Food and Nutrition Service

U.S. DEPARTMENT OF AGRICULTURE

WIC Nutrition Assessment and Tailoring Study: Final Report Part 2 – Appendix A

U.S. Department of Agriculture | Food and Nutrition Service | Office of Policy Support

WIC Nutrition Assessment and Tailoring Study: Final Report Part 2 – Appendix A

Submitted to

USDA Food and Nutrition Service
Office of Policy Support
1320 Braddock Place
Alexandria, VA 22314

Project Officers

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This WIC Nutrition Assessment and Tailoring Study was conducted by Westat under Contract No. GS00F009DA, funder by the U.S. Department of Agriculture's Food and Nutrition Service. The findings and conclusions in this report are those of the authors and should not be construed to represent any official USDA or U.S. Government determination or policy.

In approving Ohio WIC's participation in this study, the Ohio Department of Health Institutional Review Board requires that publication of research findings include the following disclaimer: "This study includes data provided by the Ohio Department of Health which should not be considered an endorsement of this study or its conclusions."

In approving Nebraska WIC's participation in this study, the Nebraska Department of Health and Human Services requires that publication of research findings include the following disclaimer: "These findings and their interpretation are the sole responsibility of the author and do not necessarily reflect the opinions or policy position of DHHS."

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Submitted by

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Appendix A

Data Collection Instruments
Highlighting Remote and In-person Differences

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Appendix A-1

Full Version of Site Director Interview Guide

A-1. Full Version of Site Director Interview Guide

OMB Control No: 0584-0663
Expiration Date: 05/31/2022

United States Department of Agriculture (USDA)
WIC Nutrition Assessment and Tailoring Study – Site Director Interview Guide

Thank you for agreeing to participate in this interview today. My name is _____ and this is my colleague _____. We work for Westat [Insight Policy Research], a research organization based in Rockville, MD [/Arlington, VA]. We are under contract with the US Department of Agriculture Food and Nutrition Service, or FNS, to conduct a study of the WIC nutrition risk assessment and benefit tailoring process.

Before we get started there are a few things I should mention. This is a research project. Your participation is voluntary, and refusal to participate will not affect your employment in any way. If you choose to participate, you do not have to answer any questions that make you uncomfortable. You may also choose to discontinue participation at any time. We have planned for this interview to last no more than 45 minutes.

The purpose of this study is to provide FNS with a comprehensive, detailed description of the WIC nutrition risk assessment process and the ways in which WIC staff tailor participant benefits to meet the needs identified during the assessment. We will use this information to identify best practices that promote efficient processes, effective identification of nutrition risks, and appropriate tailoring of participants' benefits.

We will make every effort to keep the information you share with us private. While the final report will be available to the public, your name or any information that could be used to identify you will not be used in it. We may use quotes from you or other study participants in our reports; however, participants' names will not be linked to any responses.

Do you have any questions?

Finally, with your permission, we would like to record the interview. The recording will be used to help us recall exactly what was said when we go to summarize our findings. The recordings and any notes we have will be stored on our companies' secure servers. They are accessible only to the project team. We will destroy the recordings after the study is complete. Are you okay with us recording?

This information is being collected to assist the Food and Nutrition Service in obtaining a comprehensive and detailed description of the WIC nutrition risk assessment process and the ways in which participant benefits are tailored to address the assessment results. This is a voluntary collection and FNS will use the information to improve the delivery and tailoring of WIC services and increase satisfaction of both staff and participants. This collection does request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0663. The time required to complete this information collection is estimated to average 45 minutes (0.75 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Fl, Alexandria, VA 22314 ATTN: PRA (0584-0663). Do not return the completed form to this address.

[IF PERMISSION IS GIVEN TO RECORD, ASK AGAIN IF THERE ARE ANY QUESTIONS. ANSWER ALL QUESTIONS.]

If there are no other questions, I'd like to start the audio recording now.

[TURN ON RECORDER:] For the purpose of the recording, are you willing to participate in this interview? And are you willing to have the interview audio recorded?

Let's start by discussing how this clinic is staffed for the nutrition risk assessment.

1. Including yourself, how many staff members are employed at this clinic? How many staff members perform nutrition risk assessments at this site?

   _____ number of staff

2. Which of the following types of staff perform any parts of nutrition risk assessments? [CHECK ALL THAT APPLY]

   - ☐ Registered dietitian/Registered dietitian nutritionist (RD/RDN)
   - ☐ Nutritionist (4 year degree/non-RD/RDN)
   - ☐ Nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN))
   - ☐ Paraprofessional
   - ☐ Nutrition assistant/nutrition aid
   - ☐ Designated breastfeeding experts (including Certified Lactation Counselors, Certified Lactation Educators, and International Board Certified Lactation Consultants)
   - ☐ Breastfeeding peer counselor
   - ☐ Clerk/support staff
   - ☐ Other (Specify): _____

The next set of questions will ask about the use of tools and technology in the nutrition risk assessment process.

3. We would like to ask you about any tools staff use to help them ensure that all aspects of the nutrition risk assessments are completed during the assessment process?

   a. Do staff have a protocol to follow that guides them through the assessment as it is being completed? [IF YES] What is the source of this protocol? [INTERVIEWER: COLLECT A COPY OF THE PROTOCOL]

   b. Does the Management Information System (MIS), or your WIC computer system, help staff ensure that a comprehensive assessment is completed in any way?

4. I'm interested in what other types of tools staff use during a nutrition risk assessment. I'd like to go through a list of tools and have you indicate which are used here at [this site].

   - ☐ Nutrition questionnaire
   - ☐ Health questionnaire
   - ☐ Review of medical information
   - ☐ Diet history
   - ☐ Measuring cups
   - ☐ Baby bottles

   a. Are there any other written tools or documents staff use to help perform the nutrition risk assessment? [INTERVIEWER: COLLECT THOSE TOOLS THAT WERE NOT COLLECTED FROM THE LOCAL AGENCY]

We would like to walk through some of the key functions of your MIS system (insert name of State system) to understand how it helps staff document nutrition risks and tailor benefits in response to nutrition risk assessment findings.

5. Please show us how the MIS guides staff through the steps of the nutrition assessment process.

   a. Are nutrition risks always, sometimes, or never automatically determined by the system based on the nutrition assessment information entered by WIC staff? [If answer is "sometimes"] In what circumstances are risks determined and manually entered by the WIC staff? Can you show us how that works?

   b. How does the MIS support tracking changes in nutrition risks for participants over time? For example, does it automatically display a summary or key results from the previous visit or in some way provide a simple display of changes in the participant's nutrition risks over time?.

   c. Can it generate reports or charts that show changes over time for individual participants?

d. Does the MIS prompt staff to ask the participant about previously recorded risk factors?

6. We would like to see how the MIS helps staff tailor the three key aspects of WIC benefits: nutrition education and counseling, referrals, and the food package.

   a. Does the MIS facilitate the tailoring of the food package? [IF YES] How is that done?

   b. Does the MIS facilitate tailoring nutrition education and counseling? [IF YES] How is that done?

   c. Does the MIS facilitate tailoring of referrals? [IF YES] How is that done? [INTERVIEWER: ASK FOR A LIST OF BOTH INTERNAL AND EXTERNAL REFERRAL OPTIONS FROM THE MIS]

   d. Are there aspects of the MIS that do not work well for conducting the nutrition services visit with your WIC participants? [IF YES] What could be improved?

7. Are the nutrition risk assessments ever conducted remotely? (By remotely, I mean over the telephone or via a video chat service such as Skype.)

   [If NO, GO TO Q8]

   a. Are there criteria for deciding when an assessment will be done remotely? If so, what are these criteria?

b. What percent of your assessments are conducted remotely? (Just an estimate will do.)

_____%

Now I'd like to ask you about protocols or processes for completing breastfeeding assessments.

8. Can you describe how a breastfeeding assessment is conducted at this site?

   a. Do staff use a checklist or questionnaire (paper or on computer)? [INTERVIEWER: IF YES, ASK FOR A COPY OF THE DOCUMENT]

   b. Are there only certain staff who do this assessment? If so, what kind of staff do this assessment? Are they always available? What happens if they are not available?

Next I'd like to ask you about protocols or processes for determining if a participant is high risk.

9. During the nutrition assessment, what is the process that staff follow for determining that a participant is high risk?

   a. Do they follow a written protocol that identifies the nutrition risk criteria that are considered high risk? [IF YES] What is the source of this protocol? [INTERVIEWER: ASK FOR A COPY OF THIS DOCUMENT.]

   b. Does the MIS system identify when a client is high risk? Can the high risk designation only be made by the MIS or can staff determine that certain risk or risks make a client at risk even if the system has not done so?

10. Can you please describe the process of what happens after a participant is assessed as high risk?

    a. Do staff provide an individual care plan?

b. Are high risk participants referred to specific staff? [IF YES] What are titles and qualifications of the type of staff who see high risk participants at your clinic?

c. Do staff follow a written protocol for providing nutrition education to high risk participants? [INTERVIEWER: IF YES, ASK FOR A COPY OF THE DOCUMENT.]

Next I have some questions about how your clinic ensures staff exhibit cultural sensitivity when providing nutrition-related services.

11. Participants may speak different languages or have different cultural dietary preferences or observances. What are the different languages that your participants speak and what cultural groups do you serve at this clinic?

    a. Do staff receive training in the cultural differences that may exist in your client population and how to approach these differences during a nutrition risk assessment? [INTERVIEWER: IF YES, ASK FOR EXAMPLES OF TRAINING MATERIALS.]

    b. Do you have any written policies, procedures, or guidance for serving participants from other cultures and those who are non-English speaking? [INTERVIEWER: IF YES, ASK FOR A COPY OF THE DOCUMENTS.]

    c. In what ways does your clinic tailor food packages to meet participants' cultural preferences?

12. When staff are providing nutrition education, how does your clinic ensure that it is provided in a culturally appropriate manner?

    a. Do participants receive nutrition education in their spoken language (i.e., the language they speak at home)?

b. How are your WIC educators encouraged to recognize and support participants' culture and how that may impact dietary decisions?

Finally, I have a few questions about your clinic flow. First, let's talk about it from your staff's perspective.

13. What does the clinic do to make the clinic flow go smoothly for staff?
    a. Do you use technology to facilitate clinic flow for staff? [IF YES] How?

14. What suggestions do you have for improving clinic flow for staff?
    a. Are there ways technology can be used to improve clinic flow for staff?

    b. Are there any changes in procedures or staffing that could improve clinic flow for staff?

15. Do you think that your clinic flow works well for participants?
    a. Do you use technology to facilitate clinic flow for participants? [IF YES] How?

16. What suggestions do you have for improving clinic flow for participants?
    a. Are there ways technology can be used to improve clinic flow for participants?

    b. Are there any changes in procedures or staffing that could improve clinic flow for participants?

17. Wrapping-up: Is there anything else that you think would be important for us to know about the nutrition risk assessment process that we haven't talked about?

18. What are you most proud of about how the nutrition services process works at your clinic?

That's the end of our interview. We appreciate you taking the time to talk with us. Should you have any questions after today, please contact us at WICNATS@westat.com.

Appendix A-2

Site Director Interview Guide for Site Directors Who Also Completed the Staff Interview

A-2. Site Director Interview Guide for Site Directors who also completed the staff interview. (Questions that were the same as or similar to questions on the staff interview guide were not asked during this interview (and are struck through in this guide) in order to avoid asking Site Directors these questions twice.)

OMB Control No: 0584-0663
Expiration Date: 05/31/2022

United States Department of Agriculture (USDA)
WIC Nutrition Assessment and Tailoring Study – Site Director Interview Guide

Thank you for agreeing to participate in this interview today. My name is _____ and this is my colleague _____. We work for Westat [Insight Policy Research], a research organization based in Rockville, MD [/Arlington, VA]. We are under contract with the US Department of Agriculture Food and Nutrition Service, or FNS, to conduct a study of the WIC nutrition risk assessment and benefit tailoring process.

Before we get started there are a few things I should mention. This is a research project. Your participation is voluntary, and refusal to participate will not affect your employment in any way. If you choose to participate, you do not have to answer any questions that make you uncomfortable. You may also choose to discontinue participation at any time. We have planned for this interview to last no more than 45 minutes.

The purpose of this study is to provide FNS with a comprehensive, detailed description of the WIC nutrition risk assessment process and the ways in which WIC staff tailor participant benefits to meet the needs identified during the assessment. We will use this information to identify best practices that promote efficient processes, effective identification of nutrition risks, and appropriate tailoring of participants' benefits.

We will make every effort to keep the information you share with us private. While the final report will be available to the public, your name or any information that could be used to identify you will not be used in it. We may use quotes from you or other study participants in our reports; however, participants' names will not be linked to any responses.

Do you have any questions?

Finally, with your permission, we would like to record the interview. The recording will be used to help us recall exactly what was said when we go to summarize our findings. The recordings and any notes we have will be stored on our companies' secure servers. They are accessible only to the project team. We will destroy the recordings after the study is complete. Are you okay with us recording?

[IF PERMISSION IS GIVEN TO RECORD, ASK AGAIN IF THERE ARE ANY QUESTIONS. ANSWER ALL QUESTIONS.]

If there are no other questions, I'd like to start the audio recording now.

[TURN ON RECORDER:] For the purpose of the recording, are you willing to participate in this interview? And are you willing to have the interview audio recorded?

Let's start by discussing how this clinic is staffed for the nutrition risk assessment.

1. Including yourself, how many staff members are employed at this clinic? How many staff members perform nutrition risk assessments at this site?

   _____ number of staff

2. Which of the following types of staff perform any parts of nutrition risk assessments? [CHECK ALL THAT APPLY]

   - ☐ Registered dietitian/Registered dietitian nutritionist (RD/RDN)
   - ☐ Nutritionist (4 year degree/non-RD/RDN)
   - ☐ Nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN))
   - ☐ Paraprofessional
   - ☐ Nutrition assistant/nutrition aid
   - ☐ Designated breastfeeding experts (including Certified Lactation Counselors, Certified Lactation Educators, and International Board Certified Lactation Consultants)
   - ☐ Breastfeeding peer counselor
   - ☐ Clerk/support staff
   - ☐ Other (Specify): _____

The next set of questions will ask about the use of tools and technology in the nutrition risk assessment process.

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   a. Do staff have a protocol to follow that guides them through the assessment as it is being completed? [IF YES] What is the source of this protocol? [INTERVIEWER: COLLECT A COPY OF THE PROTOCOL]

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4. I'm interested in what other types of tools staff use during a nutrition risk assessment. I'd like to go through a list of tools and have you indicate which are used here at [this site].

    - ☐ Nutrition questionnaire
    - ☐ Health questionnaire
    - ☐ Review of medical information
    - ☐ Diet history
    - ☐ Measuring cups
    - ☐ Baby bottles

    a. Are there any other written tools or documents staff use to help perform the nutrition risk assessment? [INTERVIEWER: COLLECT THOSE TOOLS THAT WERE NOT COLLECTED FROM THE LOCAL AGENCY]

We would like to walk through some of the key functions of your MIS system (insert name of State system) to understand how it helps staff document nutrition risks and tailor benefits in response to nutrition risk assessment findings.

5. Please show us how the MIS guides staff through the steps of the nutrition assessment process.

    a. Are nutrition risks always, sometimes, or never automatically determined by the system based on the nutrition assessment information entered by WIC staff? [If answer is "sometimes"] In what circumstances are risks determined and manually entered by the WIC staff? Can you show us how that works?

    b. How does the MIS support tracking changes in nutrition risks for participants over time? For example, does it automatically display a summary or key results from the previous visit or in some way provide a simple display of changes in the participant's nutrition risks over time?.

    c. Can it generate reports or charts that show changes over time for individual participants?

d. Does the MIS prompt staff to ask the participant about previously recorded risk factors?

6. We would like to see how the MIS helps staff tailor the three key aspects of WIC benefits: nutrition education and counseling, referrals, and the food package.

   a. Does the MIS facilitate the tailoring of the food package? [IF YES] How is that done?

   b. Does the MIS facilitate tailoring nutrition education and counseling? [IF YES] How is that done?

   c. Does the MIS facilitate tailoring of referrals? [IF YES] How is that done? [INTERVIEWER: ASK FOR A LIST OF BOTH INTERNAL AND EXTERNAL REFERRAL OPTIONS FROM THE MIS]

   d. Are there aspects of the MIS that do not work well for conducting the nutrition services visit with your WIC participants? [IF YES] What could be improved?

7. Are the nutrition risk assessments ever conducted remotely? (By remotely, I mean over the telephone or via a video chat service such as Skype.)

   [If NO, GO TO Q8]

   a. Are there criteria for deciding when an assessment will be done remotely? If so, what are these criteria?

b. What percent of your assessments are conducted remotely? (Just an estimate will do.)

_____%

Now I'd like to ask you about protocols or processes for completing breastfeeding assessments.

8. Can you describe how a breastfeeding assessment is conducted at this site?

   a. Do staff use a checklist or questionnaire (paper or on computer)? [INTERVIEWER: IF YES, ASK FOR A COPY OF THE DOCUMENT]

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Next I would like to ask you about protocols or processes for determining if a participant is high risk.

9. During the nutrition assessment, what is the process that staff follow for determining that a participant is high risk?

   a. Do they follow a written protocol that identifies the nutrition risk criteria that are considered high risk? [IF YES] What is the source of this protocol? [INTERVIEWER: ASK FOR A COPY OF THIS DOCUMENT.]

   b. Does the MIS system identify when a client is high risk? Can the high risk designation only be made by the MIS or can staff determine that certain risk or risks make a client at risk even if the system has not done so?

10. Can you please describe the process of what happens after a participant is assessed as high risk?

    a. Do staff provide an individual care plan?

b. Are high risk participants referred to specific staff? [IF YES] What are titles and qualifications of the type of staff who see high risk participants at your clinic?

c. Do staff follow a written protocol for providing nutrition education to high risk participants? [INTERVIEWER: IF YES, ASK FOR A COPY OF THE DOCUMENT.]

Next I have some questions about how your clinic ensures staff exhibit cultural sensitivity when providing nutrition-related services.

11. Participants may speak different languages or have different cultural dietary preferences or observances. ~~What are the different languages that your participants speak and what cultural groups do you serve at this clinic?~~

    a. ~~Do staff receive training in the cultural differences that may exist in your client population and how to approach these differences during a nutrition risk assessment? [INTERVIEWER: IF YES, ASK FOR EXAMPLES OF TRAINING MATERIALS.]~~

    b. Do you have any written policies, procedures, or guidance for serving participants from other cultures and those who are non-English speaking? [INTERVIEWER: IF YES, ASK FOR A COPY OF THE DOCUMENTS.]

    c. In what ways does your clinic tailor food packages to meet participants' cultural preferences?

12. When staff are providing nutrition education, how does your clinic ensure that it is provided in a culturally appropriate manner?

    a. Do participants receive nutrition education in their spoken language (i.e., the language they speak at home)?

b. How are your WIC educators encouraged to recognize and support participants' culture and how that may impact dietary decisions?

Finally, I have a few questions about your clinic flow. First, let's talk about it from your staff's perspective.

~~13. What does the clinic do to make the clinic flow go smoothly for staff?~~

~~a. Do you use technology to facilitate clinic flow for staff? [IF YES] How?~~

~~14. What suggestions do you have for improving clinic flow for staff?~~

~~a. Are there ways technology can be used to improve clinic flow for staff?~~

~~b. Are there any changes in procedures or staffing that could improve clinic flow for staff?~~

~~15. Do you think that your clinic flow works well for participants?~~

~~a. Do you use technology to facilitate clinic flow for participants? [IF YES] How?~~

~~16. What suggestions do you have for improving clinic flow for participants?~~

~~a. Are there ways technology can be used to improve clinic flow for participants?~~

~~b. Are there any changes in procedures or staffing that could improve clinic flow for participants?~~

~~17. Wrapping-up: Is there anything else that you think would be important for us to know about the nutrition risk assessment process that we haven't talked about?~~

~~18. What are you most proud of about how the nutrition services process works at your clinic?~~

That's the end of our interview. We appreciate you taking the time to talk with us. Should you have any questions after today, please contact us at WICNATS@westat.com.

Appendix A-3

Staff Interview Guide

A-3. Staff Interview Guide (Remote only questions greyed out.)

OMB Control No: 0584-0663
Expiration Date: 05/31/2025

United States Department of Agriculture (USDA)
WIC Nutrition Assessment and Tailoring Study – Staff Interview Guide

Thank you for agreeing to participate in this interview today. My name is _____ and this is my colleague _____. We work for Westat [Insight Policy Research], a research organization based in Rockville, MD [Arlington, VA]. We are under contract with the US Department of Agriculture Food and Nutrition Service, or FNS, to conduct a study of the WIC nutrition risk assessment process.

Before we get started there are a few things I should mention. This is a research project. Your participation is voluntary, and refusal to participate will not affect your employment in any way. If you choose to participate, you do not have to answer any questions that make you uncomfortable. You may also choose to discontinue participation at any time. We have planned for this interview to last no more than 60 minutes.

The purpose of this study is to provide FNS with a comprehensive, detailed description of the WIC nutrition risk assessment process and the ways in which WIC staff tailor participant benefits to meet the needs of the participant as identified during the assessment. We will use this information to identify best practices that promote efficient processes, effective identification of nutrition risks, and appropriate tailoring of participants' benefits.

IF REMOTE: [We will also use this study to better understand how WIC staff carry out the nutrition risk assessment remotely. In other words, we want to know how you perform the assessment over the phone or by video call when the participant is not physically present at the clinic site. For this interview, we will ask you to describe your experience conducting remote nutrition risk assessments – including your perspective on the challenges and benefits of providing these services remotely and your suggestions for how the services can be improved.]

We will make every effort to keep the information you share with us private. While the final report will be available to the public, your name or any information that could be used to identify you will not be used in it. *We may use quotes from you or other participants in our reports; however, participants' names will not be linked to any responses.*

Do you have any questions?

Finally, with your permission, we would like to record the interview. The recording will be used to help us recall exactly what was said when we go to summarize our findings. The recordings and any notes we have will be stored on our companies' secure servers. They are accessible only to the project team. We will destroy the recordings after the study is complete. Are you okay with us recording?

[IF PERMISSION IS GIVEN TO RECORD, ASK AGAIN IF THERE ARE ANY QUESTIONS. ANSWER ALL QUESTIONS. IF PERMISSION IS NOT GIVEN, CONTINUE THE INTERVIEW WITH YOUR SITE PARTNER AS NOTE TAKER, IF AVAILABLE.]

If there are no other questions, I'd like to start the audio recording now.

[TURN ON RECORDER:] For the purpose of the recording, are you willing to participate in this interview? And are you willing to have the interview audio recorded?

1. How many years have you been conducting nutrition assessments at this WIC clinic? ___ years
2. What is your title at this WIC clinic? _____
3. Which of the following types of WIC clients do you see for WIC certifications?

   ☐ All types of clients
   ☐ Only non-high risk clients
   ☐ Only high risk clients
   ☐ Other, specify

To start off, I want to ask you some questions about how you conduct a nutrition risk assessment. [during remote certification and recertification appointments, that is, those appointments you conducted over the phone or by video call].

4. **[IF REMOTE]** Where have you performed the majority of your work while conducting nutrition risk assessments remotely? If you were required to work from multiple locations, such as your clinic site or your home, please tell us about that.

5. **[If Q4 = Home or workplace outside of clinic site]** Were you able to use your clinic's management information system, or MIS, from your remote workplace to document the nutrition risk assessment?

   [If Q5 = YES] If so, how did that work? Were there any unique challenges when using the MIS from a non-work location?

[If Q5 = NO] If you were not able to access your clinic's MIS when conducting the nutrition risk assessment remotely, then what process did you use to document the assessment?

6. **[IF REMOTE]** How did you conduct nutrition risk assessments remotely? Did you conduct assessments via…?

   ☐ Telephone
   ☐ Video call (e.g., Zoom, Skype, etc.)
   ☐ Other, specify: _____

7. Please describe how you determine nutrition risk for a participant.

   a. What kind of information do you collect and examine so that you or your MIS can identify a participant's nutrition risk or risks?

      1) How do you collect this information when conducting the nutrition risk assessment remotely?

   b. What kinds of information provided by a health care provider do you take into account in determining a participant's nutrition risks?

      1) What type of referral information do you use?

      2) How do you collect information from health care providers when conducting the nutrition risk assessment remotely?

c. To what extent do you document all applicable risk criteria? Do you limit the number of risks you document for a single participant? [In general, when conducting the nutrition risk assessment remotely, do you find yourself documenting a different number of nutrition risks than you typically do when conducting the nutrition risk assessment in-person? If so, how does this differ?]

8. Do you use any of the following to help you ensure that all aspects of the nutrition risk assessment are completed:

   ☐ A checklist or other tool?
   ☐ The MIS or your WIC computer system?
   ☐ Other items? Specify _____

9. How do you clarify when relevant information from the participant is not clear?

10. Before the certification visit, what documents or other information does the participant provide to inform the nutrition risk assessment?

    a. Do you look at any of the information provided prior to the certification visit? How do you use this information?

Now, I'd like to ask you some questions about how you tailor a participant's food package, nutrition education and counseling, nutrition and health goals, and referrals based on the results of the nutrition risk assessment.

11. How do you use the information from the nutrition risk assessment to make allowable changes or substitutions to the standard food package?

    a. What information is most important in deciding how (or whether) to change the food package?

b. **[IF REMOTE]** In general, have you noticed a difference in the frequency or type of food package modifications that you make when conducting the nutrition risk assessment remotely compared to when you conduct the assessment in-person? If so, how does this differ?

12. How do you modify nutrition education based on the findings of a participant's nutrition risk assessment? Do you modify:

    - ☐ Your counseling methods?
    - ☐ The delivery medium?
    - ☐ Nutrition education topics offered?
    - ☐ Other items?

13. When a participant has multiple nutrition risks, do you provide nutrition education for all of their risks or do you select certain risks for nutrition education sessions?

    a. [If select certain risks] How do you decide which risks to select?

14. How, if at all, are secondary (or subsequent) nutrition education contacts tailored to the participant's nutrition risk(s)? Do you tailor:

    - ☐ How soon participants are asked to [come in]/[complete follow-up contacts]?
    - ☐ The format (one-on-one sessions or classes)?
    - ☐ The topics covered?
    - ☐ Other items?

15. How do you use the information from the nutrition assessment to guide participants in establishing nutrition and health goals?

16. What information does your clinic's MIS display to help you tailor program benefits including nutrition education, the food package, and referrals?

Next I have some questions about how you ensure cultural sensitivity when providing nutrition-related services.

17. Have you received training in the cultural differences that exist in your clinic's client population?

    a. If yes, can you describe the training?

18. What are the different languages that your participants speak and what cultural groups do you serve at this clinic?

19 What resources are available to assist you with non-English speaking participants, such as an interpreter or language line service, for…

    a. Conducting a nutrition assessment?

    b. Providing nutrition education?

20. For participants with specific cultural dietary habits, how do you …?

    a. Find out about them when you are conducting the nutrition risk assessments?

    b. Recognize and incorporate them when providing nutrition education?

21. Apart from linguistic and cultural dietary habits, what other cultural considerations have you taken into account when providing nutrition education?

22. How can nutrition risk assessments at your clinic do a better job of asking about and addressing important cultural factors?

I'm also interested in learning about follow-up after the initial nutrition risk assessment. The next set of questions ask about how you follow-up on identified nutrition risks, nutrition and health goals, and referrals.

23. At certification appointments that follow the initial nutrition risk assessment, how do you follow-up on the nutrition risks identified at the original appointment? For example, do you review progress toward goals?

    a. Do you adjust participant education or benefits when a participant's identified risks change? How is that done?

24. Do you routinely follow-up on nutrition and health goals in the following situations:

	Yes	No
When the participant is high-risk?	☐	☐
When the visit is for nutrition education?	☐	☐
At the next certification visit?	☐	☐
Are there other situations after which you would follow-up on nutrition and health goals? If so, please specify: _____	☐	☐

25. Think about cases where you referred a participant to services based on information from their nutrition risk assessment. When do you follow-up on these referrals **with the participant**?

	Yes	No
When the participant is high-risk?	☐	☐
When information has been received from the referral?	☐	☐
When information has not been received from the referral?	☐	☐
At the next certification visit?	☐	☐
Are there other situations when you would follow-up after referring a participant to services? If so, please specify: _____	☐	☐

26. Can you describe a situation in which you adjusted a participant's benefits after noting a change in the participant's nutrition risk during the certification period?

To complete this interview, we'd like to ask you some questions about your perceptions of the nutrition assessment process and any suggestions you have for improvement. Please tell us if you strongly agree, agree, are undecided, disagree, or strongly disagree with the following sentences:

Nutrition Risk Assessment Process

27. The nutrition risk assessment process is effective in identifying participants' nutrition risks.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

28. The nutrition risk assessment process is too complicated for its purpose.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

29. The nutrition risk assessment process results in an appropriately tailored food benefit package for the participant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

30. The nutrition risk assessment process gives us the information needed to appropriately tailor participant nutrition education.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

31. [IF REMOTE] Compared to conducting the assessment in-person, it is more difficult to conduct a quality nutrition risk assessment remotely because of the lack of in-person contact.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

32. [IF REMOTE] Compared to conducting the assessment in-person, it is more difficult to counsel participants or follow up on previously identified risks and goals remotely because of the lack of in-person contact.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

33. What can be done to improve the nutrition risk assessment process?

Resources Needed

34. I have all the resources I need to perform a nutrition risk assessment for each participant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

35. I have all the resources I need to tailor benefits for each participant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

36. [IF REMOTE] What resources or tools were provided to you to conduct nutrition assessments remotely (e.g., webcam, cellphone, etc.)?

37. What resources could you use that are currently not available to you?

Use of Technology

38. The clinic's MIS helps me to complete nutrition risk assessments.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

39. We could make better use of technology (for example: texting) when communicating with participants about their nutrition risk assessment appointment.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

40. We could make better use of technology to improve clinic flow.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

41. Do you have any suggestions on how to make better use of technology?

Clinic Flow

42. The flow of participants through our clinic as they receive services works well.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

43. If you could make any changes you wished, what would you do to improve clinic flow in this clinic for staff? For participants?

Wrapping Up

44. **[IF REMOTE]** What are some of the challenges you have faced when conducting nutrition risk assessments remotely? How did you overcome those challenges?

45. Is there anything else that you think would be important for us to know about the nutrition risk assessment process that we haven't talked about?

46. What do you think this WIC clinic does really well that other clinics could learn from?

Appendix A-4

Observation Guide and Identified Risks Data Collection Form

A-4. Observation Guide and Identified Risks Data Collection Form (In-person only items greyed out)

OMB Control No: 0584-0663
Expiration Date: 05/31/2025

WIC Nutrition Assessment and Tailoring Study
Observation of Nutrition Services Components of WIC Certification

Clinic Site ID: ☐☐ Participant ID: ☐☐☐ Staff ID: ☐☐☐

Observer Initials: ☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

Type of Observation: ☐ Appointment was observed in the clinic

Information to be collected prior to the observation from WIC staff:	
1. WIC Participant Category(ies): ***(Mark all that apply)***	☐ Pregnant ☐ Postpartum woman Breastfeeding: ☐ Fully ☐ Partially ☐ No ☐ Infant ☐ Child
2. Number of people being certified at this visit	☐
3. Type of Visit (person 1):	☐ Initial WIC enrollment ☐ WIC Recertification
4. Type of Visit (person 2):	☐ Initial WIC enrollment ☐ WIC Recertification
5. Type of Visit (person 3+): (multiple births)	☐ Initial WIC enrollment ☐ WIC Recertification

This information is being collected to assist the Food and Nutrition Service in obtaining a comprehensive and detailed description of the WIC nutrition risk assessment process and the ways in which participant benefits are tailored to address the assessment results. This is a voluntary collection and FNS will use the information to improve the delivery and tailoring of WIC services and increase satisfaction of both staff and participants. This collection does request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0663. The time required to complete this information collection is estimated to average 6 minutes (0.01 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Room 555, Alexandria, VA 22314 ATTN: PRA (0584-0663). Do not return the completed form to this address.

Activities Conducted

Components of NRA Certification Visit	WIC Staff Type [1] Conducting Session	Anthropo-metric Measure-ments	Laboratory measure-ments	Nutrition assessment discussion	Nutrition education/ counseling	Food package prescription	Referrals	Start Time HH:MM	End Time HH:MM	Date MM DD YY
First Session		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
Waiting Time Between Sessions								☐☐ ☐☐	☐☐ ☐☐	
(if applicable) **Second Session**		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
(if applicable) **Third Session**		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
(if applicable) **Fourth Session**		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
Mode of delivery: • In-person • Video call • Telephone • Unknown • Not conducted • Other, specify: ☐		☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐			

[1] Staff Type Options: Registered dietitian/registered dietitian nutritionist (RD/RDN), Nutritionist (4 year degree/non-RD/RDN), Nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN)), Paraprofessional, Nutrition assistant/nutrition aide (NA), Breastfeeding peer counselor, Designated breastfeeding experts [including Certified Lactation Counselors (CLC), Certified Lactation Educators (CLE), and International Board Certified Lactation Consultants (IBCLC)], and Clerk/support staff

Introductory Text at the Start of the Observation

Hello [NAME OF CAREGIVER]. I want to thank you for allowing me to sit in and observe your visit with the WIC staff today. As we discussed earlier, my colleagues and I are here at the WIC clinic this week for the WIC Nutrition Assessment and Tailoring Study. We will be observing several visits at this clinic and at many others across the country. We are observing WIC certification appointments to get a better understanding of the different ways WIC clinics conduct them.

During your visit today, I will be silent and listen and watch. I'll be taking notes, but my notes will all be about how the certification process is conducted. My notes will not identify you or record the private information you discuss. Please know that if at any point you feel uncomfortable with me observing or taking notes, you should stop the conversation, let me know, and I will leave the room.

Language:	
1. Language Spoken by Participant/Caregiver:	☐ English ☐ Spanish ☐ Other
2. *If language spoken is not English:* Use of interpreter services?	☐ Yes ☐ No, not needed ☐ No, needed
3. *(If yes)* Type of interpreter services:	☐ Bilingual WIC staff conducted session ☐ Interpreter present ☐ Language line service
Observation of the Workspace/Environment Where the Assessment is Conducted:	
1. Does the place where the assessment is being conducted provide privacy?	☐ Yes ☐ No
2. Are there toys, books, coloring materials or other activities available for children?	☐ Yes ☐ No

Observation of the WIC Certification Visit

At the Beginning of the Nutrition Risk Assessment Session	
At the beginning of the session does the WIC CPA[2]:	
1. Greet the participant warmly	☐ Yes ☐ No
2. Introduce self	☐ Yes ☐ No
3. Make initial positive comments	☐ Yes ☐ No
4. Provide an overview of what will happen during the appointment and about how much time it will take	☐ Yes ☐ No
5. (For new participants) **Did the WIC CPA explain the purpose of the WIC program?**	☐ Yes ☐ No
6. Did the WIC CPA provide an explanation of the WIC risk assessment process and its purpose?	☐ Yes ☐ No

[2]For purposes of this Observation Form, we use the term WIC CPA to refer to the WIC staff member who is conducting the nutrition assessment. Please note that other staff members may conduct all or part of the assessment, and the staff members' type (e.g., RD/RDN, CPA, etc.) should be indicated in the first table on page 2 of this form.

Gathering Information for the Nutrition Risk Assessment	
1. Were the participant's height or length and weight measurements available to the CPA during this visit?	☐ Yes, measurements were obtained on day of visit ☐ Yes, recent measurements were obtained from an off-site health care provider ☐ Yes, the participant self-reported measurements taken at home ☐ Current measurements were not available, but the CPA used measurements from the previous visit ☐ No measurements were available to the CPA at the time of the certification visit ☐ Could not be determined
2. Were the results of a hemoglobin or hematocrit test available to the CPA during this visit?	☐ Yes, hemoglobin or hematocrit test performed and value assessed on day of visit ☐ Yes, hemoglobin or hematocrit test results were obtained from an off-site health care provider ☐ Current measurements were not available, but the CPA used measurements from the previous visit ☐ No measurements were available to the CPA at the time of the certification visit ☐ Could not be determined
3. During the visit, did the WIC CPA refer to any medical information provided directly from a health care provider?	☐ Yes ☐ No **If yes, what kind of information was referred to?** ***(Mark all that apply.)*** ☐ Height/length and weight ☐ Recent Hct/Hgb count ☐ Medical History or other Clinical Information ☐ Dietary/Nutrition Information ☐ Family and Social Environment Information ☐ Other, specify
4. Did the WIC CPA ask nutrition and health questions of the participant using a questionnaire (paper or on the computer) as her/his guide? (Questions may not be read verbatim or in the order printed on the questionnaire)	☐ Yes ☐ No **Observer comment on how tool was used:**
5. How often did the WIC CPA ask follow-up probing questions to clarify and get more details when reviewing or asking questions from an assessment questionnaire?	☐ Always ☐ Frequently ☐ Sometimes ☐ Never asked probing questions

6. Did the WIC CPA use any other visual aids during the assessment (e.g. food models showing serving size, pictures, other)?	☐ Yes ☐ No **If yes, What kind of tools were used?** ***(Mark all that apply.)*** ☐ Food models ☐ Portion size pictures ☐ Growth charts ☐ Pamphlets/printed material ☐ Other, specify
7. Which of the following topic areas did the WIC CPA ask about during the assessment component of the session? o Health/medical information o Feeding/Dietary practices and preferences o Breastfeeding intention or practices o Immunizations o Substance use o Family and home environment o Other (specify)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Not applicable ☐ Yes ☐ No ☐ Not applicable ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
8. During the assessment conversation, did the WIC CPA explore the participant's cultural behaviors and beliefs? **If yes, please provide examples of the questions the WIC CPA asked to explore the participant's cultural behaviors and beliefs**	☐ Yes ☐ No **Examples:**

Nutrition Risk Assessment Process	
1. (For recertification visits only) **During the assessment, did the WIC CPA refer back to previous visits to ask the participant or caregiver about progress made?**	☐ Yes ☐ No
2. Did the WIC CPA explain the participant's growth/weight gain pattern to participant caregiver?	☐ Yes ☐ No ☐ Not applicable, no measurements available
3. Did the WIC CPA explain the meaning of the Hct/Hgb results to the participant or caregiver?	☐ Yes ☐ No ☐ Not applicable, no bloodwork available
4. Did the WIC CPA utilize any electronic tools (other than the use of a nutrition or health questionnaire) to help her/him determine the participant's nutrition risks? ***(If yes, please ensure these were collected from the Site Director.)***	☐ Yes ☐ No
5. As part of the assessment, did the WIC CPA ask the participant or caregiver about her/his nutrition needs and interests? **If yes, did the WIC CPA acknowledge and affirm the participant's thoughts and concerns?**	☐ Yes ☐ No ☐ Yes ☐ No
6. What nutrition risks were directly discussed with the participant or caregiver? **If any nutrition risks were directly discussed with the participant or caregiver, was this done in a way that focused primarily on positive changes and/or desirable health outcomes or on deficiencies?**	☐ None discussed ☐ Risks discussed (specify): ☐ Focused on positive changes and/or desirable health outcomes ☐ Focused on deficiencies Describe examples of how risks were communicated to justify response choice
7. Did the WIC CPA complete the nutrition assessment before providing education/counseling?	☐ Yes ☐ No

Breastfeeding Component of Nutrition Assessment	
For Pregnant Women and Postpartum Breastfeeding Women	
1. Did the WIC CPA explore the woman's knowledge about breastfeeding?	☐ Yes ☐ No
2. Did the WIC CPA explore the woman's thoughts and concerns regarding breastfeeding?	☐ Yes ☐ No
3. Did the WIC CPA ask the woman about her plans for breastfeeding (i.e., for a pregnant woman - whether she plans to breastfeed; for a breastfeeding woman - duration of plans for breastfeeding)	☐ Yes ☐ No
4. Did the WIC CPA assess the introduction of complementary foods as part of her breastfeeding assessment?	☐ Yes ☐ No
5. If yes, who initiated the conversation about the introduction of complementary foods?	☐ WIC staff ☐ Caregiver
Nutrition Education/Counseling (for low and high risk participants)	
1. Following the assessment of risk, was nutrition education/counseling provided to the participant/caregiver by the WIC CPA who conducted the assessment? **If no, how was the nutrition education/counseling provided?**	☐ Yes ☐ No ☐ Provided in a one-on-one session by a different WIC staff person ☐ Provided during this visit in a group session ☐ Provided via on-site technology (e.g. computer, kiosk, tablet). Specify method ☐ To be provided via off-site technology (e.g. web-based) at another time. Specify method
2. During nutrition education, did the WIC staff specifically address any of the participant or caregiver's nutrition risks?	☐ Yes ☐ No

3. To what extent did the nutrition education/counseling component of the visit specifically address the concerns expressed by the participant or caregiver during the assessment conversation?	☐ All participant concerns addressed during nutrition education/counseling ☐ Some, but not all of the concerns expressed by the participant were addressed during nutrition education/counseling ☐ Participant's concerns were not addressed during nutrition education/counseling **Observer comment to explain response choice:**
4. If there were many nutrition risks discussed and needs expressed by the participant or caregiver, how was the priority for topics for nutrition education/counseling determined?	☐ Discussion with participant to determine her/his priorities ☐ WIC staff identified the priorities using her/his judgment ☐ No apparent prioritization of topics ☐ Other, specify
5. What nutrition and health topics were discussed during the nutrition education/counseling portion of the visit?	***(Mark all that apply.)*** ☐ Breastfeeding ☐ Calcium Intake ☐ Child feeding practices ☐ Fruits and vegetables ☐ Having enough to eat ☐ Healthy meals ☐ Healthy snacking ☐ Healthy weight for child ☐ Healthy weight for mother ☐ Infant feeding practices ☐ Introduction of solid foods ☐ Iron/anemia ☐ Medical issues (e.g. blood pressure, gestational diabetes) ☐ Milk choices/consumption ☐ Physical activity ☐ Picky eaters ☐ Prenatal nutrition/diet ☐ Protein intake ☐ Shopping for and preparing healthy foods ☐ Sugar-sweetened beverages ☐ Vitamins and mineral supplements ☐ Water consumption ☐ Weaning from the bottle ☐ Whole grains ☐ Other, specify:

6. Did the CPA help the participant set a personal behavior change goal or goals during this visit, based on input from the participant? **If yes, did the educator help the participant or caregiver identify any challenges that might be faced in trying to reach the goal(s)?**	☐ Yes ☐ No ☐ Yes ☐ No
7. Did the educator discuss how the participant or caregiver might handle the challenges?	☐ Yes ☐ No
Internal Referrals	
1. During the visit, were any referrals made to internal resources offered by the WIC clinic other than general nutrition education? **If yes, to what types of internal resources was the participant or caregiver referred to for help that day or follow-up after the visit?**	☐ Yes ☐ No ***(Mark all that apply.)*** ☐ Peer counselor ☐ WIC designated breastfeeding expert (DBE) ☐ WIC registered dietitian ☐ Other (specify): _____ _____ _____
Referrals to External Health and Social Services	
1. During the visit, were any referrals made to specific external health or social service programs or organizations? **If yes, to what types of other health and social service programs or organizations was the participant or caregiver referred to for help?**	☐ Yes ☐ No ***(Mark all that apply.)*** ☐ Breastfeeding support ☐ Immunizations ☐ Other Health services ☐ Income support (TANF, SSI, UI) ☐ SNAP/Food stamps ☐ Medicaid/CHIP (we will determine what these programs are called in each state) ☐ Substance use counseling ☐ Domestic violence ☐ Housing/Shelter ☐ Child abuse prevention ☐ Emergency food provider ☐ Head Start ☐ Other (Specify) _____ _____ _____

2. If any external referrals were made, how was the referral made?	***(Mark all that apply.)*** ☐ Referral was provided orally to the participant ☐ Written information (e.g. brochure) was provided to the participant ☐ WIC staff called the referral organization on behalf of the participant ☐ WIC staff emailed the referral organization ☐ WIC staff texted the referral information to the participant ☐ Other (Specify)
Participant Centered Communication Skills	
If the caregiver and/or participant sees more than one WIC staff person for the certification visit (starting with the nutrition risk assessment portion of the visit), complete this table of observation questions for the first WIC staff person seen during this visit.	
1. Throughout the session, how often did the WIC CPA look directly at the participant (not at the computer)?	☐ For the majority of the time ☐ For some but not the majority of the time ☐ Infrequently
2. Throughout the session, how often did the WIC CPA use open-ended questions?	☐ Frequently ☐ A few times ☐ Never
3. Throughout the session when discussing current behaviors, progress and identified nutrition risks, to what extent did the WIC CPA affirm what the participant/caregiver was doing well, emphasizing strengths and positive behaviors rather than focus on her/his weaknesses, deficiencies or negative behaviors?	☐ Always emphasized positive ☐ More often emphasized positive than negative, but not always ☐ More often emphasized negative than positive
4. Throughout the session, how often did the WIC CPA try to elicit the participant/caregiver's views and input?	☐ Very Often ☐ Occasionally ☐ Never
5. Did the WIC CPA invite the participant to look at the computer screen for any purpose during the assessment?	☐ Yes ☐ No **Comment:**

6. Throughout the session, in what other ways, if any, did the WIC staff appear attentive to the WIC participant or caregiver's needs or concerns?	**Comment:**
7. Throughout the session, in what ways, if any, did the WIC staff appear *not* attentive to the WIC participant or caregiver's needs or concerns?	**Comment:**

Closing Text at the End of the Observation:

Thank you for letting me listen and observe. I have learned a lot from this experience.

Note to Observer: After the participant leaves her/their assessment, ask the WIC CPA the following questions, using the nutrition risk checklist provided on the following pages.

Questions to ask the WIC CPA who conducted the assessment after the observation

1. **For research purposes, can you tell us whether the participants you just served were new to the WIC program or have participated before in a prior pregnancy or for another infant or child?**

   Notes to Observer:

   - *If the assessment includes more than one participant and one of the participants is an adult woman, answer this question for the woman only.*
   - *If the participant is an infant and/or child, select the first box if it is an enrollment visit and the second box if it is a re-certification visit.*

   ☐ This is this participant's first WIC enrollment

   ☐ This participant has previously been enrolled in WIC or has had an infant or child enrolled in WIC before.

2. **(If the visit included at least one child certification) Can you tell us the date of birth of the child (or children) who you conducted the nutrition assessment for at this visit?**

   Child one: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR)

   Child two: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR)

   Child three: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR)

3. **Did you make any modifications to the standard food package prescription for this/these participant/s, based on the information you learned during the nutrition assessment?**

   ☐ Yes

   ☐ No

   If yes, what modifications did you make?

4. **Can you please tell me the names of all the nutrition risks you identified for this/these participant/s today?** *(Enter codes and short description into the Nutrition Risks Checklist on the next page.)*

5. **Was this/Were any of the participant/s determined to be "high risk"?**

   [If yes] Which of these risks made the participant "high risk"? *(Mark all that apply on the Nutrition Risks Checklist on the next page.)*

6. **Of all the nutrition risks identified for this participant, which ones:**

   A) Were automatically generated by the Management Information System?
   B) Did you enter manually into the MIS?
   C) Are not included in the MIS record for this participant (for whatever reason)?

   (On the Nutrition Risks Checklist on the next page, mark A, B, or C for each risk identified)

7. **Was it addressed by a referral to an internal WIC staff member or to an external health or social service program or organization?** *(On the Nutrition Risks Checklist on the next page, enter I (internal) and/or E (external) or N (neither) for each risk identified.)*

8. **Was it addressed in nutrition education and counseling?** *(On the Nutrition Risks Checklist on the next page, enter yes or no for each risk identified.)*

Nutrition Risks Checklist

Nutrition Risks Identified During Assessment (Question 4)		Identified Risk = High Risk? (Yes or No) (Question 5)	Automatically generated (A), Manually entered (B), or Not Included in MIS (C) (Question 6)	Risk Addressed by Internal (I) or External (E) Referral, or Neither (N) (Question 7)	Risk Addressed by Education (Yes or No) (Question 8)
Risk Code	Risk Criteria Title				
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No

Appendix A-5

Participant Interview Guide

OMB Control No: 0584-0663
Expiration Date: 5/31/2025

United States Department of Agriculture (USDA)
WIC Nutrition Assessment and Tailoring Study – Participant Interview Guide

Clinic Site ID: ☐☐ Date of Interview: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR)

Participant ID: ☐☐☐

If conducting by telephone:

Hello. May I speak to [participant name]?

Hi. This is [NAME] calling from Westat [Westat Insight]. Do you have time now to complete the interview for our study?

☐ Yes (GO TO INTRODUCTION FOR CALL)

☐ No → Can we schedule another time for the interview?

DATE: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR) TIME: ☐☐ : ☐☐ ☐ A.M. ☐ P.M.

Thank you. I'll call you back then.

o If the participant declines to complete the interview, document reasons for refusal:

☐

If conducting in person:

Hello, my name is _____. I work for Westat [Westat Insight], a research company based in Rockville, MD [Arlington, VA].

This information is being collected to assist the Food and Nutrition Service in obtaining a comprehensive and detailed description of the WIC nutrition risk assessment process and the ways in which participant benefits are tailored to address the assessment results. This is a voluntary collection and FNS will use the information to improve the delivery and tailoring of WIC services and increase satisfaction of both staff and participants. This collection does request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0663. The time required to complete this information collection is estimated to average 30 minutes (0.50 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0663). Do not return the completed form to this address.

Introduction

Thank you for agreeing to participate in this interview today. My name is _____. I work for Westat [Westat Insight], a research company based in Rockville, MD [Arlington, VA]. We are conducting a study for the US Department of Agriculture, Food and Nutrition Service (FNS), about WIC nutrition services.

Before we get started, there are a few things I should mention. This is a research project. Your participation is voluntary. If you don't want to participate, you can say so and there will be no penalty. You won't lose any benefits. You can end your participation at any time. If you choose to participate, you do not have to answer any questions that make you uncomfortable. We expect that this interview will last no more than 30 minutes.

The purpose of this study is to provide FNS with a complete, detailed description of the WIC certification process. That's the portion of your WIC appointment where staff [took]/[obtained] your [your child's] height and weight and asked questions about your [your child's] health, medical conditions and diet. The study will also describe the ways that participant benefits may be customized as a result of the certification process. We will use this information to learn how WIC services can better meet participants' needs.

We will make every effort to keep the information you share with us private. While the study report will be available to the public, your name or any information that could be used to identify you will not be used in it. We may use quotes from you or other participants in our reports; but participants' names will not be linked to any responses. The only time we would need to break this privacy is if we heard that someone was planning to harm him- or herself, or someone else.

Do you have any questions?

Finally, with your permission, we would like to record the interview. The recording will be used to help us recall exactly what was said when we go to summarize our findings. The recordings and any notes we have will be stored on our companies' secure servers. They are accessible only to the project team. We will destroy the recordings after the study is complete. Are you okay with us recording?

[IF PERMISSION IS GIVEN TO RECORD, ASK AGAIN IF THERE ARE ANY QUESTIONS. ANSWER ALL QUESTIONS. IF PERMISSION IS NOT GIVEN, CONTINUE THE INTERVIEW WITH NOTE TAKING ONLY.]

If there are no other questions, I'd like to start the audio recording now.

[TURN ON RECORDER:] For the purpose of the recording, are you willing to participate in this interview? And are you willing to have the interview audio recorded?

I'd like to ask you a few questions about the WIC clinic visit you had today /on date.

[IF REMOTE]

1. **Did your WIC appointment happen by telephone, video call, or something else?**

   a. **Appointment carried out via:**

   ☐ Telephone
   ☐ Video call (e.g., Zoom, Skype, etc.)
   ☐ Other, specify: _____

2. **Did you have any challenges connecting with WIC in this way? If so, please explain.**

   _____

3. **Once your appointment began, how easy was it for you to communicate with WIC staff [over the phone/by video call]?**

   ☐ Very easy
   ☐ Easy
   ☐ Neither easy nor difficult
   } GO TO Q5
   ☐ Difficult
   ☐ Very difficult

4. **What made it difficult to communicate with WIC staff [over the phone/by video call]?**

   _____
   _____
   _____
   _____

Thinking back to when you first entered the clinic for your visit today/on date, can you tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements:

5. **It was clear where I needed to go to check in for the visit.**

   ☐ Strongly Agree
   ☐ Agree
   ☐ Neither agree nor disagree
   ☐ Disagree
   ☐ Strongly Disagree

6a. I was greeted warmly by WIC staff when I checked in for my visit.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly Disagree

6b. [IF REMOTE] **I was greeted warmly by WIC staff when I began my telephone/video call appointment.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly Disagree

7. Before the WIC visit, [either at home or in the clinic waiting area], were you given any forms to complete with questions about you or your child's health or food habits? ***[Interviewer: Mark all that apply.]***

- ☐ Yes, at home
- ☐ Yes, in the clinic waiting room
- ☐ No → GO TO Q13

7a. [IF REMOTE] **How did WIC staff send you the forms?**

- ☐ Email
- ☐ Text message
- ☐ Downloaded forms from website
- ☐ Postal mail
- ☐ Other, specify: _____

7b. [IF REMOTE] **Once you filled out the forms, how did you send them back to WIC staff?**

- ☐ Email
- ☐ Text message
- ☐ Uploaded forms to website
- ☐ Postal mail
- ☐ Provided information over the phone
- ☐ Other, specify: _____

8. Did you receive any help from clinic staff in completing the forms?

- ☐ Yes
- ☐ No, but I would have liked help
- ☐ No, and I didn't need any help

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9. How much time did it take you to complete the form(s); would you say it was…

- ☐ < 5 minutes
- ☐ 5 to 10 minutes
- ☐ 11 to 15 minutes
- ☐ More than 15 minutes

10. How easy was it for you to fill out the form(s)? Was completing the forms…

- ☐ Very easy
- ☐ Easy
- ☐ Neither easy nor difficult

} GO TO Q13

- ☐ Difficult
- ☐ Very difficult

11. [If the participant rated the forms as difficult/very difficult] What made the forms difficult to complete? ***[Interviewer: Mark all that apply.]***

- ☐ Too many questions
- ☐ The form was messy/too "busy"/complicated
- ☐ Use of terms that were unclear/no explanations
- ☐ Questions you were unable to answer/did not have the information to answer
- ☐ Other, specify: _____

12. How could the forms be made easier to complete?

_____

_____

_____

_____

13. What is your primary language, that is, the language you speak at home?

- ☐ English → GO TO INTRODUCTION TO Q19
- ☐ Non-English (Please specify:) _____

14. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ I don't speak English at all

15. Did the WIC staff person who conducted your nutrition assessment speak your primary language?

- ☐ Yes → GO TO INTRODUCTION TO Q19
- ☐ No

16. Did you use an interpreter on-site or by telephone/video call during your clinic visit?

☐ Yes, used a WIC interpreter on-site
☐ Yes, used a friend or family member as an interpreter
☐ Yes, used an interpreter by telephone or video call
☐ No, did not use either an interpreter on-site or by telephone → GO TO INTRODUCTION TO Q19

17. Did using the interpreter work well? If not, why not?

☐ Yes
☐ No → IF NO, EXPLAIN WHY NOT BELOW

18. What could have made the process of using an interpreter better?

I'd like to ask you if you agree with the following statements about your visit with the WIC staff member who took your [your child's] height and weight and asked questions about your [your child's] health, medical conditions, and diet.

For each statement, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
19. The WIC staff member made me feel at ease.	☐	☐	☐	☐	☐
20. The WIC staff member listened to me about my needs and concerns.	☐	☐	☐	☐	☐
21. The WIC staff member explained things clearly in a way that I could understand.	☐	☐	☐	☐	☐

22. [For non-English speakers] **I feel I would have gotten more out of the visit if the WIC staff member had spoken my language.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

23. [IF REMOTE] **I feel I would have gotten more out of my appointment if I was talking to WIC staff in-person instead of over the phone/video call.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

23a. ***Interviewer, have the participant explain their choice:***

Why? What makes you say [e.g. strongly agree]?

Now I'd like to ask you if you agree with the following statements about how well your needs were met by the WIC staff that spoke with you. With each statement, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
24. WIC staff asked me about my ideas and beliefs about food.	☐	☐	☐	☐	☐
25. I [and/or my children] expect to eat all the food that WIC gave me to purchase (on my WIC card).	☐	☐	☐	☐	☐
26. The advice and education I received from WIC staff will help me improve my health and diet.	☐	☐	☐	☐	☐

How would you rate your satisfaction with the following services you received from WIC using the following scale: Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very Dissatisfied.

27. How would you rate your satisfaction with the WIC staff's review of your nutrition status? That is, the height and weight measurements, blood tests, and questions about diet, health, and home environment?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

27a. Why? What makes you say [e.g. very satisfied]?

27b. What did you like most/least about the talk you had?

27c. Is there something the clinic could have done to improve your talk with WIC staff?

27d. What would make the talk with WIC staff more valuable to you?

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28. How would you rate your satisfaction with the nutrition education and counseling you received?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

28a. Why? What makes you say [e.g. very satisfied]?

28b. What did you like most/least about the nutrition education and counseling?

28c. Is there something the clinic could have done to improve your education and counseling?

28d. What would make the education and counseling more valuable to you?

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29. How would you rate your satisfaction with the food choices you were given when discussing your food package with WIC staff?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

29a. Why? What makes you say [e.g. very satisfied]?

29b. Do you feel that the food choices provided help meet your/your child's needs?

29c. Do you feel that the food choices provided take your/your child's preferences into account?

29d. What did you like most/least about the WIC foods you received?

29e. Is there something the clinic could have done to improve the WIC foods you received?

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(Continued) Interviewer, have the participant explain their choice by asking each of the following questions:

29f. What would make the WIC foods you receive more valuable to you?

30. How would you rate your satisfaction with the referrals you received to other services?

☐ No referrals received ☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

30a. Why? What makes you say [e.g. very satisfied]?

30b. What did you like most/least about the referrals you received?

30c. Is there something the clinic could have done to improve your referrals?

30d. What would make referrals to other services more valuable to you?

31. Do you feel satisfied with how well the WIC services you received during your appointment reflected your specific needs and concerns?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

31a. Why? What makes you say [e.g. very satisfied]?

31b. Can you give me an example of how the services you received reflected [did not reflect] your specific needs and concerns?

32. How would you rate your satisfaction with your visit as a whole?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking the following questions if there is any additional information (not discussed in response to the questions above) that influenced their choice:

32a. Why? What makes you say [e.g. very satisfied]?

32b. What did you like most/least about your visit as a whole?

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(Continued) Interviewer, have the participant explain their choice by asking the following questions if there is any additional information (not discussed in response to the questions above) that influenced their choice:

32c. Is there something the clinic could have done to improve your visit?

32d. What would make the visit as a whole more valuable to you?

33. Do you feel your WIC clinic visit could have been improved in any way?

PROBE for suggestions in:

33a. Scheduling, including use of technology such as texting appointment confirmations and reminders

33b. Completing questionnaires online prior to the clinic visit

33c. Waiting room, including was it too crowded, activities to keep children occupied

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(Continued) Do you feel your WIC clinic visit could have been improved in any way?

PROBE for suggestions in:

33d. The flow of services provided

33e. Topics discussed

33f. Material provided

33g. Staff interaction

I'd like to end by asking some questions about you.

34. Can you confirm the WIC participation status of the person(s) assessed at your clinic visit today/on date? *Interviewer: Mark all that apply.*

- ☐ pregnant woman
- ☐ post-partum woman and infant
- ☐ infant
- ☐ child(ren)

35. What is your age? ☐☐

36. Do you consider yourself to be Hispanic or of Latino origin?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Don't Know
- ☐ Refused

37. What is your race? *Interviewer: Mark all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Don't know
- ☐ Refused

38. Before this [pregnancy or child], have you ever received benefits from WIC?
Interviewer: Mark all that apply. Leave blank if child is being certified and respondent is not the child's mother.

- ☐ Yes, for a previous pregnancy and child
- ☐ Yes, while I was pregnant with this child
- ☐ No

That's the end of our interview.

[If interview is in person]:
Here is the $20 gift card we discussed to show our appreciation for your participation today.

[If interview is by phone]:

We will send you a gift card in the mail of $30 to show our appreciation for your participation today. The address I have for you is [participant's address.] Is that correct? Great. We will get the gift card in the mail to you soon.

☐ Yes

☐ No → CORRECT ADDRESS BELOW

Address: ____________________

City: ____________ State: __ __ Zip: __ __ __ __ __

We appreciate you taking the time to talk with us. Should you have any questions after today, please contact us at WICNATS@westat.com.

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