



November 2023

TO: Laurel Havas, OMB Desk Officer
Office of Information and Regulatory Affairs
Office of Management and Budget (OMB)

THROUGH: Jamia Franklin, FNS Information Collection Officer
Planning and Regulatory Affairs
Food and Nutrition Service (FNS)

Ruth Brown, OCIO Desk Officer
Information Management Division
Office of the Chief Information Officer (OCIO)

FROM: Caroline Dunn, Senior Analyst
Supplemental Nutrition and Safety Research and Analysis Division
Office of Policy Support
Food and Nutrition Service (FNS)

SUBJECT: Justification for Non-Substantive Change to OMB Control No: 0584-0611
WIC CX Landscape Analysis to adjust questions and slight increase in
burden

FNS is requesting a non-substantive change to the previously approved collection, WIC CX (Customer Experience) Landscape Analysis (OMB Control No. 0584-0611, exp. 11/30/2025).

The WIC CX Landscape Analysis will provide FNS with information about how WIC State agencies collect, assess, and use information about the WIC participant experience through a survey of WIC State agencies. The assessment seeks to identify from whom, when, how, and what information is being collected by WIC State agencies; how this information is assessed and used; and what additional assistance WIC State agencies may need to support CX information collection in the future.

The changes are needed to provide additional clarity in the questions, so that we can fully assess how State agencies are collecting information related to that included in [Sec. 280 of OMB 2022 A-11 on customer experience efforts](#). The edits below do not substantially change the information collected, rather focused on reorganizing questions to improve the flow of the survey and updating response options for clarity and to reduce cognitive load. FNS has reviewed the information collection and is making efforts to simplify response options. Below are specific details related to the organization of the survey and the wording of questions:

1. USDA updated contact information in the updated introduction (track changes screenshot below):

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.](#)

Thank you in advance for your feedback.

2. USDA simplified question 3 response options from open ended to a yes/no selection:

3. What is your involvement in collecting, synthesizing, 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 | | |

- (Response is open-ended)

3. USDA has updated the question order and made minor, non-substantive, updates to phrasing to improve clarity of questions and response options (see table below):

| Former Question Number/Screenshot | New Question Number/Screenshot |
|---|--|
| <p>Former Question 11</p> <p>11. Please upload copies of any scripts, question sets, surveys, or other tools used to collect information about the WIC participant experience. 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.</p> <ul style="list-style-type: none"> • FILE UPLOAD | <p>New Question 4</p> <p>Block 2 – Information Collection</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • FILE UPLOAD <p><i>[If blank, display Q4 again at end of survey]</i></p> |
| <p>Former Question 6</p> <p>6. How does your agency collect this information? (Rank from most-used to least-used; if you do not use a particular approach to collecting this information, do not select those options)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paper survey <input type="checkbox"/> In-person interview (i.e., administered verbally) <input type="checkbox"/> WIC Participant portal or Web-based (i.e., online survey) <input type="checkbox"/> Telephone interview <input type="checkbox"/> Text message/push notification alert <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Other (please specify) | <p>New Question 8</p> <p>8.X How does your State agency collect information about [insert driver from Q5]? (select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Paper survey <input type="checkbox"/> (2) In-person interview (i.e., administered verbally) <input type="checkbox"/> (3) Web-based survey (e.g., WIC Participant portal) <input type="checkbox"/> (4) App-based survey <input type="checkbox"/> (5) Telephone interview <input type="radio"/> (-8) Other, specify: _____ |
| <p>Former Question 5</p> | <p>Updated Question 12</p> |

| <p>5. At what point(s) do you collect information about [insert driver from question 4]? (select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> The application process <input type="checkbox"/> The certification process <input type="checkbox"/> A WIC Clinic Visit for individual education <input type="checkbox"/> A WIC Clinic Visit for group education <input type="checkbox"/> A virtual WIC visit <hr/> <p style="text-align: right;">OMB Control Number: 0584-0611 Expiration Date: 11/30/2025</p> <ul style="list-style-type: none"> <input type="checkbox"/> After engaging with participants in a community setting (e.g., nutrition education in a community setting) <input type="checkbox"/> Telehealth visits <input type="checkbox"/> Referrals to other healthcare providers <input type="checkbox"/> Interactions with a breastfeeding peer counselor <input type="checkbox"/> When using your WIC State agency website <input type="checkbox"/> At a different point (please specify) <input type="checkbox"/> At a different point (please specify) <input type="checkbox"/> At a different point (please specify) | <p>12.X When does your State agency collect information about [insert driver from Q5] for each service?</p> <table border="1"> <thead> <tr> <th></th> <th>Within 48 hours of interaction /service (1)</th> <th>Within a week of interaction/s ervice (2)</th> <th>Not tied to service (e.g., annually, monthly) (3)</th> <th>We do not collect information at regular intervals (4)</th> <th>Other (5)</th> </tr> </thead> <tbody> <tr> <td>[Display if Q10.Xa=1] a. Application process</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xb=1] b. Certification process</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xc=1] c. Clinic visit for individual education</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xd=1] d. Clinic visit for group education</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xe=1] e. Telehealth/virtual WIC visit</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xf=1] f. After engaging with participants in a community setting</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xg=1] g. Referrals to other healthcare providers</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xh=1] h. Interactions with a breastfeeding peer counselor</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Display if Q10.Xi=1] i. When using the WIC State agency website</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Within 48 hours of interaction /service (1) | Within a week of interaction/s ervice (2) | Not tied to service (e.g., annually, monthly) (3) | We do not collect information at regular intervals (4) | Other (5) | [Display if Q10.Xa=1] a. Application process | | | | | | [Display if Q10.Xb=1] b. Certification process | | | | | | [Display if Q10.Xc=1] c. Clinic visit for individual education | | | | | | [Display if Q10.Xd=1] d. Clinic visit for group education | | | | | | [Display if Q10.Xe=1] e. Telehealth/virtual WIC visit | | | | | | [Display if Q10.Xf=1] f. After engaging with participants in a community setting | | | | | | [Display if Q10.Xg=1] g. Referrals to other healthcare providers | | | | | | [Display if Q10.Xh=1] h. Interactions with a breastfeeding peer counselor | | | | | | [Display if Q10.Xi=1] i. When using the WIC State agency website | | | | | |
|--|--|---|---|--|---|--|-----------|---|--|--|------------------------------------|--|--|---|--|--|-------------------------------|--|--|---|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| | Within 48 hours of interaction /service (1) | Within a week of interaction/s ervice (2) | Not tied to service (e.g., annually, monthly) (3) | We do not collect information at regular intervals (4) | Other (5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xa=1] a. Application process | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xb=1] b. Certification process | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xc=1] c. Clinic visit for individual education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xd=1] d. Clinic visit for group education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xe=1] e. Telehealth/virtual WIC visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xf=1] f. After engaging with participants in a community setting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xg=1] g. Referrals to other healthcare providers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xh=1] h. Interactions with a breastfeeding peer counselor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Display if Q10.Xi=1] i. When using the WIC State agency website | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Former Question 9</p> <p>9. How does your State agency use this information once it's been collected and/or analyzed? (select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> For awareness <input type="checkbox"/> To measure performance <input type="checkbox"/> To review policy and procedures <input type="checkbox"/> To revise policy and procedures <input type="checkbox"/> To assess customer service <input type="checkbox"/> To improve customer service <input type="checkbox"/> Other, please describe: (open-ended response) | <p>New Question 16</p> <p>16.X Does your State agency use information about [insert driver from Q5] in the following ways?</p> <table border="1"> <thead> <tr> <th></th> <th>Yes (1)</th> <th>No (0)</th> </tr> </thead> <tbody> <tr> <td>a. For awareness</td> <td></td> <td></td> </tr> <tr> <td>b. To measure performance</td> <td></td> <td></td> </tr> <tr> <td>c. To review policy and procedures</td> <td></td> <td></td> </tr> <tr> <td>d. To revise policy and procedures</td> <td></td> <td></td> </tr> <tr> <td>e. To assess customer service</td> <td></td> <td></td> </tr> <tr> <td>f. To improve customer service</td> <td></td> <td></td> </tr> <tr> <td>g. Other uses</td> <td></td> <td></td> </tr> </tbody> </table> | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes (1) | No (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. For awareness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. To measure performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. To review policy and procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| e. To assess customer service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. To improve customer service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Other uses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Former Question 8</p> <p>8. What challenges does your State agency face collecting, analyzing, or acting on WIC participant experience information?</p> <ul style="list-style-type: none"> <input type="checkbox"/> (Response is open-ended) | <p>New Question 19</p> <p>[Display Q19a-Q19d on one page]</p> <p>19a. What challenges does your State agency face collecting WIC participant experience information?</p> <ul style="list-style-type: none"> <input type="checkbox"/> (Response is open ended) <p>19b. What challenges does your State agency face analyzing WIC participant experience information?</p> <ul style="list-style-type: none"> <input type="checkbox"/> (Response is open ended) <p>19c. What challenges does your State agency face reporting WIC participant experience information?</p> <ul style="list-style-type: none"> <input type="checkbox"/> (Response is open ended) <p>19d. What challenges does your State agency face acting on WIC participant experience information?</p> <ul style="list-style-type: none"> <input type="checkbox"/> (Response is open ended) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

4. USDA has updated former question 4 (updated question 5) and simplified/added clarity to response options by reformatting to yes/no/unsure rather than a check all that apply

Q5. Please look at the table's drivers and example statements/questions. Based on the information in this table, does your agency collect information about individual 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. | | | |

Check all that apply (please keep in mind the questions above are *examples* and not an exhaustive list of possible questions or precise wording). If your agency does not collect this type of information or you are unsure, please check the corresponding box.

Trust

- Effectiveness
- Ease
- Efficacy
- Transparency
- Humanity/Equity
- Employee Interaction
- Other (type not listed, or unsure)
- Our agency does not collect this type of information
- I am unsure if my agency collects this type of information

5. USDA has added question 6 to better understand how WIC State agencies engage (recruit) individuals to collect information about CX drivers and question 10 to better understand how WIC State agencies collect information about specific key WIC interactions/services (see below):

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: _____

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 | | |

6. USDA added a series of simple questions (number 7, 9, 11, 13, 15, 17, and 18 (yes/no response questions)) so that respondents can indicate if they employ a similar approach for multiple drivers from the A11 Section 280 and reduce burden supplying the same response for multiple drivers (format is below, replicated across questions).

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] | | |

The estimated change in burden is 4.5 hours total (across all 89 WIC State Agency Staff) or 5 minutes per respondent, as shown in the table below. There are an estimated 89 WIC State agency representatives who would have spent 5 minutes (300 seconds) each on the survey. Edits do not impact time needed to read the email to State Agencies.

BURDEN HOURS

| Category of Respondent | No. of | Participation | Burden |
|------------------------|--------|---------------|--------|
|------------------------|--------|---------------|--------|

| | Respondents | Time | |
|---|--------------------|--------------------------------------|---|
| Original Estimates | | | |
| WIC State agency staff (WIC State agency representative) (Appendix A) | 89 | 0.25 hours (15 minutes) | 22.25 hours |
| SNAS-RAD email to State agencies (Appendix C) | 89 | 0.08 hours (5 minutes) | 7.12 hours |
| Totals | 89 | 0.33 hours | 29.37 hours |
| Updated Estimates | | | |
| WIC State agency staff (WIC State agency representative) (Appendix A) | 89 | 0.3 hours (20 minutes) | 26.7 hours |
| SNAS-RAD email to State agencies (Appendix C) | 89 | 0.08 hours (5 minutes) | 7.12 hours |
| Totals | 89 | 0.38 hours | 33.8 hours |
| Difference | N/A | .05 hours (5 minutes) per respondent | 4.5-hour burden increase across all participants |

The change will increase the total annualized cost of respondent burden by \$169.82 (\$1290.57-\$1120.75). This reflects the minor change in the time required to respond to the survey updates. No additional federal cost is projected, as changes are non-substantive.

The attached document includes the updated WIC CX Landscape Analysis materials where the requested changes would be made.

If you have any questions regarding this request, please contact Jamia Franklin, FNS Information Collection Clearance Officer for the Food and Nutrition Service, Planning & Regulatory Affairs Office at (703) 305-2403.

Attachments:

Attachment A_WIC CX Landscape Survey_2023 11 21