

VENA and Nutrition Risk

I. Value Enhanced Nutrition Assessment.

- a. Value Enhanced Nutrition Assessment (VENA) is an initiative from the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) to improve nutrition services in the WIC Program. VENA provides WIC nutrition assessment guidance to enhance and ensure the collection and interpretation of accurate and relevant nutrition/health information - the first step in providing targeted and relevant nutrition services to WIC participants.
- b. VENA is the bridge that connects WIC nutrition assessment to effective and appropriate nutrition intervention that best meets each participant's needs. It provides information and guidance to enable WIC staff to perform a quality WIC nutrition assessment that screens for nutrition risk criteria (anthropometric, biochemical, and dietary) as well as other health indicators (clinical/health/medical and predisposing risks). The collection of comprehensive, relevant nutrition assessment information is necessary to deliver meaningful nutrition services to WIC participants.
- c. A quality WIC nutrition assessment is a blending of art and science. It requires staff well-trained in communication, critical thinking skills, and fundamentals of assessment using a systematic approach to collect accurate and essential nutrition assessment information.
- d. VENA is incorporated into the VISION computer system with starters and prompts at the bottom of each nutrition interview screen. Scroll through these to find the appropriate open-ended questions for the applicable nutrition interview section. It is necessary to complete all bolded questions and items in each nutrition interview screen to ensure accurate data reporting. Risk assignment between certification appointments is not required. If nutrition risks or other factors that impact nutritional status are identified after the initial certification visit, these may be documented in the certification file according to local agency policy.
- e. The process of a quality WIC nutrition assessment includes:
 - i. Collecting accurate and essential information,
 - ii. Applying communication skills to foster openness and rapport with the participant,
 - iii. Organizing, synthesizing and evaluating the collected information,
 - iv. Drawing appropriate conclusions and relationships from the information collected,
 - v. Identifying solutions, prioritizing the issues discovered, developing a plan of care,
 - vi. Documenting the information and conclusions concisely and accurately,

- vii. Referring to other needed resources,
 - viii. Closing the loop – providing follow-up as necessary.
- f. The collection of comprehensive, relevant nutrition assessment information is necessary to deliver meaningful nutrition services to WIC participants. When conducting a nutrition assessment, the CPA must open a new nutrition interview record at the certification appointment, identify and assign all NRFs for which an applicant qualifies, provide and document nutrition intervention/education and refer to other health related services. Following a nutrition assessment based on NRFs assigned, the participant will be placed at the highest possible priority. Nutrition services should be based upon the participant's highest priority needs and their interests/requests. Intervention and education are not required on all identified nutrition risk factors in one clinic visit.

II. Nutrition Risk

- a. Nutrition risk is a requirement for certification in the WIC Program. It is defined broadly by Public Law 94-105 as, "(a) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measures, (b) other documented nutritionally related medical conditions, (c) dietary deficiencies that impair or endanger health, (d) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions." (WIC Nutrition Risk Criteria, A Scientific Assessment, Institute of Medicine, National Academy Press, Washington, D.C., 1996) The general categories of nutrition risk include:
- Anthropometric
 - Biochemical
 - Clinical/Health/Medical
 - Dietary
 - Other
- b. RISC is the National Risk Identification and Selection Collaborative which is made up of appointed federal and state representatives. The purpose of RISC is to develop, review, research, and update each of the risks on a cyclic basis in response to emerging research. Each state WIC agency is allowed to determine which nutrition risks are to be considered "high risk" and which risks are to be considered "low risk". The Institute of Medicine (IOM) recommends that nutrition risks that have a strong relationship to risk and potential to benefit from the services of the WIC Program be considered high risk.
- c. Nutrition Risk Assessment. Nutrition risk assessment is critical to the operation of the WIC Program. It is essential for determining program

eligibility. Nutrition risk assessment involves the use of a risk criterion which consists of a risk indicator and a cut-off point. According to the IOM, “a risk indicator is any measurable characteristic or circumstance that is associated with an increased likelihood of poor outcomes, such as poor nutrition status, poor health, or death” (Summary Report, 1996). The cutoff point represents a specific measurable value or the existence of a condition. Nutrition risk assessments are conducted by Competent Professional Authorities (CPAs) as defined by Federal Regulations. The process of nutrition risk assessment involves review of the general categories of nutrition risk including, anthropometric, biochemical, clinical/health/medical, dietary, and other.

High Risk	NRF #	Description	Priority					Auto Assign
			P	B	N	I	C	
BMI < 18.5 (auto)	101	Underweight Women	1	1	6			X
	103a	At Risk of Underweight				1	3	X
I (≤2.3%ile) (auto)	103b	Underweight				1	3	X
C (≤5%ile) (auto)								
(P) BMI ≥ 30	111	Overweight Women	1	1	6			X
X (auto)	113	Obese (Children Age 2-5)					3	X
X (if determined by CPA)	114	Overweight				1	3	X
	114	At Risk of Overweight				1	3	
	115	High Weight-for Length (Infants and Children <24 months of age)				1	3	
	121a	At Risk of Short Stature				1	3	X
	121b	Short Stature				1	3	X
X (auto)	131	Low Maternal Weight Gain	1					
X (auto)	132 a/b	Maternal Wt Loss During Pregnancy	1					X
P (auto)	133*	High Maternal Weight Gain	1	1	6			X*
X (auto)	134	Failure to Thrive				1	3	
X (auto)	135	Inadequate Growth				1	3	X*
I (auto)	141a	Low Birth Weight				1	3	X
I (auto)	141b	Very Low Birth Weight				1	3	X
I (auto)	142	Prematurity				1	3	X*
I (auto)	151	Small for Gestational Age				1	3	
	152	Head Circumference < 2.3%ile				1	3	X*
	153	Large for Gestational Age				1		
3% below or >1 gm/dL	201	Low Hematocrit/Hemoglobin	1	1	6	1	3	X
	211	Elevated Blood Lead Level	1	1	6	1	3	X
X (auto)	301	Hyperemesis Gravidarum	1					

High Risk	NRF #	Description	Priority					Auto Assign
			P	B	N	I	C	
X (auto)	302	Gestational Diabetes	1					
	303	Hx Gestational Diabetes	1	1	6			
	304	Hx of Preeclampsia	1	1	6			
	311	Hx of Preterm Delivery	1	1	6			
	312	Hx of Low Birth Weight	1	1	6			X*
	321 a-c	Hx of Fetal/Neonatal Loss	1	1	6			
P (auto)	331 a-b	Pregnancy < 18 yr at conception	1	1	6			X
P (IPI < 6 mos)	332	Close Spaced Pregnancies	1	1	6			X
	333	High Parity and Young Age	1	1	6			X
3rd Trimester	334	Lack of Prenatal Care	1	1	6			X
P/B (auto)	335	Multifetal Gestation	1	1	6			X
X (auto)	336	Fetal Growth Restriction	1					
	337	Hx of Birth of LGA Infant	1	1	6			X*
	338	Pregnant and Currently Breastfeeding	1					
X (auto)	341	Nutrient Deficit Disease	1	1	6	1	3	
X (auto)	342	GI Disorders	1	1	6	1	3	
X (auto)	343	Diabetes Mellitus	1	1	6	1	3	
	344	Thyroid Disorders	1	1	6	1	3	
	345	Hypertension and Pre-Hypertension	1	1	6	1	3	
X (auto)	346	Renal Disease	1	1	6	1	3	
X (auto)	347	Cancer	1	1	6	1	3	
	348	CNS Disorder	1	1	6	1	3	
	349	Genetic and Congenital Disorders	1	1	6	1	3	
X (auto)	351	Inborn Errors of Metabolism	1	1	6	1	3	

High Risk	NRF #	Description	Priority					Auto Assign
			P	B	N	I	C	
	352	Infectious Diseases	1	1	6	1	3	
	353	Food Allergies	1	1	6	1	3	
	354	Celiac Disease	1	1	6	1	3	
	355	Lactose Intolerance	1	1	6	1	3	
	356	Hypoglycemia	1	1	6	1	3	
	357	Drug Nutrient Interactions	1	1	6	1	3	
P, B (auto)	358	Eating Disorders	1	1	6			
	359	Recent Major Surgery, Trauma, Burns	1	1	6	1	3	
	360	Other Medical Conditions	1	1	6	1	3	
	361	Depression	1	1	6			
	362	Developmental Delays	1	1	6	1	3	
	363	Pre-diabetes		1	6			
	371	Maternal Smoking	1	1	6			X*
P (auto)	372a	Alcohol Use	1	1	6			X*
P (auto)	372b	Illegal Drug Use	1	1	6			
	381	Oral Health Conditions	1	1	6	1	3	
X (auto)	382	Fetal Alcohol Syndrome				1	3	
	401	Failure to Meet Diet Guidelines	4	4	6		5	
	411 (a-k)	Inappropriate Nutrition (I)				4		
	425 (a-i)	Inappropriate Nutrition (C)					5	
	427 (a-e)	Inappropriate Nutrition (W)	4	4	6			
	428	Dietary Risk Associated with Complementary Feeding Practices				4	5	
	501	Possibility of Regression		7	7	7	7	
	502	Transfer of Certification	1	1	6	1	3	X
	601 a-f	BF Mom of Infant at Nutritional Risk		1-7				X

High Risk	NRF #	Description	Priority					Auto Assign
			P	B	N	I	C	
X	602 a-h	BF Complications or Potential Complications - Women		1				
X	603 a-d	BF Complications or Potential Complications - Infants				1		
	701	Mom on WIC/Not on WIC				2		
	702 a-f	BF Infant of Women at Nutritional Risk				1-7		X
	703	Infant of Mom w/Ment Retard/Sub Use During Most Recent Pregnancy				1		
	801	Homelessness	4	4	6	4	5	X
	802	Migrancy	4	4	6	4	5	X
	901	Environmental Risk	4	4	6	4	5	
	902	Caregiver-Lmt'd Fdg Skills	4	4	6	4	5	
	903	Foster Care	4	4	6	4	5	X
	904	Environmental Tobacco Smoke Ex.	1	1	6	1	3	X*

*Auto Assigns in some cases. See complete risk factor explanation for more details.