

## Appendix C3. Call with Local Agency Director and Re

OMB Control No: 0584-XXX  
Expiration Date: XX/XX/XXXX



### Script for direct call to LA:

Hello, May I speak with [LOCAL AGENCY 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 LA CALL)
- No → When is a convenient time to have this discussion?

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

Thank you. We will call you back then.

- o If LA Director declines to participate, document reasons for refusal:

\_\_\_\_\_

### Script for scheduled conference call to LA:

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 [LOCAL AGENCY]?

[LOCAL AGENCY MAKES INTRODUCTIONS.]

Okay. We want to use this phone call to introduce you to our study and discuss the activities we'll be asking you to participate in. 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. The States were selected based partly on their characteristics (such as region and caseload), which we used to assign States to selection strata, and partly on random chance because we randomly selected States from each strata.

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 (LAs) in the State, which you completed. We used the survey data to help us select 3 LAs in each State for further data collection. (You are one of the three LAs that have been selected for the study in your State.) In each of these LAs, we'll select a WIC clinic for a week-long site visit during which we will interview the Site Director and up to 5 staff who conduct nutrition assessments. At each clinic, 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 participating Local Agencies.

### **III. Local Agency Study Activities**

There are three things we'll need participating Local Agencies to do.

- a. In our email to you about the study, an Excel file was attached for you to record information about each of your WIC clinics.

We'll need you to return the completed WIC Clinic Characteristics Excel file. Alternatively, you can provide the information requested in that file in any other format or over the phone if you would prefer. Do you have any questions about the Excel file or the data we are asking for?

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

- b. We're also asking you to provide any Local Agency program documents, questionnaires enrollees/participants are asked to complete, protocols and tools that you provide to your sites to guide nutrition assessments, determination of high risk, and benefit tailoring procedures. Do you have any questions about this request?

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

- c. We will use the information in the Excel file you submit, along with other information obtained from the State, to select a clinic for participation. Once we select a clinic, we will ask you to send an email (drafted by Westat) to the selected clinic encouraging their participation. Do you have any question?

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

#### **IV. Questions**

I know we've given you a lot of information. If you have any more questions, we're happy to answer them now.

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

If you think of questions later, you can always give us a call or email us and we'll be happy to discuss your questions with you.

#### **V. Next steps and Wrap-up**

For next steps, we will need you to complete the clinic information Excel file. You can submit that file and your Local Agency documents using the FTP site, whose address we provided you in our initial email to you.

Once we have selected the clinic we would like to visit, we'll send you an email letting you know the selected clinic. We'll provide you with an email we have drafted that you can use to notify the clinic of our study and their selection.

We appreciate your participation in this study. Thank you.

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, 5<sup>th</sup> Fl, Alexandria, VA 22314 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.