

# VENA Frequently Asked Questions in Wisconsin WIC

## June 13, 2008

### ***If I am asking the questions in the health and diet tabs and a mother wants to discuss a certain issue before I have completed the questions, what should I do?***

- Acknowledge her concern and reinforce her for asking the question. Ask if it is OK with her if you complete the health and diet questions first, after you get a better understanding of situation, and then come back to her question.
- Some professional judgment is required in handling this situation. Obviously, if she has some major/immediate concern, you would not want to delay answering her question. It should also be noted that this will usually be the exception and not the rule!

*See the Sample VENA Statements document available in the tool kit for additional information.*

### ***I worry that if some one asks me a question about an issue important to them while I am completing the health and diet tabs, I will forget to answer her question. What suggestions do you have to help me remember?***

Several options can be done with this situation:

- Write it down on a little note next to you as a tool not to forget.
- Grab a prop to remind yourself, such as a spill proof cup.
- Make a referral.
- Select an educational material or outreach brochure.

*See the Sample VENA Statements document available in the tool kit for additional information.*

### ***If a mother wants to discuss a topic that did not come up as a problem when I completed my auto risk determination, how should I handle that in the counseling session?***

- Acknowledge her concern and ask clarifying questions. If it is a question you can answer, provide the information or make a referral, if appropriate. For example, if the risk for a child is inappropriate feeding practices (e.g., bottle use), but the mother is more concerned about child care resources in the community, it might be helpful to provide a referral to child care resources before addressing the need to wean her child off the bottle.

*See the Sample VENA Statements document available in the tool kit for additional information.*

### ***Traditionally I have always told and shown the mother her child's height and weight percentiles. I usually turn the screen to show the actual chart. If this does not come up as a risk, should I discuss the growth charts with her?***

- This has been a very common practice in WIC clinics. The counseling strategies identified by VENA would indicate that if the height and weight are within normal ranges you would not want to have a separate discussion or show the charts. This could be addressed before you begin the dialogue regarding what the concerns are based on the health and diet tabs. For example, "Ms Jones, our assessment of Johnny indicates he is growing well and has a healthy iron level. You said that he has been recently diagnosed as lactose intolerant and that he has not seen a dentist yet. "Which of these would you like to talk about?"
- If the mother requests to see the charts, by all means show them, or if the child is high risk in the area of height or weight, you may also want to show them to her. However, anecdotal information indicates percentiles can be misunderstood, e.g., being at a high percentile is a good thing (like getting 100 on a test). So, a careful explanation of the chart and/or percentiles may be needed.

### ***If 4 risks factors are identified, how do I decide what to counsel the participant on?***

- Summarize the possible “topics” or “concerns” (preferred word choices over the word “risk”). Then ask the parent what they would like to discuss and potentially change. Also, use critical thinking skills to see how the risks might be related.

### ***For a family with 2 children, should I complete one of the family members completely (health and diet tabs) or do the health tab for both participants, the diet tabs and so on?***

In piloting this question, staff has found it easiest to complete the health tab on children rather than completing one of the children and then starting over with the sibling. This works best since family members are generally the same when it comes to MD or dental visits and food offered/consumed. This may not be the case if one of the siblings just turns 1 year old and the sibling is 4. You will have to develop your own style and use your professional judgment. Family data can often be duplicated in each record.

### ***Do we need to answer all the questions in the health and diet tabs?***

It is recommended that all questions should be asked to assure a complete assessment is done. It is recommended that open-ended questions be asked that will provide multiple answers. There may be days when clinic flows will not allow time to ask all the questions, but this should be the exception and not the rule.

*See the sample umbrella questions document available in the tool kit for additional information.*

### ***How do we deal with situations where health screeners ask health questions and are educating on health issues?***

It is recommended that both the Health and Diet tab questions are completed before any assessment of risk and counseling begins. However, since local WIC agencies have different staffing patterns, and for varying reasons, the agency should evaluate the effectiveness of the services provided. What do participants think; are they overloaded with information or is it all helpful? Does the appointment take too long or it is OK? Do they remember all the goals/recommendations or just the first or the last? WIC is a nutrition program, so nutrition education (including breastfeeding promotion and support), referrals, and supplemental foods are the priorities. If you would like assistance in conducting an evaluation or in adjusting clinic flow, work with your regional nutrition consultant to discuss strategies.

### ***What documentation is recommended in the care plan?***

Information in the care plan should provide a synopsis of what you have learned about the participant via the health and diet tabs, anthropometric data, hgb screening, auto risk determination, your observations, and your conversation with her/him. This information will be most valuable for you or a subsequent CPA when providing secondary education, high risk counseling, or a future certification.

The components of the care plan should include:

- Assessment of root cause of risks/problems/concerns
- A complete assessment
- Determination of readiness to change
- A mutually-agreed upon plan
- Documentation of all referrals

Because WIC is a screening, nutrition education and referral program and not a provider of medical nutrition therapy, in most situations the time required to complete the care plan should be short. For a high risk pregnancy or a child with a special health care need, you may need to go back to the plan and add additional information. Generally speaking, most documentation should be completed while the participant is reading the Rights and Responsibilities or signing for checks.

*As an FYI, the care plan format is changing to accommodate VENA – more details/policies to come.*

***How do I encourage a meaningful conversation with clients who just want free food?***

The level of interest WIC clients have in nutrition information does vary greatly. Some take our information and immediately implement our suggestions and others “just want the free food.” This variance is a demonstration of a clients “stage of readiness” for change. There are some clients we serve who will never be ready to implement any of the ideas we share. With that being said, we document what information we have offered and indicate this client is still at the pre-contemplation stage. In terms of influencing clients with healthier choices, generally the non-judgmental, caring atmosphere of WIC does suggest to clients that we really are here as a resource to help them raise healthy children.

***After asking all the questions, I feel I have lost the teachable moment with the clients. How do I re-engage them?***

Keeping the client engaged begins with how you introduce the process. After you introduce yourself and establish rapport, explain to the client you will be asking a series of questions that will help determine what topics we will talk about today. This sets the tone for her and notifies her that we will get through the questions and then be able to see the “whole picture” of her child(ren) or her pregnancy. Use your professional judgment if her question needs an immediate response. Or, you may be able to acknowledge that you heard her question and ask her if you can discuss it at the end.

***My office layout limits my ability to establish rapport with clients. Does the office layout make a difference in implementing VENA?***

Yes, implementation of VENA while using ROSIE does necessitate an office set up where eye contact can be established and maintained while asking the questions. It is recognized that not all WIC budgets currently have the funds to remodel offices. However, as renovations are done in the building or additional WIC funds are available, establish a long range plan on what office lay out would be the most conducive with the resources you have now and may have in the future.

***For additional frequently asked questions about the broader concepts of VENA, please see the following WIC Works Website.***

[http://www.nal.usda.gov/wicworks/Learning\\_Center/Assessment\\_VENA.html#asked](http://www.nal.usda.gov/wicworks/Learning_Center/Assessment_VENA.html#asked)