

APPENDIX B

PROJECT-SPECIFIC INFORMATION COVER LETTERS

First Letter to State WIC Director, actually

April 7, 2008

Dear WIC State Director:

The purpose of this letter is to introduce you to the second National Survey of WIC Participants and to obtain basic information from you on local agency participation. As you may know, the first National Survey of WIC Participants was conducted nearly a decade ago. We appreciate your past help with data collection efforts. In order to make this study a success, we are once again requesting your assistance. **So that we may stay within our timeline, we are requesting you provide us with the data specified below by April 25, 2008.**

The Food and Nutrition Service (FNS) is undertaking this study to provide detailed information to the Department of Agriculture about the certification process at the State and local level, and the experiences of WIC applicants and participants in the WIC Program. Certain parts of the study were recently mandated by congressional legislation. As such, the study has three main components:

- a mail survey of all geographic and Indian Tribal Organization State agencies;
- a Web survey of 500 randomly-sampled local agencies; and
- a telephone survey of 2,400 WIC participants (chosen by clustered random sampling from 80 WIC local agencies).

Participants for the telephone survey will be chosen by clustered random sampling from 80 WIC local agencies. These 80 local agencies are located in the 23 States that have already been sampled using a random sampling technique that assigned weights to individual States based on WIC participation numbers. (The 23 States are: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and Washington.) Half of the participant respondents in the telephone survey will be asked to take part in a follow-up in-home survey, for which they will be offered \$20.

FNS has retained **Macro International (www.macrointernational.com)**, a well-regarded survey, research and evaluation firm based in Calverton, Maryland, to conduct this complex study. Macro will be contacting you directly as the need arises for additional information related to the study.

In order to select the 500 agencies for the local agency survey and the 80 local agencies for the WIC participant sample, **we need your most current estimate of average monthly participation numbers by participant category for all WIC local agencies in your State.** This information will allow us to take agency size (as measured by the number of participants in each category) into account in the sample. Please provide aggregate data for each local agency as well as the local agency's address and phone number as shown in the following example. The last column asks about online computer access at each local agency so that we can make alternative arrangements for local agencies selected for the web survey that do not have online access.

WIC State Director
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Average Monthly WIC Participation Numbers for State of _____									Online computer access?
WIC LOCAL AGENCY	Address	Phone #	PREGNANT	BREAST-FEEDING	POST-PARTUM	INFANT	CHILD	TOTAL	
1) Wood County WIC			x	x	x	x	x	x	yes
2) Trent County WIC			x	x	x	x	x	x	yes
3) Dane County WIC			x	x	x	x	x	x	no

We would appreciate receiving this data by the date indicated above. The list can be mailed in the enclosed small-size pre-stamped, addressed envelope or, if preferred, it can be emailed as a Word or Excel file to: macro@macrointernational.com.

After Macro has drawn the random sample of WIC local agencies, Macro will advise the affected State agencies of the selection of specific local agencies within their State. At that time, Macro will ask States to notify the local agencies concerned of their inclusion in the study, and to do what they can to facilitate the data gathering.

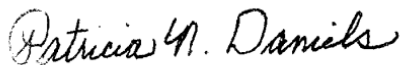
For planning purposes, **we also need for you to fill out and return the enclosed postcard**, which inquires about WIC client data retained at the State level versus at the local agency level, and the term you use with clients for food instruments (i.e., "coupon," "check," etc.). The postcard is straightforward and should not take long to complete.

The overall results of this multi-year study will eventually be posted online in the research section of the FNS website: <http://www.fns.usda.gov/fns-research.htm>. (Note: Results will be summarized nationally and not reported for individual States.)

If you have any questions about the study or the requested information, please call Dr. Daniel Geller, at Macro International at 301-572-0250 or email: dgeller@macrointernational.com. You may contact Dr. Sheku Kamara, FNS Project Officer at 703-305-2130 or email sheku.kamara@fns.usda.gov or Tony Hardy, Program Analyst, Supplemental Food Programs Division, at 703-305-2715 or email tonyh@fns.usda.gov.

Thank you for taking time from your busy schedule to provide the requested information. We appreciate your cooperation in this valuable project which will help improve WIC.

Sincerely,



PATRICIA N. DANIELS
Director
Supplemental Food Programs Division

Enclosure



[DATE]

[NAME]

[ADDRESS]

Dear [STATE WIC DIRECTOR]:

This letter is to update you on the second National Survey of WIC Participants, which the Food and Nutrition Service (FNS) first wrote to you about a month ago. (You can review that letter at www.macroiinternational.com/xx.) The study, as you will recall, has three components:

- A mail survey for all geographic and Indian Tribal Organization State agencies (Telephone option, if preferred)
- An online survey for 500 randomly-sampled local agencies (Telephone or mail option, if preferred); and
- A telephone survey of 2,400 WIC participants (chosen by clustered random sampling from 80 local agencies). Half of them will be asked to take part in a follow-up in-home survey, for which they will be offered \$20. These 80 local agencies are located in the 23 States that have already been sampled as follows: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and Washington.

Based on the WIC local agency participation numbers that you and others submitted, Macro has drawn the sample of 500 local agencies for the Local WIC Agency survey and 80 local agencies at which the WIC Participant survey will be administered. The local agencies in your State that have been selected from the sample drawn are as follows:

WIC Local Agencies in your State that have been sampled for:	
1. The Local Agency Survey	[LIST AGENCY/IES] XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
2. The WIC Participant Survey	[LIST AGENCY/IES] XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

Note: Some agencies may have been selected for both of these surveys.

IF NO AGENCIES ARE SELECTED IN A CATEGORY, TABLE WILL SAY 'None Selected'

AGENCIES SELECTED FOR THE LOCAL AGENCY SURVEY (#1):

At this juncture, we need you to let these local agencies know of the importance, legitimacy and confidentiality of this endeavor. Individual agencies will not be identified and all data collected will be aggregated into groups that will not permit identification of any one entity. The local agency survey is estimated to take about 40 minutes online.

AGENCIES SELECTED FOR THE WIC PARTICIPANT SURVEY (#2):

To select the 2,400 individual WIC participants nationwide, Macro will draw a sample of data from 30 food instruments issued per participant from each of 80 selected local agencies. In order to draw this sample, Macro needs you to draw the following fields of information for all food instruments issued (not redeemed) for April and May 2008 that were issued by [NAME OF LOCAL AGENCY]. Note that food instruments may have been distributed at an earlier date, for example, in March; what is important is that they were issued for and were valid for April and/or for May.

- By sampling food instruments issued, we realize that WIC clients will appear more than once on the lists submitted.
- We would like separate lists for April and May, understanding of course that there will be substantial overlap of individuals.
- We would like the data submitted in Access, Excel, SAS or SPSS, preferably in a CSV (comma separate values) format. If this poses a problem, please contact NAME at 301-572-xxxx.
- We will need an accompanying list of your State agency's definitions for each of these categories, so that we understand the labels and the assigned values for each record.

FIELD NAME	Description	Data Type Preferred	Maximum # of Data Columns Allowed
Local Agency ID	Local Agency ID assigned by SIC selected for research	Numeric or Text	10
Client's WIC category	i.e., Pregnant woman, Postpartum woman, Breastfeeding woman, Infant, or Child	Numeric	5
Type of Food Instrument issued, i.e. Coupon number corresponding to food items in food instrument	Food coupon Ex. First coupon for standard or model package for a Pregnant Woman might be 2 gal's milk, 2 containers juice (regular and concentrated), 36 oz or less of cereal and 18 oz beans and be assigned a 3-digit FI number	Numeric	10
Food Package Code (of which Food Instrument/Coupon is a part)	Record the food package number that corresponds to the participant's age/category and food package description. (Ex. Standard or model food package for Infant 0-5 months who is ¾ time breastfed.) <i>NOTE: An infant, birth-3 months, who is exclusively breastfed and receives no formula will not have a food package code.</i>	Numeric	5
First day to use – coupon (Should be in April 2008 or May 2008)	First date coupon can be used	Date (mmddyyyy)	8

FIELD NAME	Description	Data Type Preferred	Maximum # of Data Columns Allowed
Last day to use – coupon	Expiration date of coupon	Date (mmddyyyy)	8
WIC client first name		Text	20
WIC client last name		Text	20
Unique client ID	Identification number assigned to individual	Alphanumeric	30
Alternate WIC client first name	A second first name by which client appears in WIC records	Text	
Alternate WIC client last name	A second last name by which client appears in WIC records	Text	
Family ID	Identification number assigned to any member of family unit	Alphanumeric	30
Address – Line 1	Street address	Text	25
Address –Line 2	Apartment number or other address addition	Text	25
Address –Line 3	City, State	Text	25
Address –Line 4	Zip code	Text	5
Phone number	Primary phone: xxx-xxx-xxxx	Numeric	12
Second phone number	Other phone: xxx-xxx-xxxx	Numeric	12
Third phone number	Other phone: xxx-xxx-xxxx	Numeric	12
Proof of identification shown	What type of ID was displayed – a driver's license, birth certificate, etc.	Numeric	6
Proof of residence shown	What proof of residency was submitted – a driver's license, utility bill, etc.	Numeric	6
Type of adjunctive eligibility, if applicable	What program, if any, provided adjunctive eligibility – TANF, Food Stamps, Medicare, etc.	Numeric	6
Proof of income shown	What documents, if any, were submitted as proof of income – W-2 form, 1040 tax form, etc.	Numeric	10
Date of original certification	Date of first certification related to this child or pregnancy	Date (mmddyyyy)	8
Date of most recent certification	Date of most recent certification. Should be \leq 6 months ago except for infants where it could be \leq 1 year ago	Date (mmddyyyy)	8
Clinic where last certified	Local agency or clinic where most recent certification took place	Numeric or text	10
Local agency corresponding to clinic where last certified	Local agency may be the same as "clinic where certified" above.	Numeric or text	10
Language spoken by WIC client	Optional field: if known	Numeric or text	10
Number of persons in family "economic unit"	Total number of adult and child household members of household who are part of economic unit		

In addition, Macro is required to collect information about Denied Applicants (“Denials”) and Denied Recertificants (“Terminations”). We realize that many State agencies do not collect this information and that we may have to go to local agencies directly to obtain it. However, if your State agency does keep complete records of Denials and/or Terminations, it would be helpful if it could be provided as follows:

FIELD NAME	Description	Data Type Preferred	Maximum # of Columns Allowed
WIC client first name		Text	20
WIC client last name		Text	20
Unique client ID	Identification number assigned to individual	Numeric	30
Family ID	Identification number assigned to any member of family unit	Numeric	30
Address – Line 1	Street address	Text	25
Address –Line 2	Apartment number or other address addition	Text	25
Address –Line 3	City, State	Text	25
Address –Line 4	Zip code	Text	5
Phone number	Primary phone xxx-xxx-xxxx	Numeric	12 (allows for dashes, if present)
Second phone number	Other phone xxx-xxx-xxxx	Numeric	12
Third phone number	Other phone xxx-xxx-xxxx	Numeric	12
Client’s WIC category	i.e., Pregnant woman, Postpartum woman, Breastfeeding woman, Infant, or Child	Numeric	5
DENIALS			
Notation of a Denied new applicant	E.g. letter of denied benefits sent out	Numeric-binary (yes or no)	1
Reason for denial of Denied new applicant	Reason for denied eligibility	Numeric	6
Date of denial for Denied new applicant	Date of denied eligibility	Date (mmddyyyy)	8
TERMINATIONS			
Notation of a Denied recertificant	E.g. letter of ineligibility sent out	Numeric-binary (yes or no)	1
Reason for denial of Denied recertificant	Reason for denied eligibility	Numeric	6
Date of denial for Denied recertificant	Date of denied eligibility	Date (mmddyyyy)	8

For questions about these specifications, please contact Macro's local agency technical assistance hotline at 1-800-xxx-xxxx or xxx@mmail.macrointernational.com. Someone is usually available from 9 a.m. to 6 p.m. Eastern Daylight Time.

We seek your cooperation in getting this data returned to us by [DATE]. The data may be sent on disk by certified or registered mail to [ADDRESS] or emailed to NAME@macrointernational.com

ALL STATE WIC AGENCIES

As a final task, we are requesting that all WIC State agencies fill out the enclosed State WIC Agency Survey within the next 2 to 3 weeks and return it in the enclosed large-size pre-stamped, addressed envelope. As you will see, the questions focus primarily on State agency certification policies, nutrition services, and records-keeping. A representative from Macro will be following up in the next 2 weeks to answer any questions and/or see if you would prefer to have the survey administered by telephone.

We **really** appreciate your time and cooperation in this valuable project! The overall results will eventually be posted online in the research section of the FNS website:

<http://www.fns.usda.gov/fns/research.htm>

(Note: results will be summarized and not reported for individual States and agencies.)

Best Regards,

Daniel M. Geller, Ph.D.
Project Director

Enc/

First Letter to Local Agency WIC Director



[DATE]

[NAME]

[ADDRESS]

Dear [LOCAL WIC AGENCY DIRECTOR]:

The Food and Nutrition Service (FNS) is conducting the second National Survey of WIC Participants to follow up on the last study conducted in 1999. Through three separate but related data collection efforts, the Survey will collect information from all WIC State agencies, 500 randomly selected local agencies, and 2,400 WIC participants. FNS has retained our organization, Macro International, to carry out the study.

By random draw, your WIC agency was selected to be one of the 500 local agencies to be included in the Local Agency Survey. We and the FNS request your assistance and cooperation with this important task.

The Local Agency Survey covers a) your procedures for certifications and denials; b) the gathering and handling of applicant information; c) staff qualifications, caseloads and turnover; d) services offered; e) hours of operation, location, space, and equipment onsite; f) distribution of Nutrition Services and Administration (NSA) funds for various activities; and g) the demographics of the clients served. It takes an estimated 45 minutes to complete, including time to consult with others on your staff about questionnaire items that you, personally, may not know off the top of your head.

The survey is best taken online where your answers are automatically saved as you proceed. Thus, if you need to stop, you can log back on and it will take you to the last page you completed before breaking off. To access the survey:

(1) Type the following URL into your browser:

<http://www.NSWP2localagency/xxxyyyzzz.com>

(2) Enter your unique, personal password: *****

Questions about the survey can be addressed to [NAME] by calling 301-572-xxxx or emailing Name@macrointernational.com. [NAME] is also the person to contact if you would prefer to have the survey sent in the mail or administered by telephone. Either way, **we hope that you will be able to complete the survey within 2 weeks of receiving it.**

We appreciate your cooperation in this valuable project, the overall results for which will eventually be posted online in the research section of the FNS website:
<http://www.fns.usda.gov/fns/research.htm> (Note: Results will be summarized and not reported for individual states/agencies.)

Best regards,

Daniel M. Geller, Ph.D.
Project Director

Second Letter to Local Agency WIC Director



[DATE]

[NAME]

[ADDRESS]

Dear [LOCAL WIC AGENCY DIRECTOR]:

The Food and Nutrition Service (FNS) is conducting the second National Survey of WIC Participants to follow up on the last study which was conducted in 1999. Through three separate but related data collection efforts, the Survey will collect information from all WIC State agencies, 500 randomly selected local agencies, and 2,400 WIC participants drawn from 80 local agencies. FNS has retained our organization, Macro International, to carry out the study. Hopefully, you have received advanced notification about this study from your State WIC office.

By random draw, your WIC agency was selected to be one of the 80 local agencies from which 2,400 WIC participants will be sampled. The WIC Participant survey looks at three categories of clients: current WIC Participants, Denied Applicants (“denials”) and Denied Recertificants (“terminations”).

- WIC Participants will be administered a telephone survey about their program participation and eligibility, satisfaction with WIC services and food packages, views of breastfeeding, etc. Half of the participants will be randomly selected for an in-home interview, for which they will be offered \$20 cash compensation.
- Denials will be administered a very short telephone survey about their program participation and eligibility, and demographics.
- Terminations will also receive a very short telephone survey about their program participation and eligibility, and demographics.

FNS and Macro International guarantee that all data collected will be kept confidential. Respondents will not be individually identified and there will be absolutely no impact on the benefits and services provided to respondents.

There are two ways in which we seek your help. The first is to let all WIC applicants and participants know about the survey and its validity and confidentiality. Through your diligent efforts over the years helping WIC clients, it is readily apparent that the local agency staff is the entity most trusted by them. We need your help in promoting the survey and alleviating any concerns that WIC clients may have. We are including a hand-out about the survey that we hope will aid in assuaging any concerns. We encourage you to make copies of it for display in the agency or hand it out individually, whichever you think is best.

The second area in which we need help is collecting names of Denied applicants for a 1-month period, since this is not data that is available to us through the WIC State agency database. The procedure for doing this is pretty straight forward and we ask you to exert all effort to ensure that it is thoroughly and conscientiously carried out, even though it may be a new procedure.

Instructions for collecting information on Denied Applicants

1. We ask that your agency print out the following spreadsheet and write or type in the following fields of information **for all applicants who come into the clinic and fill out the paperwork for WIC participation during the month of August 2008 and are denied eligibility.**

YOUR AGENCY NAME: _____ **STATE:** _____

DATE	FIRST & LAST NAME OF PERSON COMING INTO WIC AGENCY	FIRST & LAST NAME OF WIC APPLICANT, IF DIFFERENT (e.g. child's name)	ADDRESS	1 ST PHONE #	2 ND PHONE #	CATEGORY OF PERSON FOR WHOM WIC BENEFITS ARE SOUGHT
					If available	
					If available	

2. We also ask that your agency collect the following information **for applicants who inquire about WIC eligibility for themselves or their children by telephone and are told that they do not qualify. This too is for the whole month of May 2008.**

YOUR AGENCY NAME: _____ **STATE:** _____

DATE	FIRST & LAST NAME OF PERSON COMING INTO WIC AGENCY	FIRST & LAST NAME OF WIC APPLICANT, IF DIFFERENT (e.g. child's name)	ADDRESS	1 ST PHONE #	2 ND PHONE #	CATEGORY OF PERSON FOR WHOM WIC BENEFITS ARE SOUGHT
			Not needed		If available	
			Not needed		If available	

3. It is very important that the WIC staff person overseeing the two lists make sure that all information is printed in legible writing or typed.
4. Please send the lists back to Macro no later than [DATE], via one of these methods:
 - FAX to NAME at 301-572-xxxx
 - EMAIL lists as a Word or Excel document to NAME@macrointernational.com
 - MAIL: Make a copy and send it by certified or registered mail to [ADDRESS].

We appreciate your cooperation in this valuable project, the overall results for which will eventually be posted online in the research section of the FNS website:

<http://www.fns.usda.gov/fns/research.htm> (Note: Results will be summarized and not reported for individual States/agencies.)

Best regards,

Daniel M. Geller, Ph.D.
Project Director