

## **VENA Frequently Asked Questions**

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### **What is VENA?**

VENA (Value Enhanced Nutrition Assessment) was developed jointly by the Food and Nutrition Service (FNS) and the National WIC Association (NWA) and is part of the larger Revitalizing Quality Nutrition Service (RQNS) in WIC initiative. The VENA guidance provides a process for completing a comprehensive WIC nutrition assessment, including the content of such an assessment and an outline of the necessary staff competencies.

The focus of VENA is assessment; it does not prescribe specific nutrition education messages or interventions.

VENA is not a packet of new forms to be completed; it does provide guidance for each State agency on how to review, develop and enhance its current assessment protocols.

VENA is not a new data collection list; it is a framework for collecting comprehensive assessment information with a participant-centered, positive approach to better provide the most relevant nutrition services for each WIC participant.

VENA is not a script of questions that must be asked of every participant at every visit; it is a method for initiating and sustaining conversations that allow the participant a greater sense of ownership and involvement in her/his WIC experience.

VENA is not a cookie-cutter model to be used in all clinics; it does provide flexibility for each State agency to use the guidance to develop quality nutrition assessment protocols that best suit its unique operations.

### **Why VENA?**

The Value Enhanced Nutrition Assessment (VENA) initiative was developed to address the Institute of Medicine (IOM) report: Dietary Risk Assessment in the WIC Program. In its report, the IOM recommended that all women and children ages 2 to 5 years should be presumed to be at dietary risk based on failure to meet the Dietary Guidelines for Americans. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved nutrition education. VENA will improve and enhance the risk assessment process by ensuring that a medical-nutritional assessment continues to be completed and streamlining dietary assessment to collect more relevant information to be used to individualize nutrition services.

### **In general, how will VENA impact the WIC Program?**

VENA represents a paradigm shift in that VENA will change the way that WIC interacts with applicants, participants and program staff. Participant risks and needs change over time, as do the scientific knowledge and best practices for methods to improve the health of women, infants and children. VENA allows and encourages the adaptation and enhancement of the program to address new emerging health-related risks and the changing needs of participants. VENA will be an ongoing process so that WIC continues to be effective in its mission and maintains its status as a premiere public health nutrition program.

### **How will VENA affect the WIC nutrition assessment process in my State?**

Each State agency will review its current assessment protocols and determine what nutrition assessment enhancements are necessary. A State agency may enhance existing quality nutrition assessment protocols or choose to take this as an opportunity to significantly redesign their nutrition assessment and documentation processes. FNS recognizes that no one approach will fit all agencies.

### **How will VENA relate to WIC nutrition risks?**

VENA and WIC nutrition risks provide a cohesive framework for a comprehensive assessment addressing all WIC risks - anthropometric, biochemical, clinical and dietary. WIC nutrition risk criteria provide a foundation by establishing program eligibility for each participant. The VENA guidance outlines a process for achieving a consistent and comprehensive WIC nutrition assessment.

FNS Policy Memorandum 98-9, Revision 8; WIC Nutrition Risk Criteria (issued in March 2005), provides State agencies with the information they need to revise the dietary risk criteria. The VENA guidance complements Policy Memorandum 98-9, Revision 8, and provides information to assist State agencies with the implementation of the revised dietary risk criteria.

### **Will VENA impact only dietary risk?**

No, the VENA guidance covers all aspects of assessment, including non-dietary risks. The joint FNS/NWA VENA workgroup was brought together to develop guidance specifically in response to the IOM report that addressed dietary risk. However, the workgroup strongly believed that all WIC nutrition risks - anthropometric, biochemical, clinical and dietary are interrelated and focused on developing a comprehensive framework addressing the "A, B, C and D" of nutritional risk.

### **How do you document dietary risk without a 24-hour Dietary Recall or Food Frequency Questionnaire?**

An important finding of the IOM report states that commonly used dietary assessment methods (e.g., 24-hour Dietary Recall, Food Frequency Questionnaire [FFQ]) are not appropriate for determining nutrient deficiencies in individuals and for WIC eligibility purposes. Twenty-four hour Dietary Recalls and FFQs will no longer be used to quantify diet in order to determine WIC eligibility. Now, with VENA, information gathered through 24-hour Dietary Recalls and FFQs, if used, should only be used to assist WIC staff in initiating a dialogue with participants about diet, food intake and feeding behaviors.

The revised dietary risk criteria clearly identify inappropriate nutrition practices that can be used to develop assessment protocols for the documentation and determination of WIC dietary risk.

### **How will VENA impact the way WIC staff explain eligibility determination with respect to nutrition risk?**

It is important to inform participants that the WIC Program has various eligibility criteria,

one of which is determined through the nutrition assessment process. WIC staff should clearly explain that nutrition assessment questions and measurements are used not only to determine eligibility but just as importantly, to guide the nutrition services that are provided.

In keeping with VENA and the nutrition education guidance, a participant must be informed of the risk factor(s) that have been identified, in a constructive and sensitive manner. It is important to communicate with participants in such a way that describes nutrition risks as potential barriers to positive health outcomes – and not in a way that makes them feel like they are being judged or are bad parents. In those cases where many risk factors have been identified, professional judgment may be used to focus the explanation of nutrition risk on one or two factors that are most relevant and/or important at the time of certification.

FNS is in the process of revising WIC Policy Memorandum 92-5: WIC Program Explanation, to better conform to the VENA philosophy of participant-centered communication.

**Does FNS expect every WIC State Agency to implement the health outcome-based approach to WIC nutrition assessment?**

Ideally, the health outcome based approach is what we would like to see implemented. However, we realize that this may not be reasonable or realistic for every WIC State agency operation. It is our expectation that all State Agencies will implement a positive approach to WIC nutrition assessment. One that builds on an overarching health outcome (e.g., delivery of a healthy baby) – rather than deficiency findings - and that focuses on ways that WIC can assist the participant in reaching their desired health outcome.

**How will VENA impact the way in which WIC staff document nutrition services provided to participants?**

As part of VENA implementation, State Agencies may find it necessary to establish more specific requirements for documenting nutrition risks assigned, nutrition risks addressed, and plans for follow-up or exploring nutrition risks assigned.

To enable the Competent Professional Authority (CPA) to provide tailored nutrition education and for monitoring purposes State Agencies should ensure their policies for documentation include: 1) what risks were assigned and what was discussed 2) how likely/receptive the participant was to changing behavior(s), and 3) plans for follow-up on risks discussed or risks that should be explored with participants at the next appointment.

### **What kind of training will be needed to implement VENA?**

The VENA guidance outlines key staff competencies necessary to conduct a comprehensive assessment, e.g., knowledge of nutrition, communication skills, and critical thinking. State agencies will need to evaluate staff training needs and build upon existing training systems. The training materials provided at the 2006 FNS Regional VENA Competency Trainings are meant to be adapted by State Agencies for use with their local agency staff.

### **My State agency has varied levels of WIC staff expertise in each of the VENA competency areas. What is the expectation or how should my agency approach local program staff training?**

Training, one of the 5 priority areas described in the VENA Implementation Guidance, may be approached differently by State agencies - depending on local agency staffing resources (professional vs. paraprofessional), division of staff responsibilities, etc. However, the focus for all State agencies should be to provide training that develops the essential knowledge base and skills necessary (as identified in the VENA Guidance) for staff to conduct value enhanced WIC nutrition assessments. Training, followed by periodic staff evaluation and continued education activities, assures that WIC personnel maintain and refine their skills.

Federal rules, i.e., the definition of Competent Professional Authority and the Nutrition Service Standards related to staffing, remain unchanged. Nonetheless, the VENA Implementation process does provide State agencies the opportunity to review and strengthen their policies pertaining to staff qualifications, roles and responsibilities.

In addition to varied skills of local staff, there may also be a varied level of enthusiasm and/or buy-in to the VENA initiative in general. FNS will facilitate opportunities for State Agencies to brainstorm this issue as well as share successful training strategies and materials via WIC Works, FNS Regional and VENA Implementation Group conference calls.

### **How will VENA impact nutrition education?**

While the focus of VENA is to strengthen risk assessment, one of the outcomes will be the collection of more relevant information to be used for individualized nutrition services. VENA was developed to align the purpose and scope of a multi-faceted WIC nutrition assessment with targeted and relevant nutrition education to guide and support families in making healthier eating and lifestyle choices. It is meant to be a bridge to enhance and expand nutrition education and other nutrition services provided by WIC. VENA complements the participant-centered strategies that many State agencies have incorporated into their delivery of nutrition education and counseling.

**Are WIC staff expected to counsel participants on every identified nutrition risk at certification?**

No. It is expected that a complete nutrition assessment be conducted at each certification, and that all nutrition risks are reported/documented. It is not expected that all nutrition risks (especially if there are many) will be covered at the initial certification. Covering all messages at once could result in information overload – which is not an effective education strategy. In keeping with VENA and the nutrition education guidance, WIC staff should prioritize, in conjunction with the participant, the nutrition related topics to be covered at certification. Other identified nutrition risks and nutrition related participant concerns can be covered at subsequent nutrition education encounters. (For more information about nutrition education and its relationship to nutrition assessment, please see the WIC Nutrition Education Frequently Asked Questions).

**How will we know if this new way is better?**

It may be difficult to measure how VENA improves WIC as some areas are intangible. However, improvements should be seen in staff competencies and morale; consistent and comprehensive risk identification; and participant outcomes and satisfaction. In addition, FNS plans to encourage the use of WIC Special Project Grants to examine and evaluate the effects of VENA on WIC nutrition assessment and services.

**What is the timeline for VENA?**

Implementation of VENA will be a gradual process determined by each State agency's current staffing and nutrition assessment procedures. In August 2007, each State agency will submit a plan that outlines and projects the implementation of VENA nutrition assessment protocols by fiscal year 2010.

**Below is a more detailed timeline:**

- December 15, 2006 - WIC State agencies submit to FNS Regional Offices findings from their review and evaluation of existing assessment protocols.
- August 15, 2007 - WIC State agencies, as part of the State Plan, submit VENA implementation plans to FNS Regional Offices.
- Fiscal Year 2008-2009 - WIC State agencies revise nutrition assessment policy and procedures and provide necessary staff training, etc., (as described in their FNS approved plans) to implement VENA.
- October 1, 2009 - VENA implemented in all WIC State agencies.