**Appendix C5. Site Director Interview Guide**

|  |  |
| --- | --- |
| https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcTSSzR4fM89zKijsx9FM3cB7Oo6t4A9HMNTlKf2RTrFXexyHdEr_FcGPcjFVg | OMB Control No: 0584-XXXExpiration Date: XX/XX/XXXXExpiration Date: 03/31/2019 |

**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?
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.

1. 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?
2. 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]
3. 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
1. 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.

1. Please show us how the MIS guides staff through the steps of the nutrition assessment process.
2. 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?
3. 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?.
4. Can it generate reports or charts that show changes over time for individual participants?
5. 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.
7. Does the MIS facilitate the tailoring of the food package? [IF YES] How is that done?
8. Does the MIS facilitate tailoring nutrition education and counseling? [IF YES] How is that done?
9. 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]
10. 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?
11. 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]

1. Are there criteria for deciding when an assessment will be done remotely? If so, what are these criteria?
2. 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.

1. Can you describe how a breastfeeding assessment is conducted at this site?
2. Do staff use a checklist or questionnaire (paper or on computer)? [INTERVIEWER: IF YES, ASK FOR A COPY OF THE DOCUMENT]
3. 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.

1. During the nutrition assessment, what is the process that staff follow for determining that a participant is high risk?
2. 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.]
3. 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 risk even if the system has not done so?
4. Can you please describe the process of what happens after a participant is assessed as high risk?
5. Do staff provide an individual care plan?
6. 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?
7. 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.

1. 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?
2. 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.]
3. 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.]
4. In what ways does your clinic tailor food packages to meet participants’ cultural preferences?
5. When staff are providing nutrition education, how does your clinic ensure that it is provided in a culturally appropriate manner?
6. Do participants receive nutrition education in their spoken language (i.e., the language they speak at home)?
7. 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.

1. What does the clinic do to make the clinic flow go smoothly for staff?
2. Do you use technology to facilitate clinic flow for staff? [IF YES] How?
3. What suggestions do you have for improving clinic flow for staff?
4. Are there ways technology can be used to improve clinic flow for staff?
5. Are there any changes in procedures or staffing that could improve clinic flow for staff?
6. Do you think that your clinic flow works well for participants?
7. Do you use technology to facilitate clinic flow for participants? [IF YES] How?
8. What suggestions do you have for improving clinic flow for participants?
9. Are there ways technology can be used to improve clinic flow for participants?
10. Are there any changes in procedures or staffing that could improve clinic flow for participants?
11. 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?
12. 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.