

## Appendix A. WIC CX Landscape Analysis Survey

### Introduction

In response to [Sec. 280 of OMB 2022 A-11 on customer experience efforts](#), USDA's Food and Nutrition Service (FNS) is requesting information about how State agencies collect, analyze, and act on information about participant experiences in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This could include collecting information directly from WIC participants or collecting information from local agencies pertaining to the WIC participant experience.

USDA FNS will use the information collected through this survey internally for general customer service improvement and program management purposes. USDA FNS is continually working to strengthen and improve the participant experience, improve support to WIC State agencies, and better meet the needs of the families who participate in WIC.

Please complete this 20-minute survey by [Month XX, 202X]. Your progress will be saved if you exit the survey and resume your response at any point during the data collection period.

If you have questions or need assistance completing the survey, please reach out to USDA FNS's contractor at XXX-XXX-XXXX or [studyemail@MEFAssociates.com](mailto:studyemail@MEFAssociates.com).

Thank you in advance for your participation.

**OMB BURDEN STATEMENT:** This information is being collected to assist the Food and Nutrition Service in supporting WIC State agencies in how they collect, analyze, report, and act on WIC participant experiences. This is a voluntary collection and FNS will use the information to meet the needs and understand how State agencies approach information related to the WIC participant experience and how FNS can continue to support State agencies in these activities. 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 0.33 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 22306 ATTN: PRA (0584-0611). Do not return the completed form to this address.

Programming notes:

Require response to all questions.

Program "back" button throughout survey.

Program one question per page unless specified.

Program footer throughout survey: "If you have questions or need assistance completing the survey, please reach out to USDA FNS's contractor at XXX-XXX-XXXX or studyemail@MEFAssociates.com."

## Block 1 – Introductory Questions

1. Which WIC State agency are you representing?

- (Select from dropdown list of 89 WIC State agencies)

2. Please provide your contact information:

- Name: [First Last]
- Job Title: [text]
- Phone Number: [XXX-XXX-XXXX]
- E-mail Address: [XXX@XXX.com]

3. Are you involved in collecting, analyzing, reporting, or acting on information collected about the WIC participant experience?

	Yes (1)	No (0)
a. Collecting information		
b. Analyzing information		
c. Reporting information		
d. Acting on information		

## Block 2 – Information Collection

4. Please upload copies of any interview scripts, question sets, surveys, or other tools used by your State agency within the past 3 years to collect information about the WIC participant experience. Please also upload any reports or other documents developed based on WIC participant experience findings.

Supported formats include .pdf, and .doc(x). Questions posed verbally, online, or via text, for example, can be included in a word document and submitted here.

- FILE UPLOAD

*[If blank, display Q4 again at end of survey]*

Please review the Table [Link: pdf] below from the Office of Management and Budget (OMB) guidance, the [OMB Circular A-11 Section 280 MANAGING CUSTOMER EXPERIENCE AND IMPROVING SERVICE DELIVERY](#). These categories outline different types of customer/participant experience drivers (i.e., topics) an agency might gather information on and *examples of statements that could be used to collect that information. The examples provided are not the only way to collect information about customer/participant experience.*

Driver	Example statements
Trust	<ul style="list-style-type: none"> <li>• This [interaction/service] increased my trust in this [organization/program]</li> <li>• Based on my experience calling [the organization], I trust [the organization] is working in the best interest of the American public</li> <li>• Having completed [the enrollment form], I trust [the organization/program] to deliver on its responsibility to the public</li> <li>• <i>Or similar</i></li> </ul>
Effectiveness	<ul style="list-style-type: none"> <li>• My need was addressed</li> <li>• My issue was resolved</li> <li>• I found what I needed</li> <li>• My question was answered</li> <li>• <i>Or similar</i></li> </ul>
Ease	<ul style="list-style-type: none"> <li>• It was easy to complete what I needed to do</li> <li>• It was easy to find what I needed</li> <li>• <i>Or similar</i></li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>• It took a reasonable amount of time to do what I needed to do</li> <li>• I found what I needed on the site quickly</li> <li>• <i>Or similar</i></li> </ul>
Transparency	<ul style="list-style-type: none"> <li>• I understood what was being asked of me throughout the process</li> <li>• I understand the reason for [Agency/Program/service's] decision</li> <li>• <i>Or similar</i></li> </ul>
Humanity/Equity	<ul style="list-style-type: none"> <li>• I was treated fairly</li> <li>• <i>Or similar</i></li> </ul>
Employee Interaction	<ul style="list-style-type: none"> <li>• Employees I interacted with were helpful</li> <li>• The call center representative was committed to solving my problem</li> <li>• <i>Or similar</i></li> </ul>

5. Does your State agency collect information about the following drivers?

Please keep in mind the statements in the table are *examples* and these drivers can be assessed using a variety of questions or statements. If your agency does not collect this type of information or you are unsure, please select the corresponding response.

Driver	Example	Yes (1)	No (0)	Unsure (2)
a. Trust	This [interaction/service] increased my trust in this [organization/program].			
b. Effectiveness	My issue was resolved.			
c. Ease	It was easy to complete what I needed to do.			

d. Efficiency	It took a reasonable amount of time to do what I needed to do.			
e. Transparency	I understood what was being asked of me throughout the process.			
f. Humanity/Equity	I was treated fairly.			
g. Employee Interaction	Employees I interacted with were helpful.			

## Block 3 - Drivers (looped)

[Display block when Q5a-g = 1]

The next questions relate to [insert driver from Q5]. Note these questions will be asked for each driver selected, unless indicated that they are the same.

Driver	Example statements/questions
[Insert driver]	[Insert example statements/questions]

Please keep in mind these questions are *examples* and not an exhaustive list of possible questions or precise wording.

[Display driver table from block 3 intro screen on each page for Q6.X-Q18.X]

[Display 6.X and 7.X on one page]

6.X How does your State agency engage participants to collect information on participant experience related to [insert driver from Q5]?

- (1) In-person (e.g., verbally in the clinic)
- (2) Email
- (3) Text message
- (4) App notification
- (5) Website popup
- (6) Phone
- (7) Telehealth/video
- (8) Posted communications (e.g., flyers, bulletin boards)
- (-8) Other, specify: \_\_\_\_\_

7.X Does your State agency engage participants in the same way for the other drivers?

	Yes (1)	No (0)
[insert selected driver from Q5]		
[insert selected driver from Q5]		
[insert selected driver from Q5]		

[Where Q7.X=0, loop Q6.X for each driver.]

[Display 8.X and 9.X on one page]

8.X How does your State agency collect information about **[insert driver from Q5]**? (select all that apply)

- (1) Paper survey
- (2) In-person interview (i.e., administered verbally)
- (3) Web-based survey (e.g., WIC Participant portal)
- (4) App-based survey
- (5) Telephone interview
- (-8) Other, specify: \_\_\_\_\_

9.X Does your State agency collect information about the other drivers in the same way?

	Yes (1)	No (0)
[insert selected driver from Q5]		
[insert selected driver from Q5]		
[insert selected driver from Q5]		

*[Where Q9.X=0, loop Q8.X for each driver.]*

*[Display 10.X and 11.X on one page]*

10.X Does your State agency collect information about **[insert driver from Q5]** for the following interactions/services?

	Yes (1)	No (0)
a. Application process		
b. Certification process		
c. Clinic visit for individual education		
d. Clinic visit for group education		
e. Telehealth/virtual WIC visit		
f. After engaging with participants in a community setting		
h. Interactions with a breastfeeding peer counselor		
i. When using the WIC State agency website		
j. Other interactions/services		

11.X Does your State agency collect information about the other drivers for the same interactions/services?

	Yes (1)	No (0)
[insert selected driver from Q5]		
[insert selected driver from Q5]		
[insert selected driver from Q5]		

*[Where Q11.X=0, loop Q10.X for each driver.]*

*[Display 12.X and 13.X on one page]*

12.X When does your State agency collect information about **[insert driver from Q5]** for each service?

	<b>Within 48 hours of interaction /service (1)</b>	<b>Within a week of interaction/s ervice (2)</b>	<b>Not tied to service (e.g., annually, monthly) (3)</b>	<b>We do not collect information at regular intervals (4)</b>	<b>Other (5)</b>
<i>[Display if Q10.Xa=1]</i> a. Application process					
<i>[Display if Q10.Xb=1]</i> b. Certification process					
<i>[Display if Q10.Xc=1]</i> c. Clinic visit for individual education					
<i>[Display if Q10.Xd=1]</i> d. Clinic visit for group education					
<i>[Display if Q10.Xe=1]</i> e. Telehealth/virtual WIC visit					
<i>[Display if Q10.Xf=1]</i> f. After engaging with participants in a community setting					
<i>[Display if Q10.Xg=1]</i> g. Referrals to other healthcare providers					
<i>[Display if Q10.Xh=1]</i> h. Interactions with a breastfeeding peer counselor					
<i>[Display if Q10Xi=1]</i> i. When using the WIC State agency website					

13.X Does your State agency collect information about the other drivers at the same frequency?

	<b>Yes (1)</b>	<b>No (0)</b>
[insert selected driver from Q5]		
[insert selected driver from Q5]		
[insert selected driver from Q5]		

*[Where Q13.X=0, loop Q12.X for each driver.]*

*[Display 14.X and 15.X on one page]*

14.X Which of the following best describes the sample of applicants/participants from which your State agency collects information on **[insert driver from Q5]**?

- (1) All applicants
- (2) All applicants and participants
- (3) Random sample of participants
- (4) Specific subgroups (specify): \_\_\_\_\_
- (-8) Other, specify: \_\_\_\_\_

15.X Does your State agency collect information about the other drivers from the same sample of applicants/participants?

	Yes (1)	No (0)
[insert selected driver from Q5]		
[insert selected driver from Q5]		
[insert selected driver from Q5]		

*[Where Q15.X=0, loop Q14.X for each driver.]*

*[Display Q16.X and Q17.X on one page]*

16.X Does your State agency use information about **[insert driver from Q5]** in the following ways?

	Yes (1)	No (0)
a. For awareness		
b. To measure performance		
c. To review policy and procedures		
d. To revise policy and procedures		
e. To assess customer service		
f. To improve customer service		
g. Other uses		

17.X Does your State agency use information about the other drivers in the same way?

	Yes (1)	No (0)
[insert selected driver from Q5]		
[insert selected driver from Q5]		
[insert selected driver from Q5]		

*[Where Q17.X=0, loop Q16.X for each driver.]*

18.X Do you collect longitudinal information (i.e., survey at multiple time points for the same participant) for the drivers?

	Yes (1)	No (0)
[insert selected driver from Q5]		
[insert selected driver from Q5]		
[insert selected driver from Q5]		

[insert selected driver from Q5]		
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## Block 4 – Capacity

*[Display Q19a-Q19d on one page]*

19a. What challenges does your State agency face **collecting** WIC participant experience information?

- (Response is open ended)

19b. What challenges does your State agency face **analyzing** WIC participant experience information?

- (Response is open ended)

19c. What challenges does your State agency face **reporting** WIC participant experience information?

- (Response is open ended)

19d. What challenges does your State agency face **acting on** WIC participant experience information?

- (Response is open ended)

## Block 5 - Conclusion

Thank you for providing feedback on how your WIC State agency collects, analyzes, reports, and acts on information about the WIC participant experience.

If you have questions or need assistance, please reach out to USDA FNS’s contractor at XXX-XXX-XXXX or [studyemail@MEFAssociates.com](mailto:studyemail@MEFAssociates.com).