OMB Control Number: 0584-XXXX Expiration date: XX/XX/XXXX

# APPENDIX G: EMAIL INVITATION TO STATE AGENCIES

# Email to State Agency Directors (Affected SAs Only) Regarding Local Agency Selection



Dear < Name of State WIC Director>,

On [MM/DD/YY], you received a letter and brochure about the **WIC Nutrition Education Study (NEST)** from [name of individual at the USDA Food and Nutrition Service (FNS) who signed the letter]. As explained in the letter, the study includes a survey of nutrition education policies and practices in 1,000 local agencies and their sites. From the survey responses, we will select a group of 80 local sites to take part in telephone interviews to further discuss nutrition education services at their sites. The information will be used to prepare a comprehensive, nationally representative description of WIC nutrition education.

We have completed the sampling process for the survey and are pleased to inform you that one or more of the local agencies selected are located in your State. The list of the selected local agencies is attached. Details of the survey and interviews include:

- The local agencies and between one and three of the sites they operate will be asked to complete an online survey.
  - The Local Agency Survey consists of questions about policies and processes that affect all sites operated by the local agency.
  - The Site Survey asks questions about delivery of nutrition education services at the site including staffing, facilities, and nutrition education methods.
- The local agencies will be notified of the site(s) selected at the conclusion of the Local Agency Survey.
- The surveys will be conducted when all required approvals have been received by the Office of Management and Budget (OMB) (anticipated survey dates are between MM/DD/YY and MM/DD/YY) and will require about 45 minutes for the Local Agency Survey and 45 minutes per Site Survey. A mail-in paper survey will be available to local agencies or sites that are unable to complete the online survey.
- The sites that are asked to participate in a telephone interview will be contacted to schedule the interview during MM/YY and MM/YY.
  - The interviews will focus on details of how the sites provide nutrition education.
  - The interview will take about 30 minutes.

### **Assistance Needed from State Agencies**

In Attachment 1, please review the list of the selected local agencies and update or provide the contact information for a local agency representative with whom we can communicate about the survey. If your State agency is also the local agency, please designate an individual in the State agency to receive communication regarding the survey.

• If any of the local agencies are no longer operational or if the contact information is incorrect or incomplete, please update the list and return it to [Name] at [email address] or fax at [###-####].

- If all of the local agencies are operational and the contact information is accurate, please notify [Name] at [email address] that the list is accurate.
- We will appreciate receiving your feedback on the attached local agency list no later than MM/DD/YY.

[Include only if needed to get names of selected sites if the site information used for sampling was from the PC data file which provides only site numbers.]

In Attachment 2, please review the list of service site ID numbers identified for each local agency selected for the survey and provide the names of the sites. These service site ID numbers are from the WIC Participant and Program Characteristic 2012 (PC) data file which was used to develop the list of WIC sites to sample the sites for each selected local agency. While the PC data file includes the names of the local agencies, it does not contain the site names. In order for the local agencies to know which of their sites are selected for the Site Survey, we will provide them with the name of the sites since they may not be familiar with the service site ID numbers used in the PC data file. If sites selected are no longer operational, please indicate that on Attachment 2.

Most importantly, we request your assistance in encouraging the local agencies to participate in this important study. Upon receipt of your feedback on the attached list, we will send a letter to the local agencies to notify them that they have been selected and provide them with instructions for completing the surveys; however, it will be beneficial for you to notify them as well. We have attached a WIC Nutrition Education Study brochure and a Frequently Asked Questions document for you to forward to the local agencies selected for the survey.

Completion of the Local Agency and Site Surveys is required by the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296, Sec. 305), which requires WIC State and local agencies to cooperate in studies or evaluations conducted by or on behalf of USDA. Although survey responses will be identifiable to FNS, the responses will not be used for compliance or monitoring activities. Local agencies, sites, and individual respondent names will not be identified in any study reports or publications.

Thank you for your assistance in conducting the **WIC Nutrition Education Study (NEST)**. If you have any questions about this study, please contact [Name] at [Email Address] or [Phone].

Sincerely,

TBD Altarum Institute

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 60 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.

# Appendix G: Email Invitation to State Agencies

### **WIC Nutrition Education Study (NEST)**

## **Attachment 1: Local Agencies Selected for the Survey**

### **INSTRUCTIONS:**

The table below includes the names of the local agencies in your State that have been selected to complete the Local Agency Survey for the **WIC Nutrition Education Study (NEST)**. Also included, when available, are the name, email address, and phone number of a point of contact for each of the selected local agencies. This contact information was obtained from [insert source of information].

Please review the list of agencies and the contact information and respond by MM/DD/YY:

- If the local agencies are operational and the contact name information is accurate for all, send an email to [Name] at [email address] to confirm that the information is accurate.
- If any of the local agencies are no longer operational or if the contact name and information for the local agency are not accurate or if no name and contact information are included, make changes on the list and either email it to [Name] at [Email address] or fax it to [Name] at [Number].

Local Agency Name (1)	Contact Name (2)	Contact Email Address (3)	Contact Phone Number (4)	No Longer a Local Agency (Check if Applicable) (5)

If you have questions about how to complete this attachment, please contact [Name] at [Email Address] or [Phone Number].

# **WIC Nutrition Education Study (NEST)**

### **Attachment 2: Sites Selected for the Site Survey**

### **INSTRUCTIONS:**

The table below lists the service site ID number(s) for sites selected to complete the Site Survey and the affiliated local agency name(s). The site ID numbers correspond to the site ID numbers used in the WIC Participant and Program Characteristic (PC) 2012 data file.

Please complete and return this attachment by MM/DD/YY:

- If any of the local agencies or sites are no longer operational put a check in column 3 and leave the Site Name blank.
- For sites that are operational, please provide the name of the site in column 4. This information is needed to inform the local agencies of the sites selected to complete the Site Survey.
- Please return the completed attachment by email to [Name] at [Email address] or fax it to [Name] at [Number].

Service Site ID Number from WIC PC 2012 data file (1)	Local Agency Name (2)	No Longer a Local Agency or Site (Check if Applicable) (3)	Site Name (4)

If you have questions about how to complete this attachment, please contact [Name] at [Email Address] or [Phone Number].