

Appendix C4. WIC Participant In

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United States Department of Agriculture (USDA) WIC Nutrition Assessment and Tailoring Study – Participant Interview Guide

Clinic Name _____

Date of Visit _____

Participant ID _____

If conducting by telephone:

Hello. May I speak to [participant name]?

Hi. This is [NAME] calling from Westat [Insight Policy Research]. We met at the WIC clinic on [day]. Do you have time now to complete the interview for our study?

- Yes (GO TO INTRODUCTION FOR CALL)
- No → Can we schedule another time for the interview?

DATE/TIME: _____

Thank you. I'll call you back then.

- If the participant declines to complete the interview, document reasons for refusal:

If conducting in person:

Hello, my name is _____. I work for Westat [Insight Policy Research], a research company based in Rockville, MD [Arlington, VA].

Introduction

Thank you for agreeing to participate in this interview today. We are conducting a study for the US Department of Agriculture, Food and Nutrition Service (FNS), about WIC nutrition services.

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 0584-0663. The time required to complete this information collection is estimated to average 30 minutes (0.50 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 (0584-0663). Do not return the completed form to this address.

Before we get started, there are a few things I should mention.

Privacy Act Statement [Interviewer: Read to all participants.]

Authority: Per the Healthy and Hunger-Free Kids Act of 2010 (P.L. 11-296, Sec. 305), the USDA Food and Nutrition Service is authorized to collect information to enhance the health, education, or well-being of those who use WIC services.

Purpose: This information is being collected primarily for use by the Food and Nutrition Service in the administration and evaluation of the WIC program.

Routine Use: As described in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports, published in the Federal Register on April 25, 1991, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.

Disclosure: Your participation in this study is completely voluntary. The information you provide will be combined with information from everyone who participates in the study, and we will not use your name, your child's name, or any other information about your identity in any reports.

This is a research project. Your participation is voluntary. If you don't want to participate, you can say so and there will be no penalty. You won't lose any benefits. You can end your participation at any time. If you choose to participate, you do not have to answer any questions that make you uncomfortable. We expect that this interview will last no more than 30 minutes.

The purpose of this study is to provide FNS with a complete, detailed description of the WIC certification process. That's the portion of your WIC appointment where staff [took]/[obtained] your [your child's] height and weight and asked questions about your [your child's] health, medical conditions and diet. The study will also describe the ways that participant benefits may be customized as a result of the certification process. [Because your WIC appointment was conducted remotely – that is, by phone or video call – we also want to use this interview to better understand what you thought about receiving WIC services in this way]. We will use this information to learn how WIC services can better meet participants' needs.

We will make every effort to keep the information you share with us private. While the study 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 participants in our reports; but participants' names will not be linked to any responses. The only time we would need to break this privacy is if we heard that someone was planning to harm him- or herself, or someone else.

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 NOTE TAKING ONLY.]

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?

I'd like to ask you a few questions about the WIC [clinic visit]/appointment you had today /on date.

[IF REMOTE]

1. Did your WIC appointment happen by telephone, video call, or something else?
 - a. Appointment carried out via:
 - Telephone
 - Video call (e.g., Zoom, Skype, etc.)
 - Other (specify)
2. Did you have any challenges connecting with WIC in this way? If so, please explain.
3. Once your appointment began, how easy was it for you to communicate with WIC staff [over the phone/by video call]?
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult → GO TO Q4
 - Very difficult → GO TO Q4
4. What made it difficult to communicate with WIC staff [over the phone/by video call]?

Thinking back to [when you first entered the clinic for your visit]/[when you first spoke with WIC staff over the phone or by video call] today/on date, can you tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements:

5. [IF IN-PERSON] It was clear where I needed to go to check in for the visit.
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly Disagree
6. I was greeted warmly by WIC staff when...
 - [IF IN-PERSON] ...I checked in for my visit.
 - [IF REMOTE] ...I began my telephone/video call appointment.
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly Disagree

7. Before the WIC [visit/call], [either at home or in the clinic waiting area], were you given any forms to complete with questions about you or your child's health or food habits? *[Interviewer: Check all that apply.]*

- Yes, at home
- Yes, in the clinic waiting room
- No → GO TO Q13

7a. [IF REMOTE] How did WIC staff send you the forms?

- Email
- Text message
- Downloaded forms from website
- Postal mail
- Other, specify:

7b. [IF REMOTE] Once you filled out the forms, how did you send them back to WIC staff?

- Email
- Text message
- Uploaded forms to website
- Postal mail
- Provided information over the phone
- Other, specify:

8. Did you receive any help from clinic staff in completing the forms?

- Yes
- No, but I would have liked help
- No, and I didn't need any help

9. How much time did it take you to complete the form(s); would you say it was

- < 5 minutes
- 5 to 10 minutes
- 11 to 15 minutes
- More than 15 minutes

10. How easy was it for you to fill out the form(s)? Was completing the forms

- Very easy → GO TO Q13
- Easy → GO TO Q13
- Neither easy nor difficult → GO TO Q13
- Difficult
- Very difficult

11. [If the participant rated the forms as difficult/very difficult] What made the forms difficult to complete? *Interviewer: Check all that apply.*

- Too many questions
- The form was messy/too "busy"/complicated

- Use of terms that were unclear/no explanations
- Questions you were unable to answer/did not have the information to answer
- Other, specify

12. How could the forms be made easier to complete?

13. What is your primary language, that is, the language you speak at home?

- English → GO TO Q19
- Non-English (Please specify: _____)

14. How well do you speak English?

- Very well
- Well
- Not well
- I don't speak English at all

15. Did the WIC staff person who met with you speak your primary language?

- Yes → GO TO Q19
- No

16. Did you use an interpreter on-site or by telephone/video call during your clinic visit?

- [IF IN-PERSON] Yes, used a WIC interpreter on-site
- Yes, used a friend or family member as an interpreter
- Yes, used an interpreter by telephone or video call
- No, did not use either an interpreter on-site or by telephone → GO TO Q19

17. Did using the interpreter work well? If not, why not?

18. What could have made the process of using an interpreter better?

I'd like to ask you if you agree with the following statements about your [visit]/[call] with the WIC staff member who [(IF IN-PERSON) took your [your child's] height and weight and] asked questions about your [your child's] health, medical conditions, and diet.

For each statement, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

19. The WIC staff member made me feel at ease.

- Strongly Agree
- Agree
- Neither Agree Nor
- Disagree
- Strongly Disagree

Disagree

20. The WIC staff member listened to me about my needs and concerns.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

21. The WIC staff member explained things clearly in a way that I could understand.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

22. [For non-English speakers] I feel I would have gotten more out of the visit if the WIC staff member had spoken my language.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

23. [IF REMOTE] I feel I would have gotten more out of my appointment if I was talking to WIC staff in-person instead of over the phone/video call.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

Interviewer, have the participant explain their choice:

- Why? What makes you say [e.g. strongly agree]?

Now I'd like to ask you if you agree with the following statements about how well your needs were met by the WIC staff that spoke with you. With each statement, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

24. WIC staff asked me about my ideas and beliefs about food.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

25. I [and/or my children] expect to eat all the food that WIC gave me to purchase (on my WIC card).

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

26. The advice and education I received from WIC staff will help me improve my health and diet.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

How would you rate your satisfaction with the following services you received from WIC using the following scale: Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very Dissatisfied.

27. How would you rate your satisfaction with the WIC staff's review of your nutrition status? That is, the height and weight measurements, blood tests, and questions about diet, health, and home environment?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

- Why? What makes you say [e.g. very satisfied]?
- What did you like most/least about the talk you had?
- Is there something the clinic could have done to improve your talk with WIC staff?
- What would make the talk with WIC staff more valuable to you?

28. How would you rate your satisfaction with the nutrition education and counseling you received?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

- Why? What makes you say [e.g. very satisfied]?
- What did you like most/least about the nutrition education and counseling?
- Is there something the clinic could have done to improve your education and counseling?

- What would make the education and counseling more valuable to you?

29. How would you rate your satisfaction with the food choices you were given when discussing your food package with WIC staff?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

- Why? What makes you say [e.g. very satisfied]?
- Do you feel that the food choices provided help meet your/your child's needs?
- Do you feel that the food choices provided take your/your child's preferences into account?
- What did you like most/least about the WIC foods you received?
- Is there something the clinic could have done to improve the WIC foods you received?
- What would make the WIC foods you receive more valuable to you?

30. How would you rate your satisfaction with the referrals you received to other services?

- No referrals received
- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

- Why? What makes you say [e.g. very satisfied]?
- What did you like most/least about the referrals you received?
- Is there something the clinic could have done to improve your referrals?
- What would make referrals to other services more valuable to you?

31. Do you feel satisfied with how well the WIC services you received during your appointment reflected your specific needs and concerns?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

- Why? What makes you say [e.g. very satisfied]?

- Can you give me an example of how the services you received reflected [did not reflect] your specific needs and concerns?

32. How would you rate your satisfaction with your [visit]/[appointment] as a whole?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Interviewer, have the participant explain their choice by asking the following questions if there is any additional information (not discussed in response to the questions above) that influenced their choice:

- Why? What makes you say [e.g. very satisfied]?
- What did you like most/least about [your visit]/[having your WIC appointment over the phone/video call] as a whole?
- Is there something the clinic could have done to improve your [visit]/[appointment]?
- What would make the [visit]/[appointment] as a whole more valuable to you?

33. Do you feel your WIC [clinic visit]/[appointment] could have been improved in any way?

PROBE for suggestions in:

- Scheduling, including use of technology such as texting appointment confirmations and reminders
- Completing questionnaires online prior to the clinic visit
- Waiting room, including was it too crowded, activities to keep children occupied
- The flow of services provided
- Topics discussed
- Material provided
- Staff interaction

I'd like to end by asking some questions about you.

34. Can you confirm the WIC participation status of the person(s) assessed at your clinic visit today/on date? *Interviewer: Check all that apply.*

- pregnant woman
- post-partum woman and infant
- infant
- child(ren)

35. What is your age? _____

36. Do you consider yourself to be Hispanic or of Latino origin?

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know
- Refused

37. What is your race? *Interviewer: Check all that apply.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Don't know
- Refused

38. Before this [pregnancy or child], have you ever received benefits from WIC?

- Yes, for a previous pregnancy and child
- Yes, while I was pregnant with this child
- No

That's the end of our interview.

[If interview is in person]:

Here is the \$20 gift card we discussed to show our appreciation for your participation today.

[If interview is by phone]:

We will be sending you the gift card we discussed in the mail. The address I have for you is [participant's address.] Is that correct? Great. We will get the gift card in the mail to you soon.

We appreciate you taking the time to talk with us. Should you have any questions after today, please contact us at WICNATS@westat.com.