**Appendix G4. Telephone Call with WIC Clinic**

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| [https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcTSSzR4fM89zKijsx9FM3cB7Oo6t4A9HMNTlKf2RTrFXexyHdEr_FcGPcjFVg](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwj5qMif8u3KAhVH1B4KHSjvCDwQjRwIAw&url=http://aphid.aphidnet.org/credits.php&psig=AFQjCNG5hGgL-D9_5lvdCT8DwXaEzVcXcg&ust=1455217628022054) |  | OMB Control No: 0584-XXX  Expiration Date: XX/XX/XXXX  Expiration Date: 03/31/2019 |

**Script for direct call to WIC Clinic:**

Hello, May I speak with [WIC CLINIC DIRECTOR]?

Hello. This is [NAME] calling from Westat. We recently sent you an email about the WIC Nutrition Assessment and Tailoring Study (NATS), and asked that you reply with possible dates and times for a telephone call to discuss the study and what we will need from you. At this time, we have not yet scheduled this telephone call.

Do you have time now to discuss the study?

* Yes(GO TO INTRODUCTIONS FOR CLINIC CALL)
* No 🡪 When is a convenient time to have this discussion?

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you. We will call you back then.

* + If WIC Clinic Director declines to participate, document reasons for refusal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Script for scheduled conference call to WIC Clinic:**

Hello.

**I. Introductions**

This is [Name] at Westat. I’m the [TITLE] for this study. [If conference call] My colleague [Name] is also on the line. She is the Study’s [TITLE]. Who do we have on the phone call from [WIC CLINIC]?

[WIC CLINIC MAKES INTRODUCTIONS.]

Okay. We want to use this phone call to introduce you to our study, provide you with more information on what the site visit will entail, and schedule the visit. We’ll start by providing you with an overview of the study which will describe the study objectives and the overall study design.

**II. Overview of study**

This study will document how nutrition risk assessments are conducted and examine how the information gathered during the assessment is used to tailor Program benefits, including the provision of supplemental foods, nutrition education, breastfeeding promotion and support, and referrals. The study will also identify promising practices in the nutrition assessment process that are associated with participant and staff satisfaction, improved efficiency, and reduced staff burden.

We have a tiered study design that includes the use of existing information in State and local policy documents, analysis of MIS data, a survey of WIC Local Agencies, as well as direct observation of nutrition assessments and interviews with site-level staff and WIC participants. We have selected 10 SAs to participate in the study, which includes your State. From each of the ten States, we’ll be collecting a mix of primary and secondary data.

We have conducted a web-based survey of all Local Agencies in the State, which your Local Agency completed. We used the survey data to help us select 3 LAs in your State for further data collection. (Your Local Agency was one of the three LAs selected for the study in your State.) Your LA provided us with information about its associated WIC clinics that we used to select your clinic for a week-long site visit. Your clinic is one of 30 clinics selected for the study. During these site visits, we will interview WIC clinic directors and up to 5 staff who conduct nutrition assessments. We will also recruit 17 participants to observe their visits and take part in a 30-minute interview after the visit is complete. That’s our primary data collection. We will also collect MIS data from State Agencies and documents related to the process of providing nutrition services.

So that’s a brief overview of our study. I know it is a lot to take in. Do you have any questions given what you just heard?

[If they have questions, discuss questions and answers.]

If not, then let’s go over what will be needed from your clinic for this study.

**III. Data Collection Activities**

As we mentioned, we would like to arrange for a week-long site visit at your clinic. During site visit, we will:

* 1. Conduct observations of clinic environment and of nutrition risk assessments and benefits tailoring for 17 participants with enrollment or recertification visits
  2. Conduct an in-depth interview with Site Director, which is expected to take about 45 minutes
  3. Conduct in-depth interviews with up to 5 staff who conduct the nutrition risk assessment; each interview will take about 1 hour
  4. Conduct interviews with the WIC participants who allowed us to observe their nutrition risk assessment visit; these interviews will take about 30 minutes to complete.

Do you have any questions about these data collection activities?

[If they have questions, discuss questions and answers.]

If not, then let’s talk about the logistics and scheduling of the site visit.

**IV. Logistics and Scheduling**

In selecting a week for the site visit, we’d like to ensure the following:

* For the selected week, the clinic will be open all scheduled days
* The clinic will have no other special activities or staffing issues that would create added burden occurring in that week, and
* The week offers the ability to observe the maximum number of WIC enrollment and certification appointments

Given that criteria, what week looks best for you?

[Discuss possible weeks and settle on week that is best for both the clinic and data collectors.]

We’d also like to identify the staff who conduct assessments and schedule staff interviews now, if possible. Which staff members conduct nutrition risk assessments? Can we look at our calendars for the site visit week and schedule times for interviewing them now?

[Schedule interview times if possible.]

[If interview times can’t be scheduled on this call…] If we can’t schedule them now that’s okay, but we would like to take care of scheduling interviews on the first morning of our site visit.

Also, what does your schedule look like for participant enrollment and recertification visits for the site visit week? We’d like to have an idea of what our potential participant interview schedule will look like.

[Discuss the clinic’s schedule for participant enrollment and recertification visits during the site visit week.]

Can you think of any special considerations that will affect the site visit (e.g. set-up in waiting room, other activities occurring at WIC clinic site during the visit, staffing issues, languages spoken by non-English speaking WIC clientele, availability of language lines)?

[Discuss special considerations and any actions that the clinic or data collectors can take to mitigate any issues.]

Finally, do you have available a private space to conduct participant interviews?

[Discuss possible options for space to conduct participant interviews.]

**V. Questions**

That’s all the questions that we had. Do you have any additional questions for us?

[If they have questions, discuss questions and answers.]

**VI. Next steps and Wrap-up**

[If some items are unresolved…]

So we have a few items to follow-up on prior to the site visit:

* [List any items that remain unresolved and who is responsible for them.]

We’ll send a reminder email with the site visit schedule shortly before the visit. Thank you so much for agreeing to be part of WIC NATS. Your participation means a lot to us.

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-[xxxx]. The time required to complete this information collection is estimated to average 1.00 hour 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-xxxx). Do not return the completed form to this address.