the Academy of Nutrition and Dietetics' Commission on Dietetic Registration; if applicable, has State license or certified as a nutritionist/dietitian OR

3. Holds a Bachelor's degree in the field of nutrition from an accredited college or university OR

4. Holds a Master's or Doctoral degree in nutrition from an accredited college or university.

N. The local agency ensures that the nutritionist performs the following roles and responsibilities:

1. Refers high-risk participants to other health-related and social services, as necessary.[21] (See Standard 11: Participant Referrals)

2. Prescribes food packages to high-risk participants, as appropriate. (See Standard 13: Food Package Prescriptions)

3. Develops individual care plans for high-risk participants. (See Standard 7: Nutrition Education)

4. Coordinates nutrition education, including breastfeeding promotion and support that is responsive to the identified needs/interests of each high-risk participant. (See Standards 7: Nutrition Education and 8: Breastfeeding)

5. Documents providing referrals and conducting appropriate follow-up to referrals to high-risk participants.[22] (See Standard 14: Documentation)

6. Tracks high-risk participants' progress in improving their health and document for outcomes. (See Standard 14: Documentation)

O. The local agency ensures that the Local Agency Nutrition Coordinator has the following qualifications (for Local Agency Nutrition Coordinators providing nutrition services to high-risk participants, RD or is eligible for registration with the Academy of Nutrition and Dietetics' Commission on Dietetic Registration):

1. Has successfully completed a training approved by the State agency on the provision of WIC nutrition services AND

2. Holds a Bachelor's degree in the field of nutrition from an accredited college or university and has a minimum of 2 years of job-related experience OR

3. Holds a Master's or Doctoral degree in nutrition from an accredited college or university and has a minimum of 1 year of job-related experience.

P. The local agency ensures that the Local Agency Nutrition Coordinator performs the following roles and responsibilities:

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[21] 7 CFR 246.7(b)

[22] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2008-4, *WIC Nutrition Services Documentation*.

1. Participates in the development of the local agency nutrition education and breastfeeding promotion and support plan. (See Standards 7: Nutrition Education, 8: Breastfeeding and 15: Breastfeeding Data Collection)

2. Coordinates direct nutrition services to participants. (See Standard 1: Nutrition Services Plan)

3. Oversees food and formula prescriptions and coordinates with medical providers as appropriate. (See Standard 13: Food Package Prescriptions)

4. Provides nutrition in-service training to other local agency staff who provide nutrition services to participants.

5. Coordinates nutrition services with other WIC Program operations, local agencies and community organizations.

6. Supervises nutrition services staff, including CPAs and other staff involved in the nutrition assessment or delivery of nutrition services.

7. Develops a training schedule for staff who provide nutrition services. (See Standard 5: Staff Training)

8. Participates in local and state workgroups to improve nutrition and program services.

9. Provides technical assistance and consultation to other local agency staff and other health professionals in nutrition services areas.

10. Develops and manages the nutrition services budget.

11. Oversees the development and implementation of a Quality Assurance Plan and Quality Improvement Plan.

Q. The local agency ensures that the Breastfeeding Peer Counselor has all of the following qualifications:

1. Has personal experience with breastfeeding, having breastfed at least one baby.

2. Is a paraprofessional (as described in the *Loving Support* Model) from the target population.

3. Has training from a standardized curriculum based on the *Loving Support* Through Peer Counseling curriculum.[23]

R. The local agency ensures that the Breastfeeding Peer Counselor performs the following roles and responsibilities:

1. Provides mother-to-mother support to prenatal and postpartum WIC mothers by providing basic breastfeeding information and encouragement.
2. Is available to participants outside of usual clinic hours and the WIC clinic environment.
3. Counsels prenatal and postpartum participants by telephone as well as face-to-face visits at the home, hospital and/or WIC clinic at regularly scheduled intervals.
4. Refers participants to the WIC-Designated Breastfeeding Expert, WIC nutritionist or other appropriate health or social service agency, including outside community breastfeeding resources, for situations outside the peer counselor's scope of practice. (See Standard 11: Participant Referrals)

S. The local agency ensures that the WIC-Designated Breastfeeding Expert has all of the following qualifications:

1. Meets the qualifications for a CPA. (See Standard 3G CPA Qualifications)
2. Has a minimum of 1 year of experience in counseling breastfeeding women.
3. Has successfully completed specialized training in lactation management and care (International Board Certified Lactation Consultant (IBCLC) is preferred, but individual may be exam-eligible or have successfully completed other State-approved specialized training, such as a State-approved lactation course).

T. The local agency ensures that the WIC-Designated Breastfeeding Expert performs the following roles and responsibilities:

1. Provides follow-up breastfeeding support to participants.

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[23] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Through Peer Counseling: A Journey Together – For WIC Peer Counselors*. 2011.

2. Acts on all referrals from other WIC staff regarding complex breastfeeding situations beyond their scope of practice.

3. Assesses and counsels mothers and infants with complex breastfeeding situations.

U. The local agency ensures that nutrition services support staff have all of the following qualifications based on their duties:

1. Meets appropriate State-agency qualifications, if applicable, based on assigned duties.

2. Completes a State agency approved competency-based training program that is appropriate to assigned duties. (See Standard 5: Staff Training)

V. The local agency ensures that nutrition services support staff performs the following roles and responsibilities:

1. Provides clinic and office support to the CPA and nutrition staff.

2. Implements program policies and protocols.

3. Sets the tone for excellent customer service to participants as they enter the clinic. (See Standard 2: Clinic Environment and Customer Service)

4. Refers participants to other social services and documents accordingly. (See Standard 11: Participant Referrals)

5. Participates in breastfeeding promotion and support. (See Standard 8: Breastfeeding)

6. Performs other responsibilities as assigned by the State or local agency.

W. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency verify that all staff meet the qualification for their assigned positions.

2. The State and local agency engage in formal (performance evaluations) and informal (e.g., staff observation, random documentation reviews, etc.) activities to ensure that staff perform according to their assigned roles and responsibilities and that they operate within their respective scope of practice.

Standard 4. Staffing Patterns and Staff Recruitment and Retention

The State and local agency implement staffing patterns that align with case/workload and meet participant needs, and effectively recruit and retain high quality staff.

Purpose: Staff and staffing patterns have a significant impact on service delivery. Appropriate staffing patterns facilitates efficiently and effectively meeting case/workload and participant needs by ensuring that the most qualified and appropriate staff fulfill roles and responsibilities and provide nutrition services to participants. Additionally, employing successful strategies for recruiting and retaining qualified staff helps to support the delivery of quality nutrition services and prevents/minimizes disruptions in providing these services.

A. The State agency meets the Federal staffing requirements.[1] (See Standard 3: Staff Qualifications, Roles and Responsibilities)

B. The State and local agency assess nutrition services staffing patterns, identifying the number of staff and types of personnel need based on their case/workload.[1]

C. The State and local agency identify and implement strategies to effectively recruit and retain high quality nutrition services staff. Examples of such strategies include, but are not limited to:

1. Providing career opportunities for staff
2. Establishing staffing patterns to effectively use staff and provide professionally challenging experiences
3. Promoting WIC as a potential employer to high schools, colleges and universities
4. Marketing careers in WIC to professional nutrition and health associations and exploring nontraditional training programs (e.g., Academy of Nutrition and Dietetics' Commission accredited dietetic supervised practice program or other training program that relates to and benefits the WIC program)
5. Providing competency-based training and continuing education opportunities for staff (See Standard 5: Staff Training)

[1] 7 CFR 246.3(e)

6. Offering competitive salaries for staff

7. Establishing clearly defined job performance standards and rewarding high performing staff

8. Providing mentoring opportunities for staff

9. Assisting staff, as desired, with developing Individual Development Plans (detailed information can be found at: http://www.dm.usda.gov/employ/vu/idp.htm)

D. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review and evaluate staffing patterns to ensure that they meet Federal requirements, effectively and efficiently manage the case/workload and meet participants' needs.

2. The State and local agency periodically review and evaluate recruitment and retention plans and efforts to ensure that the strategies used are effective.

Standard 5. Staff Training

The State and local agency ensure that staff receive sufficient orientation, competency-based training and, as appropriate, continuing education activities (quarterly recommended) as well as periodic performance evaluations.

Purpose: Providing orientation and initial and continual training helps staff to function effectively and efficiently in their roles and stay up to date with current information so that they provide accurate and relevant information, education and referrals to participants. Conducting periodic performance evaluations facilitates identifying staff members' needs for additional training and/or areas for reinforcement.

A. The State and local agency provide all new staff with an orientation and position- and task-specific training.

B. The State and local agency review the applicable job description and performance standards with all staff.

C. The State and local agency ensure that staff providing nutrition services adhere to the training schedule to complete a WIC State-approved training program.[1]

1. The training schedule (developed by the Local Agency Nutrition Coordinator) is for all staff and includes the opportunity for CPAs to obtain annually a specified number of training hours related to their job responsibilities.

2. Training curriculum and materials include, but are not limited to:

    a. Principles of life-cycle nutrition, including issues specific to maternal and child nutrition
    b. Nutrition assessment process and procedures[2] (See Standard 6: Nutrition Assessment)
    c. Anthropometric and hematological data collection
    d. Communication/rapport building
    e. Multicultural awareness
    f. Critical thinking
    g. Positive counseling approaches (See Standard 7: Nutrition Education)

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[1] 7 CFR 246.11(c)(2)

[2] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment (VENA) Guidance.* 2006.

h. Nutrition risk determination[3, 4, 5] (See Standard 6: Nutrition Assessment)
i. Food package prescriptions and individual nutrition tailoring (See Standard 13: Food Package Prescriptions)
j. Appropriate external[6] and internal referrals when an issue or concern is outside of the Program's or a staff person's scope of practice (See Standard 11:Participant Referrals)
k. Breastfeeding promotion and support[7, 8, 9] (See Standards 8: Breastfeeding, 9: Peer Counseling and 15: Breastfeeding Data Collection)
l. The need for an individual care plan and its development for low-risk and high-risk participants[10]
m. Participant-centered services and customer service practices (See Standard 2: Clinic Environment and Customer Service)
n. Food safety
o. Immunization and lead screening and referral
p. Documentation skills (See Standard 14: Documentation)

D. The State and local agency provide staff who oversee nutrition services with management training that is appropriate to their roles and responsibilities.

E. The State and local agency provide staff with opportunities to maintain qualifications through continuing education, as appropriate. (See Standards 6: Nutrition Assessment, 7: Nutrition Education, 8: Breastfeeding and 9: Peer Counseling) Such opportunities can include, but are not limited to:

1. Statewide and local conferences and workshops

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[3] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment (VENA) Guidance.* 2006.
[4] 7 CFR 246.7(e)
[5] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2011-5, *WIC Nutrition Risk Criteria*.
[6] 7 CFR 246.7(b)
[7] 7 CFR 246.11(c)(2)
[8] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Model for a Successful Peer Counseling Program.* 2011.
[9] U.S. Department of Agriculture, Food and Nutrition Service. *Using Loving Support to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff.* 2009.
[10] 7 CFR 246.11(e)(5)

2. Events sponsored by the National WIC Association, the Academy of Nutrition and Dietetics, and other agencies and organizations

3. Other training methods such as self-study packets or distance learning

F. The local agency provides nutrition services support staff with State-approved training that includes, but is not limited to, the following based on their duties:

1. Customer service practices (See Standard 2: Clinic Environment and Customer Service)

2. Nutrition and breastfeeding promotion and support[11] (See Standards 7: Nutrition Education and 8: Breastfeeding)

3. Multicultural awareness

G. The State and local agency conduct annual performance evaluations on all staff.

H. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review training procedures to ensure that they reflect up-to-date information and guidance.

2. The State and local agency maintain a record of all completed staff orientation and training as well as all performance evaluations for their respective staff.

3. The State and local agency assess staff understanding of their assigned roles and responsibilities as well as their job descriptions and performance standards.

4. The State and local agency solicit and review feedback from staff regarding their understanding of the Program and their assigned roles and responsibilities as well as the adequacy of the training and, as applicable, continuing education provided.

[11] U.S. Department of Agriculture, Food and Nutrition Service. *Using Loving Support to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff*. 2009.

Nutrition Assessment

Standard 6. Nutrition Assessment

The State and local agency ensure that staff perform a comprehensive nutrition assessment using Value Enhanced Nutrition Assessment (VENA) policy and guidance to provide quality nutrition services in a participant-centered framework and to determine program eligibility.

Purpose: Nutrition assessment is necessary to link collected health and diet information to risk assessment and the delivery of appropriate and personalized nutrition interventions that lead to improved health outcomes. The nutrition assessment obtains and synthesizes relevant and accurate information in order to:[1, 2, 3, 4, 5]

1. Assess an applicant's nutrition status, risk(s), capacities, strengths, needs and/or concerns.

2. Design appropriate nutrition education and breastfeeding promotion and support that address a participant's needs and concerns. (See Standard 7: Nutrition Education)

3. Tailor the food package to address nutrition needs. (See Standard 13: Food Package Prescriptions)

4. Make appropriate referrals. (See Standard 11: Participant Referrals)

A. The State agency defines and establishes the process, policies, procedures and training for a quality and comprehensive nutrition assessment that:

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[1] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment in WIC:* The *First Step in Quality Nutrition Services*. 2006. p 7.

[2] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2006-5, *Value Enhanced Nutrition Assessment (VENA)—WIC Nutrition Assessment Policy*.

[3] 7 CFR 246.7(e)

[4] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #1993-3A, *Revised/Reissued: WIC's role in Screening for Childhood Lead Poisoning*.

[5] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2001-7, *Immunization Screening and Referral in WIC*.

1. Uses USDA Food and Nutrition Service nutrition risk criteria, VENA policy, guidance and staff competencies.

2. Supports a positive approach based on health outcomes rather than deficiencies.[6]

3. Complements participant-centered services and promotes active involvement of the participant and/or participant's caregiver(s).

4. Ensures an environment that is supportive, friendly, appealing, accommodating, respectful and welcoming. (See Standard 2: Clinic Environment and Customer Service)

5. Supports a standardized process that provides a consistent structure and framework to collect all relevant information, support clinic operations and ensure the identification and documentation of all pertinent risk factors.[7]

6. Integrates the use of the management information system into the nutrition assessment process in such a way that supports a positive participant experience and does not inhibit rapport building.

7. Identifies the appropriate screening tools/equipment to be used to collect assessment information, and periodically reviews, revises and validates these as needed.[8, 9]

8. Enables staff to:[6]
   a. Identify and extract pertinent information from all sources.
   b. Identify participant/caregiver capacities and strengths.
   c. Determine participants existing knowledge and concerns.

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[6] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment in WIC: The First Step in Quality Nutrition Services*. 2006. p 16.
[7] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment in WIC: The First Step in Quality Nutrition Services*. 2006. p 8.
[8] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment in WIC: The First Step in Quality Nutrition Services*. 2006. p 14-15.
[9] Altarum Institute. *Participant Centered Nutrition Education Model.* 2009. Accessed at: http://www.altarum.org/files/pub_resources/PCE%20Model.pdf.

d. Collect all relevant information prior to identifying nutrition risk and developing an intervention plan.
e. Distinguish accurate and relevant information from unnecessary information.
f. Know when to seek additional information (ask probing questions).
g. Make decisions about nutrition risk conditions and counseling/intervention plan.

B. The local agency staff conduct the nutrition assessment using the established standardized and comprehensive process to:

1. Explain to the participant the purpose of the assessment.[10]

2. Describe the staff relationship to the participant as a partnership working to achieve positive health outcomes.[11]

3. Collect and document all relevant information using equipment/tools correctly. (See Standard 14: Documentation) [11]

4. Clarify and synthesize information collected.

5. Identify pertinent risks, capacities, strengths, needs and related issues.[12]

6. Develop intervention/education plan in conjunction with the participant and based on a completed assessment. (See Standards 7: Nutrition Education, 11: Participant Referrals, and 13: Food Package Prescriptions)

7. Follow-up on previous assessments, intervention plans, participant goal(s) and referrals, as appropriate.

8. Conduct a nutrition assessment at the following intervals:

   a. Certification/re-certification[13]

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[10] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2008-1, *WIC Program Explanation for Participants*.
[11] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2008-4, *WIC Nutrition Services Documentation*.
[12] Altarum Institute. *Participant Centered Nutrition Education Model.* 2009. Accessed at: http://www.altarum.org/files/pub_resources/PCE%20Model.pdf.
[13] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2006-5, *Value Enhanced Nutrition Assessment (VENA)—WIC Nutrition Assessment Policy*.

b. Approximately the mid-point of extended certification periods[14]

9. Conduct breastfeeding assessments, as needed, to provide breastfeeding support and anticipatory guidance to the breastfeeding dyad (See Standard 8: Breastfeeding) to address:

   a. Prenatal decision making
   b. Growth, feeding or other concerns expressed/identified by staff, participant, or provider
   c. Infant's/mother's food package(s) change(s)[15] (See Standard 13: Food Package Prescriptions)
   d. Breastfeeding aids and breast pump issuance
   e. Return to work, school, etc.

C. The State and/or local agency provide adequate and appropriate competency-based training to all staff responsible for completing the nutrition assessment to ensure staff competency in the following areas that include, but are not limited to[16] (See Standards 3: Staff Qualifications, Roles and Responsibilities and 5: Staff Training):

1. Principles of life-cycle nutrition, including issues specific to maternal and child nutrition

2. Nutrition assessment process and procedures

3. Anthropometric and hematological data collection

4. Communication/Rapport building

5. Multicultural awareness

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[14] U.S. Department of Agriculture, Food and Nutrition Service. *Guidance for Providing Quality Nutrition Services During Extended Certification Periods*. 2011.

[15] U.S. Department of Agriculture, Food and Nutrition Service. FNS Guidance Memorandum, *Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages*. 2009. Accessed at: http://www.fns.usda.gov/wic/policyandguidance/breastfeedingguidance.htm.

[16] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment in WIC: The First Step in Quality Nutrition Services*. 2006. p 30.

6. Critical thinking

D. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review and evaluate the nutrition assessment process, procedures and staff competencies.

2. The State and local agency review the nutrition assessment process and procedures that includes a review of participant files and observations of a participant nutrition assessment.

Nutrition and Breastfeeding Education

Standard 7. Nutrition Education and Counseling

The State and local agency establishes policies to ensure development, implementation, evaluation and dissemination of quality nutrition education, breastfeeding promotion and support and materials that deliver accurate, relevant and consistent messages to participants or, when appropriate, to their caregivers or proxies, to achieve optimal health outcomes in relation to their nutritional status and/or their nutrition-related concerns and goals. [1, 2]

Purpose: The goals of nutrition education and counseling, including breastfeeding promotion and support, are to emphasize the relationship between nutrition, physical activity and health as well as assist in achieving a positive change in dietary and physical activity habits resulting in improved nutritional status and the prevention of nutrition-related problems.

A. The State and local agency define and establish the process, policies, procedures and training on nutrition education that address the:

1. Minimum number of nutrition education contacts.[3]

2. Content of nutrition education and breastfeeding promotion and support contacts such that staff:

   a. Considers the nutritional needs and concerns, household situation, cultural practices,[4] geographic locations, environmental influences and educational abilities of the participant[5] as identified through the nutrition assessment process. (See Standard 6: Nutrition Assessment)

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[1] 7 CFR 246.11

[2] U.S. Department of Agriculture, Food and Nutrition Service. *Value Enhanced Nutrition Assessment in WIC: The First Step in Quality Nutrition Services*. 2006.

[3] 7 CFR 246.11(e)(2) and (e)(3)

[4] 7 CFR 246.11(a)(1)

[5] 7 CFR 246.11(b)(2)

b. Considers a participant's literacy level and primary language spoken.[6]
c. Describes the relationship between nutrition, physical activity and health.[7]
d. Takes food preferences into account.[8] (See Standard 13: Food Package Prescriptions)
e. Tailors education to a participant's motivation to change nutrition-related behavior.[9]
f. Bases education on current science and Program guidance.
g. Bases messages on evidence-based and/or effective strategies, methodologies, techniques, and nationally recognized sources (including, but not limited to: Food and Nutrition Service Core Messages, *More Matters, Dietary Guidelines for Americans, Healthy People Goals and Objectives, The Surgeon General's Call to Action to Support Breastfeeding, Physical Activity Guidelines for Americans, Bright Futures Nutrition, Using Loving Support to Grow and Glow in WIC,* etc.).
h. Communicates a breastfeeding-friendly message by encouraging and supporting breastfeeding, especially exclusively breastfeeding for 6 months and continuing for one year or longer as mutually desired by both mother and baby. (See Standard 8: Breastfeeding)
i. Promotes a life course perspective approach to improve maternal and child health that emphasizes not only risk reduction during pregnancy, but also health promotion and optimization across the life course.[10]
j. Ensures verbal and written communications are culturally and linguistically appropriate; uses an effective combination of styles (font size, white space, text wrapping, etc.) and visual images for written materials that represent the participant population (including, but not limited to infant developmental stages, breastfeeding pictures to reflect principles of a good latch).
k. Provides drug and other harmful substance abuse information to all pregnant, postpartum and breastfeeding women and to parents or caretakers of infants and children.[11]

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[6] 7 CFR 246.11(c)(3)
[7] 7 CFR 246.11(b)(1)
[8] 7 CFR 246.11(a)(1)
[9] U.S. Department of Agriculture, Food and Nutrition Service. *WIC Nutrition Education Guidance.* 2006.
[10] U.S Department of Health and Human Services, Health Resources Services Administration MCHB (2010). Rethinking MCH: The Life Course Model as an Organizing Framework – Concept Paper accessed at: http://mchb.hrsa.gov/lifecourse/rethinkingmchlifecourse.pdf.
[11] 7 CFR 246.11(a)(3)

l. Provides exit counseling for all women participants.[12]

3. Use of delivery methods/mediums that are appealing, creative, relevant and interactive to engage the participant as well as create opportunities for feedback.[13, 14] Examples of delivery methods/mediums include, but are not limited to:

   a. Participant-centered counseling approaches:[13] helping participants' identify their own motivation for change, setting individualized, simple and attainable goals; providing clear and relevant "how to" actions to accomplish those goals; and tailoring nutrition education to address the specific needs of migrant farm workers, homeless individuals, substance-abusing individuals, high-risk participants, and/or breastfeeding women. Participant-centered approaches can be achieved through one-on-one (via in-person or phone call) and group sessions as well as well-designed online education platforms.
   b. Technology including, but not limited to, telephone, computer modules, social media, and video conferencing[15, 16, 17] that have no cost[18] or barriers to the participant and have minimal administrative burden on the program.
   c. Appropriate reinforcement materials[19] (in conjunction with 3a and 3b above) including, but not limited to, publications, pamphlets, take-home activities, newsletters, videotapes/DVDs, posters, bulletin boards, displays, health fairs and

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[12] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #1994-9, *WIC Exit Counseling Brochure*.
[13] U.S. Department of Agriculture, Food and Nutrition Service. *WIC Nutrition Education Guidance*. 2006.
[14] K. Deehy, et. al. (2010). Participant-centered Education: Building a New WIC Nutrition Education Model. *Journal of Nutrition Education* 42(3S) p S39-S46.
[15] U.S. Department of Agriculture, Food and Nutrition Service. *WIC Nutrition Education Guidance,* Appendix A. 2006.
[16] U.S Department of Health and Human Services, Center for Disease Control and Prevention. CDC Social Media Toolkit accessed at: http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf.
[17] U.S Department of Health and Human Services, Center for Disease Control and Prevention. CDC's Guide to Writing for Social Media accessed at: http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/GuidetoWritingforSocialMedia.pdf.
[18] 7 CFR 246.11(a)(1)
[19] U.S. Department of Agriculture, Food and Nutrition Service. *WIC Nutrition Education Guidance*. 2006. p.5

public service announcements such as radio, TV advertisements, text messaging, etc.

4. Development and implementation of nutrition education standards and procedures (e.g. documentation process) (See Standard 14: Documentation) to include an individual care plan (ICP), as appropriate, to improve nutrition care.[20] Examples of ICP-based documentation include, but are not limited to:

   a. SOAP (Subjective, Objective, Assessment, Plan)
   b. PES (Problem, Etiology, Signs/Symptoms)[21]
   c. State agency developed ICP

5. Documentation of nutrition education[22] as relevant to nutrition assessment and risk assignment, participant's capacities, strengths, needs and/or concerns, breastfeeding support, food package prescription, ICP and related follow-up. (See Standards 13: Food Package Prescriptions and 14: Documentation) The documentation details:

   a. The participant's understanding of the nutrition education received especially for high-risk participants.
   b. Goal setting and progress towards behavior change and/or intent to change nutrition-related behaviors. (See Standard 14: Documentation)
   c. Continuity of care: an opportunity for both the nutrition educator and the participant to examine progress toward goals, provide positive support, identify barriers that may be hindering the participant's progress and reassess and refine future nutrition education plans. Follow-up provides ongoing support by reinforcing nutrition education message(s) and referral(s).

6. Coordination and/or establishment of a Memorandum of Understanding (MOU) (See Standard 10: Program Coordination) to:

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[20] 7 CFR 246.11(e)(5)

[21] Lancey, K. & Pritchett, E. (2006). Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management. *Journal of The American Dietetics Association,* 103(8), p 1065-1066.

[22] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2008-4, *WIC Nutrition Services Documentation*.

a. Share materials for use by, but not limited to, Commodity Supplemental Food Program (CSFP), Child and Adult Care Food Program (CACFP)[23], Farmer's Market Nutrition Program, Head Start, Supplemental Nutrition Assistance Program (SNAP), and/or Expanded Food and Nutrition Education Program (EFNEP).
b. Have third party providers (i.e., providers outside of WIC) carry out nutrition education.

B. The State and/or local agency provide adequate and appropriate competency-based training to all staff responsible for providing quality nutrition education, including breastfeeding promotion and support, to ensure staff competency in the following areas (See Standards 3: Staff Qualifications, Roles and Responsibilities and 5: Staff Training):

1. Principles of life-cycle nutrition [e.g., issues specific to maternal and child nutrition, breastfeeding promotion and support[24, 25] (See Standard 8: Breastfeeding)]
2. Nutrition information consistent with FNS materials and guidance
3. Participant-centered services and other similar initiatives
4. Positive counseling approach based on health outcomes rather than deficiencies
5. Nutrition care processes and procedures (ICP, Goals)[26]
6. Food package prescriptions and individual nutrition tailoring (See Standard 13: Food Package Prescriptions)
7. Appropriate referrals[27] (See Standard 11: Participant Referrals)
8. Cultural sensitivity
9. Customer service practices (See Standard 2: Clinic Environment and Customer Service)

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[23] 7 CFR 246.4(a)(9)(ii)
[24] 7 CFR 246.11(c)(2)
[25] U.S. Department of Agriculture, Food and Nutrition Service. *Using Loving Support to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff.* 2009.
[26] 7 CFR 246.11(e)(5)
[27] 7 CFR 246.7(b)

C. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review policies procedures, training content and education materials for nutrition education contacts, breastfeeding promotion and support, and materials to ensure that they reflect current science and comply with Federal requirements.

2. The State and local agency verify that staff perform within their scope of practice as outlined in the Nutrition Services Staffing standards. (See Standard 3: Staff Qualifications, Roles and Responsibilities).

3. The State and local agency periodically review the nutrition care process to include observation of nutrition and breastfeeding education sessions and review of participant files and documentation (ICP, Goals).

4. The State and local agency periodically review and assess the effectiveness of the system for scheduling nutrition education contacts and making accommodations for missed contacts and the local agency no-show rate for nutrition education contacts.

5. The State and local agency periodically surveys participants for satisfaction with WIC services and provides opportunities for participants to provide informal feedback.

Standard 8. Breastfeeding Education, Promotion and Support

The State and local agency defines and establishes the breastfeeding education plan, policies, procedures and competency-based staff training to ensure the provision of high quality and comprehensive breastfeeding education, promotion and support.

Purpose: Staff's understanding of the importance of breastfeeding promotion and support to WIC's target population, their roles and responsibilities as part of the WIC team, and the Federal, State and local policies and procedures that promote and support breastfeeding are critical to the success of the State and local agency's breastfeeding promotion and support efforts. Providing breastfeeding education, promotion and support helps to inform women participants and, as appropriate, their families (e.g., partner/spouse, grandmother) to not only understand the many health, nutritional, economical and emotional benefits of breastfeeding, but to be prepared and empowered to meet their breastfeeding goals.

A. The State agency has task-appropriate breastfeeding support and promotion orientation and on-going training guidelines for all clinic staff involved in direct contact with participants[1] that include:

1. Program goals, philosophy, policies and procedures on breastfeeding education promotion and support that are consistent with Federal regulations as well as other guidelines and publications, including, but not limited to the *Loving Support Makes Breastfeeding Work* Campaign, *Using Loving Support to Grow and Glow* curriculum, *Healthy People* goals and objectives, the American Academy of Pediatrics policy statement on breastfeeding, and the *Surgeon General's Call to Action to Support Breastfeeding*

2. Staff roles and responsibilities related to promoting and supporting breastfeeding (See Standard 3: Staff Qualifications, Roles and Responsibilities)

3. Breastfeeding assessment strategies (See Standard 6: Nutrition Assessment)

4. Food package assignment and appropriate tailoring to ensure no or minimal amounts of infant formula are provided to breastfeeding infants (See Standard 13: Food Package Prescriptions)

5. Culturally appropriate breastfeeding promotion and support strategies

6. Current breastfeeding management techniques

[1] 7 CFR 246.11(c)(7)(iii)

7. Breastfeeding counseling/education strategies and materials

8. Referral procedures when an issue or concern is outside of a staff person's scope of practice

B. The State and local agency have an established breastfeeding education plan for women participants[2, 3, 4] (See Standard 7: Nutrition Education) that:

1. Integrates breastfeeding promotion and support into the continuum of prenatal and postpartum services/nutrition education.[2]

2. Defines roles and responsibilities for all staff in the support and promotion of breastfeeding.

3. Endorses breastfeeding as the optimal method of feeding infants, unless medically contraindicated, and encourages mothers to exclusively breastfeed for 6 months and continue to breastfeed, with the addition of complementary foods, for at least the first year of life and thereafter as long as mutually desired.

4. Assesses a pregnant participant's knowledge, attitude and concerns related to breastfeeding, and identifies the factors that may affect her success with breastfeeding. (See Standard 6: Nutrition Assessment)

5. Provides breastfeeding education and support that is consistent with FNS guidance to each prenatal and postpartum participant based on their assessed needs and concerns. (See Standards 6: Nutrition Assessment and 7: Nutrition Education)

6. Includes a participant's family and friends in breastfeeding education and support sessions, as appropriate.

7. Establishes referral criteria for situations when a mother may need additional support.

8. Provides follow-up in a timely manner to address a mother's concerns as appropriate.

9. Respects a mother's informed decision as to her infant feeding method choice.

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[2] 7 CFR 246.11(c)(7)(iv)
[3] 7 CFR 246.11(e)(1)
[4] 7 CFR 246.4(a)(9)

10. Coordinates breastfeeding promotion and support activities with other health care programs and community partners. (See Standard 10: Program Coordination)

C. The State and local agency establish policies to ensure that all eligible women who meet the definition of breastfeeding[5] are certified as such, to the extent that caseload management permits, and that all breastfeeding/breastfed participants receive appropriate benefits.[6] Policies address the:

1. Provision of a food package to a breastfeeding dyad that is consistent with their nutritional needs. (See Standards 6: Nutrition Assessment and 13: Food Package Prescriptions)

2. Encouragement of exclusive breastfeeding for 6 months and continued breastfeeding, with the addition of complementary foods, for the first year of life and thereafter for as long as mutually desired.

3. Provision of minimal infant formula amounts only when medically necessary or requested. If formula is provided the amount is based on the infant's assessed needs. (See Standard 6: Nutrition Assessment)

4. Provision of breastfeeding support and assistance throughout the postpartum period, particularly when the mother is most likely to need assistance,[7] that includes:

    a. Assessing the needs of the breastfeeding dyad and identifying the support, education, benefits, services and follow-up needed by participants, as appropriate (See Standard 6: Nutrition Assessment)
    b. Encouraging exclusive, continued breastfeeding and educating mothers on how supplemental feedings of infant formula interfere with her milk production and her breastfeeding success
    c. Following up with breastfeeding mothers soon after delivery
    d. Providing, as needed, education and support for breastfeeding women in special situations (e.g., mothers returning to employment or school; mothers separated

[5] 7 CFR 246.2

[6] U.S. Department of Agriculture, Food and Nutrition Service. FNS Guidance Memorandum, *Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages*. 2009. Accessed at: http://www.fns.usda.gov/wic/policyandguidance/breastfeedingguidance.htm.

[7] 7 CFR 246.11(c)(7)(iv)

from their infants because of hospitalization or illness; mothers of multiples or of infants with special needs)

e. Providing referrals to available breastfeeding support programs and resources in the early postpartum period and throughout lactation
f. Coordinating breastfeeding support with other health care programs, employers and community partners (See Standard 10: Program Coordination)
g. Distributing breastfeeding pumps/aids that are based on a proper assessment and determined to be appropriate and supportive of each participant's needs and situation[8, 9, 10]

D. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review and evaluate breastfeeding promotion and support orientation and training content to ensure that they reflect current science as well as WIC Program regulations, policies and procedures.

2. The State and local agency maintain a record of all completed staff orientation and training.

3. The State and local agency solicit and review feedback from staff regarding the adequacy of initial and ongoing training for breastfeeding promotion and support.

4. The State and local agency periodically review and evaluate breastfeeding education and support policies and procedures to ensure that they reflect current science as well as WIC Program regulations, policies and procedures.

5. The State agency periodically monitors and evaluates the local agency's implementation of breastfeeding services, which may include a review of written policies and procedures, a review of participant files and observations of participant counseling sessions (one-on-one, group, etc.) to ensure that they reflect breastfeeding priorities, goals and objectives.

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[8] National WIC Association Position Paper: Guidelines for WIC Agencies Providing Breast Pumps. 08-002.

[9] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum, #1994-07, *Direct/Indirect Breastfeeding Aids*.

[10] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum, #1995-18, *Providing Breast Pumps to WIC Participants*.

6. The State and local agency monitor and evaluate breastfeeding education and support activities to ensure that they reflect priorities identified from breastfeeding data and reports.

7. The State agency reviews the breastfeeding education plan to ensure that it reflects breastfeeding priorities, goals and objectives.

Breastfeeding Peer Counseling

Standard 9. Breastfeeding Peer Counseling

The State and local agency establish standardized breastfeeding peer counseling program policies and procedures and task-appropriate training for staff on the breastfeeding peer counseling program that are consistent with the *Loving Support* Model for a Successful Peer Counseling Program.

Purpose: Breastfeeding peer counselors add a critical dimension to WIC's efforts to help women initiate and continue breastfeeding and provide a valuable service to their communities by addressing the barriers to breastfeeding through breastfeeding education, support and role modeling. State and local agency peer counseling management and clinic staff's understanding of their roles and responsibilities, as well as the establishment and implementation of policies and procedures consistent with the *Loving Support* Model for a Successful Peer Counseling Program, are vital to implementing a successful peer counseling program.

A. The State and local agency have task-appropriate orientation and training based on FNS *Loving Support* Through Peer Counseling training and its updates[1, 2] for peer counseling management and clinic staff that includes:

1. Role of the peer counselor, including scope of practice
2. Roles and responsibilities of clinic staff and managers related to the peer counseling program (See Standard 3: Staff Qualifications, Roles and Responsibilities)
3. Training of peer counselors
4. Supervision, mentoring, and monitoring peer counselors
5. Referral procedures when an issue or concern is outside of a peer counselor's scope of practice

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[1] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Through Peer Counseling- For WIC Managers*. 2011.

[2] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Through Peer Counseling– For Peer Counselors*. 2011.

B. The State and local agency ensure that the peer counseling program meets the needs of participants by conducting a periodic needs assessment to identify:

1. Breastfeeding support needs of participants that the peer counseling program can address.

2. Gaps in breastfeeding services and resources within the State and local agency and the community.

3. Improvements needed in the peer counseling program.

C. The State agency establishes and the local agency implements standardized breastfeeding peer counseling program policies and procedures[3, 4, 5]. These policies and procedures ensure that the local agency:

1. Establishes goals and objectives for the peer counseling program that are consistent with the *Loving Support* Model for Successful Peer Counseling Program.

2. Has staffing that is consistent with the *Loving Support* Model for Successful Peer Counseling Program such that:

   a. Peer Counselors meet the required qualifications. (See Standard 3: Staff Qualifications, Roles and Responsibilities).
   b. Peer Counselors are available outside usual clinic hours and outside the WIC clinic environment.
   c. A designated Peer Counseling Coordinator/Supervisor is on staff.
   d. Peer counselors have adequate supervision and support.

3. Has a written, defined scope of practice for peer counselors. (See Standard 3: Staff Qualifications, Roles and Responsibilities)

4. Provides training to staff such that they are knowledgeable about the peer counselor program and the peer counselor's scope of practice.

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[3] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Model for a Successful Peer Counseling Program*. 2011.
[4] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Through Peer Counseling: A Journey Together – For WIC Managers*. 2011.
[5] U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support Through Peer Counseling: A Journey Together – For Peer Counselors*. 2011.

5. Has a systematic procedure in place for referring participants to peer counselors as part of the certification, assessment and nutrition education process. (See Standards 6: Nutrition Assessment and 7: Nutrition Education)

6. Has an established protocol in place for timely participant contacts by breastfeeding peer counselors, especially during the prenatal and early postpartum periods.

7. Has guidelines that establish when peer counselor should yield to the WIC-Designated Breastfeeding Expert for breastfeeding issues outside of their scope of practice.

D. The State and local agency establish partnerships with key stakeholders to enhance the effectiveness of the breastfeeding peer counseling program. (See Standard 10: Program Coordination; see also *Loving Support Through Peer Counseling: A Journey Together- For WIC Managers*)

E. The State and local agency ensures that breastfeeding peer counselors receive adequate program support that includes:

1. Timely access to the Local Agency Breastfeeding Peer Counseling Coordinator/Supervisor and WIC-Designated Breastfeeding Experts for assistance with problems outside their scope of practice

2. Regular, systematic contact with, and adequate supervision and monitoring by the Local Agency Breastfeeding Peer Counseling Coordinator/Supervisor

3. Participation in clinic staff meetings and breastfeeding in-services as part of the WIC team

4. Opportunities to work with more experienced peer counselors to facilitate mentoring and to meet regularly with other peer counselors

5. Adequate compensation and reimbursement for expenses

6. Training with a standardized curriculum based on the FNS *Loving Support* Through Peer Counseling training and its updates

F. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review and evaluate breastfeeding peer counseling policies and procedures to ensure that they reflect current science as well as WIC Program regulations, policies and procedures.

2. The State agency monitors and evaluates the implementation of breastfeeding peer counseling services, which includes a review of the peer counseling program's written policies, procedures, goals and objectives, a review of participant files, and observations of participant counseling sessions (in clinic, telephone, hospital and/or home visit) to ensure compliance with the *Loving Support* Model, State agency policies and procedures and referral guidelines.

3. The local agency assesses staff understanding of the peer counseling program and protocols for referrals to peer counselors.

4. The State and local agency periodically review and evaluate the peer counseling orientation and training content and guidelines to ensure that they reflect current science as well as WIC Program regulations, policies and procedures.

5. The State and local agency review the local agency peer counseling program's training and technical assistance policies and procedures to ensure that they are consistent with the *Loving Support* Model for a Successful Peer Counseling Program.

6. The State and local agency solicit and review/consider feedback from breastfeeding peer counselor staff on training and program support to ensure that these activities meet goals and objectives.

Program Coordination and Participant Referrals

Standard 10. Program Coordination

The State and local agency coordinate program operations with services of other public and private programs at the local, State and National level that will benefit participants.

Purpose: Program coordination helps to meet the additional needs of participants to improve their health, nutrition and social needs, as well as provide a continuum of care to support women, infants and children. Collaborations with key stakeholders and community partners allow WIC staff to form referral networks and develop strategies to address participants' needs.

A. The State agency's State Plan describes how it will coordinate its program operations with services of other programs that may benefit participants[1] and addresses:

1. Guidelines for State and local agency memorandums of understanding (MOU) or other agreements with other programs to facilitate program coordination and referrals. (See Standard 7: Nutrition Education)

2. Collaboration with other programs and service providers to ensure accurate and consistent nutrition messages following current standards of practice.

3. Integration of data collection and evaluation methodologies, as applicable, with other State public health agencies, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Centers for Disease Control and Prevention (CDC) and other FNS programs.

4. Collaboration with immunization programs to ensure all WIC participants receive information and referrals for necessary vaccines. This would include a plan to coordinate with providers of immunization screenings so that children participants

[1] 7 CFR 246.4(a)(8)

are screened and referred for immunizations using a documented immunization history.[2] (See Standard 3: Staff Qualifications, Roles and Responsibilities)

B. The State and local agency coordinate with private and public health care systems, education systems and community organizations that provide care and support for participants,[3, 4] while keeping in compliance with WIC's confidentiality regulations.[5] Coordination efforts include, but are not limited, to the following examples:

1. Representing and promoting WIC nutrition services at meetings and conferences
2. Soliciting input and collaborating with these organizations when developing educational and outreach materials and campaigns
3. Developing written agreements with health and human service agencies to enhance participant care and services[6]
4. Participating in joint program planning, grant writing, etc.
5. Training students and interns
6. Coordinating with the State Medicaid Program for the provision of exempt infant formulas and WIC-eligible medical foods to participants who are also Medicaid recipients[7] (See Standard 12: WIC Food Selection and Authorization)

C. The State and local agency develop plans and foster positive relationships with community partners and other entities that interface with participants including, but not limited to:

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[2] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2001-7, *Immunization Screening and Referral in WIC*.
[3] 7 CFR 246.4(a)(8)
[4] 7 CFR 246.6(b)(3) and (5)
[5] 7 CFR 246.26(d)
[6] 7 CFR 246.6(d) and (e)
[7] 7 CFR 246.10(e)(3)(vi)

1. Breastfeeding promotion and support services.[8] A checklist for community breastfeeding partnership planning can be found at: https://lovingsupport.fns.usda.gov/content/building-breastfeeding-friendly-communities. (See Standards 3: Staff Qualifications, Roles and Responsibilities, 8: Breastfeeding and 11: Participant Referrals)

2. Child care centers

3. Child nutrition programs

4. Community programs

5. Commodity Supplemental Food Program (CSFP), Supplemental Nutrition Assistance Program (SNAP), Child and Adult Care Food Program (CACFP) and other FNS programs

6. Cooperative Extension Service - Expanded Food and Nutrition Education Program (EFNEP)

7. Early Head Start (EHS) and Head Start (HS) programs

8. Family planning agencies

9. Hospitals

10. Immunization providers

11. Physicians and health care providers

12. Oral health services

13. Shelters and food pantries

14. Faith-based organizations

15. Teen and parent programs

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[8] U.S. Department of Agriculture, Food and Nutrition Service. FNS Guidance Memorandum, *Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages*. 2009. Accessed at: http://www.fns.usda.gov/wic/policyandguidance/breastfeedingguidance.htm.

16. Other agencies and programs, e.g., Maternal and Child Health Bureau (MCHB) programs (including mental health and lead poisoning prevention), human services, hunger awareness programs, smoking cessation, substance abuse, drug and alcohol abuse recovery programs, etc.

D. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically conduct a systematic review of coordination and collaborative efforts with other programs at the local, State and National levels that includes a review of activities, plans and agreements (e.g. written content, signed and dated MOU).

Standard 11. Participant Referrals

The State and local agency ensure the provision of appropriate referrals to health and public assistance programs to Program applicants, participants and designated proxies.[1]

Purpose: Referring Program applicants, participants and designated proxies to other health, welfare and social services helps to meet the additional needs of participants and assists in improving health and/or achieving positive health outcomes. The referral process also informs applicants who are ineligible for the WIC Program of other programs and services that may benefit them.[1]

A. The State and local agency provide program applicants and participants with information on health-related and public assistance programs. Staff engaging in referral activities:

1. Provide and document the delivery of relevant, updated and accurate referral information to health and social services based on the nutrition assessment for each participant and document appropriate follow-up on referrals.[2, 3] (See Standard 14: Documentation)

2. Provide written information when referring participants to the Medicaid Program.[4]

3. Maintain and provide a list of current resources for drug and other harmful substance abuse counseling and treatment.[5]

4. Provide information about other nutrition assistance programs and services to assist participants when a WIC Program waiting list has been established and/or to improve food security.[6] Examples of other nutrition assistance programs and services include:

    a. WIC Farmers Market Nutrition Program (FMNP)
    b. Supplemental Nutrition Assistance Program (SNAP)/Food Distribution Program on Indian Reservations (FDPIR) and other FNS nutrition programs

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[1] 7 CFR 246.7(b)(1) and (3)
[2] 7 CFR 246.7(e)
[3] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2006-5, *VENA WIC Nutrition Assessment Policy*.
[4] 7 CFR 246.7(b)(1)
[5] 7 CFR 246.7(a)
[6] 7 CFR 246.7(b)(3)

c. Commodity Supplemental Food Program (CSFP)[7]
d. Food pantries, soup kitchens, human services, and other emergency feeding programs
e. Other health and human services programs

5. Refer participants, as appropriate, to other resources and community organizations, including, but not limited to:

   a. Child Protective Services (CPS)[8]
   b. Domestic violence programs
   c. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services[9]
   d. Expanded Food and Nutrition Education Program (EFNEP)
   e. Family planning
   f. Early Head Start (EHS) and Head Start (HS)
   g. HIV testing services and treatment programs
   h. Homeless shelters
   i. Immunization providers [10]
   j. Oral health services
   k. Internal referrals (RD, Peer Counselors)
   l. Lactation support
   m. Lead screening
   n. Maternal and Child Health Bureau (MCHB) programs (such as mental health services)
   o. State Children's Health Insurance Program (SCHIP)
   p. Temporary Assistance for Needy Families (TANF)

6. Establish a system to facilitate referrals within and between agencies.

7. Refer and transfer participants to other WIC local agencies when there is a disruption of WIC services[11]

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[7] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2000-5, *Collaboration Between WIC and CSFP State and Local Agencies*.
[8] 7 CFR 246.26(d)(3)
[9] 7 CFR 246.7(b)(1)
[10] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2001-7, *Immunization Screening and Referral in WIC*.
[11] 7 CFR 246.5(e)(3)(i)

8. Provide updated and accurate referral lists

B. The State and/or local agency conduct quality assurance activities that include, but are not limited to:

1. The State and local agency periodically conduct a systematic review of referral activities (including follow-up), as well as documentation, to ensure that applicants and participants receive accurate resource and referral information that is relevant to their individual needs.

2. The State and local agency periodically review referral/resource list to ensure that information is accurate and up to date.

Food Package

Standard 12. WIC Food Selection and Authorization

The State agency develops policies and procedures for selecting and authorizing WIC supplemental foods and food packages. Food selection and authorization is the process a State agency uses when making decisions about the brands, types and forms of foods WIC participants will receive. The process involves maximizing the nutritional value of WIC food packages while at the same time managing cost.

Purpose: Developing policies to ensure that food benefits issued to participants accommodate the nutritional and health goals of the WIC Program is essential. WIC food packages, together with nutrition education, are the primary means by which WIC affects the dietary quality and habits of participants. WIC food benefits are scientifically-based and intended to address the supplemental nutritional needs of each category of WIC's pregnant, breastfeeding and postpartum women, infants and children. The WIC food packages are designed to provide participants with a wide variety of supplemental food, provide staff flexibility in prescribing food packages to meet a participant's nutrition, breastfeeding and cultural needs, and promote and support successful long-term breastfeeding.

A. The State Nutrition Coordinator or other designated State nutritionist/dietitian (See Standard 3: Staff Qualifications, Roles and Responsibilities), in collaboration with other State WIC staff (e.g. vendor, food delivery), use appropriate criteria and methods for identifying WIC foods and selecting and authorizing WIC foods and food packages.[1] These criteria and methods include:

1. Federal regulations,[2] policies, guidance and instruction
2. Nutritional integrity and provision of maximum allowance of supplemental foods[3]
3. Variety and choice for participants, including cultural preferences
4. Special medical/nutritional needs of participants
5. Religious considerations whenever possible

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[1] 7 CFR 246.10(b)(2)(i)
[2] 7 CFR 246.10
[3] 7 CFR 246.10(b)(2)(ii)

6. Availability, packaging, storage or preparation requirements, cost, participant acceptance, convenience, and feasibility of rebate contracts (for foods other than infant formula)

7. Input from stakeholders, such as participants, health care providers, staff, vendors and food manufacturers

B. The State agency provides the State-authorized food list[4] and communicates food package policies and procedures to its local agencies that address:

1. Federal food package regulations, policies, guidance and instruction

2. Use of information from the nutrition assessment to prescribe food package and supplemental foods to meet individual participant needs[5] (See Standard 6: Nutrition Assessment)

3. Individual tailoring guidelines to provide substitutions within WIC food categories[6, 7]

4. Promotion and support of breastfeeding through food packages issued to the breastfeeding dyad[8, 9] (See Standard 13: Food Package Prescriptions)

5. Requirements for WIC foods that necessitate medical documentation, such as exempt infant formula and medical foods[10]

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[4] 7 CFR 246.10(b)(2)(i)
[5] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2006-5, *Value Enhanced Nutrition Assessment (VENA) Policy.*
[6] 7 CFR 246.10(b)(2)(ii)(c)
[7] 7 CFR 246.10(e)
[8] U.S. Department of Agriculture, Food and Nutrition Service. *Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages*. 2009. Accessed at: http://www.fns.usda.gov/wic/policyandguidance/breastfeedingguidance.htm.
[9] 7 CFR 246.10(d)

6. Formula issuance:

   a. Issuance of contract brand infant formulas[10,11,12]
   b. Issuance of non-contract brand infant formula, exempt infant formula, WIC-eligible medical foods[11, 12, 13]
   c. Issuance of the appropriate physical form of WIC formula[14]

7. Changes to WIC-authorized foods and policies for prescribing appropriate food packages through regularly scheduled trainings and updates

8. Manufacturer recalls of a WIC-authorized product

C. The State agency ensures that local agency staff receive adequate and appropriate competency-based training to prescribe and tailor food packages that meet the individual nutrition needs of participants. (See Standards 3: Staff Qualifications, Roles and Responsibilities and 5: Staff Training)

D. The State agency provides and communicates the State-authorized WIC foods list, maximum monthly allowances and related food package policies to vendors and health care providers, as appropriate, including:

1. Annual vendor training and updates[15]

2. Retail store alerts provided to vendors via mail, e-mail, and vendor website

3. WIC prescription form and related policies provided to health care providers for medical documentation via office visits, letters and e-mail

E. The State agency coordinates with medical payers and other programs that provide or reimburse for formulas.[16] (See Standard 10: Program Coordination

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[10] 7 CFR 246.10(e)(1) and (e)(2);
[11] 7 CFR 246.10(e)(9) Table 1
[12] 7 CFR 246.16a
[13] 7 CFR 246.10(e)(3)
[14] 7 CFR 246.10(e)(1)(B)(iv)
[15] 7 CFR 246.12(i)
[16] 7 CFR 246.10(e)(3)(vi)

4. State agencies coordinate annually with the State Medicaid Program regarding the provision of exempt infant formulas and WIC-eligible medical foods that may be authorized under the State Medicaid Program.

5. State agencies coordinate with State or local government agencies that also provide or could reimburse for exempt infant formulas and WIC-eligible medical foods benefits to mutual participants.

F. The State agency conducts quality assurance activities that include, but are not limited to, the following:

1. The State agency uses a systematic process for regular review of eligibility of State authorized WIC foods.

2. The State agency has ongoing methods to solicit input from stakeholders, staff, and participants and evaluate acceptability, availability and cost of WIC foods.

3. The State agency periodically reviews the food package automation system to ensure the local agency maintains flexibility to individually tailor formula amounts issued to partially breastfed infants.

4. The State agency monitors the use of formula and the quantity prescribed.

Standard 13. Food Package Prescriptions

The local agency authorizes a competent professional authority (CPA) to prescribe food packages that address a participant's eligibility category and nutritional needs and make available the maximum monthly allowances of State-authorized supplemental foods to a participant.

Purpose: WIC food packages, together with nutrition education, are the primary means by which WIC affects the dietary quality and habits of participants. Making the maximum monthly allowances of supplemental foods available to participants and providing the CPA with the flexibility to prescribe and tailor food packages to meet an individual participant's nutritional, breastfeeding and medical needs, cultural preferences and current living situation helps participants to achieve positive health outcomes.

A. The local agency ensures that staff receive adequate and appropriate competency-based training to prescribe and tailor food packages that meet the individual nutrition needs of participants. (See Standards 3: Staff Qualifications, Roles and Responsibilities and 5: Staff Training)

B. The local agency ensures that:

1. A CPA prescribes and, as necessary, tailors a participant's food package in accordance with Federal regulations and State policy.[1]

2. The CPA prescribes, in consultation with the participant, an appropriate food package based on the participant's dietary needs, feeding practices related to developmental stage/needs, medical and nutrition conditions, cultural eating patterns, willingness to consume a food and living situation.[1, 2, 3]

3. The CPA prescribes appropriate food packages based on an individual assessment of the needs of the breastfeeding dyad.[1, 2]

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[1] 7 CFR 246.10(b)(2)(ii)(C)
[2] 7 CFR 246.10(e)
[3] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2006-5, *Value Enhanced Nutrition Assessment (VENA) Policy*.

4. The CPA promotes and supports breastfeeding through food packages issued to the breastfeeding dyad, in accordance with State policy,[4, 5, 6, 7] by: (See Standard 12: WIC Food Selection and Authorization)

    a. Promoting food package incentives (i.e. greater quantity and variety of foods).
    b. Protecting a woman's desire to breastfeed by not providing infant formula in the first month of life, or limiting formula to no more than one can per month on a case by case basis.
    c. Promoting continued and substantial breastfeeding with minimal provision of formula when mothers do not fully breastfeed.
    d. Assessing and providing support and education when mothers request infant formula.

5. The CPA individually tailors the quantity of infant formula issued to partially breastfeeding infants to provide the minimal amount of formula that meets but does not exceed the infant's assessed nutritional needs.[7]

6. A participant who plans to breastfeed and is on WIC prenatally receives WIC food benefits for the fully breastfeeding food package as soon as possible after delivery so she may benefit from the additional foods.[7]

7. Participants receive education on allowable foods and correct use of WIC food benefits (i.e. voucher or electronic benefit card).

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[4] 7 CFR 246.6(b)(6)
[5] 7 CFR 246.10(b)(2)(ii)(C)
[6] 7 CFR 246.10(e)
[7] U.S. Department of Agriculture, Food and Nutrition Service. *Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages*. 2009. Accessed at: http://www.fns.usda.gov/wic/policyandguidance/breastfeedingguidance.htm.

8. The CPA prescribes WIC formulas in accordance with State food package policies, procedures and tools such as the WIC infant formula calculator[8] or infant food calculator.

C. The local agency conducts quality assurance activities that include, but are not limited to, the following:

1. The local agency periodically surveys participants for satisfaction with WIC services and State authorized foods provided.

2. The local agency monitors the use of formula and the quantity prescribed.

3. The local agency conducts annual program reviews (both file reviews and observations) to monitor issuance of supplemental formula, food package tailoring and breastfeeding support services.

[8] U.S. Department of Agriculture, Food and Nutrition Service. WIC Infant Formula Calculator accessed at: https://wicworks.fns.usda.gov/food-packages/wic-infant-formula-calculator

Documentation and Data Collection

Standard 14. Nutrition Services Documentation

The State and local agency develop documentation policies and procedures that facilitate clear communication between staff as well as a seamless continuum of care for participants.[1]

Purpose: A key outcome of nutrition services documentation is to capture a complete picture of the participant's visit in a manner that is easy to retrieve and review, enabling staff to build upon and follow-up on prior visits. It provides invaluable information for managing and evaluating services delivered, and serves as the primary communication means by which staff relay vital information to each other about the nutrition services a participant receives as well as a participant's specific issues and needs. Quality documentation, which may be electronic or paper based, facilitates the delivery of meaningful nutrition services and ensures continuity of care for participants. It also improves program integrity and coordination with the health care community.

A. The State and local agency's documentation policies and procedures include key elements of effective and efficient documentation, emphasizing that all documentation be:

1. Consistent and organized in that it minimizes duplication of information and follows established standards/protocols to which all staff adhere, including the order in which information appears (e.g., anthropometric data is located in the same place in each chart).

2. Clear so that other staff easily understand what the author is communicating, using only terminology as established by the State and/or local agencies.

3. Complete and correct so that it creates an accurate picture of the participant, the visit and his/her relevant issues, describes or lists the services provided over time and outlines a plan for future services.

4. Concise so that it contains minimal extraneous information.

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[1] U.S. Department of Agriculture, Food and Nutrition Service. WIC Policy Memorandum #2008-4, *WIC Nutrition Services Documentation*.

B. The State and local agency's documentation policies and procedures specify that all participant files contain the following information:

1. Assessment information (including all pertinent risks/needs identified):[2] (See Standard 6: Nutrition Assessment)

    a. Height, weight and head circumference (anthropometric risks)
    b. Blood work (biochemical risks)
    c. Medical data (clinical/health/medical risks)
    d. Eating behaviors and feeding practices (dietary risks)
    e. Physical activity and other pertinent information (other risks)
    f. Participant concerns/needs

2. WIC category and priority level (may be automated)

3. Food package prescribed (including medical documentation when applicable)

4. Nutrition education[3] provided (including breastfeeding contacts) (See Standard 7: Nutrition Education):

    a. Delivery Methods/Medium
    b. Topic
    c. Reinforcements (handout, video)
    d. No-shows

5. Referrals made (including type and location) and follow-up on previous referrals, as appropriate

6. Follow-up activity plans (including any goal setting)

7. An individual care plan, as appropriate[4] (See Standard 7: Nutrition Education)

8. A participant's progress towards behavior change and goals

9. Author of documentation

10. Other pertinent information

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[2] 7 CFR 246.7(e)
[3] 7 CFR 246.11(e)(4)
[4] 7 CFR 246.11(e)(5)

C. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review nutrition services documentation to ensure that it includes all necessary information in the established efficient and effective manner outlined in policies and procedures.

Standard 15. Breastfeeding Data Collection

The State agency ensures that appropriate breastfeeding data are collected at the State and local agency levels

Purpose: The collection of breastfeeding data at the State and local agency levels allows WIC agencies to track breastfeeding data trends, assess their efforts and make adjustments in the breastfeeding promotion and support services provided as necessary.

A. The State and local agency collect data on breastfeeding incidence, duration[1] and exclusivity.

B. The State and local agency collect and annually report breastfeeding performance measurements including the number of fully and partially breastfed infants.[2]

C. The State and local agency collect data on factors that affect breastfeeding initiation, duration and patterns, such as the reasons mothers initiate supplementation or discontinue breastfeeding.

D. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review and evaluate data elements and collection practices to ensure accurate and relevant data collection.

2. The State agency reviews annual reports on breastfeeding performance measures to ensure complete and thorough data collection.

[1] 7 CFR 246.25(b)(3)
[2] 7 CFR 246.25(b)(2)(iii)

Quality Improvement

Standard 16. Quality Improvement

The State and local agency engage in ongoing Quality Improvement (QI) to continuously improve staff procedures and the nutrition services participants receive. Depending on an agency's size and needs, QI activities can range from a single team focusing on improving one aspect of care to a comprehensive QI program with many teams working on a wide variety of improvement projects, with a well-established plan and an oversight committee.[1] (Additional resources on QI can be found at: http://www.hrsa.gov/quality/toolbox/methodology/index.html, http://navigator.mchtraining.net/?page_id=2526#anchor1)

Purpose: Quality Improvement supports WIC's Revitalizing Quality Nutrition Services initiative that is meant to enhance and strengthen the effectiveness of nutrition services. Using both prospective and retrospective reviews to measure where State and local agencies are, agencies can subsequently determine how to improve and enhance their services to help participants achieve positive health outcomes and maintain optimal nutritional status.

A. The State and local agency establish a QI program that involves staff working in teams with a clearly defined infrastructure. Key elements of a QI program that provide focus and clarity to the program and staff include:

1. A QI plan that includes a statement that describes the purpose, priorities, and goals of the QI program
2. A description of the organizational systems needed to implement the program, including QI team structure and functions, definitions of accountability, roles and responsibilities
3. The process for obtaining staff and participant input and data
4. A description of how the plan will be evaluated

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[1] Adapted from U.S Department of Health and Human Services, Health Resources Services Administration Guide for HIV/AIDS Care. January 2011. Section 1: The HIV Clinic: Providing Quality Care- Quality Improvement. Accessed at: http://hab.hrsa.gov/deliverhivaidscare/clinicalguide11/cg-103_quality_improvement.html.

5. A QI program lead(s) who identifies the priorities for improvement or agrees to pursue the priorities identified by staff members or participants

6. QI team(s) that are established to address the specific processes, services, or systems that are targeted for improvement. Team members represent the different functions involved in these processes or services

B. The State and local agency QI teams select data indicators that are based on Program goals and objectives and reflect National priorities or those specific to their agency, staff and participants. Data indicators should:

1. Be measurable aspects of staff procedures and/or nutrition services (e.g. participant satisfaction scores, no-show rates, participant wait times, time to complete a particular task, health indicators, etc.).

2. Represent processes where changes are feasible.

C. The State and local agency QI program lead(s) identify data collection methods appropriate to the indicators they select. Data may come from a variety of sources such as:

1. The quality assurance process (such as the QA examples at the end of each standard)

2. Qualitative and quantitative participant and staff feedback, including surveys, input during staff meetings, and trainings

3. Results of self-monitoring or management evaluations

D. The State and local agency QI program lead(s) review and distribute information collected to the QI team and collectively identify where opportunities for improvement exist and prioritize systematic efforts for improvement. In determining potential changes, the QI team addresses the following questions:

1. What does the agency want to accomplish?

2. How does the agency know that a change will result in an improvement (i.e. what measure will demonstrate whether the improvements worked)?

3. What kinds of changes can the agency test that will result in an improvement?

E. The State and local agency implement and evaluate the proposed change(s); implementation may be on a full or "pilot-test" scale, as appropriate.

F. The State and local agency ensure that processes for sustaining improvements are put in place.

G. The State and local agency promote a culture that supports and incorporates Quality Improvement in all areas. Such promotion includes, but is not limited to, the following examples:

1. Educate staff about QI and provide them with the skills to participate in QI activities
2. Consistently articulate the values of QI in staff meetings
3. Display QI data and storyboards (simple statements and visual representations that describe a problem, the evaluation process, the proposed changes and their implementation, and display the results)
4. Celebrate successes
5. Provide opportunities for all staff to participate in QI teams
6. Reward staff members through performance evaluation for their contributions to the QI program

H. The State and/or local agency conduct quality assurance activities that include, but are not limited to, the following:

1. The State and local agency periodically review QI projects and activities to ensure that they reflect Program goals, objectives and priorities.
2. The State and local agency periodically review evaluation of changes implemented to ensure they result in desired improvements and that the changes were sustained.

Definitions

Competency: A skill or ability to perform a task. To be competent means an individual can apply that information or knowledge appropriately.

Competency-based training: The delivery, assessment and certification of training as it relates to the demonstration of attained knowledge and skills and their application. Importance is placed on an individual's demonstration of learned skills, rather than how much time is spent in training or the amount of knowledge acquired in a formal setting. Competency-based training is outcome-oriented.

High-Risk: A designation of a participant based on the nutrition risk condition(s). Criteria for a participant being designated "high risk" are based on State agency policy. The nutrition services associated with "high risk" includes an individual care plan, more frequent nutrition education contacts and the provision of nutrition services by a registered dietitian (or other professional).

Nutrition Services Plan: Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program. The Nutrition Services Plan outlines State and local agency plans to deliver quality nutrition services based on the needs of its population and participants and provide staff training in accordance with federal regulations. The plan includes the nutrition services section of the State plan, as well as the State agency efforts to incorporate the Nutrition services standards.

Participant-Centered Services: A systems approach designed to focus on topics and issues that are relevant to the participant. This approach puts the participant's needs and the goal of healthy behaviors at the core of WIC service delivery, and focuses on a person's capacities, strengths and developmental needs, not solely on the problems, risks or negative behaviors. In contrast to the traditional didactic WIC assessment and education model, participant-centered services encourage staff to engage the participant/caretaker in dialogue, information exchange, listening and feedback, in order to translate the assessment into action and customize the nutrition services provided. http://www.altarum.org/publications-resources-health-systems-research/WICPCEtools

Peer Counselor: A paraprofessional* who is recruited and hired from target population and is available to WIC clients outside usual clinic hours and outside the WIC clinic environment.

* A **paraprofessional** qualified to be a Peer Counselor**,** as defined in the *Loving Support* Model, is an individual without extended professional training in health, nutrition, or the clinical management of breastfeeding who are selected from the group to be served and are

trained and given ongoing supervision to provide a basic service or function. Paraprofessionals provide specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals (*Loving Support* Model for a Successful Peer Counseling Program).

Quality Assurance (QA): A retrospective review process that demonstrates that a service fulfilled or met a set of requirements or criteria. Evaluation findings are one of two choices (i.e., pass/fail; meets expectations/does not meet expectations; yes/no; etc.)

Quality Improvement (QI): A formal approach to performance analysis and systematic efforts to improve it. Aimed at improvement, it is an ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services and processes.[1] It involves the implementation of solutions to improve services and the monitoring of their effectiveness, with the goal of achieving optimal health outcomes for participants. Ongoing cycles of change and re-measurement are implemented to test and try different ideas to determine which practices result in improved services as well as efficiency in procedures and processes. QI activities can range from a single team focusing on improving one aspect to a comprehensive QI program with many teams working on a wide variety of improvement projects, with a well-established plan and an oversight committee (adapted from U.S. Department of Health and Human Services Health Resources and Services Administration http://hab.hrsa.gov/deliverhivaidscare/clinicalguide11/cg-103_quality_improvement.html).

Revitalizing Quality Nutrition Services (RQNS): An evolving process of continuous program improvement involving partners at the Federal, State and local levels. The goal of RQNS is to enhance and strengthen the effectiveness of WIC nutrition services so that WIC continues to be the premiere national public health nutrition program, helping participants to achieve and maintain optimal nutrition status. http://www.fns.usda.gov/wic/benefitsandservices/rqns.HTM

Scope of practice: Encompasses a staff position's range of unique roles and activities in the provision of information, counseling and support to WIC participants. Each staff position's

[1] Riley et al, "Defining Quality Improvement in Public Health", Journal of Public Health Management & Practice, 2010, 16(10), 5-7. Accessed at: http://journals.lww.com/jphmp/Fulltext/2010/01000/Defining_Quality_Improvement_in_Public_Health.3.aspx

scope of practice is defined by the required qualifications and job-specific responsibilities for that position.

Social media: Encompasses web-based, mobile and other emerging technologies to turn communication into interactive dialogue and build a sense of community among users.

Value Enhanced Nutrition Assessment (VENA): A process developed jointly by the Food and Nutrition Service (FNS) and the National WIC Association (NWA) to improve nutrition services in the WIC Program. As part of the larger RQNS process, VENA sets participant-centered standards for the nutrition assessment that determines eligibility, enabling local agency nutritionists to personalize WIC nutrition education, provide more relevant referrals, and tailor food packages to the individual participant's needs. https://wicworks.fns.usda.gov/wicworks//Learning_Center/Assessment_VENA.html

WIC-Designated Breastfeeding Expert: An individual who is an expert with special experience or training in helping breastfeeding mothers and who provides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff face situations outside of their scope of practice. Individuals with this designation can be WIC staff including Breastfeeding Coordinators, Peer Counselor Coordinators, IBCLCs, Certified Lactation Counselors or Certified Lactation Educators, nutritionists, and nurses or community health care providers such as physicians or nurses.

Yield: To request assistance from a staff person when an issue or concern is out of a staff person's scope of practice.

Self-Assessment

Introduction

The NSS self-assessment promotes the critical thinking necessary to perform a valuable assessment of the nutrition services a WIC agency provides. WIC State and local agencies are encouraged to use the self-assessment templates and standards as a tool for continuous program improvement. The essence of continuous program improvement is captured in the WIC initiative, Revitalizing Quality Nutrition Services (RQNS), which serves as the underlying foundation of the NSS. The goal of RQNS is to enhance and strengthen the effectiveness of WIC nutrition services so that WIC continues to be the premiere national public health nutrition program.

Though using this tool is voluntary, ensuring your Program is delivering quality nutrition services, a fundamental benefit of WIC, can only be achieved when services provided are evaluated. When each State and local agency evaluates how well they deliver a wide range of nutrition services and subsequently determines how to make improvements in their Program, they support the goal of RQNS.

It is important to note that, as a tool for continuous program improvement, the NSS self-assessment is not meant to be completed in one, two, or even just a few sittings. Rather, it is meant to assist State and local agencies in their continuous quality improvement activities performed throughout the year that may focus on one or part of a standard.

State and local agencies that have their own assessment tool(s) may wish to use the NSS self-assessment to compliment what they are currently using and/or to ensure they assess all areas the NSS covers.

Templates for the Self-assessment

The self-assessment is comprised of two templates. The first template (for Standards 1, 2, and 6-16) includes five questions to critically evaluate each area within a Standard for all these standards. The second template (for Standards 3-5) is made up of questions that are more staffing-specific.

The areas being assessed within a standard (represented by capital letters, e.g. A, B, C, etc.) may or may not include additional elements (e.g. 1, 2, 3; a, b, c; and/or i, ii, iii, etc.). All elements listed under an area should be considered when answering the question.

Electronic Template for the Self-Assessment

The electronic version of the self-assessment templates is available to WIC staff and can be accessed at: https://wicnss.fns.usda.gov/. For an agency's convenience, the electronic self-assessment tool allows the user to save their work and revisit it later to enter their progress towards achieving their self-identified goals/plans for improvement. Because of this capability, agencies must create a username and password. Additionally, the electronic tool can generate progress reports that can be emailed or saved as a PDF document.

Before You Begin

Ideally, State and local agencies would use a team approach when evaluating their WIC Program using the self-assessment tool. Not only does this facilitate obtaining information from those most familiar and most involved with specific aspects of the nutrition services provided, but it also emphasizes teamwork and that everyone's input and contribution is valued. However, the workgroup recognizes that all agencies may not have the staff to conduct self-assessments in this manner.

In preparation for a self-assessment, it may be helpful to gather relevant resources and information that will help inform your discussions. Useful resources/methods include, but are not limited to:

1. State Plan/Policy Procedure Manual
2. State or local agency Nutrition Services Plan
3. State or local agency guidance
4. State or local agency records
5. FNS policy and guidance
6. Training curriculum and materials
7. Personnel records
8. Direct observation
9. Participant, staff, and/or stakeholder feedback or interview/questionnaire/survey results
10. Memorandum of Understanding

11. Participant Characteristics reports

12. State Management Information System

Conducting the Self-assessment

Once team members/staff have been identified and assigned for specific standards, you may wish to determine a meeting frequency to discuss progress in completing portions of the self-assessment.

Next Steps

In determining next steps, an agency can use the results of the self-assessment to help initiate and inform QI teams (See Standard 16: Quality Improvement) in their ongoing efforts to determine how to improve and enhance nutrition services.

In completing the self-assessment, an agency that is particularly proud of what they are doing in an area is encouraged to share their exceptional performance via the WIC Works Resource System. Additionally, to further assist other agencies in their quality improvement efforts, agencies are also welcome to share their improvements and lessons learned.

Nutrition Services Standards Self-Assessment Template

(To be applied to all Standards, except Nutrition Services Staffing Standards (i.e. Standards #3-5)).

Person completing assessment: _____

Date of assessment: _____

Please complete the following series of questions for each area under a standard: The areas assessed within a Standard (represented by capital letters, e.g., A, B, C, etc.) may or may not include elements (e.g., 1, 2, 3; a, b, c; and/or i, ii, iii, etc.).
Which elements under this area are you performing/meeting criteria? (If no additional elements listed under the area, then evaluate your performance in this area.)
Describe the strengths of your agency in this area. In what ways does your agency excel/perform particularly well in this area? What are the elements/factors that support and contribute to this excellence?

Describe the ways in which your agency can improve (this includes areas in which an agency is meeting criteria but would like to improve, as well as areas an agency is not currently meeting criteria).
What are your agency's goals/plans for improvement? By what date do you plan on achieving these goals/plans?
What are the resources/technical assistance your agency needs to reach your improvement goals/plans?

Nutrition Services Staffing

Person completing assessment: _____

Date of assessment: _____

Staff qualifications, roles, responsibilities and training
Please complete the following series of questions for each staff position described in Standard 3 as applicable to each State or local agency (i.e., State Nutrition Coordinator, State Breastfeeding Coordinator, State Peer Counselor Coordinator, Competent Professional Authority, Local Agency Peer Counseling Coordinator/Supervisor, qualified nutritionist for high risk participants, Local Agency Nutrition Coordinator, Peer Counselor, WIC-Designated breastfeeding expert, nutrition services support staff.)

_____ meets the specified qualifications: ☐ **Yes** ☐ **No**
(position title)

Does the individual(s) have any additional qualifications, skills and/or experience that are beneficial to your WIC Program? If yes, list below and explain in what ways the Program has benefited.

Staff perform all of their specified roles and responsibilities: ☐ **Yes** ☐ **No**

If no, explain:

Based on input from the individual(s) in this position, does the _____ *(position title)* feel that he/she/they received:

1. sufficient orientation ☐ **Yes** ☐ **No**
2. their job description and performance standards and was given an opportunity to ask questions ☐ **Yes** ☐ **No**
3. position- and task-appropriate training (to include management training for supervisory roles) ☐ **Yes** ☐ **No**

   (position-appropriate training refers to more general overview of the roles and responsibilities of the position; task-appropriate training refers to specific instruction on how to perform a particular task)
4. quarterly (recommended) competency-based training ☐ **Yes** ☐ **No**
5. their annual performance evaluation ☐ **Yes** ☐ **No**

If no to any of the above, explain:

What are your goals/plans for improvement to address insufficient orientation and/or training? By what date do you plan on achieving these goals/plans?

Are there additional training and/or orientation/training elements that would benefit the individual(s) in his/her/their role?

☐ **Yes** ☐ **No**

If yes, list/explain below.

With what opportunities was the _____ provided to
(position title)
maintain his/her qualifications through continuing education?

Staffing Patterns, Recruitment and Retention

Staffing patterns (numbers and personnel type) are based on the agency's case/ workload

☐ **Yes** ☐ **No**

List the strategies the agency uses to effectively recruit and retain high quality nutrition services staff.

What, if any, other strategies can the agency use?