

APPENDIX D

DATA COLLECTION INSTRUMENT FOR LOCAL WIC AGENCIES

Public reporting burden for this collection of information is estimated to average 40 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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 Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0484).

Local WIC Agency Survey

Public reporting burden for this collection of information is estimated to average 40 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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 Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0484).

Thank you for participating in the FNS’ second National Survey of WIC Participants, administered by Macro International. Please refer to the accompanying cover letter for full details of the research effort. If you have any questions, please contact Walter Rives at 301-572-0551 or email Walter.Rives@macrointernational.com.

This survey—along with surveys at the State and participant levels—is designed to provide FNS with additional information on policies and program operations, above and beyond that which is available from existing program sources. For your convenience, the survey is organized by topic.

SCREENER

S1. Does this local agency conduct certifications and recertifications of WIC applicants, or does it serve as a purely administrative office, overseeing these functions at the clinic level?

Agency to which this survey was addressed does certifications and recertifications
→ CONTINUE TO SURVEY

Agency serves as a purely administrative office →

Not sure -----→

PLEASE CONTACT WALTER RIVES
AT MACRO INTERNATIONAL TO
CLARIFY IF YOU SHOULD FILL OUT
THIS SURVEY.

PHONE: 301-572-0551

EMAIL : Walter.Rives@
macrointernational.com

Until directed otherwise, please answer all the questions as they apply to just this location of your local agency or clinic.

CHARACTERISTICS OF LOCAL WIC AGENCY

1. Which description most closely fits the structure in which your local agency or clinic is located? (CHECK ONE)
 - Health department or medical clinic
 - Social services office or agency
 - Full service hospital
 - School
 - Site of non-profit organization
 - Site of religious group
 - Other: PLEASE SPECIFY _____

2. How many rooms does the WIC program use, excluding such things as hallways, bathrooms, kitchen, and storage closets? Please select the total for each type of room.
 - Large waiting rooms/reception areas (greater than 15x15 feet)
 - Small waiting rooms/reception areas (15x15 feet or smaller)
 - Rooms, offices or cubicles where clients are seen
 - Large training/conference/multipurpose rooms
 - Small training/conference/multipurpose rooms
 - Administrative offices (no clients seen)
 - Administrative cubicles (no clients seen)
 - Other: PLEASE SPECIFY _____

3. How many days a week, on average is the agency open to clients/applicants? _____ DAYS

4. How many hours per week, on average, is the WIC agency open? _____ HOURS

5. How many of the hours are “extended hours,” meaning they take place before 9 AM and after 5 PM? _____ HOURS

6. Approximately how many clients are served at the agency **per month**? _____ CLIENTS/MONTH

7. Of these, approximately what percentage are certifications or recertifications? _____ %

8. What types of public transportation are within a 10 minute walk (1/2 mile) of the agency? (CHECK ALL THAT APPLY)
- Bus
 - Light rail/subway/commuter train
 - Other
 - None

9. What is the most-frequent means of transport used by WIC applicants and participants to get to your agency?
- Private car
 - Taxi
 - Bus
 - Light rail/subway/commuter train
 - On foot
 - Other

10. What is the second most-used means of transport used by WIC applicants and participants to get to your agency?
- Private car
 - Taxi
 - Bus
 - Light rail/subway/commuter train
 - On foot
 - Other

11. How would you rate the physical security of your local agency's location?
- Very safe (No incidents)
 - Safe (Occasional minor incidents)
 - Unsafe (Occasional major incidents or frequent minor incidents)
 - Very unsafe (Frequent major incidents)

12. Does the agency have on-site the necessary technology, equipment, supplies, etc. to do the following tasks?

a) Enter/access client certification information via a computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
i. Is this computer networked to other computers in the office (i.e. a shared drive)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
ii. Is this computer networked to other agencies, clinics or the State WIC office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
b) Have internet access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
c) Perform hematological tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
d) Take anthropometric measurements for weight, BMI (body mass) and height?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

13. For each of the following services, please indicate if your local agency is able to offer the service, provide information and/or make referrals in the following areas. “Ability to make a referral” means that your local agency’s involvement is required to obtain a particular service whereas “ability to provide information” means that you have only given client the information about the problem and possibly places to go for help. (CHECK ALL THAT APPLY)

	Offered by WIC Agency/Clinic	Able to provide information	Ability to make a referral	Neither
Maternal health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children’s health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention (e.g., immunizations) and Screenings (e.g. vision or Early & Periodic Screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian/nutrition services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD (sexually transmitted diseases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care/education (e.g., Healthy Start, Head Start)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment/life skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health/screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse counseling/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Protection/Prevention (women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Protection/Prevention (children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: SPECIFY _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR ALL ITEMS WHERE REFERRALS ARE CHECKED IN Q13, ASK:

- 13A. In Q13, you indicated that you give referrals for certain services. For *just those* services where referrals are given, please mark which type of referral is given
- a. WIC client gets referral sheet to take to other organization
 - b. Organization is given name of WIC client to contact (with client’s knowledge)
 - c. Organization is notified of WIC client situation (without client’s knowledge – e.g., protective services – as permitted by law)
 - d. Other

	For all services in Q13 where referrals are given out, check all that apply. (If no referrals given, leave blank.)			
	a. Referral sheet	b. Org’l name is given out	c. Org. is notified	d. Other
Maternal health care				
Prenatal health care				
Children’s health care				
Prevention (e.g., immunizations) and Screenings (e.g. vision or Early & Periodic Screening)				
Breastfeeding support				
Dietitian/nutrition services				
Mental health services				
STD (sexually transmitted diseases)				
Dental				
Family planning				
Child care/education (e.g., Healthy Start, Head Start)				
Parenting support				
Employment/life skills training				
Other public assistance				
Environmental health/screening				
Substance abuse counseling/treatment				
Smoking cessation				
Violence Protection/Prevention (women)				
Violence Protection/Prevention (children)				
OTHER:				

AGENCY PROCEDURES

14. What types of identification does the agency use to verify the residency of a WIC applicant?
(CHECK ALL THAT APPLY)

- Drivers license
- Current utility/tax bill with address on it
- Written statement from reliable third party
- Checkbook
- Rent receipt, mortgage receipt or lease
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____

15. Does the agency keep a copy of documents proving adjunctive or automatic eligibility for applicants?

- Yes, physical copy
- Yes, electronic copy (scanned document)
- No

16. When does the start-date for a certification occur? (CHECK ONE BEST ANSWER)

- When the WIC applicant first comes into the clinic
- When the WIC application is filled out
- When the WIC application is filled out and all supporting information provided

17. What discretion, if any, does the state use or grant to local agencies regarding certification periods?

- No additional discretion is given
- The following discretion is given: (PROVIDE SUPPORTING POLICY STATEMENTS AS APPROPRIATE)

18. Do certifications have to take place in person?

- Yes [SKIP TO Q20]
- No

19. If no, by what other means can WIC applicants be certified? (CHECK ALL THAT APPLY)

- Phone
- Mail
- Fax
- Other: PLEASE SPECIFY _____

20. Approximately what percentage of **WIC applicants** are given temporary certification, that is, 30 days of food instruments while the validity of their application for WIC certification is being established?

[CIRCLE ONE ANSWER IN BOX WITH...]



<p>20a. How confident are you in the range entered here?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not very confident (i.e. a lot of guesswork involved)

0%
1 - <10%
11 - <20%
21 - <30%
31 - <40%
41 - <50%
51 - <60%
61 - <70%
71 - <80%
81 - <90%
91 - <100%

21. Which of the following actions are designated proxies allowed to do on behalf of the WIC participants they represent?

- Get certification for the WIC applicant
- Pick up food instruments
- Attend educational sessions
- Other: PLEASE SPECIFY _____
- Not Applicable. State does not allow proxies

22. What controls are in place to ensure that a WIC applicant is not already participating in WIC at a different location? (CHECK ALL THAT APPLY)

- Applicant must show identification
- Applicant must submit proof of current residence
- Computer checks system based on applicant name
- Computer checks system based on Social Security number
- Other procedure: PLEASE DESCRIBE _____

23. Of applicants **new** to WIC, what percentage is denied certification?

[CIRCLE ONE ANSWER IN BOX WITH...]



23a. How confident are you in the range entered here?

Very confident

Somewhat confident

Not very confident (i.e. a lot of guesswork involved)

- <10%
- 11 - <20%
- 21 - <30%
- 31 - <40%
- 41 - <50%
- 51 - <60%
- 61 - <70%
- 71 - <80%
- 81 - <90%
- 91 - <100%

24. Of WIC participants seeking **recertification**, what percentage is denied certification?

[CIRCLE ONE ANSWER IN BOX WITH...]



24a. How confident are you in the range entered here?

Very confident

Somewhat confident

Not very confident (i.e. a lot of guesswork involved)

- <10%
- 11 - <20%
- 21 - <30%
- 31 - <40%
- 41 - <50%
- 51 - <60%
- 61 - <70%
- 71 - <80%
- 81 - <90%
- 91 - <100%

25. Please specify the percentage of denials that are attributable to the following eligibility problems. It is possible the percentages may sum to more than 100% as applicants may be denied that for more than one reason.

- Insufficient identification _____%
- Income ineligibility _____%
- Nutritional ineligibility _____%
- Residency ineligibility _____%
- Category ineligibility (i.e. not pregnant, child over 5 years, etc.) _____%
- Other: PLEASE SPECIFY _____%

25a. How confident are you in the percentages entered here?

Very confident

Somewhat confident

Not very confident (i.e. a lot of guesswork involved)

26. Does the agency keep information on denied applicants?

- Yes
- No [SKIP TO Q28]

27. What information on Denied Applicants do you retain and how is it retained?

<u>a. Information Retained</u> (CHECK ALL THAT APPLY)	<u>b. How Retained</u> (CHECK ALL THAT APPLY)	<u>c. Where Retained</u> (CHECK ALL THAT APPLY)
<input type="checkbox"/> Name of applicant	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic	<input type="checkbox"/> WIC State Agency <input type="checkbox"/> Your Local Agency <input type="checkbox"/> Sites/Clinics
<input type="checkbox"/> Address	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic	<input type="checkbox"/> WIC State Agency <input type="checkbox"/> Your Local Agency <input type="checkbox"/> Sites/Clinics
<input type="checkbox"/> Phone number	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic	<input type="checkbox"/> WIC State Agency <input type="checkbox"/> Your Local Agency <input type="checkbox"/> Sites/Clinics
<input type="checkbox"/> WIC applicant category	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic	<input type="checkbox"/> WIC State Agency <input type="checkbox"/> Your Local Agency <input type="checkbox"/> Sites/Clinics
<input type="checkbox"/> Reason for denial	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic	<input type="checkbox"/> WIC State Agency <input type="checkbox"/> Your Local Agency <input type="checkbox"/> Sites/Clinics
<input type="checkbox"/> Date of application	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic	<input type="checkbox"/> WIC State Agency <input type="checkbox"/> Your Local Agency <input type="checkbox"/> Sites/Clinics
<input type="checkbox"/> Date of denial	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic	<input type="checkbox"/> WIC State Agency <input type="checkbox"/> Your Local Agency <input type="checkbox"/> Sites/Clinics

28. Does the agency send an official letter of denial to applicants who are denied eligibility for WIC?

- Yes
- No

29. Can an applicant be screened and denied eligibility by telephone?

- Yes
- No [SKIP TO Q31]

30. For which reasons can an applicant be screened and denied eligibility by telephone? (CHECK ALL THAT APPLY)

- Insufficient identification
- Income eligibility
- Nutritional eligibility
- Residency eligibility
- Category eligibility
- Other: PLEASE SPECIFY: _____

NUTRITION SERVICES

31. What nutrition services are offered by your local agency? (CHECK ALL THAT APPLY)

- One-on-one counseling
- Group educational sessions
- Internet-based nutrition education for clients to use
- Other: PLEASE SPECIFY _____

32. Who provides these nutrition services? (CHECK ALL THAT APPLY)

- WIC Director or Clinic Supervisor
- Registered Dietitians
- Degreed/Licensed Nutritionists
- Trained Nutrition Paraprofessional
- Registered Nurses/Physicians Assistants
- Physicians
- Social Workers/ Psychologists/ Therapists
- Other Health Professionals not listed here
- Other Non-Health Professionals not listed here
- Administrative/clerical/support staff
- Peer Counselors

33. On average, how much time is spent giving nutrition education to an adult client during the certification process?

[DROP-DOWN BOX:]

None
<5 minutes
5 - <10 minutes
10 - <20 minutes
20 - <30 minutes
30 - <45 minutes
45 - <60 minutes
60 minutes or more

34. In a given 3-month period, on average, how much time is spent giving nutrition education to an adult client during follow-up visits (excluding the initial certification)?

[DROP-DOWN BOX:]

- | |
|--------------------|
| None |
| <10 minutes |
| 10 - <20 minutes |
| 20 - <30 minutes |
| 30 - <45 minutes |
| 45 - <60 minutes |
| 60 - <90 minutes |
| 90 minutes or more |

35. What percentage of infants are certified off-site (e.g. in the hospital)?

_____ %

36. What types of outreach does your local agency do in, or with, hospitals to help bring qualified infants into the WIC program? (CHECK ALL THAT APPLY)

- Agency staff visit currently-certified and prospective WIC mothers in the hospital
- Agency provides general information and/or specific forms to the hospital for distribution
- Agency staff provide pregnant mothers with WIC forms (for their infants) for hospital physicians to fill out
- Agency joins with other social service agencies to provide a place at the hospital where prospective clients can shop services, all in one place
- Other: PLEASE SPECIFY

From this point forward, please answer the remaining 16 questions as they apply to the WIC local agency in its entirety, including all clinics, satellites and mobile units.

LOCAL AGENCY ORGANIZATION

37. How would you describe the relationship of your WIC local agency to the WIC State agency?

Your local agency is... (CHECK ONE)

- part of State agency
- a local government entity administering the WIC program
- a non-profit organization that has been contracted to run the WIC program
- not a local agency, but rather a clinic under a local agency
- Other: PLEASE SPECIFY _____

38. Please record the number of other WIC sites that operate under the authority of this local agency, by type.

___ Clinics (defined as a permanent location assigned to the WIC program)

___ Satellites (defined as a location such as a school, church or town hall that is only temporarily assigned the WIC program each week. WIC staff must carry their own files and equipment to the site each week)

___ Mobile Units (a vehicle assigned to the WIC program that may make multiple stops)

39. To what extent are certification services provided by your local agency at the various sites you specified in the previous question?

[WEB SURVEY WILL SHOW CLINICS, SATELLITES AND/OR MOBILE UNITS COLUMN ONLY IF RESPONDENT HAS ANSWERED >0 IN Q38.]

	Local Agency	Clinics			Satellites			Mobile Units		
	Agency does this	All can do	Some can do	None can do	All can do	Some can do	None can do	All can do	Some can do	None can do
Conducts certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs blood testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes anthropometric measurements for height, weight and body mass index (BMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducts nutrition counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers other educational seminars (e.g. on breastfeeding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distributes food instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides referrals to other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has access to WIC participant records electronically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores paper copies of the WIC participant records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. What is the distribution and average allocation of Nutrition Services and Administration (NSA) funds across the following functions?

- _____ % Certification and re-certification
 - _____ % Nutrition education
 - _____ % Breastfeeding promotion and support
 - _____ % Administration
-
- 100 % [TOTAL SHOULD SUM TO 99-101%.]

STAFF & CASELOAD

41. How many staff members work for the WIC program at your local agency or clinic on a full-time or part-time basis?	Number of full-time staff (working 32- 40+ hours/wk)	Number of part-time staff (working <32 hours/wk)	42. Of the total, what percentage have worked at the agency/clinic less than 2 years
a) WIC Director or Clinic Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
b) Office Manager	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
c) Administrative Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
d) Certification Specialist	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
e) Registered Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
f) Degreed/Licensed Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
g) Trained Nutrition Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
h) Registered Nurse/Physicians Assistant	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
i) Physician	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
j) Social Worker/ Psychologist/ Therapist	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
k) Other Professional (non-medical)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
l) Other: PLEASE SPECIFY _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
TOTAL STAFF	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

43. In all, what is the number of full-time equivalent (FTE) staff who work at your local WIC agency or clinic? (IN CALCULATING, NOTE THAT IF THE STANDARD WORK WEEK IS 35-40 HOURS, AN FTE COULD BE COMPOSED OF 1 FULL TIME EMPLOYEE OR TWO OR MORE PART TIME EMPLOYEES WHO, COMBINED, WORK THAT NUMBER OF HOURS.)

_____ FTE Staff

44. What difficulties are faced in retaining, recruiting and hiring staff at your local agency? (CHECK ALL THAT APPLY)

- Salaries not competitive
- Benefits not competitive
- Minimal training and job growth offered
- Workload too great
- Location of local agency unsafe
- Location of local agency hard to get to
- Physical space occupied by local agency crowded
- Low employee morale throughout agency
- Lack of support for WIC program from State
- Limited career path or opportunities for promotion
- Required skillset lacking in prospective employees
- Other: PLEASE SPECIFY _____
- None of the above

45. Check off any positions for which your local agency is experiencing moderate or acute staffing shortages? (CHECK ALL THAT APPLY)

- Administrative/clerical/support staff
- Registered Dietitian
- Degreed/Licensed Nutritionist
- Trained Nutrition Paraprofessional
- Registered Nurses/Physicians Assistant
- Physician
- Social Worker/ Psychologist/ Therapist
- Other Professional
- Other: PLEASE SPECIFY _____
- None of the above

46. What percentage of WIC applicants and certificants coming to the agency do NOT speak English well enough to communicate about eligibility, procedures, nutrition, breastfeeding and services?

- 0%
- 1-5%
- 6-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

46a. How confident are you in the range entered here?

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

47. What foreign languages are offered by local agency staff? (CHECK ALL THAT APPLY)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Hmong | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Khmer | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Cantonese/Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French/Creole | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: SPECIFY _____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Somali | |

48. Approximately what percentage of your WIC population (applicants, participants, and proxies) are **not** served by your combined language capabilities?

_____ %

48a. How confident are you in the percentage entered here?

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

[IF Q48 MARKED ≤ 10%, SKIP TO Q50]

49. In what languages does the agency need further support to serve the WIC population?
(CHECK ALL THAT APPLY)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Khmer | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Cantonese/Mandarin | <input type="checkbox"/> Korean | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French/Creole | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: SPECIFY _____ |
| | <input type="checkbox"/> Somali | |

PARTICIPANT CHARACTERISTICS

Thinking of the typical WIC participants served by your local agency each month, please give the percentage that fall into the following demographic areas. (PLEASE ROUND PERCENTAGES TO NEAREST WHOLE NUMBER. PERCENTAGES MAY TOTAL 99-101% DUE TO ROUNDING)

50. CATEGORY

- ___% Pregnant
 - ___% Breastfeeding
 - ___% Postpartum
 - ___% Infants
 - ___% Children
-
- 100 % TOTAL

51. ETHNICITY

- ___% Hispanic or Latino
 - ___% Not Hispanic or Latino
-
- 100 % TOTAL

52. RACE

- ___% American Indian or Alaska Native
 - ___% Asian American
 - ___% Black or African American
 - ___% Native Hawaiian or Other Pacific Islander
 - ___% White
 - ___% Multiracial (Two or more of the above)
-
- 100 % TOTAL

