

Wisconsin WIC CYSHCN Nutrition Network's Model of Identification and Intervention of Infants and Children with Special Health Care Needs

An assessment strategy to improve quality nutrition services called VENA (Value Enhanced Nutrition Assessment) was developed jointly by the USDA Food and Nutrition Service (FNS) and the National WIC Association (NWA). The VENA guidance provides a process for completing a comprehensive WIC nutrition assessment. Each state has developed training plans for WIC health professionals to incorporate the VENA process.

To implement VENA for Wisconsin's WIC clients with birth defects and other special health care needs, a system was developed and piloted for two years by a network of Registered Dietitians employed in nine WIC Projects in Wisconsin. The Wisconsin WIC program utilizes a computer system entitled ROSIE that contains a composite of health and diet questions for infants, children, pregnant, post-partum and breastfeeding mothers. The incorporation of specific italicized questions aided in the identification of CSHCN and parent concerns regarding feeding and nourishing their children. The questions alerted the WIC Registered Dietitians to client need for high risk nutrition follow up as well as modification of the WIC food package. This process allowed referrals to other Wisconsin services including Healthy Start, primary care, tertiary care, Birth to Three, Regional CYSHCN Centers, economic assistance, Health Check and Registered Dietitians providing specialized pediatric Medical Nutrition Therapy (MNT) services. Better communication and coordination resulted between the WIC families and the multiple agencies providing services. The enhanced referrals and communication channels expedited the provision of special infant and pediatric formulas through special WIC packages or in collaboration with physicians, pharmacists and the Wisconsin Medical Assistance Program.

To further enhance statewide services and support this population, a CYSHCN Nutrition Toolkit was established in June 2008 within the ROSIE computer system. The online toolkit will be continuously updated and expanded. It includes the following information: roles for WIC nutritionists, an identification and intervention flow chart, guidance for interview questions, references for medical and nutritional conditions with internet links including special need growth charts, referral forms, lists of special formulas available from Wisconsin WIC and a directory of agencies and providers specializing in CYSHCN for Wisconsin residents.

With limited incomes, families first stop at WIC for assistance in obtaining food and formula. Many children may no longer have contact with medical care providers.

Others lack resources to obtain special formula or feeding equipment. The Wisconsin WIC CYSHCN dietitians with funding from Birth Defect Surveillance Program demonstrated WIC's vital role as an adjunct to health care systems in identifying and supporting families with children with birth defects and special health care needs. Only 15 percent of WIC clients were served by the pilot CYSHCN WIC Nutrition Network. Future expansion of the project is necessary to increase the vulnerable children referred to services. Utilizing a mentorship model the experienced WIC dietitians will provide one to one mentoring to dietitians in WIC sites throughout the state. Teleconferences, special workshops and participatory training experiences will also be offered to all WIC projects.

Mary Mahan, a Wisconsin CYSHCN Nutrition network RD, felt the most important part of this program was to get every nutritionist working in a WIC clinic on the same page. The specific referral places may be different but the process is the same. "For example, if I am seeing a child with cerebral palsy and they move to another part of the state, I would like the WIC RD to have the tools to smooth the transition in regards to the child's nutrition services." Jen Johnson, another RD network member, emphasized work with CYSHCN WIC clients, reference tools and community services helped her realize the value that a WIC RD can do without MNT through better communication and referrals. The references described above will now assist other WIC nutritionists in those endeavors.