

Module G: Nutrition and Health Referrals

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Referrals

Definition

Referrals are offered to families as part of the basic services provided by WIC, in addition to Food Instruments, Nutrition and Health Education, and Breastfeeding Support.

Making a referral is an action taken when a participant has a need for services not provided by WIC. Making a referral identifies community services which may help them meet those needs.

Why Are Referrals Needed?

WIC participants may have non-nutrition related problems or needs, such as finding housing or employment. Making referrals is how WIC helps participants resolve these problems or needs.

By providing participants with the help they need, you increase the possibility that their quality of life will improve.

The Referral Process

Referral Procedures

Most WIC agencies have established procedures for making a referral. Your agency will probably have procedures similar to the process described below.

7 Step Process

Make referrals can be a 7 step process. The steps are:

1. Assessment
2. Prioritization
3. Selection
4. Preparation
5. Informing
6. Follow Up
7. Maintenance

Each of the referral steps will be described in detail and summarized in the next pages.

Step 1: Assessment

Definition

Assessment is identifying a participant's needs.

Types of Needs

There are several types of participant needs. They are:

- Basic
- Legal/Public Safety
- Education/Employment
- Family Issues
- Health Care
- Mental Health

Identifying the Help Needed

The first step in making referrals is to identify the kind of help the participant needs. You will do this by using information gathered from:

- Forms (such as nutrition assessment questions)
- Needs and concerns mentioned by the participant/parent/guardian
- Interviews with the participant/parent/guardian
- Observations of the participant/parent/guardian or family members

Getting Information From Forms

WIC has several forms to help you identify a participant's needs and concerns. Information about a participant can be found in:

- WIC participant folder
- WIC referral forms
- Nutrition assessment questions
- Supplemental questions

Chart

The following chart lists some possible sources of obtaining participant information and identifying language. Check with your mentor or supervisor for additional forms your agency uses.

Step 1: Assessment (continued)

Identifying Participant Needs

Source	Check the following
WIC Demographics	<ul style="list-style-type: none"> • Income • Family size • Age and gender of Children • Other services family receives <ul style="list-style-type: none"> • Housing situation
WIC Anthropometrics	<ul style="list-style-type: none"> • Height and weight • Hematocrit/Hemoglobin • Overall growth pattern • Sudden weight changes
Nutrition Assessment Questions	<ul style="list-style-type: none"> • Variety of foods eaten • Quantity and frequency of food intake <ul style="list-style-type: none"> • Preparation of foods • Whether any supplements are used <ul style="list-style-type: none"> • If there are medical risks
Health Information and Nutrition Assessment Questions	<ul style="list-style-type: none"> • Medical risks • Pregnancy history • Family issues • Alcohol use • Drug use
ISIS	<ul style="list-style-type: none"> • Risk factors • Referral history • Managed notes
Certification, Mid-Certification, and Subsequent Assessments	<ul style="list-style-type: none"> • Dietary habits • Medical history • Children’s Immunization history <ul style="list-style-type: none"> • Family planning practices <ul style="list-style-type: none"> • Family issues • Services family receives
Observations	<ul style="list-style-type: none"> • Parent and child interactions • Appearance (poor hygiene) <ul style="list-style-type: none"> • Behaviors • Body language • Tone of voice

Step 2: Prioritization

Several Needs

A participant often has several needs. These needs may change over time. The participant may have resolved issues previously identified at an appointment but there may be new issues.

Prioritization

Prioritization is helping the participant identify their most “pressing” need and dealing with this first.

Participant Makes the Decision

A participant may not prioritize their needs the same way you would. You can make suggestions and provide guidance, but the participant makes the final decision.

How to Prioritize

Generally, needs can be prioritized in the following order:

- Emergencies
- Basic needs
- Other needs

Emergencies

Emergency needs include:

- Life threatening situations
- Child abuse
- Family violence
- Disaster services
- Public safety
- Sexual assault
- Suicide prevention

Basic Needs

There are basic needs required to live. Basic needs include:

- Money
- Food
- Housing
- Transportation
- Utilities (such as electricity and water)

Other Needs

Other needs are those not considered as emergencies or basic needs. Medical care and childcare are examples of “other needs”.

Step 3: Selection

Identifying Local Community Resources

Once the participant has identified and prioritized their need(s), you will need to be familiar with the local resources in your area to select the agency best suited to meet those needs. To learn more about the resources in your community ask your mentor or supervisor.

Step 4: Preparation

Definition

Preparing for a referral is helping the participant:

- Understand the importance of the referral
- Deal with her/his feelings about getting help

Understanding the Importance of a Referral

The participant may not always know what help is available. It is important for you to explain how a referral can help.

Dealing with the Participant's Feelings

Asking for help is often one of the most difficult things a person has to do. Participants often have feelings preventing them from asking for help. Some common feelings include:

- Shame
- Fear
- Sense of powerlessness
- Distrust

Cultural beliefs may greatly influence how a participant views asking for help. Use active listening skills to identify what the participant is feeling.

Establish Trust

The participant will need to feel they can trust you before accepting a referral. You can show a positive regard for a genuine interest in the participant by restating the participant's comments and feelings.

Step 5: Informing

Referral Procedures

Most agencies have established procedures for giving participants referral information. Your agency will probably have procedures similar to the one described below.

Agency Information

When making a referral, you will give the participant general information such as:

- Name of the agency
- Phone number
- Address

You should also give specific information about the agency's services such as:

- Description of services provided
- Service hours open
- Fees
- Language(s) spoken
- Eligibility
- Application process

Step 6: Follow Up

Participant Makes the Decision

Once you have given the participant the agency name, phone number and any other important information, it is up to the participant to contact the agency. Each participant does what they feel most comfortable doing. Not every participant will contact the referral agency.

Outcome of the Referral

Your agency will want to know the outcomes of referrals. Your agency may follow-up at the participant's next appointment. At this appointment, staff may ask the participant whether they used the referral service.

If the participant used the service:

- Give positive feedback, such as, *"It took a lot of courage; I am glad you were able to follow up with the recommendation."*

If the participant did not use the service:

- Check to see why they did not use the service. Ask a question such as, *"Tell me more about why you did not use the service."*

Barriers

There are several reasons why a participant may not follow through with a referral. There reasons include:

- Fear
- Embarrassment
- Not enough time
- Lack of transportation
- Lack of child care
- Language barriers
- Cultural background
- Lack of money

Addressing Barriers

To make effective referrals you will need to:

- Address any barriers affecting their ability to follow through with it.
- Use good listening skills. Ask the participant how they plan to use the referral.
- Allow the participant to identify barriers preventing the use.
- Guide the participant so they resolve their problem.

Suggestions to Address Barriers

The chart on the next page gives some suggestions on how to address some of the barriers.

Step 6: Follow Up *(continued)***Addressing Barriers**

Barrier	Suggestion
Fear	Let the participant know many people are afraid to ask for help.
Embarrassment	It is okay to need help sometimes. Many WIC participants have been referred for this service and referrals are confidential.
Not Enough Time	If the participant says they are too busy, check to see if the referral is truly a priority. If not, reprioritize. If so, problem solve with the participant.
Lack of Transportation	Offer information on public transportation assistance or make a referral to an agency providing transportation assistance.
Lack of Child Care	Inform the participant about agencies providing childcare. Problem solve when needed.
Language Barriers	Ensure the referral can provide services in the participant's primary language. If not, remember to tell the participant.
Cultural Background	Ensure the referral agency is sensitive to the needs of people from various cultures.
Money	Tell the participant if the referral agency charges a fee.

Step 7: Maintenance

Maintaining the Referral Base

Maintaining an agency's referral base involves checking if the agency:

- Has changed its services
- Has changed any of its referral information, such as address, phone number(s), or contact person(s).

Your agency probably updates referral information regularly.

New Agencies

New agencies may open up in your area. Your agency will need to determine:

- What services the new agency provides
- If the agency's services may be useful to WIC participants
- If the agency has quality staff and services
- If the agency will be able to handle referrals from the WIC program

Only make a referral to a new agency once it has been decided to use them for referrals. You may get information about new agencies from:

- Coworkers or another WIC agency
- Other community agencies
- Community meetings
- The media
- Local newsletters
- Local telephone assistance

Summary of the 7-Step Referral Process

Step & Description	Example
1. Assessment: Identifying what kind of help the participant needs.	Maria Garcia says she wants help with her English and her husband has not been sending child support payments.
2. Prioritization: Identifying what the participant's most "pressing" need is.	Not getting child support has been very hard on Maria. She tells you learning English is not as important right now.
3. Selection: Identifying the community resource which may help meet the participant's need.	The local district attorney's office and child support enforcement service may be able to help Maria.
4. Preparation: Getting the participant ready for the referral by helping them deal with the feelings about asking for help.	Maria is worried about what her friends and family will think if she asks for help. The WIC staff person tells her there are many participants that have similar worries.
5. Informing: Giving the participant the name of the agency and information about the agency.	The WIC staff person gives Maria a flyer from positive collections, a local child support enforcement agency, and tells her about its services.
6. Follow-Up: Check in with the participant, referral agency, and/or other staff to determine whether the participant used the service and the outcome of the referral.	At Maria's next appointment, staff will ask her how things went with positive collections.
7. Maintenance: Checking to see if the agency is still in business, if there are any changes in its services, and checking on the quality of the agency's services.	Every 6 months staff calls positive collections to ask if their services are the same. Staff will provide updates on referrals agencies at monthly meetings.

Learning Activity

Learning Activity 1: Assessing and Prioritizing Needs, found at the end of this module may help you learn more about the referral process.

Mandatory Referrals

Definition	Mandatory Referrals are those required by the Montana WIC Program.
Requirements	<p>A local agency shall provide each participant/applicant written information on the following programs (if not already enrolled):</p> <ul style="list-style-type: none">• Temporary Aid for Needy Families (TANF)• Supplemental Nutrition Assistance Program (SNAP)• Healthy Montana Kids Plus• Medicaid <p>When appropriate, the agency shall refer applicants/participants to these programs. Documentation of the referral(s) can be made on the ISIS referral screen during initial and subsequent certifications.</p>
Written Referrals	A written referral is a pamphlet, flyer, or other document given to the participant. For example, your agency may be using the WIC Program pamphlet, <i>“Referrals-How can we help?”</i>
Program Descriptions	Descriptions of the TANF, SNAP, and Healthy Montana Kids Plus programs are provided on the following pages. Beware program descriptions, eligibility requirements and application guidelines are subject to change.

Temporary Assistance for Needy Families (TANF)

Program Description:

TANF cash assistance is a program providing temporary financial assistance to needy families. The receipt of TANF cash assistance is limited to 60 months in an adult's lifetime. Temporary financial assistance may be provided to the following families and individuals:

1. Minor Children;
2. Specified relatives with whom the children are living;
3. The minor children's blood-related/adoptive siblings with whom the children are living;
4. Pregnant women in their last trimester who have no other eligible children; and
5. Refugees with minor dependent children.

Temporary financial assistance will not be provided to the following:

1. Minor children who are absent from the home for a period of 90 consecutive days;
2. Families whose specified caretaker relatives do not assign certain child support rights to the State;
3. Families whose specified caretaker relative does not cooperate in establishing paternity or obtaining child support as required;
4. Families containing an adult who has received 60 months of TANF cash assistance, unless an extension is granted by the State.
5. Persons receiving SSI;
6. Teenage parents not living in adult-supervised settings as defined by the State;
7. Fugitive felons and probation and parole violators;
8. Individuals convicted after August 22, 1996 (under Federal or State law), of any offense which is classified as a felony and which has an element the possession, use, or distribution of a controlled substance, unless the individual is complying with the conditions of supervision or if the sentence associated with the felony conviction has been discharged and the individual is actively participating in treatment, if required.
9. Individuals found to have fraudulently misrepresented residence in order to obtain assistance in two or more states;
10. Caretaker relatives who fail to notify the State of a child's absence from the home for a period of 90 or more days;
11. Minor children receiving Foster Care Payments unless the absence is considered temporary (not to exceed 90 days); and
12. Ineligible or illegal aliens.

Temporary Assistance for Needy Families (TANF) *(continued)*

Eligibility

Eligibility for TANF cash assistance is determined by evaluating specific nonfinancial and financial criteria established by federal and state regulations. Families and individuals must meet the following nonfinancial criteria:

1. Age limitations (dependent children only);
2. Minor living with a specified caretaker relative as a dependent child;
3. Furnishing a social security number;
4. Residency (intending to reside in the state) requirements;
5. Citizenship/alien status requirements;
6. Cooperating with Child Support Enforcement (CSED), Third Party Liability (TPL) and Health Insurance Premium Payment System (HIPPS);
7. Cooperating with program integrity reviews; and
8. Negotiating, signing and complying with all requirements of the Family Investment Agreement/WoRC Employability Plan (FIA/EP).

Families and individuals must also meet the following financial criteria:

1. Countable resources must be less than \$3,000;
*Resources are real and personal property owned by the family or individual as of the date of application. Some resources can be excluded from consideration such as the home of usual residence and basic maintenance items essential for day-to-day living;
2. Countable income (earned or unearned), which is determined by allowing the appropriate income disregards, cannot exceed the income standards for the family size requesting assistance; and
3. The right to any child support payments must be assigned to the State.

Application Guidelines

To Apply For TANF

1. Apply online at apply.mt.gov.
2. Call or visit your local [Office of Public Assistance](#).
3. [Download the PDF application](#) online <http://dphhs.mt.gov/hcsd/TANF.aspx>.

Supplemental Nutrition Assistance Program (SNAP)

Program Description

A federal nutrition program that helps you stretch your food budget and buy healthy food. SNAP benefits can be used to purchase food at grocery stores, convenience stores, and some farmers' markets and co-op food programs. SNAP benefits are given to you each month on a plastic card called an EBT (electronic benefits transfer) card, which works like a debit card. SNAP is a nutrition program. SNAP is a federal entitlement program. This means anyone who is eligible will receive benefits. You will not be taking away benefits from someone else if you apply. The United States Department of Agriculture (USDA) oversees SNAP at the federal level

Eligibility

- People who live together and buy food and prepare meals together are grouped as a “household” for SNAP. Husbands and wives, and children under age 22 living with their natural, adoptive or stepparents must be considered as one household.
- Household members that wish to be included must be U.S. citizens or legal aliens.
- Household members that wish to be included must furnish or apply for a social security number.
- Income and resource guidelines listed in this overview must be met.
- Able-bodied household members who are age 16 through 59 must register for work, and may be required to participate in a SNAP Employment and Training Program unless a specified exemption is met.

Financial Criteria

- **Income**
Households who meet the gross and net income standards listed below may participate in SNAP. Households who meet the gross monthly income standard are then evaluated for the net monthly income standard after allowable deductions have been taken into consideration.

Application Guidelines

Where Do Households Go To Apply For Snap Benefits?

Apply online at apply.mt.gov.

Call or visit your local [Office of Public Assistance](#).

[Download the PDF application](http://dphhs.mt.gov/hcsd/SNAP.aspx) online at <http://dphhs.mt.gov/hcsd/SNAP.aspx>.

Healthy Montana Kids Plus

Program Description

Healthy Montana Kids (HMK), Children's Health Insurance Plan is just one of many Montana Healthcare Programs offering a free or low-cost health insurance plan which provides coverage to eligible Montana children up to age 19. Medical benefits are administered through the Blue Cross Blue Shield (BCBS) of Montana Provider Network, except for Federally Qualified Health Centers, Rural Health Clinics and Community Based Psychiatric Rehabilitation and Support Services. Treatments and services must be medically necessary and the member must be enrolled at the time the service is delivered. Covered services include medical, dental, eyeglasses, and other related services.

Eligibility

Public Assistance Helpline

(888) 706-1535

For more information about HMK please visit:

<http://dphhs.mt.gov/hmk.aspx>

Medicaid

Program Description

Montana Medicaid is health care coverage for some low-income Montanans. Medicaid is run by DPHHS (Montana Department of Public Health and Human Services). The State of Montana pays about one-third of the cost of Medicaid and the federal government pays the rest. Medicaid does not pay money to you. Instead, payments for health care services are sent directly to your health care providers. If Medicaid pay for health care: Services must be medically necessary. Services must be provided by a health care provider who is a Montana Medicaid provider. Services must be Medicaid covered services.

Eligibility

Public Assistance Helpline

Eligibility

(888) 706-1535

Local Resources

Definition

Local resources are the agencies or services people in a community use to get help.

Finding Resources

You may find local resources:

- In the “community services” section of your local phone book.
- In a local community resource/referral book.
- In your agency referral book.
- By using the internet.
- By phoning a local helpline, such as 211.

Check with your agency to learn the resource(s) your agency uses for finding referrals. If your agency uses the internet to find referrals be mindful some website information may NOT be current.

Common Needs

The common needs/problems of WIC participants and the referral resources may help can be broken down into six categories:

1. Basic Needs
2. Education/Employment
3. Family issues
4. Health Care
5. Legal/Public Safety
6. Mental Health

These six needs or problems categories are often found in the community services section of your local phone book.

Learning Activities

Learning Activity 2: Local Agency Referrals, found at the end of this module will help you learn more about how your agency makes referrals.

Learning Activity 3: Referral Case Studies, found at the end of this module will help you locate and identify a referral(s) for each of the case studies presented.

Learning Activity 4: Role Play- Referrals, found at the end of this module uses role play to provide practice on how your agency makes referrals.

Community Outreach

Definition

Community outreach is increasing community awareness and knowledge of WIC services by distributing WIC information to:

- The public
- Community agencies
- Service providers

Purpose

The purpose of outreach is to bring applicants to WIC.

Requirement

Local WIC agencies are required to conduct outreach to establish and maintain contacts with community organizations. Outreach should target organizations who serve:

- Pregnant, breastfeeding, and postpartum women
- Infants or children, especially foster children
- Homeless individuals
- Migrant farm workers

Local agencies may contact the following organizations:

- Health and medical organizations
- Hospitals and clinics
- Welfare offices
- Social service agencies and offices
- Homeless facilities and institutions
- Foster care agencies
- Protective service agencies
- Food banks

Community Outreach (*continued*)

Importance

Ongoing community outreach is important to WIC. Community outreach:

- Directs potential participants to apply for WIC.
- Increases community awareness about WIC services.
- Keeps the community up to date on changes in WIC services.
- Increase and maintains WIC referrals made by community agencies and/or service providers.

Outreach Activities

Outreach activities may include the following:

- Giving a presentation about WIC services to a community agency.
- Talking about WIC with a community member.
- Distributing information at community events.
- Mailing a brochure/flyer which describes WIC services to local community programs.
- Displaying WIC posters in the waiting rooms of medical providers.
- Developing and giving a public service announcement (PSA) to a radio or television station.
- Placing advertisements about WIC services in a local newspaper.
- Distributing WIC promotional items at health fairs or community events.

Outreach Log

Requirement Local agencies are required to develop and implement an outreach system designed for their communities.

Outreach Log An outreach log is suggested to document events. The outreach log could include the following:

- Date of contact
- Name of coworker making contact
- Name, address, and telephone number of the organization contacted.
- Type of contact
- Purpose of contact
- Materials provided
- Outcome

Your Agency’s Outreach Ask your supervisor or mentor to show you your agency’s outreach plan.

Sample of Outreach Log

Date & Staff Person	Contact Person/Organization	Type of Contact	Purpose of Contact	Outcome
08-06-2015	Sunflower Seed Public Service Agency 123 State Street Our Town, MT 88888 999-888-7777	Presentation	Inform PSA staff of WIC services	Distributed information kits and referral forms.
10-01-2015	Rainbow Trout Family Services Unit County Health Dept. 321 River Street Our Town, MT 88888 999-888-7777	Letter	Establish relationship with new director	Invitation to present at Family Services Unit’s next monthly staff meeting.

Progress Check

- Match the step of the referral process to its description.

<u>Step</u>	<u>Description</u>
<input type="checkbox"/> Assessment	A. Helping the participant identify their most “pressing” need(s).
<input type="checkbox"/> Prioritization	B. Helping the participant understand the importance of the referral and deal with feelings about getting help.
<input type="checkbox"/> Selection	C. Identifying what resources may be able to help the participant.
<input type="checkbox"/> Preparation	D. Finding out if the participant used the services of the referral agency.
<input type="checkbox"/> Informing	E. Regularly checking if the agency is still in business, has changed its services, and provides quality services.
<input type="checkbox"/> Follow-Up	F. Giving general and specific information about an agency.
<input type="checkbox"/> Maintenance	G. Identifying the needs of the participant.

- Put a check mark next to the appropriate activities to help you identify a participant’s needs.

- Reviewing assessment question answers
- Listening to the participant describe their life
- Observing the participant’s interaction with others
- Calling the participant’s home and asking other family members if there are any problems.

- Identify the following needs as “E” Emergency, “B” for Basic and “O” for Other.

- Boyfriend is violent
- Participant does not own a car
- The participant wants to get GED
- Has teenage daughter who is doing poorly in school
- Participant’s electricity has been turned off

- Prioritize the following participant’s needs as “1”, “2”, or “3”, with “1” being the most important.

- Participant will be evicted from apartment in two days
- Participant has suicidal feelings
- The participant’s children are not current with their immunizations

- Participants often have feelings preventing them from asking for help. Name two ‘feelings’ a participant may have about asking for help.

6. Put a check mark next to the reasons why a participant may not follow through with a referral.
- Fear
 - Not enough time
 - Participant could not afford agency's fees
 - Participant was denied services because agency does not serve WIC participants
 - Agency did not provide services in the participant's primary language.
7. Put a check mark next to other programs that will be referred to if the participant is not currently enrolled according to the state plan.
- SNAP
 - Medicaid
 - Healthy Montana Kids Plus
 - TANF
 - Substance abuse programs
 - Child support enforcement programs
 - Family planning services
8. Match each of the programs to its description.
- | | |
|--|---|
| <input type="checkbox"/> SNAP | A. One of many Montana Healthcare Programs offering a free or low-cost health insurance plan which provides coverage to eligible Montana children up to age 19. |
| <input type="checkbox"/> Medicaid | B. A federal nutrition program that helps you stretch your food budget and buy healthy food. |
| <input type="checkbox"/> Healthy Montana Kids Plus | C. Health care coverage for some low-income Montanans |
| <input type="checkbox"/> TANF | D. Cash assistance program that is determined by evaluating specific nonfinancial and financial criteria established by federal and state regulations. |
9. Put a check mark next to resources useful for finding a referral agency.
- Local telephone book
 - Local help line or 2-1-1
 - WIC State Plan
 - Local community resource/referral book.
 - Local agency referral book
 - Computer

10. For each of the problems listed below match it to the general area of need.

<u>Problem/Need</u>	<u>Area of Need</u>
<input type="checkbox"/> Unable to read	A. Basic Need
<input type="checkbox"/> Homeless	B. Education/Employment
<input type="checkbox"/> Person is HIV infected	C. Family Issues
<input type="checkbox"/> Person is feeling suicidal	D. Health Care
<input type="checkbox"/> Person is refugee wanting citizenship information	E. Legal/Public Safety
<input type="checkbox"/> Person's child was placed in foster care	F. Mental Health

11. Mark the following as "True" or "False"

- Community outreach is increasing community awareness and knowledge of WIC services by distributing WIC information to the public, community agencies, and service providers.
- Local agencies are not required to conduct outreach because the State WIC Office handles all outreach for Montana.
- Outreach does not get potential participants to apply for WIC.
- Outreach helps increase or maintains WIC referrals made by community organizations.

12. Fill in the outreach log below using the following information:

On October 12, 2015, coworker Rainbow Trout called Healthy Babies, a new prenatal care program, welcoming them to the community and introducing the local agency's services. Rainbow spoke with the director, Painted Daisy. Painted welcomed the idea of presentation and scheduled a presentation for November 4, 2015. The agency is located at 123 Blackfoot Street in Helena, MT 59601. Their phone number is 123-555-5555.

Outreach Log

Date & Staff Person	Contact Person/Organization	Type of Contact	Purpose of Contact	Outcome

Learning Activities

The following activities are included and are recommended for interactive learning:

Learning Activity 1: Assessing and Prioritizing Needs

Learning Activity 2: Local Agency Referrals

Learning Activity 3: Referral Case Studies

Learning Activity 4: Role Play-Referrals

Activity 1: Assessing and Prioritizing Needs

Learning Objectives

After completing this activity, the WIC staff member will be able to:

- Identify participant needs/problems
- Prioritize needs/problems

Instructions

1. Read each of the 3 case studies on the following pages.
2. For each case study:
 - Identify the participant's needs/problems
 - List these needs/problems
 - Label these needs/problems as "emergency", "basic", or "other".
3. When you are finished, discuss your findings with your supervisor or mentor.

Activity 1: Assessing and Prioritizing Needs (continued)

Case Study 1:

May Nguyen is 18 years old. May, her husband Sam, and 3- month old daughter live with her aunt. May looks pale and coughs frequently.

May speaks limited English. The interpreter tells you:

- May’s uncle recently diet of tuberculosis
- They are unable to see a doctor because there is no health insurance
- May wants to get SNAP
- May wants to learn English

Needs/Problems:	Emergency	Basic	Other

Activity 1: Assessing and Prioritizing Needs (continued)

Case Study 2:

Joyce Webber is a 19 year old single mother of 3 month old Jessica. Joyce and Jessica recently relocated to Montana to “get away from the past.”

Joyce used drugs in her past, including her pregnancy with Jessica. Joyce tells you Jessica seems to be having some developmental problems. Joyce is unfamiliar with available services for high risk/special needs infants here.

Jessica has several bruises on her face and possible burn marks on her legs. You suspect someone may be abusing Jessica.

Jessica wants to apply for SNAP, TANF, Medicaid, and Healthily Montana Kids Plus.

Needs/Problems:	Emergency	Basic	Other

Activity 1: Assessing and Prioritizing Needs (*continued*)

Case Study 3:

Cassandra Clark is pregnant. She and her husband David have two boys. Darius is 15 months and Derrick is 3 years old.

The Clark's are having money problems. David was fired from his job two months ago and still unemployed. They sold their car last month to get some cash to pay the rent and other bills. They need some financial assistance but are not sure what help is available.

Cassandra and David are worried about Darius. He has been sick for the last 5 days. He has had a fever, diarrhea, and vomiting. They are unable to see a doctor because there is no health insurance.

Needs/Problems:	Emergency	Basic	Other

Activity 2: Local Agency Referrals

Learning Objectives

After completing this activity, the WIC staff member will be able to explain how referrals are made at their agency.

Instructions

1. Ask your supervisor or mentor to explain how your agency makes referrals.
2. Use the form on the following page to record your notes.
3. Ask your mentor or supervisor to arrange observations for several individual nutrition education sessions.
4. Observe the coworker:
 - Assess the participant's needs/problems
 - Prioritize these needs/problems
 - Offer referral(s)
 - Document referrals(s)
 - Follow up on referral(s)
5. Record your comments on the "Observation Notes" page.
6. When you are finished, discuss the referral process with your supervisor or mentor.

Activity 2: Local Agency Referrals (*continued*)

Observations Notes:

Activity 3: Referral Case Studies (continued)

Case Study 1:

Participant: Brenda Johnson

Brenda is a single parent of a 2 year old. She works part time and wants to go back to school. She does not have childcare. Her ex-husband has not been providing child support.

Participant's Need:	Possible Referral:

Activity 3: Referral Case Studies (continued)

Case Study 2:

Participant: Thuy Nguyen

Thuy speaks limited English but is interested in improving this. She is new to the area and having a hard time adjusting to life in the United States. She has an 18 month old child who needs to be immunized.

Participant's Need:	Possible Referral:

Activity 3: Referral Case Studies (continued)

Case Study 3:

Participant: Alicia Martinez

Alicia is pregnant. She has just been evicted from her apartment for failure to pay her rent. She smokes a pack of cigarettes a day. She is also having problems with her teeth.

Participant's Need:	Possible Referral:

Activity 3: Referral Case Studies (continued)

Case Study 4:

Participant: Susan Whitecloud

Susan has three children. She is breastfeeding her 6 month old infant and experiencing breast pain. There is not enough food to feed her two teenage children. She has bruises on her arms from her boyfriend who sometimes “gets rough when he drinks.”

Participant’s Need:	Possible Referral:

Activity 3: Referral Case Studies (continued)

Case Study 5:

Participant: Jennifer Bailey

Jennifer is a 21 year old single parent of a 20 month old child, David. David is not yet walking or talking and she is worried about him. “I can hardly get up in the morning to deal with life.” She is dressed in thin clothes although it is cold outside. She lives in a rural area and does not have a car.

Participant’s Need:	Possible Referral:

Activity 4: Role Play –Referrals

Learning Objectives

After completing this activity the WIC staff member will be able to:

- Make an effective referral and
- Problem-solve when no referral agency exists to meet the participant’s needs.

Background

A role play is a scenario in which 2 or more people act out a scene as though it was “real life”. Props are not needed but may be helpful.

Instructions

1. Ask your mentor, supervisor, or co-worker to role play any three of the five participant roles (A-E) described on the following page.
2. Using the information and skills you have learned in this module, act out the role of a WIC staff member in a session with each of the three participants.
3. Mentor/Supervisor/Co-Worker: Using the role plays as your guide, act out the role of the participant. Try to be as realistic as possible.
4. After each session, ask you co-worker to tell you what they noticed. Make sure to ask for your strengths as well as weaknesses.

Activity 4: Role Play- Referrals (*continued*)**5 Participants**

Role Play A

Ava Weatherbee is a 16 year old pregnant teen living with her boyfriend. She has not told him about the pregnancy or seen a doctor. She had some bleeding last night and is worried about it. There are some bruises on her right arm and a large bruise around her eye. She says, "I fell down the stairs last night." Her boyfriend is in the waiting room.

Role Play B

Kenya Smith is a single mother of 19 month old Maya. Kenya is quiet and appears depressed. Kenya's husband died last month. He had AIDS. She can hardly take care of Maya. She works the night shift at a retirement center and Kenya's sister will be moving to Texas next month.

Role Play C

Rainbow Bright is 26 years old. She and her husband Brown have 3 month old twins. They are currently living in a shelter after a fire destroyed their apartment a week ago. All their belongings were destroyed. They do not know what their options are.

Role Play D

Joy Marshall is a 21 year old, non-breastfeeding mother of 2 month old Jacob. Her ex-husband is not paying child support. She currently lives with her mother and she helps out by paying for formula and diapers.

Role Play E

Kayla Potter is a 31 year old single mother of Harry, a 4 month old and Ginger, an 18 month old. Kayla was recently evicted from her apartment. She says Ginger is "out of control" and does not know what to do with her.