Final State Agency Longitudinal Feasi

FNS is assessing the feasibility of producing a longitudinal dataset that would provide records on all WIC participants from all State agencies to track enrollment and participation in the program over time. "Longitudinal" in this context means including participant records from multiple reference dates in a single dataset and ensuring each individual's records can be linked over time. Westat Insight (formerly Insight Policy Research) is surveying State agencies to better understand Management Information System (MIS) capabilities that are essential to produce such a dataset.

Throughout this survey, we refer to "participant records." We define a participant record as a snapshot of all variables for a WIC participant at a given reference date. In WIC PC, State agencies provide one record per participant for individuals enrolled as of the month of April. To obtain longitudinal data from your State agency's MIS, we would need to collect a dataset with participant records at multiple reference dates throughout an extended period (e.g., monthly from May 2022 through April 2024).

This survey assesses seven specific aspects of your State agency's MIS capabilities: (1) available records, (2) amount of available data, (3) available data elements, (4) ID persistence, (5) data update frequency, (6) data reliability, and (7) measures of participant retention. Please check the boxes below that best describe the capabilities of your State agency's MIS. If none of the provided options adequately describe your State agency's MIS, please select the "other" response and elaborate in the space provided.

All information provided will be confidential. Any publications using these data will only present aggregate information; no State agency will be named.

Please complete this survey by [date]. If you have any questions, please contact Jake Beckerman-Hsu at <u>jbeckerman-hsu@insightpolicyresearch.com</u>.

State Agency

Please select your State agency: [drop down menu]

Available Records

A1. What is the earliest (i.e., oldest) reference date you could use to pull participant records? Select one.

□ May 2022

🗆 May 2020

Before May 2020

□ Other. Please describe: _____

A2. How long does your MIS retain participant information before it is deleted or overwritten? For instance, how long does your MIS retain each height and weight measurement, hemoglobin measurement, etc.? Select one.

 \Box Our MIS retains each measurement/update of all variables indefinitely.

□ Our MIS retains each measurement/update of all variables for a set amount of time:

____ months

____ years

□ Our MIS retains measurements/updates longer for some variables than for others. Explain:

A3. Thinking about data from May 2022 through April 2024, please indicate the participant records that could be provided from your MIS. Select one.

 \Box Participant records at any **reference date** (e.g., information about each participant as of the first of each month).

□ Participant records at only **certain dates** f (e.g., information about each participant at certification dates only). Describe the records that could be provided: _____

□ Some other set of dates for past records (describe): _____

Available Data Elements

B1. Thinking about data from May 2022 through April 2024, please check the box next to the items your State agency could provide if requested in a data extract.

Personally identifiable information (PII)

□ A participant ID that is unique to each participant

 \Box A household ID that is unique to each household or economic unit

□ An EBT ID that is unique to each EBT account

□ Participant's first name

□ Participant's middle name

□ Participant's last name

 \Box None of the above

□ Other: _____

WIC PC Minimum Data Set

 \Box All minimum data set variables

- State Agency ID
 Service Site ID
- Image: Local Agency ID
 Image: Date of Birth

? Race/Ethnicity ? Nutritional Risks Present at Certification ? Certification Category Hemoglobin or Hematocrit ? **Expected Date of Delivery or Number of** Date of Blood Test ? Weeks Gestation ? Weight ? Date of Certification ? Height Sex ? Date of Height and Weight Measure ? **Risk Priority Code** ? **Currently Breastfed** ? ? Participation in TANF ? **Ever Breastfed** ? Participation in SNAP Length of Time Breastfed ? ? Participation in Medicaid Date Breastfeeding Data Collected ? ? **Migrant Status** ? Food Codes (Item/Quantity or Food Package Codes) ? Number in Family or Economic Unit ? Family or Economic Unit Income Food Package Type Only some minimum data set variables. Describe: ______ **WIC PC Supplemental Data Set** □ Date of First WIC Certification □ Prepregnancy Weight Education Level □ Weight Gain During Pregnancy □ Number in Household on WIC □ Birth Weight □ Date Previous Pregnancy Ended □ Birth Length □ Total Number of Pregnancies □ Participation in the Food Distribution **Program on Indian Reservations** □ Total Number of Live Births **Enrollment and Participation** □ Indicator for whether the participant is enrolled (i.e., certified for WIC benefits) as of the record reference date

□ Date of most recent benefit issuance as of record reference date

- Benefit issuance frequency (e.g., biweekly, monthly)
- \Box Date of most recent benefit redemption as of record reference date
- □ Indicator for whether the participant is adjunctively eligible

□ Other enrollment and participation variables: _____

Participant and Household Characteristics

Date of first WIC visit (if different from *date of first WIC certification*)

□ Home street address

□ Home zip code

□ Other participant and household characteristics: _____

Other Variables Available

 \Box How the participant learned about WIC

□ Program that referred the participant to WIC (e.g., Medicaid)

 \Box Date or age formula was first introduced to the infant/child

□ Date the mother was most recently contacted by a breastfeeding peer as of the record reference date

□ Other _____

Metadata

□ Reference date used to pull each record

□ Measurement/update dates for any of the above variables (e.g., for SNAP participation, provide a separate variable with the date that SNAP participation was measured/updated)

[If checked]: Of the variables above, please list the variables for which measurement/update date can be provided: ______

ID Persistence

[If participant ID from the previous section is selected:]

C1. Describe when and how the State agency/MIS assigns participant IDs.

C1a. Does your State agency check to see if a person is already on WIC or was previously on WIC within your State agency?

Yes. Please describe: ______

🗆 No

C1b. Does your State agency check for dual participation (i.e., identify people already enrolled in WIC with another State agency)?

Yes. Please describe: ______

🗆 No

C1c. When is each participant given their participant ID? Select one.

□ At the beginning of the certification process

 $\hfill\square$ When the certification process is finalized

□ Other: _____

C1d. Is anything done to ensure participants are not assigned a second participant ID? Consider those who leave the program and then return, such as mothers between pregnancies.

Yes. Please describe: ______

🗆 No

C1e. Are there regular procedures to check that all current participants only have one participant ID?

Yes. Please describe: ______

🗆 No

C1f. If two records with different participant IDs look like they might belong to the same person, how would your staff decide whether the two records truly belong to the same person? For instance, are there any variables that must be the same between the two records to conclude they belong to the same person?

C1g. What is done if a staff member discovers that a participant has more than one participant ID?

C1h. Is anything done to make sure two different participants could never have the same participant ID?

Yes. Please describe: ______

🗆 No.

[If household ID from the previous section is selected:]

C2. Describe when and how the State agency assigns household IDs.

C2a. When is each household given its household ID? Select one.

 $\hfill\square$ At the beginning of the certification process

 \Box When the certification process is finalized

□ Other: _____

C2b. Is anything done to check that the household does not already have a household ID before a new household ID is assigned? Consider households that leave the program and then re-enroll, such as between a mother's pregnancies.

Yes. Please describe: ______

🗆 No

C2c. Is anything done to check that all current households only have one household ID?

Yes. Please describe: ______

🗆 No

D2d. If two records with different household IDs look like they might belong to the same household, how would your staff decide whether the two records truly belong to the same household? For instance, are there any variables that must be the same between the two records to conclude they belong to the same household?

C2e. What is done if a staff member discovers that a household has more than one household ID?

C2f. Is anything done to check that all household members have the same household ID?

Yes. Please describe: _____

🗆 No

D2g. What is done if a staff member discovers that household members **do not** have the same household ID?

C2h. Is it possible for pregnant, breastfeeding, and/or postpartum women to change household IDs over time?

□ Yes, a pregnant, breastfeeding, or postpartum women could have more than one household ID over time (e.g., reenrollment for second pregnancy).

□ No. Pregnant, breastfeeding, and postpartum women retain the same household ID, even if they leave the program and re-enroll.

[If yes]

C2hi. Describe when and how pregnant, breastfeeding, or postpartum women could be assigned a second, third, etc. household ID.

C2i. Is it possible for infants or children to change household IDs over time?

 \Box Yes, infants and/or children could have more than one household ID over time (e.g., changes in kinship, foster care).

□ No. Infants and children retain the same household ID, even if their household leaves the program and re-enrolls.

[If yes]

C2ii. Describe when infants and/or children could be assigned a second, third, etc. household ID.

C2j. Is anything done to make sure two different households could never have the same household ID?

Yes. Please describe: ______

🗆 No

Data Update Frequency

D1. On average, how often does a participant's record change (i.e., a new height/weight measurement, visit date, or change to any of the other variables in the MIS)? Select one.

□ Weekly

□ Monthly

Other: ______

D2. Are records updated more frequently for some participant categories than others?

□ Yes (e.g., infant records tend to be updated more often than adult records)

□ No (i.e., all participant records tend to be updated at the same frequency)

Data Reliability

E1. What processes are in place to ensure data in your MIS are reliable (e.g., accurate, consistent, up-todate)? For example, are there any regular data cleaning or data management protocols in place? Please describe these processes and how often they occur.

E2. Are any of the following variables in your MIS known to be unreliable in recent years?

- First name
- Last name
- ? Date of birth
- ? Sex

- Race
- **?** Ethnicity
- Indicator for whether the participant is adjunctively eligible
- Home zip code

Yes. Please describe: ______

🗆 No

Measures of Participant Retention

F1. Does your State agency measure or track participant retention?

□ Yes

🗆 No

[if yes]

G1a. How does your State agency define and measure retention?

F1b. What variable(s) are used to measure retention? Please include the source for each variable (e.g., MIS, EBT, other).

Does your State agency have a variable to indicate if a participant is temporarily certified?

□ Yes

🗆 No

This information is being collected to assist the Food and Nutrition Service in assessing the feasibility of producing a longitudinal dataset that would provide records on all WIC participants from all State agencies to track enrollment and participation in the

program over time. This is a voluntary collection and FNS will use the information to understand State agency capacity to share longitudinal data on WIC participants. This collection does not request any 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 0584-0611. The time required to complete this information collection is estimated to average 0.42 hours (25 minutes) 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 22306 ATTN: PRA (0584-0611). Do not return the completed form to this address.