



Appendix D3. MOU for SA

Dear [STATE AGENCY WIC DIRECTOR],

Thank you for discussing the plans for the WIC Nutrition Assessment and Tailoring Study (WIC NATS) on XX/XX/XXXX. We appreciate the cooperation and assistance you, your staff, the Local Agencies (LA) and local WIC clinics can provide in planning for the implementation of the study. As a followup to our discussion, this memorandum of understanding summarizes the activities that will be undertaken by Westat, States, Local Agencies, and WIC clinics that will participate in the study and those undertaken by the Westat study team to support these activities. We ask that you review this information, and, if you agree with the summary, indicate your agreement on the last page and return a copy to us.

State Agency WIC Directors from 10 Selected States Role

- Provide Westat with a list of contact information for all Local Agency Directors in the state that includes the names, email addresses, and telephone numbers.
- Inform the LAs in the state about the study, and inform them that Westat will be sending them an invitation via email to participate in a web survey. Westat will provide a draft email for this communication.
- Send an email to each selected LA within their state encouraging them to participate in the study. (There will be between 1 and 4 LAs selected in each state.) Westat will provide a draft email for this communication.
- Provide documents to Westat including the State WIC policy and procedure manual, the nutrition risk criteria list, WIC state training curricula, the state WIC Breastfeeding Promotion and Support Plan, the state WIC MIS user's manual, and any additional documents and materials that the SA disseminates to LAs related to conducting the nutrition assessment and tailoring processes.
- Prepare and submit statewide MIS data files based on data requests prepared by Westat. Data requests will be made for two points in time – the first request at the time of recruitment asking for data for the previous 12-month period and the second request six months later requesting data for the next 6 months.

All Local Agencies from the 10 Selected States

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 7 minutes (0.12 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.

- Complete the web-based Local Agency Survey.

30 LAs selected for Phase II of the study

- o Provide descriptive information about the WIC clinics within their LA
- o Provide any program documents and tools used in the nutrition risk assessment and benefits tailoring process, such as guidance and training resources
- o If necessary, serve as a liaison to schedule site visits at selected WIC clinic under their LA

Selected Local WIC Clinics; One WIC Clinic per LAs participating in Phase II of the study

- Schedule a site visit spanning one week (5 days) and encourage staff participation in the data collection activities scheduled during the site visit. During the site visit, the study team will observe the clinic flow, the nutrition risk assessment and benefits tailoring processes, and will conduct interviews with the WIC clinic Director, staff who conduct the nutrition risk assessment and benefits tailoring, and WIC participants
- Provide a space where study team can conduct interviews
- Allow the study team access to observe the general clinic flow
- Participate in onsite interviews (WIC clinic Director and nutrition services staff)

Westat Study Team

- Develop all study materials, including the Local Agency Survey, observation guides, interview guides
- Train and supervise all study team members needed to work with SAs, LAs, WIC clinics, and conduct the site visits
- Obtain Institution Review Board (IRB) and other approvals.
- Collaborate with State Agencies to prepare submission for State IRB review, if needed.
- Email all LAs within the 10 selected States to ask that they complete the LA Survey
- Work with LAs and WIC clinics to arrange site visits
- Provide all resources needed to conduct site visits
- Conduct all site visit activities, including the observation of clinic flow and the nutrition risk assessment and conducting all interviews.
- Address questions or concerns from SA, LA, and WIC Clinic staff as they arise
- Provide study participants assurance of privacy with regards to their personal identity as well as the data provided through surveys or interviews
- Be mindful of participant's primary tasks and minimize the study burden to the extent possible
- Minimize disruption to clinic activities during site visits.
- Respect the privacy of WIC Participants.

INSTITUTION REVIEW BOARD (IRB) AND OTHER APPROVALS

The Westat Institutional Review Board (IRB) has reviewed and approved the WIC NATS Study.

[IF NEEDED] In collaboration with your State Agency, we have submitted an application for review and approval of the study to the IRB of the [STATE IRB]. The IRB approved the study on [MM/DD/YYYY].

TIMELINE OF ACTIVITIES

Data collection is expected to in [Late-2020] and last approximately ten months. Table 1 below outlines the anticipated schedule for each data collection activity during the term of the study.

Table 1. Summary of Data Collection Activities and Schedule

Type of Data or Access Needed	Respondent (n)	Who collects the data	Estimated Time	Timing
WIC MIS data, documents and materials for nutrition risk assessment and tailoring	SA WIC Director (10 States)	Westat	60 min	[Late-2020]
Local Agency Survey	LA Director and/or Staff (all LA Directors within 10 States)	Westat, via web-based survey	30 min	[Late-2020]
Local Agency program documents and tools for nutrition risk assessment	LA Director and/or staff (30 selected LAs)	Westat	60 min	[Early-2021]
Local WIC Clinic Site Visit and Clinic and Nutrition Risk Observations	WIC Clinic Staff	Westat and Insight Site Visit Teams	5 days	[Early-2021]
WIC Clinic Site Director In-depth Interview	WIC Clinic Site Director		1 hour	
WIC Clinic Staff In-depth Interview	Nutrition Service Staff (up to 5 per WIC Clinic)		1 hour per respondent	
WIC Participant Interviews	WIC participants (up to 17 per WIC Clinic)		30 minutes per respondent	

POINTS OF CONTACT

If you have any questions or concerns about this letter or your responsibilities in the study please contact us by email at WICNATS@westat.com or call us toll-free at 1-855-598-2492. The FNS contact for this study is Alexander Bush (Alexander.Bush@usda.gov).

To indicate your understanding of and agreement with this memorandum, we ask that you sign where indicated below and return a copy to us. We will provide a copy of this letter to the Local Agencies that are participating in the study.

Your partnership matters to us! We appreciate your support of this important USDA study.

Sincerely,

The Westat Study Team

By signing below, the parties have executed this MOU.

Signature
[STATE AGENCY DIRECTOR NAME]
[TITLE]

Date

WESTAT CORPORATE OFFICER

Signature
Laurie May
Vice President
Westat

Date