

Value Enhanced Nutrition Assessment (VENA)

The First Step in Quality Nutrition Services

Frequently Asked Questions

Why VENA?

The Value Enhanced Nutrition Assessment (VENA) initiative was developed to address the Institute of Medicine (IOM) report: *Dietary Risk Assessment in the WIC Program*. In its report, the IOM recommended that all women and children ages 2 to 5 years should be presumed to be at dietary risk based on *failure to meet the Dietary Guidelines for Americans*. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved nutrition education. VENA will improve and enhance the risk assessment process by ensuring that a medical-nutritional assessment continues to be completed and streamlining dietary assessment to collect more relevant information to be used to individualize nutrition services.

What is VENA?

VENA was developed jointly by the Food and Nutrition Service (FNS) and the National WIC Association (NWA) and is part of the larger Revitalizing Quality Nutrition Services (RQNS) in WIC initiative. The VENA guidance provides a process for completing a comprehensive nutrition assessment, including the content of such an assessment and an outline of the necessary staff competencies.

The focus of VENA is **assessment**; it does not prescribe specific nutrition education messages or interventions.

- ✓ VENA is not a packet of new forms to be completed; it does provide guidance for each State agency on how to review, develop and enhance its current assessment protocols.
- ✓ VENA is not a new data collection list; it is a framework for collecting comprehensive assessment information with a participant-centered, positive approach to better provide the most relevant nutrition services for each WIC participant.
- ✓ VENA is not a script of questions that must be asked of every participant at every visit; it is a method for initiating and sustaining conversations that allow the participant a greater sense of ownership and involvement in her/his WIC experience.
- ✓ VENA is not a cookie-cutter model to be used in all clinics; it does provide flexibility for each State agency to use the guidance to develop quality nutrition assessment protocols that best suit its unique operations.

How will this affect the WIC nutrition assessment process in my State?

Each State agency will review its current assessment protocols and determine what nutrition assessment enhancements are necessary. A State agency may enhance existing quality nutrition assessment protocols or choose to take this as an opportunity to significantly redesign their nutrition assessment and documentation processes. FNS recognizes that no one approach will fit all agencies.

How will VENA relate to WIC nutrition risks?

VENA and WIC nutrition risks provide a cohesive framework for a comprehensive assessment addressing all WIC risks – anthropometric, biochemical, clinical and dietary. WIC nutrition risk criteria provide a foundation by establishing program eligibility for each participant. The VENA guidance outlines a *process* for achieving a consistent and comprehensive WIC nutrition assessment.

FNS Policy Memorandum 98-9, Revision 8; WIC Nutrition Risk Criteria (issued in March 2005), provides State agencies with the information they need to revise the dietary risk criteria. The VENA guidance complements Policy Memorandum 98-9, Revision 8, and provides information to assist State agencies with the implementation of the revised dietary risk criteria.

Will VENA impact only dietary risks?

No. The VENA guidance covers all aspects of assessment, including non-dietary risks. The joint FNS/NWA VENA workgroup was brought together to develop guidance specifically in response to the IOM report that addressed dietary risk. However, the workgroup strongly believed that all WIC nutrition risks - anthropometric, biochemical, clinical and dietary are interrelated and focused on developing a comprehensive framework addressing the “A, B, C and D” of nutritional risk.

How do you document dietary risk without a 24-hour Dietary Recall or Food Frequency Questionnaire?

An important finding of the IOM report states that commonly used dietary assessment methods (e.g., 24- hour Dietary Recall, Food Frequency Questionnaire [FFQ]) are not appropriate for determining nutrient deficiencies in individuals and for WIC eligibility purposes. Twenty-four hour Dietary Recalls and FFQs will no longer be used to quantify diet in order to determine WIC eligibility. Now, with VENA, information gathered through 24-hour Dietary Recalls and FFQs, if used, should only be used to assist WIC staff in

initiating a dialogue with participants about diet, food intake and feeding behaviors.

The revised dietary risk criteria clearly identify inappropriate nutrition practices that can be used to develop assessment protocols for the documentation and determination of WIC dietary risk.

How will VENA impact nutrition education?

While the focus of VENA is to strengthen risk assessment, one of the outcomes will be the collection of more relevant information to be used for individualized nutrition services. VENA was developed to align the purpose and scope of a multi-faceted WIC nutrition assessment with targeted and relevant nutrition education to guide and support families in making healthier eating and lifestyle choices. It is meant to be a bridge to enhance and expand nutrition education and other nutrition services provided by WIC. VENA complements the participant-centered strategies that many State agencies have incorporated into their delivery of nutrition education and counseling.

What kind of training will be needed to implement VENA?

The VENA guidance outlines key staff competencies necessary to conduct a comprehensive assessment, e.g., knowledge of nutrition, communication skills, and critical thinking. State agencies will need to evaluate staff training needs and build upon existing training systems. Recognizing the need and importance of staff training, FNS plans to provide Regional VENA Train-the-Trainer Training in FY 2006.

How will we know if this new way is better?

It may be difficult to measure how VENA improves WIC as some areas are intangible. However, improvements should be seen in staff competencies and morale; consistent and comprehensive risk identification; and participant outcomes and satisfaction. In addition, FNS plans to encourage the use of WIC Special Project Grants to examine and evaluate the effects of VENA on WIC nutrition assessment and services.

VENA represents a paradigm shift in that VENA is essentially changing the way that WIC interacts with applicants, participants and program staff. Health issues are not the same in 2005 as when WIC was created 30 years ago. Participant risks and needs change over time, as does the scientific knowledge and best practices for methods to improve the health of women, infants and children. VENA allows and encourages the adaptation and enhancement of the program to address new emerging health-related risks

while maintaining the original Congressional intent for which WIC was created. As a result, the philosophy of VENA supports the ever-changing needs of participants. Therefore, VENA will be an ongoing process so that WIC continues to be effective in its mission and maintains its status as a premiere public health nutrition program.

What is the timeline for VENA?

Implementation of VENA will be a gradual process determined by each State agency's current staffing and nutrition assessment procedures. In August 2007, each State agency will submit a plan that outlines and projects the implementation of the VENA nutrition assessment protocols by fiscal year 2010.

Below is a more detailed timeline:

January 2005 – Issuance and request for comments on draft VENA guidance.

March 11, 2005 – WIC State agency and Regional office comments on draft VENA guidance due to FNS Headquarters.

Summer 2005 – Final VENA guidance issued.

Fiscal Year 2005 – FNS develops VENA Staff Competencies Training Curriculum and other VENA technical assistance resources.

Summer 2005-December 2006 – WIC State agencies review existing nutrition assessment protocols and identify potential areas for enhancement.

Fiscal Year 2006 – FNS conducts regional VENA Staff Competencies Training.

December 15, 2006 – WIC State agencies submit to FNS Regional Offices findings from their review and evaluation of existing assessment protocols.

August 15, 2007 - WIC State agencies, as part of the State Plan, submit VENA implementation plans to FNS Regional Offices.

Fiscal Year 2008 – 2009 – WIC State agencies revise nutrition assessment policy and procedures and provide necessary staff training, etc., (as described in their FNS approved plans) to implement VENA.

October 1, 2009 – VENA implemented in all WIC State agencies.