

Local Agency: \_\_\_\_\_

Name: \_\_\_\_\_

## Value Enhanced Nutrition Assessment (VENA) Competency Evaluation

NH WIC staff is asked to assess their current skills related to interacting with WIC participants. This information will be used to plan future trainings and resources related to VENA.

### What is VENA?

VENA (Value Enhanced Nutrition Assessment) supports Revitalizing Quality Nutrition Services in WIC. It provides a positive approach based on desired health outcomes rather than on deficiencies. VENA complements participant-centered nutrition services by creating a partnership with the participant in goal setting. VENA connects nutrition assessment to effective and appropriate nutrition services that best meet each participant's needs.

**Please return completed self-evaluations to [WIC@dhhs.nh.gov](mailto:WIC@dhhs.nh.gov) 8 weeks after the New Nutritionist training or as otherwise directed. After receiving the completed self-evaluation, the State Agency Nutrition Coordinator will schedule a time for on-site observation to provide additional support, feedback, and training.**

### Section I.

| Statement   | Staff Self-Evaluation |           |         |        | SA Evaluation |          |
|---|-----------------------|-----------|---------|--------|---------------|----------|
|   | Never                 | Sometimes | Usually | Always | NA            | Observed |
| <b>Establishing Rapport</b>   |                       |           |         |        |               |          |
| Establishes a connection with participant before beginning a conversation (introduces self).  |                       |           |         |        |               |          |
| Explains role in the appointment and approximate amount time that will be needed.   |                       |           |         |        |               |          |
| Ensures privacy (uses voice low, closes door, moves to private location when needed).   |                       |           |         |        |               |          |
| Offers help when needed ("here are some books", offers private space to breastfeed if wanted, etc.)                                   |                       |           |         |        |               |          |
| <b>Completing Assessment</b>  |                       |           |         |        |               |          |
| Reviews the participant's past history and assesses the information collected prior to providing nutrition counseling.                |                       |           |         |        |               |          |
| Listens to the participant without interrupting and allows for silence.   |                       |           |         |        |               |          |
| Maintains focus on the desired health outcome (healthy pregnancy, active family, etc).  |                       |           |         |        |               |          |
| Repeats and clarifies what the participant said to ensure understanding. Validates concerns.  |                       |           |         |        |               |          |
| Affirms the participant acknowledging their strengths.  |                       |           |         |        |               |          |
| Uses or bases their assessment and counseling on the "Tell Me About..." forms.  |                       |           |         |        |               |          |
| Uses the NH Dietary Assessment tools to rule out inappropriate nutrition practices prior to assigning the presumed dietary risk code. |                       |           |         |        |               |          |
| Uses StarLINC questions for collecting information.   |                       |           |         |        |               |          |
| <b>Identifying and Exploring Concerns</b>   |                       |           |         |        |               |          |
| Uses open-ended questions to explore participant's concerns and collect information.  |                       |           |         |        |               |          |
| Asks probing questions to explore concerns.   |                       |           |         |        |               |          |
| Assesses barriers to positive health behaviors including breastfeeding as appropriate.  |                       |           |         |        |               |          |
| Keeps the nutrition counseling focused on the participant's needs and concerns.   |                       |           |         |        |               |          |
| Considers cultural practices and focuses on participant when a translator is used.  |                       |           |         |        |               |          |

| Statement   | Staff Self-Evaluation |           |         |        | N/A | SA Observation<br>Observed |
|---|-----------------------|-----------|---------|--------|-----|----------------------------|
|   | Never                 | Sometimes | Usually | Always |     |                            |
| Summarizes the counseling session at the end to clarify information.                            |                       |           |         |        |     |                            |
| <b>Setting Goal</b>   |                       |           |         |        |     |                            |
| Involves the participant in their nutrition care plan.  |                       |           |         |        |     |                            |
| Assesses the participant's readiness to change before suggesting a behavior change.             |                       |           |         |        |     |                            |
| Guides the participant toward setting a goal during the nutrition counseling.                   |                       |           |         |        |     |                            |
| Prioritizes the nutrition concerns and focuses on 1 or 2 concerns.                              |                       |           |         |        |     |                            |
| <b>Education</b>  |                       |           |         |        |     |                            |
| Uses simple, accurate nutrition messages and tailors messages based on the participant's needs. |                       |           |         |        |     |                            |
| Offers the participant educational materials in a positive and encouraging manner.              |                       |           |         |        |     |                            |
| <b>Miscellaneous</b>  |                       |           |         |        |     |                            |
| Considers cultural and nutrition needs when selecting the food package.                         |                       |           |         |        |     |                            |
| Refers participant to outside sources when needed (social work, food bank, etc).                |                       |           |         |        |     |                            |
| Documents appropriately.  |                       |           |         |        |     |                            |

## Section II. Self-Evaluation

1. What do you do to assure that there is participant follow-up at subsequent appointments related to the identified nutrition issues or goals in the participant record?

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2. What barriers have you encountered during the nutrition assessment process?

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3. Do you feel you have time to address participant concerns during the counseling session?      Yes                  No  
When you do not have time to address participant concerns what do you do?

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4. What percent of the time are you able to set a goal with a participant? \_\_\_\_\_ %

## Section III. SA Evaluation

Main take away from appointment:

| Strengths | Areas for Improvement |
|-----------|-----------------------|
|           |                       |

Thank you for taking the time to complete this evaluation.