

Appendix C7. Staff Interview Guide

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United States Department of Agriculture (USDA) WIC Nutrition Assessment and Tailoring Study – Staff 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 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 60 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 of the participant as 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.

IF REMOTE: [We will also use this study to better understand how WIC staff carry out the nutrition risk assessment remotely. In other words, we want to know how you perform the assessment over the phone or by video call when the participant is not physically present at the clinic site. For this interview, we will ask you to describe your experience conducting remote nutrition risk assessments – including your perspective on the challenges and benefits of providing these services remotely and your suggestions for how the services can be improved.]

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

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 hours 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.

used in it. *We may use quotes from you or other 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 PERMISSION IS NOT GIVEN, CONTINUE THE INTERVIEW WITH YOUR SITE PARTNER AS NOTE TAKER, IF AVAILABLE.]

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?

1. How many years have you been conducting nutrition assessments at this WIC clinic? __years
2. What is your title at this WIC clinic? _____
3. Which of the following types of WIC clients do you see for WIC certifications?
 - All types of clients
 - Only non-high risk clients
 - Only high risk clients
 - Other, specify

To start off, I want to ask you some questions about how you conduct a nutrition risk assessment [during remote certification and recertification appointments, that is, those appointments you conducted over the phone or by video call].

4. **[IF REMOTE]** Where have you performed the majority of your work while conducting nutrition risk assessments remotely? If you were required to work from multiple locations, such as your clinic site or your home, please tell us about that.
5. **[If Q4 = Home or workplace outside of clinic site]** Were you able to use your clinic's management information system, or MIS, from your remote workplace to document the nutrition risk assessment?

[If Q5 = YES] If so, how did that work? Were there any unique challenges when using the MIS from a non-work location?

[If Q5 = NO] If you were not able to access your clinic's MIS when conducting the nutrition risk assessment remotely, then what process did you use to document the assessment?

6. **[IF REMOTE]** How did you conduct nutrition risk assessments remotely? Did you conduct assessments via...
- Telephone
 - Video call (e.g., Zoom, Skype, etc.)
 - Other, specify:
7. Please describe how you determine nutrition risk for a participant [when conducting certification and recertification appointments remotely].
- a. What kind of information do you collect and examine so that you or your MIS can identify a participant's nutrition risk or risks?
 - 1) How do you collect this information when conducting the nutrition risk assessment remotely?
 - b. What kinds of information provided by a health care provider do you take into account in determining a participant's nutrition risks?
 - 1) What type of referral information do you use?
 - 2) How do you collect information from health care providers when conducting the nutrition risk assessment remotely?
 - c. To what extent do you document all applicable risk criteria [when conducting the nutrition assessment remotely]? Do you limit the number of risks you document for a single participant? [In general, when conducting the nutrition risk assessment remotely, do you find yourself documenting a different number of nutrition risks than you typically do when conducting the nutrition risk assessment in-person? If so, how does this differ?]
8. Do you use any of the following to help you ensure that all aspects of the nutrition risk assessment are completed:
- A checklist or other tool?
 - The MIS or your WIC computer system?
 - Other items? Specify _____
9. How do you clarify when relevant information from the participant is not clear?
10. Before the certification [visit]/[appointment], what documents or other information does the participant provide to inform the nutrition risk assessment?
- a. Do you look at any of the information provided prior to the certification visit? How do you use this information?

Now, I'd like to ask you some questions about how you tailor a participant's food package, nutrition education and counseling, nutrition and health goals, and referrals based on the results of the nutrition risk assessment.

11. How do you use the information from the nutrition risk assessment to make allowable changes or substitutions to the standard food package?

- a. What information is most important in deciding how (or whether) to change the food package?
 - b. **[IF REMOTE]** In general, have you noticed a difference in the frequency or type of food package modifications that you make when conducting the nutrition risk assessment remotely compared to when you conduct the assessment in-person? If so, how does this differ?
12. How do you modify nutrition education based on the findings of a participant's nutrition risk assessment? Do you modify:
- Your counseling methods?
 - The delivery medium?
 - Nutrition education topics offered?
 - Other items?
13. When a participant has multiple nutrition risks, do you provide nutrition education for all of their risks or do you select certain risks for nutrition education sessions?
- a. [If select certain risks] How do you decide which risks to select?
14. How, if at all, are secondary (or subsequent) nutrition education contacts tailored to the participant's nutrition risk(s)? Do you tailor:
- How soon participants are asked to [come in]/[complete follow-up contacts]?
 - The format (one-on-one sessions or classes)?
 - The topics covered?
 - Other items?
15. How do you use the information from the nutrition assessment to guide participants in establishing nutrition and health goals?
16. What information does your clinic's MIS display to help you tailor program benefits including nutrition education, the food package and referrals?

Next I have some questions about how you ensure cultural sensitivity when providing nutrition-related services.

17. Have you received training in the cultural differences that exist in your clinic's client population?
- a. If yes, can you describe the training?
18. What are the different languages that your participants speak and what cultural groups do you serve at this clinic?
19. What resources are available to assist you with non-English speaking participants [when providing services remotely or over the phone], such as an interpreter or language line service, for...
- a. Conducting a nutrition assessment?
 - b. Providing nutrition education?

20. For participants with specific cultural dietary habits, how do you ...?
- a. Find out about them when you are conducting the nutrition risk assessments?
 - b. Recognize and incorporate them when providing nutrition education?
21. Apart from linguistic and cultural dietary habits, what other cultural considerations have you taken into account when providing nutrition education?
22. How can nutrition risk assessments at your clinic do a better job of asking about and addressing important cultural factors?

I'm also interested in learning about follow-up after the initial nutrition risk assessment. The next set of question ask about how you follow-up on identified nutrition risks, nutrition and health goals, and referrals.

23. At certification appointments that follow the initial nutrition risk assessment, how do you follow-up on the nutrition risks identified at the original appointment? For example, do you review progress toward goals?
- a. Do you adjust participant education or benefits when a participant's identified risks change? How is that done?
24. Do you routinely follow-up on nutrition and health goals in the following situations:

When the participant is high-risk?	• Yes	• No
When the visit is for nutrition education?	• Yes	• No
At the next certification visit?	• Yes	• No
Are there other situations after which you would follow-up on nutrition and health goals? If so, please specify:	• Yes	• No

25. Think about cases where you referred a participant to services based on information from their nutrition risk assessment. When do you follow-up on these referrals?

When the participant is high-risk?	• Yes s	• No
When information has been received from the referral?	• Yes s	• No
When information has not been received from the referral?	• Yes s	• No
At the next certification visit?	• Yes s	• No
Are there other situations when you would follow-up after referring a participant to services? If so, please specify:	• Yes s	• No

26.

Can you

describe a situation in which you adjusted a participant's benefits after noting a change in the participant's nutrition risk during the certification period?

To complete this interview, we'd like to ask you some questions about your perceptions of [conducting] the nutrition assessment process [remotely] and any suggestions you have for improvement. Please tell us if you strongly agree, agree, are undecided, disagree, or strongly disagree with the following sentences:

Nutrition Risk Assessment Process

27. The nutrition risk assessment process is effective in identifying participants' nutrition risks [when conducted remotely].

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

28. The nutrition risk assessment process is too complicated for its purpose [when conducted remotely].

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

29. The nutrition risk assessment process [when conducted remotely] results in an appropriately tailored food benefit package for the participant.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

30. The nutrition risk assessment process [when conducted remotely] gives us the information needed to appropriately tailor participant nutrition education.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

31. [IF REMOTE] Compared to conducting the assessment in-person, it is more difficult to conduct a quality nutrition risk assessment remotely because of the lack of in-person contact.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

32. [IF REMOTE] Compared to conducting the assessment in-person, it is more difficult to counsel participants or follow up on previously identified risks and goals remotely because of the lack of in-person contact.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

33. What can be done to improve the nutrition risk assessment process [when it is conducted remotely]?

Resources Needed

34. I have all the resources I need to perform a nutrition risk assessment [remotely] for each participant.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

35. I have all the resources I need to tailor benefits [remotely] for each participant.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

36. [IF REMOTE] What resources or tools were provided to you to conduct nutrition assessments remotely (e.g., webcam, cellphone, etc.)?

37. What resources could you use [for remote nutrition assessments] that are currently not available to you?

Use of Technology

38. The clinic's MIS helps me to complete nutrition risk assessments [remotely].

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

39. We could make better use of technology (for example: texting) when communicating with participants about their nutrition risk assessment appointment.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

40. **[IF IN-PERSON]** We could make better use of technology to improve clinic flow.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

41. Do you have any suggestions on how to make better use of technology [for remote nutrition services]?

Clinic Flow

42. **[IF IN-PERSON]** The flow of participants through our clinic as they receive services works well.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

43. **[IF IN-PERSON]** If you could make any changes you wished, what would you do to improve clinic flow in this clinic for staff? For participants?

Wrapping Up

44. **[IF REMOTE]** What are some of the challenges you have faced when conducting nutrition risk assessments remotely? How did you overcome those challenges?

45. Is there anything else that you think would be important for us to know about [conducting] the nutrition risk assessment process [remotely] that we haven't talked about?

46. [When it comes to conducting the nutrition risk assessment and other nutrition services remotely,] What do you think this WIC clinic does really well that other clinics could learn from?