



**Farewell TM,
Hello HH4L**

Transformation of the Triage Matrix, Progression to Healthy Habits 4 Life

A WebEx Q&A Session

September 30, 2008
October 1, 2008



Why Are We Doing This?



Background

2006

- **“Changing WIC, Changing Lives” campaign**
- **Overweight education focusing on prevention, rather than treatment**

2007-2008

- **Discussions about the role of the RD in WIC**
 - **Fall Conference 2007**
 - **Task Force Meetings, Nov 2007, Feb and May 2008**



Why Now?



To Prepare for Healthy Habits For Life and the New Food Package:

- **Shift away from:**
 - Clinical/medical model
 - Automated triaging
 - High-risk care plans
 - RDs focusing mainly on direct care



And...

- **Shift towards:**
 - RDs as coach/mentor/promoter of critical thinking
 - Learner-centered Education;
 - Healthy Habits for Life;
 - Infant feeding Choices and support



Requirements

Contract language for 2008-2011:

- **“A Registered Dietitian (RD)... [shall be designated] as the PWPC [in order to complete] staff training, quality assurance monitoring, and development and implementation of the Nutrition Services Plan NSP)....”**



And...

- **“Contractor shall employ RDs to perform direct service activities that address participant nutrition needs and to oversee the development, implementation and evaluation of the NSP; the quality assurance plan; nutrition-related education; nutrition assessments; and other related activities....”**



The Role of the RD:

Primary Role

- To coordinate and support nutrition services for the WIC program
- To supervise/oversee staff providing quality nutrition services

Secondary Role

- Provide nutrition education as a nutritionist when needed or as determined by the local agency
- Still screens for therapeutic formulas



Definition of “Nutritionist” includes:

- **Dietetic Technician, Registered (DTR),**
- **Degreed Nutritionists (DN),**
- **Master Degreed Nutritionists (MDN),**
- **Registered Nurses (RN).**
- **NOTE: Physician Assistants (PA) and Physicians (MD) are also qualified to provide WIC services.**



The role of the Nutritionist

- **Work with participants as needed**
- **Develop a plan for future contacts**
- **Promote needed referrals**
- **And, with training and oversight, address the following conditions of nutrition need...**



Conditions that will likely warrant being seen by the Nutritionist/RD:

- **Delayed growth indicators, e.g.,:**
 - Underweight in pregnancy
 - Low head circumference
 - Inadequate growth (infants 0-6 months)
 - Fetal Growth Restriction
 - *Hyperemesis gravidarum*

- **Current medical diagnosis, e.g.,:**
 - Diabetes
 - Hypertension
 - Renal/ cardio/ pulmonary/ TB
 - Gastrointestinal disorders/ food allergies
 - Other medical diseases or conditions



Role of the WNA

- **Not much different than now– WNA still educates on basic nutrition messages, healthy eating, active living, WIC foods, parenting and feeding skills....**
- **WNA still refers to a nutrition professional (RD, DN or other) when a condition is beyond his/her level of expertise (determined individually, not by ISIS)....**
- **WNA still relies on the nutrition professional (RD, DN or other) to respond to issues or questions that are beyond his/her level of expertise....**
- **WNA still conducts the assessment for eligibility and talks with the participant to learn about his/her needs, questions, strengths....**



Conditions that may be seen by WNAs:

- **Interventions likely to focus on HH4L:**
 - Underweight/ low weight gain in pregnancy
 - High weight gain in pregnancy
 - History of DM/ HTN
 - History of preterm delivery/ LBW/ DD
 - Carrying multiple fetuses
 - Pregnant and breastfeeding

- **Interventions that may include a referral:**
 - Low hematocrit/ hemoglobin
 - Recent surgery/ infection/ burns
 - Any of the above if the participant is not seeing a physician for the condition



ISIS Change Cycle, 11-22-08



Summary Screen Changes:

INTERVENTION LEVEL:

- 1/2/3/4 to N or blank

FOLLOW-UP EDUCATION:

- Add “Would you like to see a nutritionist?”
- Codes:

OLD (options)	NEW (options)
<ul style="list-style-type: none">● D = Dietitian● C = CPA● G = Group	<ul style="list-style-type: none">● N = Nutritionist● W = WNA● L = Lactation Counselor● G = Group



Session A

File Edit View Communication Actions Window Help

PrtScrn Color Clipbrd Index

ICE54M01 CALIFORNIA WIC INFORMATION SYSTEM 9/29/08
100JWINT CHILD SUMMARY 12:19 PM

NAME: DONALD A JOHNSON ID: 265827311DJ

ELIGIBLE: PRIORITY: 3A AGE: 00 YRS 20 MO GENDER: M
LANGUAGE: PARENT HIGHEST GRADE: OTHER PROGRAMS: _____
IS THIS CHILD BREASTFEEDING? N WEEKS BREASTFED: 00

INDICATORS OF NUTRITIONAL NEED: BMI:
ANTHROPOMETRIC: VERY LOW BW LOW BW
BIOCHEMICAL: OTHER BLOOD DISORDERS
CLINICAL: SURGERY GASTRO DIS CARDIO DIS IMMUN/CH INF

SOCIAL/OTHER:
DIETARY:

OTHER CONDITIONS: A49 A50 B90 C51 C80 C81 C82 _____
INTERVENTION LEVEL: N FOLLOW UP EDUCATION: _____
Would you like to see a nutritionist?

Command ==>
F: 1=Help 3=Exit 4=Opt 6=Wt 7=Lab 9=Comm 10=Show Chg 11=Done 12=Prev

MA a 06/011

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Start Session A Inbox - Microsoft Outlook 12:20 PM



Session A

File Edit View Communication Actions Window Help

PrtScr Color Clipbrd Index

ICE54M01 CALIFORNIA WIC INFORMATION SYSTEM 9/25/08
100JWINT CHILD SUMMARY 12:21 PM

NAME: DAVID JOHNSON ID: 912826912DJ

ELIGIBLE: Y PRIORITY: 3A AGE: 00 YRS 20 MO GENDER: M
LANGUAGE: PARENT HIGHEST GRADE: OTHER PROGRAMS: _____
IS THIS CHILD BREASTFEEDING? N WEEKS BREASTFED: 00

INDICATORS OF NUTRITIONAL NEED: BMI:
ANTHROPOMETRIC: VERY LOW BW LOW BW
BIOCHEMICAL: OTHER BLOOD DISORDERS
CLINICAL: SURGERY GASTRO DIS CARDIO DIS IMMUN/CH INF

SOCIAL/OTHER:
DIETARY:

OTHER CONDITIONS: A49 A50 B90 C51 C80 C81 C82 _____
INTERVENTION LEVEL: N FOLLOW UP EDUCATION: N
Would you like to see a nutritionist?

Command ==> █
F: 1=Help 3=Exit 4=Opt 6=Wt 7=Lab 9=Comm 10=Show Chg 11=Done 12=Prev

MA a 23/015

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Session A

File Edit View Communication Actions Window Help

PrtScr Color Clipbrd Index

```

INP10M01          CALIFORNIA WIC INFORMATION SYSTEM          9/25/08
100JWINT          Create Individual Nutrition Education Plan      12:22 PM

NAME: DAVID          JOHNSON          ID:          912826912DJ
Indicators of Nutritional Need:
Level Addressed
VERY LOW BW          A49          -
SURGERY              C51          -
LOW BW               A50          -
GASTRO DIS           C80          N
  
```

Notes: _____

Ppt chooses to: _____

Follow-up Plan: _____

See Individ Comments: N

Command ==>

F: 1=Help 2=Suspend 3=Exit 4=Opt 6=View Summary 9=Comm 11=Done

MA a 07/048

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Start | Home - VWIX - Microsof... | Session A | Administrator Scan-DHS... | Document1 - Microsoft ... | 12:22 PM



Session A

File Edit View Communication Actions Window Help

PrtScrn Color Clipbrd Index

INE20M01 CALIFORNIA WIC INFORMATION SYSTEM 9/25/08
 100JWINT PREPARE NUTRITION EDUCATION PLAN 12:23 PM

FAMILY NAME: DEBBIE JOHNSON FAMILY ID: DJ101208269

DAVID DEBBIE

CAT/EDD H&H: C P 01/01/09 *

DOB: 01/01/07 01/01/80

NON-WIC ED:

F/U ED INT L: N N W

SEP 2008	FC	
OCT 2008	GC28	GT25
NOV 2008		
DEC 2008	GC30	EA03
JAN 2009		
FEB 2009	SR40	SR
MAR 2009		
APR 2009		
MAY 2009		
JUN 2009		
JUL 2009		
AUG 2009		
SEP 2009		

Command ==>

F: 1=Hlp 3=Ext 4=Opt 5=History 6=Document 9=Comm 11=Done 12=Prev

MA a 10/016

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Protocol for Risk Assessment and HH4L Nutrition Education

- 1. Determine WIC eligibility by reviewing NQ and ISIS Summary Screen (SS);**
- 2. Review NQ and ISIS SS to determine potential topics for discussion with, and/or referral for, the participant;**
- 3. Have a conversation with participant/ parent/ guardian to identify what s/he is interested in talking about;**
- 4. Provide information to participant on topic of interest;**



Protocol for Risk Assessment and HH4L Nutrition Education continued...

- 5. Starting April 2009, incorporate HH4L message (s) as feasible;**
- 6. Work with the participant to identify constructive “next steps”;**
- 7. If the Summary Screen shows an “N” or the participant has questions about a medical condition, ask “Would you like to see a nutritionist?” either now or at a future visit;**
- 8. Document the nutrition education contact in the INEP/ISIS;**
- 9. Make referral (s) and schedule follow-up, as needed.**





WNA refers to Nutritionist (RD, DN, DTR, MDN) when:

- **ISIS shows an “N” in the field, and**
- **participant answers “yes” to the question in ISIS;**
- **when participant asks questions that WNA is not comfortable answering; or**
- **local agency protocol calls for referral to the Nutritionist/ RD.**

Note: RD should be available for consultation



State Resources Available:

- **Talking Points for staff training;**
- **Sample templates and protocols for optional use;**
- **Learner-centered education (website)**
- **Technical assistance as needed;**
- **HH4L educational messages starting in April 2009.**



Why Now?

- This change is a precursor for HH4L participant education, which starts in April 2009;
- We want staff to be comfortable providing HH4L messages rather than only providing nutrition need-based information;
- There will be LOTS of food package-related ISIS and policy changes to prepare for in 2009, so it's a good idea to make this change beforehand;
- This is an opportunity to focus on LCE prior to the HH4L kick-off.



What About Policy and Program Evaluations (FFY2009)?



Q: What policy do we follow?

A: Until policies are revised, PEs teams will monitor compliance with the recent PWPC letter, *“Elimination of the Triage Matrix in ISIS to Support the HH4L Campaign”*.

PE teams will NOT check for:

- Seeing RD within 60 days;
- Triaging by level;
- Content of, or follow-up on INEPs.





Q: What will we be held accountable for on PEs?

A: Beginning NOW, we are monitoring for:

- Minimum number of nutrition education contacts in each category per certification period;
- Staff uses learner-centered education, group and one-on-one, with participants;
- The Nutrition Education Plan screen documents that a group or individual contact took place; and
- For individual contacts, there is an INEP.



Q: How should we address LOFs & CAPs?

A: Wherever you are in the PE process, the focus is to move forward with the change.

- No further action is required on previous LOF findings related to intervention levels and the 60-day requirement.
- CAPs do not have to include how to correct these findings; address only those issues that still reflect current policy.
- For example: Local agencies cited for the previous “See RD w/in 60 days” rule should implement a CAP that ensures that “N” contacts are seen within the same certification period until further notice.



Q Will the PE Process change?

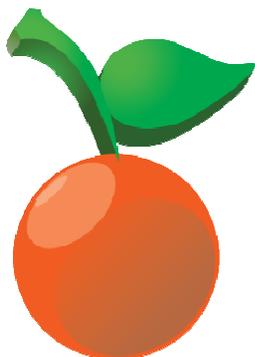
A: During FFY2009, staff will focus on revising policies and PE tools;

- PEs will be streamlined, as both state and local staff have much to do;
- PEs will be designed to support local agency efforts in implementing HH4L, LCE and the new food packages.
- Stay tuned for additional changes to the PE process.





Contact Information



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