

## **Appendix O**

### **WIC program staff experience survey**

**Public Burden Statement**

This information is being collected to assist the Food and Nutrition Service to better understand the implementation and impact of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) modernization efforts on WIC State and local agencies, WIC vendors, and WIC participants. This is a voluntary collection and FNS will use the information to monitor and strengthen WIC program modernization efforts. 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-[xxxx]. The time required to complete this information collection is estimated to average 10 minutes (0.167 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, Evidence, Analysis, and Regulatory Affairs Office, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

# **WIC Program Staff Experience Survey**

## **WIC & FMNP Outreach, Innovation, and Modernization Evaluation**

Date

## INTRODUCTION

Thank you for participating in the WIC & Farmers' Market Nutrition Program (FMNP) Outreach, Innovation, and Modernization Evaluation. The U.S. Department of Agriculture Food and Nutrition Service (USDA FNS) is sponsoring the study. Mathematica, an independent research organization, is conducting the study on behalf of FNS.

FNS is working with State and local agencies (and other key partners) to modernize WIC and FMNP; the goal of the study is to understand how [WIC modernization](#) is transforming WIC to better meet the needs of families and improve the way WIC staff and vendors experience the WIC program. This survey will help FNS understand how WIC program staff have experienced Congress funded modernization efforts, including what has gone well and what has been challenging.

**We know you are busy, and we appreciate your feedback! We will use your responses to continue improving WIC. This survey will take about 10 minutes to complete.** You can complete it all at once, or you can save your responses and return to finish the survey later.

Your participation in this survey is voluntary; however, participation in this study by your WIC agency is mandatory. There are no risks or benefits associated with participating in the study. You may skip any questions you are not comfortable answering; however, we hope you will answer as many questions as you can. The information you provide will be used only for research purposes. Your responses will be kept private to the extent permitted by law. They will not be shared in a way that identifies you without your permission.

If you have any questions about the study or about completing this survey, please contact the study team at [EMAIL] or [PHONE]. If you have any questions about your rights as a research participant, please call Health Media Lab IRB at 202-246-8504.

Please use the buttons at the bottom of each page to move through the survey. You may need to scroll down on the page to view the buttons. Using your browser's "Back" function may cause errors.

Do you agree to participate in this study?                      YES                      NO

IF YES: Please click on the link below to begin your survey.

<<SURVEY LINK>>

## Section A. Background Characteristics

The following are questions about you and the WIC [AGENCY/CLINIC] you currently work for.

ALL STAFF AT THE CLINIC, LOCAL, AND STATE LEVEL
FILL WITH AGENCY/CLINIC FROM SAMPLE FILE

**A1. When did you start working at [WIC AGENCY/WIC CLINIC]?**

*Select one only*

- m [RESPONSE OPTION FOR LATER SURVEYS] In 2027.....1
- m [RESPONSE OPTION FOR LATER SURVEYS] In 2026.....2
- m In 2025.....3
- m In 2024.....4
- m In 2023.....5
- m In 2022.....6
- m In 2020 or 2021.....7
- m Between 2010 - 2019.....8
- m Between 2000 - 2009.....9
- m Prior to 2000.....10
- NO RESPONSE.....M

ALL LOCAL AGENCY/CLINIC STAFF
FILL WITH AGENCY/CLINIC FROM SAMPLE FILE

**A2. What is your role at [WIC AGENCY/WIC CLINIC]?**

*Select one only*

- m Local agency director.....1
- m Clinic manager.....2
- m Vendor liaison/manager.....3
- m Outreach coordinator.....4
- m Competent professional authority (CPA).....5
- m Nutrition aide or similar.....6
- m Breastfeeding peer counselor.....7
- m Breastfeeding coordinator or designated breastfeeding expert (DBE).....8
- m Administrative support staff (e.g., clerks).....9
- m Other.....99
- NO RESPONSE.....M

ALL STAFF AT THE CLINIC, LOCAL AND STATE LEVEL
FILL WITH AGENCY/CLINIC FROM SAMPLE FILE

- A3. Currently, how do you feel about working for [WIC AGENCY/WIC CLINIC]? Reminder: your response to this survey will not be shared with your place of work.**

*Select one only*

m Very satisfied..... 1  
m Satisfied..... 2  
m Neither satisfied nor dissatisfied..... 3  
m Dissatisfied..... 4  
m Very dissatisfied..... 5  
m Don't know..... D  
NO RESPONSE..... M

ALL STAFF AT THE CLINIC, LOCAL AND STATE LEVEL
FILL WITH AGENCY/CLINIC FROM SAMPLE FILE
IF A1=3, 4, 5 FILL WITH "YOU STARTED IN THIS JOB"
IF A1=5, 6, 7, 8, 9, OR 10 FILL WITH "2022"

- A4. Thinking back on your experience working for [WIC AGENCY/WIC CLINIC] since [2022/you started in this job], how has your overall satisfaction working for WIC changed?**

*Select one only*

m Satisfaction has gotten **a lot better**..... 1  
m Satisfaction has gotten **a little better**..... 2  
m Satisfaction has **not changed**..... 3  
m Satisfaction has gotten **a little worse**..... 4  
m Satisfaction has gotten **a lot worse**..... 5  
m Don't know..... D  
NO RESPONSE..... M

## Section B. Experience with the WIC modernization activities

As you may know, many WIC State and local agencies and clinics have been working on WIC modernization efforts to reach new WIC participants and improve services to WIC participants. We want to hear about your experience with Congress funded modernization efforts since January 2022. If you are unsure whether the effort was funded by ARPA, please include it if it occurred in 2022 or later.

ALL STAFF AT THE LOCAL AGENCY/CLINIC AND STATE LEVEL
IF A1=3, 4, 5 FILL WITH "YOU STARTED IN THIS JOB"
IF A1=5, 6, 7, 8, 9, OR 10 FILL WITH "2022"

**B1. Since [January 2022/you started this job], which WIC modernization activities have been implemented at your agency?**

*Select all that apply*

- ☐ Conducting outreach to increase enrollment.....1
- ☐ Adding online shopping capabilities.....2
- ☐ Improving the in-store shopping experience for participants.....3
- ☐ Improving shopping education activities for participants.....4
- ☐ Implementing electronic payment methods for shopping at farmers' markets/roadside produce stands (*such as WIC CVB, mobile pay, or a QR code*) .....5
- ☐ Strengthening staff's abilities to support participants of different backgrounds.....6
- ☐ Addressing barriers to staff recruitment and retention.....7
- ☐ Improving communication, such as using plain language or new/better translations.....8
- ☐ Transitioning from Offline to Online EBT.....9
- ☐ Improving data analysis, visualization, and ongoing measurement.....10
- ☐ Conducting data sharing with other programs, such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, to increase enrollment and/or streamline certification.....11
- ☐ Conducting data sharing with healthcare providers or networks to increase enrollment and/or streamline certification.....12
- ☐ Improving digital services (*this could include online applications, text messaging tools, virtual appointment platforms, appointment scheduling tools, electronic document sharing/signature tools, participant portal, your State agency's WIC app, the WIC Shopper app, MIS improvements, etc*).....13
- ☐ Upgraded technical equipment (*this could include scales, stadiometers, hemoglobin or hemocrit devices, or computers*).....14
- ☐ Don't know..... D
- NO RESPONSE..... M

ALL STAFF AT THE LOCAL AGENCY/CLINIC AND STATE LEVEL
SHOW ONLY RESPONSES SELECTED IN B1

**B2. Overall, how do you feel about each of these modernization activities?**

PROGRAMMER: CODE ONE PER ROW

	<i>Select one per row</i>					
	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know
a. Conducting outreach to increase enrollment	1 m	2 m	3 m	4 m	5 m	D m
b. Adding online shopping capabilities	1 m	2 m	3 m	4 m	5 m	D m
c. Improving the in-store shopping experience for participants	1 m	2 m	3 m	4 m	5 m	D m
d. Improving shopping education activities for participants	1 m	2 m	3 m	4 m	5 m	D m
e. Implementing electronic payment methods for shopping at farmers' markets/roadside produce stands (such as WIC CVB, mobile pay, or a QR code)	1 m	2 m	3 m	4 m	5 m	D m
f. Strengthening staff's abilities to support participants of different backgrounds	1 m	2 m	3 m	4 m	5 m	D m
g. Addressing barriers to staff recruitment and retention	1 m	2 m	3 m	4 m	5 m	D m
h. Improving communication, such as using plain language or new/better translations	1 m	2 m	3 m	4 m	5 m	D m
i. Transitioning from Offline to Online EBT	1 m	2 m	3 m	4 m	5 m	D m
j. Improving data analysis, visualization, and ongoing measurement	1 m	2 m	3 m	4 m	5 m	D m
k. Conducting data sharing with other programs, such as SNAP and Medicaid, to increase enrollment and/or streamline certification	1 m	2 m	3 m	4 m	5 m	D m
l. Conducting data sharing with healthcare providers or	1 m	2 m	3 m	4 m	5 m	D m

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know
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networks to increase enrollment and/or streamline certification

m. Improving digital services (this could include online applications, text messaging tools, virtual appointment platforms, appointment scheduling tools, electronic document sharing/signature tools, participant portal, your State agency's WIC app, the WIC Shopper app, MIS improvements, etc.)	1 m	2 m	3 m	4 m	5 m	0 m
n. Upgrading technical equipment (this could include scales, stadiometers, hemoglobin or hemocrit devices, or computers)	1 m	2 m	3 m	4 m	5 m	0 m



ALL STAFF AT THE LOCAL AGENCY/CLINIC AND STATE LEVEL
SHOW ONLY RESPONSES SELECTED IN B1
IF A1-1, 2, 3, 4 OR 5 FILL WITH "YOU STARTED IN THIS JOB"
IF A1=6, 7, 8, 9, OR 10 FILL WITH "JANUARY 2022"

**B3. Since [January 2022/you started this job], how have each of these activities affected your ability to provide high-quality services to participants and applicants?**

PROGRAMMER: CODE ONE PER ROW

	Select one per row					
	Greatly improved my ability	Improved my ability	Neither improved nor worsened my ability	Worsened my ability	Greatly worsened my ability	Don't know
a. Conducting outreach to increase enrollment	1 m	2 m	3 m	4 m	5 m	D m
b. Adding online shopping capabilities	1 m	2 m	3 m	4 m	5 m	D m
c. Improving the in-store shopping experience for participants	1 m	2 m	3 m	4 m	5 m	D m
d. Improving shopping education activities for participants	1 m	2 m	3 m	4 m	5 m	D m
e. Implementing electronic payment methods for shopping at farmers' markets/roadside produce stands ( <i>such as WIC CVB, mobile pay, or a QR code</i> )	1 m	2 m	3 m	4 m	5 m	D m
f. Strengthening staff's abilities to support participants of different backgrounds	1 m	2 m	3 m	4 m	5 m	D m
g. Addressing barriers to staff recruitment and retention	1 m	2 m	3 m	4 m	5 m	D m
h. Improving communication, such as using plain language or new/better translations	1 m	2 m	3 m	4 m	5 m	D m
i. Transitioning from Offline to Online EBT	1 m	2 m	3 m	4 m	5 m	D m
j. Improving data analysis, visualization, and ongoing measurement	1 m	2 m	3 m	4 m	5 m	D m
k. Conducting data sharing with other programs, such as SNAP and Medicaid, to increase enrollment and/or streamline certification	1 m	2 m	3 m	4 m	5 m	D m
l. Conducting data sharing with healthcare providers or networks to increase enrollment and/or streamline certification	1 m	2 m	3 m	4 m	5 m	D m
m. Improving digital services ( <i>this could include online applications, text messaging tools, virtual appointment platforms, appointment scheduling tools, electronic document sharing/signature tools, participant portal, your State agency's WIC app, the WIC Shopper app, MIS improvements, etc.</i> )	1 m	2 m	3 m	4 m	5 m	D m
n. Upgrading technical equipment ( <i>this could include scales, stadiometers, hemoglobin or hemocrit devices, or</i>	1 m	2 m	3 m	4 m	5 m	D m

Greatly improved my ability	Improved my ability	Neither improved nor worsened my ability	Worsened my ability	Greatly worsened my ability	Don't know
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computers)

ALL STAFF AT THE LOCAL AGENCY/CLINIC AND STATE LEVEL
SHOW ONLY RESPONSES SELECTED IN B1
IF A1-1, 2, 3, 4 OR 5 FILL WITH "YOU STARTED IN THIS JOB"
IF A1=6, 7, 8, 9, OR 10 FILL WITH "JANUARY 2022"

**B4. Since [January 2022/you started in this job], how have each of these activities affected your experience as a WIC staff member?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	Greatly improved my experience	Improved my experience	Neither improved nor worsened my experience	Worsened my experience	Greatly worsened my experience	Don't know
a. Conducting outreach to increase enrollment	1 m	2 m	3 m	4 m	5 m	D m
b. Adding online shopping capabilities	1 m	2 m	3 m	4 m	5 m	D m
c. Improving the in-store shopping experience for participants	1 m	2 m	3 m	4 m	5 m	D m
d. Improving shopping education activities for participants	1 m	2 m	3 m	4 m	5 m	D m
e. Implementing electronic payment methods for shopping at farmers' markets/roadside produce stands (such as WIC CVB, mobile pay, or a QR code)	1 m	2 m	3 m	4 m	5 m	D m
f. Strengthening staff's abilities to support participants of different backgrounds	1 m	2 m	3 m	4 m	5 m	D m
g. Addressing barriers to staff recruitment and retention	1 m	2 m	3 m	4 m	5 m	D m
h. Improving communication, such as using plain language or new/better translations	1 m	2 m	3 m	4 m	5 m	D m
i. Transitioning from Offline to Online EBT	1 m	2 m	3 m	4 m	5 m	D m
j. Improving data analysis, visualization, and ongoing measurement	1 m	2 m	3 m	4 m	5 m	D m
k. Conducting data sharing with other programs, such as SNAP and Medicaid, to increase enrollment and/or streamline certification	1 m	2 m	3 m	4 m	5 m	D m
l. Conducting data sharing with healthcare providers or networks to increase enrollment and/or streamline	1 m	2 m	3 m	4 m	5 m	D m

Greatly improved my experience	Improved my experience	Neither improved nor worsened my experience	Worsened my experience	Greatly worsened my experience	Don't know
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certification

m. Improving digital services (*this could include online applications, text messaging tools, virtual appointment platforms, appointment scheduling tools, electronic document sharing/signature tools, participant portal, your State agency's WIC app, the WIC Shopper app, MIS improvements, etc.*)

1 m 2 m 3 m 4 m 5 m D m

n. Upgrading technical equipment (*this could include scales, stadiometers, hemoglobin or hemocrit devices, or computers*)

1 m 2 m 3 m 4 m 5 m D m

ALL STAFF AT THE LOCAL AGENCY/CLINIC AND STATE LEVEL

**B5. How do you feel about each of the following tools and/or systems at your agency?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know	Not applicable
a. Online application	1 m	2 m	3 m	4 m	5 m	D m	NA m
b. Text messaging tools	1 m	2 m	3 m	4 m	5 m	D m	NA m
c. Phone calls	1 m	2 m	3 m	4 m	5 m	D m	NA m
d. AI (e.g., chatbots)	1 m	2 m	3 m	4 m	5 m	D m	NA m
e. Virtual appointment platform (e.g., Zoom, Doxy.me)	1 m	2 m	3 m	4 m	5 m	D m	NA m
f. Appointment scheduling tool (applicant/participant facing)	1 m	2 m	3 m	4 m	5 m	D m	NA m
g. Electronic document sharing (applicant or participant facing)	1 m	2 m	3 m	4 m	5 m	D m	NA m
h. Electronic	1 m	2 m	3 m	4 m	5 m	D m	NA m

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know	Not applicable
document signatures							
i. Participant portal	1 m	2 m	3 m	4 m	5 m	D m	NA m
j. [STATE WIC APP NAME]	1 m	2 m	3 m	4 m	5 m	D m	NA m
k. [WIC SHOPPER APP]	1 m	2 m	3 m	4 m	5 m	D m	NA m
l. MIS	1 m	2 m	3 m	4 m	5 m	D m	NA m
m. Data sharing	1 m	2 m	3 m	4 m	5 m	D m	NA m
n. Anthropometric data collection equipment	1 m	2 m	3 m	4 m	5 m	D m	NA m
o. Laptops/ computers	1 m	2 m	3 m	4 m	5 m	D m	NA m
p. Online materials (self-guided)	1 m	2 m	3 m	4 m	5 m	D m	NA m
q. Webinars (live)	1 m	2 m	3 m	4 m	5 m	D m	NA m

ALL STAFF AT THE LOCAL AGENCY/CLINIC AND STATE LEVEL
IF A1-1, 2, 3, 4 OR 5 FILL WITH "YOU STARTED IN THIS JOB"
IF A1=6, 7, 8, 9, OR 10 FILL WITH "JANUARY 2022"
ONLY SHOW ROW IF B5a – B5q = 1-5; DO NOT SHOW ROW IF B5a – B5q=D OR NA

**B6. Since [January 2022/you started this job], how have each of the following tools and/or systems affected your ability to provide high-quality services to participants and applicants?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	Greatly improved my ability	Improved my ability	Neither improved nor worsened my ability	Worsened my ability	Greatly worsened my ability	Don't know
a. Online application	1 m	2 m	3 m	4 m	5 m	D m
b. Text messaging tools	1 m	2 m	3 m	4 m	5 m	D m
c. Phone calls	1 m	2 m	3 m	4 m	5 m	D m
d. AI (e.g., chatbots)	1 m	2 m	3 m	4 m	5 m	D m
e. Virtual appointment platform (E.g., Zoom, Doxy.me)	1 m	2 m	3 m	4 m	5 m	D m
f. Appointment scheduling tool (applicant/participant facing)	1 m	2 m	3 m	4 m	5 m	D m
g. Electronic document sharing (applicant or participant facing)	1 m	2 m	3 m	4 m	5 m	D m
h. Electronic document signatures	1 m	2 m	3 m	4 m	5 m	D m
i. Participant portal	1 m	2 m	3 m	4 m	5 m	D m
j. [STATE WIC APP NAME]	1 m	2 m	3 m	4 m	5 m	D m
k. [WIC SHOPPER APP]	1 m	2 m	3 m	4 m	5 m	D m
l. MIS	1 m	2 m	3 m	4 m	5 m	D m
m. Data sharing	1 m	2 m	3 m	4 m	5 m	D m
n. Anthropometric data collection equipment	1 m	2 m	3 m	4 m	5 m	D m
o. Laptops/computers	1 m	2 m	3 m	4 m	5 m	D m
p. Online materials (self- guided)	1 m	2 m	3 m	4 m	5 m	D m
q. Webinars (live)	1 m	2 m	3 m	4 m	5 m	D m

ALL STAFF AT THE LOCAL AGENCY/CLINIC AND STATE LEVEL
IF A1-1, 2, 3, 4 OR 5 FILL WITH "YOU STARTED IN THIS JOB"
IF A1=6, 7, 8, 9, OR 10 FILL WITH "JANUARY 2022"
ONLY SHOW ROW IF B5a – B5q = 1-5; DO NOT SHOW ROW IF B5a – B5q=D OR NA

**B7. Since [January 2022/you started this job], how have each of the following tools and/or systems affected your experience as a staff member?**

PROGRAMMER: CODE ONE PER ROW

	<i>Select one per row</i>					
	Greatly improved my experience	Improved my experience	Neither improved nor worsened my experience	Worsened my experience	Greatly worsened my experience	Don't know
a. Online application	1 m	2 m	3 m	4 m	5 m	D m
b. Text messaging tools	1 m	2 m	3 m	4 m	5 m	D m
c. Phone calls	1 m	2 m	3 m	4 m	5 m	D m
d. AI (e.g., chatbots)	1 m	2 m	3 m	4 m	5 m	D m
e. Virtual appointment platform (E.g., Zoom, Doxy.me)	1 m	2 m	3 m	4 m	5 m	D m
f. Appointment scheduling tool (applicant/participant facing)	1 m	2 m	3 m	4 m	5 m	D m
g. Electronic document sharing (applicant or participant facing)	1 m	2 m	3 m	4 m	5 m	D m
h. Electronic document signatures	1 m	2 m	3 m	4 m	5 m	D m
i. Participant portal	1 m	2 m	3 m	4 m	5 m	D m
j. [STATE WIC APP NAME]	1 m	2 m	3 m	4 m	5 m	D m
k. [WIC SHOPPER APP]	1 m	2 m	3 m	4 m	5 m	D m
l. MIS	1 m	2 m	3 m	4 m	5 m	D m
m. Data sharing	1 m	2 m	3 m	4 m	5 m	D m
n. Anthropometric data collection equipment	1 m	2 m	3 m	4 m	5 m	D m
o. Laptops/computers	1 m	2 m	3 m	4 m	5 m	D m
p. Online materials (self-guided)	1 m	2 m	3 m	4 m	5 m	D m
q. Webinars (live)	1 m	2 m	3 m	4 m	5 m	D m

ALL LOCAL AGENCY/CLINIC STAFF

**B8. What types of virtual appointments with WIC applicants and/or participants do you conduct, if any? A virtual appointment could take place by phone or videocall with a WIC applicant or client.**

*Select all that apply*

- ☐ Certification/recertification appointment.....1
- ☐ Mid-certification appointment.....2
- ☐ One-on-one nutrition education.....3
- ☐ Group nutrition education.....4
- ☐ Peer counseling/breastfeeding support services.....5
- ☐ I don't conduct virtual appointments.....0 [GO TO C1]
- ☐ Don't know.....D [GO TO C1]
- NO RESPONSE.....M

IF B8=1, 2, 3, 4, or 5

**B9. How do you conduct virtual appointments with WIC applicants and/or participants?**

*Select all that apply*

- ☐ By phone.....1
- ☐ Over videoconference software (such as Zoom or Doxy.me).....2
- ☐ By text messaging.....3
- ☐ Other method.....4
- ☐ Don't know.....D
- NO RESPONSE.....M

IF B9=2

**B10. Which videoconference software do you typically use to conduct virtual appointments?**

*Select all that apply*

- ☐ Zoom.....1
- ☐ Doxy.me.....2
- ☐ Google Meet.....3
- ☐ Microsoft Teams.....4
- ☐ Webex.....5
- ☐ Facetime.....6
- ☐ Skype.....7
- ☐ Other.....8
- ☐ Don't know.....D
- NO RESPONSE.....M

IF B8=1, 2, 3, 4, or 5

**B11. How do you feel about the technology you use to conduct virtual appointments with WIC applicants and/or participants?**

*Select one only*

- m Very satisfied..... 1
- m Satisfied..... 2
- m Neither satisfied nor dissatisfied..... 3
- m Dissatisfied..... 4
- m Very dissatisfied..... 5
- m Don't know..... D
- NO RESPONSE..... M

IF B8=1, 2, 3, 4, or 5

**B12. How do you feel about your [agency's/clinic's] efforts to improve the technology you use for conducting virtual appointments?**

*Select one only*

- m Very satisfied..... 1
- m Satisfied..... 2
- m Neither satisfied nor dissatisfied..... 3
- m Dissatisfied..... 4
- m Very dissatisfied..... 5
- m No improvements/not aware of improvements..... 0 [GO TO B14]
- m Don't know..... D [GO TO B14]
- NO RESPONSE..... M

IF B12=1, 2, 3, 4, 5

**B13. Have virtual appointment technology changes improved or worsened your experience as a staff member at your WIC clinic?**

*Select one only*

- m Greatly improved my experience..... 1
- m Improved my experience..... 2
- m Neither improved nor worsened my experience..... 3
- m Worsened my experience..... 4
- m Greatly worsened my experience..... 5
- m Don't know..... D
- NO RESPONSE..... M



IF B8=1, 2, 3, 4, or 5

**B14. How can the WIC program further enhance the virtual appointment technology to improve your experience conducting virtual appointments?**

*Select all that apply*

- ☐ Ensure the virtual appointment technology is easily accessible for WIC applicants and/or participants.....1
- ☐ Improve virtual appointment reminders.....2
- ☐ Improve resources to serve limited English proficiency (LEP) applicants and/or participants during virtual appointments.....3
- ☐ Improve the stability and/or functioning of the virtual appointment technology so there are fewer disruptions.....4
- ☐ Make it possible for different modes of communication during the virtual appointments (*such as a chat or chatbot, a way to share important links, etc.*).....5
- ☐ Other (SPECIFY).....99

Specify (STRING (NUM))

☐ Don't know..... D

☐ NO RESPONSE..... M

## Section C. Staff Training and Demographics

You're almost done with the survey!

We have a few more questions about trainings you may have participated in since [January 2022/you started in this job] as well your opinions on the importance of certain skills and knowledge in the workplace. We close out this section with a demographic question.

ALL STAFF AT THE CLINIC, LOCAL AND STATE LEVEL

IF A1-1, 2, 3, 4 OR 5 FILL WITH "YOU STARTED IN THIS JOB"

IF A1=6, 7, 8, 9, OR 10 FILL WITH "JANUARY 2022"

**C1. Have you received trainings to use new technologies or help participants use new technologies since [January 2022/you started in this job]?**

*Select one only*

m Yes..... 1  
m No..... 0  
m Don't know..... D  
NO RESPONSE..... M

ALL STAFF AT THE STATE LEVEL

**C2. The Lab at OPM (the U.S. Office of Personnel Management) has provided trainings in human-centered design (HCD) techniques for some WIC staff. If you have taken one of these trainings, have you used any HCD techniques in your work?**

*Select one only*

m Have not taken these trainings..... 1 [GO TO C3]  
m Yes..... 2  
m No..... 0 [GO TO C3]  
m Don't know..... D [GO TO C3]  
NO RESPONSE..... M

IF C2=2

**C2a. How do you feel about these trainings to use human-centered design in your work?**

*Select one only*

m Very satisfied..... 1  
m Satisfied..... 2  
m Neither satisfied nor dissatisfied..... 3  
m Dissatisfied..... 4  
m Very dissatisfied..... 5  
m Don't know..... D  
NO RESPONSE..... M

ALL STAFF IN THE CLINIC, LOCAL AND STATE LEVELS
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IF A1-1, 2, 3, 4 OR 5 FILL WITH "YOU STARTED IN THIS JOB"

IF A1=6, 7, 8, 9, OR 10 FILL WITH "JANUARY 2022"

**C3. Which topics have you received training on since [January 2022/you started at this job]?**

*Select all that apply*

- ☐ Tailoring nutrition counseling to participants of different backgrounds.....1
- ☐ Trauma-informed practice.....2
- ☐ Using language that is mindful of participants' different backgrounds.....3
- ☐ Tailoring motivational counseling to participants of different backgrounds.....4
- ☐ Understanding community dynamics.....5
- ☐ Communicating with individuals of different backgrounds.....6
- ☐ Building relationships through virtual strategies and practices.....7
- ☐ Authentic community engagement.....8
- ☐ Social determinants of health.....9
- ☐ Awareness of community resources.....10
- ☐ Social networks.....11
- ☐ Community-based partnership.....12
- ☐ Media training.....13
- ☐ Don't know.....D
- ☐ I haven't received training on any of these topics.....0
- NO RESPONSE.....M

ALL STAFF IN THE CLINIC, LOCAL AND STATE LEVELS
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**C4. In the work you do, how important is the ability to understand and respect participants' varying values, attitudes, beliefs, and customs?**

*Select one only*

- ☐ Very important.....1
- ☐ Important.....2
- ☐ Neither important nor unimportant.....3
- ☐ Unimportant.....4
- ☐ Very unimportant.....5
- ☐ Don't know.....D
- NO RESPONSE.....M

ALL STAFF IN THE CLINIC, LOCAL AND STATE LEVELS

**C5. In the work you do, how important is it to provide care that is tailored to meet participants' social, cultural, and linguistic needs?**

*Select one only*

- m Very important.....1
- m Important.....2
- m Neither important nor unimportant.....3
- m Unimportant.....4
- m Very unimportant.....5
- m Don't know.....D
- NO RESPONSE.....M

ALL STAFF IN THE CLINIC, LOCAL AND STATE LEVELS

**C6. How do you provide care that is tailored to meet WIC participants' social, cultural, and linguistic needs?**

*Select all that apply*

- o Use Participant Centered Services counseling skills (*such as building rapport, active listening, collaboration, open-ended questions, or reflective listening*).....1
- o Tailor nutrition education messages.....2
- o Share tailored recipes.....3
- o Tailor resources and messaging so they align with common beliefs and practices regarding pregnancy and breastfeeding.....4
- o Use resources translated to their native language.....5
- o Use translators to help provide WIC services in their native language.....6
- m We do not currently provide care that is tailored to meet participants' social, cultural, and linguistic needs.....0
- m Don't know.....D
- NO RESPONSE.....M

ALL STAFF IN THE CLINIC, LOCAL AND STATE LEVELS

FILL WITH "AGENCY" OR "CLINIC" FROM SAMPLE FILE

**C7. How do you feel about your [agency's/clinic's] ability to provide services and support to WIC participants of different backgrounds?**

*Select one only*

- m Very satisfied..... 1
- m Satisfied..... 2
- m Neither satisfied nor dissatisfied..... 3
- m Dissatisfied..... 4
- m Very dissatisfied..... 5
- m Don't know..... D
- NO RESPONSE..... M

ALL STAFF IN THE CLINIC, LOCAL AND STATE LEVELS

**C8. Do you agree or disagree that the following elements are factored into the current career growth opportunities at your [agency/clinic]?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a. Staff's knowledge of the needs of participants of different backgrounds	1 m	2 m	3 m	4 m	5 m	D m
b. Staff's language fluency in a language other than English	1 m	2 m	3 m	4 m	5 m	D m
c. Staff's lived experience	1 m	2 m	3 m	4 m	5 m	D m

**C9. What is your race and/or ethnicity?**

*Select all that apply and enter additional details in the spaces below.*

- ☐ **American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.....1

- ☐ **Asian** – Provide details below.....2

- ☐ Chinese      ☐ Asian Indian      ☐ Filipino  
☐ Vietnamese      ☐ Korean      ☐ Japanese

*Enter, for example, Pakistani, Hmong, Afghan, etc.*

- ☐ **Black or African American** – Provide details below.....3

- ☐ African American      ☐ Jamaican      ☐ Haitian  
☐ Nigerian      ☐ Ethiopian      ☐ Somali

*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

- ☐ **Hispanic or Latino** – Provide details below.....4

- ☐ Mexican      ☐ Puerto Rican      ☐ Salvadoran  
☐ Cuban      ☐ Dominican      ☐ Guatemalan

*Enter, for example, Colombian, Honduran, Spaniard, etc.*

- ☐ **Middle Eastern or North African** – Provide details below.....5

- ☐ Lebanese      ☐ Iranian      ☐ Egyptian  
☐ Syrian      ☐ Iraqi      ☐ Israeli

*Enter, for example, Moroccan, Yemeni, Kurdish, etc.*

- ☐ **Native Hawaiian or Pacific Islander** – Provide details below.....6

- ☐ Native Hawaiian      ☐ Samoan      ☐ Chamorro  
☐ Tongan      ☐ Fijian      ☐ Marshallese

*Enter, for example, Chuukese, Palauan, Tahitian, etc.*

- ☐ **White** – Provide details below.....7

- ☐ English      ☐ German      ☐ Irish  
☐ Italian      ☐ Polish      ☐ Scottish

*Enter, for example, French, Swedish, Norwegian, etc.*

ALL STAFF AT THE CLINIC, LOCAL AND STATE LEVEL

**C10. Is there anything else you'd like to share with us?**


(FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE.....M

**THANK YOU FOR COMPLETING THIS SURVEY!**

The following screenshots show the first four pages of the survey as they will appear to the respondent. We do not include screenshots for the full survey because the remainder of the survey is still being programmed. In addition, due to the length of the survey, providing screenshots for the full survey would be cumbersome.



Food and Nutrition Service

U.S. DEPARTMENT OF AGRICULTURE

OMB Number: 0584-xxxx

Expiration Date: xx/xx/20xx

Public Burden Statement


This information is being collected to assist the Food and Nutrition Service to better understand the implementation and impact of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) modernization efforts on WIC State and local agencies, WIC vendors, and WIC participants. This is a voluntary collection and FNS will use the information to monitor and strengthen WIC program modernization efforts. 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-xxxx. The time required to complete this information collection is estimated to average 10 minutes (0.167 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, Evidence, Analysis, and Regulatory Affairs Office, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

WIC Program Staff Experience Survey

WIC & FMNP Outreach, Innovation, and Modernization Evaluation

Date

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Food and Nutrition Service

U.S. DEPARTMENT OF AGRICULTURE

Thank you for participating in the WIC & Farmers' Market Nutrition Program (FMNP) Outreach, Innovation, and Modernization Evaluation. The U.S. Department of Agriculture Food and Nutrition Service (USDA FNS) is sponsoring the study. Mathematica, an independent research organization, is conducting the study on behalf of FNS.

FNS is working with State and local agencies (and other key partners) to modernize WIC and FMNP; the goal of the study is to understand how WIC modernization is transforming WIC to better meet the needs of families and improve the way WIC staff and vendors experience the WIC program. This survey will help FNS understand how WIC program staff have experienced Congress funded modernization efforts, including what has gone well and what has been challenging.

**We know you are busy, and we appreciate your feedback! We will use your responses to continue improving WIC. This survey will take about 10 minutes to complete.** You can complete it all at once, or you can save your responses and return to finish the survey later.

Your participation in this survey is voluntary; however, participation in this study by your WIC agency is mandatory. There are no risks or benefits associated with participating in the study. You may skip any questions you are not comfortable answering; however, we hope you will answer as many questions as you can. The information you provide will be used only for research purposes. Your responses will be kept private to the extent permitted by law. They will not be shared in a way that identifies you without your permission.

If you have any questions about the study or about completing this survey, please contact the study team at [EMAIL] or [PHONE]. If you have any questions about your rights as a research participant, please call Health Media Lab IRB at 202-246-8504.

Please use the buttons at the bottom of each page to move through the survey. You may need to scroll down on the page to view the buttons. Using your browser's "Back" function may cause errors.

Do you agree to participate in this study?

☐ Yes

☐ No

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The following are questions about you and the WIC [AGENCY/CLINIC] you currently work for.

When did you start working at [WIC AGENCY/WIC CLINIC]?

- ☐ [RESPONSE OPTION FOR LATER SURVEYS] In 2027
- ☐ [RESPONSE OPTION FOR LATER SURVEYS] In 2026
- ☐ In 2025
- ☐ In 2024
- ☐ In 2023
- ☐ In 2022
- ☐ In 2020 or 2021
- ☐ Between 2010 - 2019
- ☐ Between 2000 - 2009
- ☐ Prior to 2000

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What is your role at [WIC AGENCY/WIC CLINIC]?

- ☐ Local agency director
- ☐ Clinic manager
- ☐ Vendor liaison/manager
- ☐ Outreach coordinator
- ☐ Competent professional authority (CPA)
- ☐ Nutrition aide or similar
- ☐ Breastfeeding peer counselor
- ☐ Breastfeeding coordinator or designated breastfeeding expert (DBE)
- ☐ Administrative support staff (e.g., clerks)
- ☐ Other

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