

WASHINGTON STATE WIC POLICY AND PROCEDURE MANUAL



VOLUME 1, CHAPTER 11

Assessment

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

TABLE OF CONTENTS

Section 1 - Assessment During WIC Certification..... 1
 Nutrition Assessment Requirement 1
 Using Client-centered Skills to Complete the Assessment..... 2
 Using the Assessment Questions to Get Complete Information..... 4
 Coordination of WIC and MSS Assessment Process 6
 Using an Interpreter 8

Section 2 - Appendix..... 11
 Key Elements and Examples for Conducting Nutrition Assessment

POLICY: Nutrition Assessment Requirement

The CPA completes a thorough nutrition assessment at each certification, recertification and mid-certification health assessment. A nutrition assessment is the process of gathering information about the client's health and nutrition practices and clarifying the information to make sure it is relevant and complete. The CPA finds out about the client's health and nutrition status by:

1. Taking and plotting the length or height and weight measurements and then assessing the client's weight or growth. See Volume 1, Chapter 9 - Anthropometrics for more information.
2. Performing an iron test or getting the iron test results from a medical provider. See Volume 1, Chapter 10 – Hematology for more information.
3. Asking the Assessment Questions and documenting in the client's file.

The CPA uses the results of the assessment to determine the client's nutrition risks and nutrition education topics, identify referral resources, and assign the food package.

PROCEDURE:

The CPA:

- A. Takes length or height and weight measurements and assesses weight or growth.
- B. Performs an iron test or gets the results from a medical provider and assesses value.
- C. Asks Assessment Questions at each certification, recertification and health assessment.
- D. Uses critical thinking and client-centered skills to gather and analyze assessment information.
- E. Considers the client's cultural background, beliefs and needs when completing the assessment.
- F. Documents the client's nutrition risks and relevant information about the client's health and nutrition status upon completing the assessment.
- G. Uses information gathered during the assessment to offer nutrition education, make referrals and assign food package based on the client's needs.

POLICY: Using Client-centered Skills to Complete the Assessment

The CPA uses client-centered skills to complete the assessment.

PROCEDURE:

The CPA:

- A. Builds rapport and sets the tone for the assessment by greeting the client or caregiver in a friendly way and introduces him or herself at the beginning of the appointment.
- B. Positions self to client or caregiver to create an inviting setting. The client or caregiver sits at the side of the desk or staff and client can be knee-to-knee. This helps shrink barriers like a desk between staff and client or the computer screen impacting non-verbal communication from the client or caregiver.
- C. Sets the agenda by:
 - 1. Telling the client or caregiver how long the appointment will take.
 - 2. Sharing what they will do during the appointment.
 - 3. Sharing the introductory statement at the beginning of the Assessment Questions to inform clients that WIC asks all clients and caregivers the same questions.
 - 4. Letting the person know that all their information is kept private.
- D. Puts his or her feelings aside while learning about the client's or caregiver's beliefs and thoughts. Stays non-judgmental during the assessment.
- E. Affirms the client or caregiver with sincere and encouraging words. Keeps assessment positive and avoids making the client feel defensive or hostile.
- F. Explores and learns about the client's or caregiver's culture, unique needs and beliefs. Shows sensitivity and respect towards the beliefs.
 - 1. Ask open-ended questions. This allows the client or caregiver to give full and meaningful answers from her own perspective and express her feelings. Questions starting with "what," "when," "where," "how," "tell me," and "why," are open-ended.
 - 2. Ask probing questions to clarify or get more details. For example: How many cigarettes do you smoke each day? How much alcohol, wine or beer do you drink?

3. Use “encouragers” to acknowledge what the client or caregiver is saying and encourage her to keep talking. Encouragers are short words, phrases or gestures. For example: Hmm, I see, go on, and then, etc.
 4. Avoid leading questions which may influence the client’s or caregiver’s answer. For example: You don’t drink alcohol do you? Do you drink milk at every meal?
 5. Use simple, familiar words (plain talk). Avoid using technical words like certification, pregnancy induced hypertension, neuromuscular conditions, iron deficiency anemia, high risk, hemoglobin, etc.
 6. Show acceptance and sensitivity especially when asking questions about highly confidential areas. For example: Substance abuse, mental health concerns, miscarriages, abortions, etc.
 7. Use "active listening” skills. It takes effort to hear what the client or caregiver is saying, not just the words but the total message shared. Listening closely tells the person she is valued. “Active listening” skills include:
 - a. Use body language to show interest, enthusiasm, kindness and respect for the client or caregiver.
 - 1) Lean forward to convey interest.
 - 2) Have an open body position.
 - 3) Use open hand gestures.
 - 4) Keep eye contact when appropriate.
 - b. Restate what the person says to make sure you understood what was said. Reflect what you think the person is feeling.
 - c. Give the client or caregiver time to answer each question and avoid interruptions, whenever possible.
 - d. Allow time for silence to give the client or caregiver time to answer the question and share more information.
- G. Adjust the assessment process when the client or caregiver has urgent needs to address. For example: Recent eviction, domestic violence, family substance abuse, etc. If not able to complete the assessment, schedule an appointment the next month to finish. Document information in the client’s file.

POLICY: Using the Assessment Questions to Get Complete Information

The CPA must get answers to all the Assessment Questions at each new certification, recertification and health assessment.

The CPA uses the information gathered from the Assessment Questions to:

1. Find nutrition risks for WIC eligibility.
2. Discover nutrition education topics.
3. Personalize the client's referrals.
4. Assign the food package.

PROCEDURE:

The CPA:

- A. Asks the client or caregiver the Assessment Questions based on category, age and feeding status.

Note: The Assessment Questions are in Client Services and on the Washington WIC Web site. The web site has Assessment Questions in many languages.

- B. Completes a thorough assessment.

- a. Assess for all potential WIC risks per client category by asking all of the Assessment Questions.

Note: It isn't required to ask a specific Assessment Question if the client or caregiver has already answered the question earlier in the assessment.

- b. Ask probing questions when needed to gather complete information about the client.
- c. Use Assessment Questions to facilitate a conversation with clients and caregivers. Assessment Questions can be asked in any order.

- C. Keeps the intent of the question when using your "own voice."

- a. Ensure the question has the same meaning as the standardized Assessment Question.
- b. Know the nutrition risks to understand the intent of the question.

Note: Refer to Volume 1, Chapter 14 – Nutrition Risk Criteria for definitions and justifications of nutrition risk factors.

- c. Use open-ended questions when possible.
- d. Avoid leading questions.
- D. Explores the pregnant client’s thoughts and knowledge about breastfeeding. See Volume 1, Chapter 13 – Basic Contact for more information about this requirement.
- E. Asks all the Assessment Questions before offering nutrition education.
- F. Identifies and selects all nutrition risks in the client’s file in Client Services.
- G. Selects one of the following if no risk is identified from the Assessment Questions, length or height and weight measurements, or iron test results:
 - a. “Not Meeting Dietary Guidelines” risk for women and children 2 years and older.
 - b. “Not Meeting Feeding Guidelines” risk for infants 4 – 12 months of age and children 12 – 23 months of age.
- H. Documents additional notes about client’s risks, nutrition needs and eating or feeding practices in Client Services when appropriate.

Note: Paper forms or other documents used as part of the assessment do not need to be kept once information is recorded in Client Services. If a client name is written on the Assessment Question form or note pages and the document is not filed, shred the document to protect client confidentiality.

Information:

The Assessment Questions are meant to start the conversation with the client or caregiver in a warm and caring environment, showing the spirit of client-centered services.

The purpose of a complete assessment is to have a conversation to discover concerns and needs of the client about health and nutrition. This helps staff learn about the client’s or caregiver’s cultural values, preferences, food buying practices, cooking abilities, mealtime habits and other related areas. It also helps staff provide the “right” information and guide the client or caregiver towards positive health behavior changes.

It is recommended new staff use the Assessment Questions as written until they are familiar with the intent of the questions, the nutrition risks, and are comfortable asking the questions. Staff can “use their own voice” when asking the questions as long as they keep the intent of each question. The Assessment Questions may be viewed or downloaded at: <http://www.doh.wa.gov/cfh/WIC/vena.htm#assess>.

POLICY: Coordination of WIC and MSS Assessment Process

The CPA is allowed to use information gathered during the pregnant woman Maternity Support Services (MSS) assessment as part of the WIC assessment provided the following conditions are met:

1. The staff person who gathered the MSS assessment information is the same person who is completing the pregnant woman WIC certification.
2. The WIC and MSS assessments occur on the same day.
3. The CPA asks (or gets the answers to) all WIC Assessment Questions not asked during the MSS assessment.
4. The CPA assures WIC Assessment Question responses are documented in Client Services.

Note: This practice is only allowed for pregnant certifications. The MSS pregnant woman assessment questions are similar to the WIC pregnant woman Assessment Questions with the exception of a few additional questions. The CPA must assure that a complete WIC assessment has been done by asking the additional questions.

Information obtained through a MSS First Steps visit can be useful in obtaining information for the WIC Assessment Questions for breastfeeding, postpartum and infant clients. Because the MSS First Steps forms are not similar enough to the WIC Assessment Questions for these categories, the WIC Assessment Questions for these categories must be used when determining certification.

PROCEDURE:

The CPA:

- A. Assures all the WIC Assessment Questions for a pregnant woman have been answered using the MSS assessment and the WIC certification process.
- B. Assures all appropriate nutrition risks are selected in Client Services.
- C. Documents additional information in Client Services as appropriate.
- D. Assesses and provides nutrition education based on the woman's needs determined during the assessment conversation and other information gathered during the assessment.
- E. Assesses and provides referrals based on the woman's needs.

- F. Assigns the appropriate food package based on the client's needs.

Information:

Maternity Support Services (MSS) are preventive health services that supplement medical coverage for Medicaid eligible women who are pregnant or within 60 days post-pregnancy. The goal of MSS is to provide services as early in a pregnancy as possible. This effort promotes positive pregnancy and parenting outcomes. MSS services are provided by private and public agencies throughout Washington. Services include assessment, health education, intervention and counseling offered by a multi-disciplinary team of professionals and paraprofessionals who work closely with the woman to provide a comprehensive plan of care. Applicants can apply for First Steps, the umbrella agency for Maternity Support Services, by visiting their local Community Service Office (CSO).

First Steps is a program that helps low-income pregnant women get the health and social services they may need. After delivery, the baby will receive full medical coverage until his or her first birthday.

POLICY: Using an Interpreter

A client with Limited English Proficiency (LEP) must have an interpreter for the WIC appointment when bi-lingual staff aren't available.

Staff must use appropriate actions and skills when using an interpreter.

PROCEDURE:

The CPA:

- A. Determines the primary language of clients or caregivers who need or request an interpreter.
- B. Follows these guidelines when using an interpreter.
 - 1. Seats the interpreter so he or she doesn't block your view of the client or caregiver.
 - 2. Speaks directly to the client or caregiver as if the interpreter is not in the room. Talking with the interpreter instead of the client decreases the chance of building trust and rapport.
 - 3. Stays focused, shows interest and keeps eye contact with the client or caregiver.
- C. Lets the client or caregiver know that all information is confidential.
- D. Speaks naturally, not louder, and speaks clearly and slowly.

Note: Rushing can decrease the quality of the translation.
- E. Uses simple words. Avoids difficult, technical and slang terms.

Note: Do not use sayings, acronyms, or medical terms. Clarify unique words, and provide examples if they are needed to explain a term.
- F. Tells the client or caregiver that questions and information are coming from the certifier and not from the interpreter. This helps the client or caregiver and interpreter feel more comfortable especially when talking about sensitive topics.
- G. Avoids humor. Jokes do not translate well.
- H. Uses simple pictures when possible.

Note: Don't assume that a limited English-speaking client or caregiver understands you. In some cultures, a person may say "yes" as you explain something, not meaning she understands but rather she wants you to keep talking because she is trying to understand. The lack of English language skills does not indicate a lack of education.

When working with an interpreter, the CPA:

- A. Talks with the interpreter before the client's appointment to familiarize him with specific terms and give information to enhance the interaction.
- B. Prepares the interpreter for any sensitive issues.
- C. Gives the interpreter a copy of the Assessment Questions, if possible.
- D. Allows plenty of time for the visit. Using an interpreter often makes the appointment longer.
- E. Speaks one or two sentences at a time. Pauses after about 60 seconds, after a thought is complete (if not too long) or if the interpreter is given a long statement.
- F. Clarifies if something is not understood.
- G. Avoids disruption during interpretation.
- H. Stops the interpreter if it seems that the interpreter is sharing his own interpretation or thoughts instead of what is said. The interpreter is solely there to translate what is said.
- I. Avoids private discussions. The interpreter will interpret everything that is said.
- J. Informs the interpreter that he is never to answer questions for you or the client. There could be negative impacts even when the interpreter answers a very simple question.
- K. Thanks the interpreter at the end of the session.

Information:

Local staff should always use a certified interpreter unless qualified clinic staff are available. Avoid using family members or untrained staff. Confidentiality is important for clients to be able to share personal information.

Clients and caregivers value being greeted in their language. Learn some basic words and sentences in the person's language. Get to know terms used by the clients you serve.

APPENDIX

Following are the key elements and examples for conducting a nutrition assessment using client-centered skills and the Assessment Questions.

Key Elements for Conducting Nutrition Assessment	Examples for Specific Element
Build Rapport	
<p>Spirit of client-centered services:</p> <ul style="list-style-type: none"> • Accepting • Respectful • Individualized • Non-judgmental • Genuine • Sensitivity 	
<p>Introduction</p> <ul style="list-style-type: none"> • Greet the client. • Introduce yourself. • Identify your role. <p>Setting the agenda</p> <ul style="list-style-type: none"> • Share how much time you have. • What will happen during the appointment. • Assures information will be kept confidential. • Ask permission to proceed. • Ask an open-ended question. 	<p>Hi Joni, I'm _____. I will be certifying you for WIC today.</p> <p>This appointment will take about 30 minutes. I am going to ask you some questions about your health, nutrition and safety. We ask everyone these questions. If you have questions or concerns, we will come back and address them. Does that work for you?</p> <p>The information you share with me today is kept confidential.</p> <p>What concerns or questions would you like to talk about today?</p>

Key Elements	Examples
Complete the Assessment	
<p>Affirmations</p> <ul style="list-style-type: none"> • Sincerely compliment the client/caregiver. • Make supportive, reinforcing statements. • Focus on the positive, successes, and efforts. 	<p>Wow, you were really creative and flexible in order to get here today. Thank you.</p> <p>You work hard to prepare healthy meals for your child.</p> <p>You are very creative in preparing snacks.</p>
<p>Critical Thinking</p> <ul style="list-style-type: none"> • Collect all relevant information. • Clarify or gather additional details. • Analyze and evaluate all the information collected. • Determine the best course of action. • Ask all Assessment Questions to complete a thorough assessment. Identify questions that need clarifying depending on the response of your client. • Consider the whole picture; the height/weight, the iron test results and the client’s responses. <p>Open ended questions</p> <ul style="list-style-type: none"> • Begin with “what”, “how”, “tell me”, “why”, etc. • Ask in a way that is open and accepting. • Use encouragers (nodding, “go on, wow, hum, etc.). • Listen with an attitude of curiosity. 	<p>With diabetes, has your doctor asked you to check your blood sugars at home? Do you take insulin?</p> <p>How often?</p> <p>How much?</p> <p>Tell me about your activity level.</p> <p>It sounds like you bring sandwiches for lunch; how are they prepared?</p> <p>Is the lunchmeat heated to steaming?</p> <p>Tell me a little more about that...</p> <p>Describe what mealtimes look like?</p> <p>How does that work for you?</p> <p>Why do you feel that way?</p>
<p>Probing questions</p> <ul style="list-style-type: none"> • Use to clarify or gather added details. • Use if client provides short or generic answers. 	<p>Did the doctor prescribe iron supplements?</p> <p>How do you prepare the formula? How often is the cereal added to the bottle?</p> <p>What does your child do when you tell him “no”?</p>

Key Component	Examples
Complete the Assessment continued	
<p>Leading questions</p> <ul style="list-style-type: none"> • Avoids asking questions which may sway the client's response. <p>Reflections</p> <ul style="list-style-type: none"> • Reassures the client you are listening. • Corrects misunderstandings, false assumptions and misinterpretations. • Makes people feel understood. 	<p>Avoid asking: You eat high iron foods, like meat, everyday, right?</p> <p>Instead, ask: Tell me about what foods you eat? What is a typical meal?</p> <p>Other examples of leading questions to avoid:</p> <p>You drink milk at every meal, right?</p> <p>Did you quit smoking when you learned you were pregnant?</p> <p>You don't drink alcohol now that you are pregnant, do you?</p> <p>Client: My mom is always feeding him baby foods other than the breastmilk. She says he is whiny when he doesn't get food. I just don't know how to get her to stop.</p> <p>CPA: As you know, your breastmilk is the best food for Jacob right now and no other foods are needed. It feels frustrating that she doesn't support you. It is hard to tell our moms what we want them to do. Moms think they know best.</p>
<p>Hold off on education</p> <ul style="list-style-type: none"> • Allows ability to prioritize identified needs and concerns. • Efficient use of time by focusing on the highest priority issues. • Correct misinformation at the end of session so it doesn't come across as "criticism" during the conversation. • Bundled information is easier for a client to remember. 	<p>That is a good question, is it OK if I make myself a note and we come back to it after we have gone through these other questions?</p> <p>Let me write that down so we can talk about that later. Does that work for you?</p> <p>We'll come back to that, would that be okay?</p> <p>We'll talk about that more in a second. Does that work for you?</p> <p>Good point, if it is okay with you, we'll talk about those in a moment.</p> <p>That is a great question, I would like to write that down and after we get through the questions, then we can talk about it. Does that work?</p>

Key Component	Examples
Exploration	
<p>Summarize and prioritize</p> <ul style="list-style-type: none"> • Summarize completed assessment. • Review risk(s) identified for the client. • Prioritize nutrition topic with the client. • Move into discussing nutrition topic. <p>Exploring client education needs</p> <ul style="list-style-type: none"> • Share nutrition/health information the client is interested in learning. <p>Note: The client should be doing most of the talking.</p>	<p>Joni, you just answered a bunch of questions, had your weight plotted on the weight gain grid, and took an iron test. This information helped identify you as qualifying for WIC today. You really care about having a healthy pregnancy and baby. And it sounds like you are unsure what to do now that your doctor says you have gestational diabetes? Tell me what you know about gestational diabetes.</p> <p>Juanita, during these past twenty minutes we took Emanuel’s height, weight and iron test and I asked you a variety of questions. Two questions came up for you about introducing solids to Emanuel and what kind of sippy cup was best. These are both great questions. Which question would you like to talk about first?</p> <p>I jotted down the questions you had on this piece of paper, which one would you like to talk about first?</p> <p>We have talked about many different topics today, let’s review them. (Review each question, concern or nutrition need identified during the assessment.) Which one would you like to talk about today?</p> <p>Based on your answers to the questions and the questions you asked, here are several topics we might talk about (show circle chart or list of items on note pad and give a brief description of each). Which topic would you like to talk about today?</p> <p>On this chart are some of the things we could talk about...(show circle chart and give a brief description of each topic) Which topic interests you?</p> <p>Ask the client why they chose this topic.</p>

Note: This policy chapter is about completing the Assessment Questions. It does not include providing client centered education; see Volume 1, Chapter 16 – Nutrition Education.

Resources:

1. Brammer, Lawrence M., *The Helping Relationship; Process and Skills*, 3rd edition, Prentice Hall, Inc., New Jersey, 1985.
2. Carkhuff, Robert R., and Anthony, William A., *The Skills of Helping*, 9th edition, Human Resource Developing Press, Massachusetts, 1987.
3. Cassell, Jo Anne, *Topics in Clinical Nutrition: Interviewing and Counseling*, Aspen Systems Corporation, New Jersey, 1986.
4. Berg-Smith, Steven Malcolm, *Nutrition Assessment Skill Building*, WA State WIC Conference 2007.