Appendix B-7. Pretest Memorandum

Date: July 11, 2025

To: Dr. Karen Castellanos-Brown, Food and Nutrition Service (FNS)

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Subject: WIC Tribal Organizations and U.S. Territories: Pretest Memorandum (Deliverable 4.3)

The Westat study team developed four new data collection instruments for the WIC Tribal Organizations and U.S. Territories study and adapted two other data collection instruments from those used successfully in the WIC Nutrition Assessment and Tailoring Study (WIC NATS). FNS and the Westat study team recognize the importance of incorporating multiple perspectives and subject matter expertise when developing new instruments. A summary of activities to collect feedback follows.

- FNS reviewed both the draft and revised data collection instruments.
- With FNS's approval, the study team shared the revised data collection instruments with the technical working group (TWG) and participant experience council (PEC) and met with both groups in May to hear their feedback; TWG and PEC members also had the option to provide feedback on the instruments in writing.
- The study team incorporated feedback from FNS, the TWG, and the PEC on the revised data collection instruments to create versions for pretesting. The Westat Institutional Review Board then reviewed and approved all pretest instruments and protocols.
- The study team pretested all four new data collection instruments (see textbox). We did not pretest the two data collection instruments (Clinic Observation Guide and Participant Appointment Observation Guide) adapted from those previously tested and used in WIC NATS.

Pretested Data Collection Instruments

1. WIC State/Local Agency Directors of Case Study Agencies Interview Guide
2. WIC Directors in Geographic States Interview Guide
3. WIC Clinic Staff Interview Guide
4. Retailer Observation Guide

The pretest goals were to assess the appropriateness of each instrument for the target respondent and solicit feedback on clarity, flow, and wording. Staff also timed the interviews and observations to confirm the expected burden.

This memorandum summarizes the pretest methods and feedback as well as changes we propose making to the data collection instruments. Following FNS's acceptance of this memorandum and the proposed changes, we will revise and submit a final version of all six instruments.

A. Pretest Methodology

1. Recruitment

In collaboration with FNS, the study team identified nine respondents for pretesting the interview guides (table A.1).

Table A.1. Pretest respondents

Interview guide	Pretest respondents
WIC State/Local Agency Directors of Case Study Agencies	■ Cheri Nemec, NINAWC President and Local Agency WIC Director ■ Melinda Newport, former Chickasaw Nation WIC Director ■ Lorna Concepcion, U.S. Virgin Islands WIC Director ■ Nellie Faumina, American Samoa WIC Director
WIC Directors in Geographic States	■ Lisa Hodgkins, former Maine WIC Director ■ Kate Girard, former Montana WIC Director
WIC Clinic Staff	■ Maggie Fisher, ITCA WIC Clinic Director ■ Rhiannon Worker, ITCA WIC Clinic Director ■ Catalina Diaz, U.S. Virgin Islands WIC Clinic Frontline Staff

ITCA = Inter Tribal Council of Arizona; NINAWC = National Indian and Native American WIC Coalition Conference

We recruited pretest respondents for the director-level interview guides via email. We emailed the WIC State agency directors from the Inter Tribal Council of Arizona and the U.S. Virgin Islands to request their help identifying potential pretest respondents for the clinic staff interview guide; both directors provided the names and contact information for one to two clinic staff (a mix of clinic supervisors and frontline staff). We recruited the clinic staff via email and telephone. We informed all respondents that they may be eligible to receive an honorarium for their participation ($150 for pretests of the director-level interview guides; $100 for pretests of the clinic staff guide).

We did not recruit retailers for pretesting because those observations do not require interaction with retailer staff. Instead, we reviewed lists of WIC-authorized retailers for two WIC State agencies (Massachusetts and the District of Columbia), selected three

retailers of different types (e.g., grocery store, convenience store, pharmacy) in each State, and conducted a total of six retailer observation pretests.

2. Data Collection

We conducted eight of the nine pretest interviews via videoconference using Microsoft Teams. One pretest respondent from a U.S. territory could not meet via videoconference and opted to provide written feedback on select questions. Before the interviews, we emailed all respondents a copy of the interview guide for their reference and invited them to share written feedback if desired; no other respondent chose to provide written feedback. Pretest interviews took place between May 30 and June 18, 2025. Most interviews lasted between 30 and 90 minutes.

All pretest interviews followed a similar sequence. The moderator administered informed consent and then asked for respondents' verbal consent to participate and be recorded. Moderators then asked relevant questions from the respective interview guide, pausing at the end of each section to ask scripted probes (per the pretest protocol). Respondents were also invited to share additional feedback or reactions to individual questions, sections, or the guide as a whole. Finally, moderators recorded the amount of time needed to ask all questions in each section (not including the probes in the pretest protocol) to gauge response burden. At the end of the pretest interview, the moderator thanked respondents for participating and asked their preferred method of payment (i.e., Visa gift card or direct payment).

For retailer observations, two pretest data collectors each visited three retailers for a total of six retailers. The data collectors completed a paper observation guide while onsite and later transferred the data to Qualtrics to create an electronic record of the observation. Per the pretest protocol, data collectors noted the time burden associated with collecting data onsite and with entering the data in Qualtrics, challenges completing the paper observation form (e.g., too little space to write, question worded unclearly, incomplete response options), and challenges completing the Qualtrics observation form (e.g., issues with skip logic, mismatch between paper form and Qualtrics).

3. Analysis

The interview moderators and retailer pretest data collectors also served as the analysts. They reviewed all interview transcripts, the written feedback from the only pretest respondent who provided it, and moderators' notes about their experiences administering the guides. When reviewing transcripts, the analysts considered respondents' feedback on each question and paid particular attention to instances

when the moderator struggled to administer a question and the respondent struggled to respond and to discussions between the moderator and respondent about potential changes to the guide. The analysts compiled all feedback and recommended changes for each guide (see section B).

For the retailer pretest observations, the analysts reviewed their notes about their experiences completing the observation form onsite and entering the data in Qualtrics, including opportunities to improve the content, flow, and format of the paper and electronic versions of the form.

B. Pretest Feedback and Recommendations

This section summarizes the feedback we received on each of the four instruments pretested and provides recommendations for addressing the noted challenges. To help reviewers focus on the most consequential feedback, we do not summarize feedback on aspects of the instruments that were both easy to administer and answer.

1. WIC State/Local Agency Directors of Case Study Agencies Interview Guide

Summary of edits. We propose at least one change in every section of the interview guide other than the *Closing* section (see table B.1). In multiple sections, we propose revising the language to be more inclusive of the U.S. territories, which do not think of themselves as "State agencies" and do not distinguish between State and local agencies the way geographic State agencies do. We have heard the same may also be true for many State-level Tribal Organizations. In response, we propose removing references to State and local agencies and asking broadly about "agencies" or "teams." Both respondents and moderators felt it was helpful to provide the interview questions in advance; the data collector study protocols will include instructions for sharing questions in advance.

Time burden. The expected time burden for this interview guide is 90 minutes. During the pretest, the interviews lasted between 70 and 95 minutes. The interview with a State agency director from a Tribal Organization was the longest at 95 minutes; the interviews with a State agency director from a U.S. territory and Tribally operated local agency took less time (80 and 70 minutes, respectively). It is important to note that the questions in the *Improving Data for WIC Eligibility and Coverage Rates Reports* section took nearly 40 minutes to administer and were asked only of the State agency director from a Tribal Organization. If these questions had been asked of the State agency

director from a U.S. territory, that interview would have substantially exceeded the expected time burden.

Based on the pretest, we are concerned about the time burden, particularly for State agency directors from a Tribal Organization, and we propose in table B.1 some opportunities to streamline the interview guide. We also recommend omitting the *Improving Data for WIC Eligibility and Coverage Rates Reports* section for the U.S. territories. This means we would only address study objective 4, "Obtain information to inform determination of WIC coverage rates among ITOs [Indian Tribal Organizations] and territories," for State-level Tribal Organizations, which mirrors the suggestion we received from the study team for the National and State-Level Estimates of WIC Eligibility and WIC Program Reach (WIC EE).

Table B.1. Suggested revisions to the WIC State/Local Agency Directors of Case Study Agencies Interview Guide

Interview question	Feedback/observation	Changes recommended
Introduction		
Not applicable	At various points during the pretest, the local agency director respondent referenced challenges related to the size of the geographic area the agency covers. The moderator realized the question we have about the catchment area in the *Improving Data for WIC Eligibility and Coverage Rates Reports* section pertains only to State agency directors, and they indicated it would be useful information to know for local agencies as well. Similarly, the moderator indicated it would be useful to know upfront whether the local agencies restrict eligibility to Tribal members.	**Add the following questions for local agency director respondents:** [Local agency only] Please help me understand the size of the geographic area your agency covers. [Local agency only] Can anyone receive services at your WIC clinics, or is eligibility restricted to certain individuals? *(Probe: Is Tribal membership a requirement?)*
Administering WIC		
Item: Please tell me a little about how your team at the [State/local] agency level is structured.	As worded, this question is not appropriate for WIC State agencies that serve WIC participants directly. The respondent suggested rewording to ask about how a	**Revise to:** Please tell me a little about how the WIC team at your agency is structured.

Interview question	Feedback/observation	Changes recommended
	respondent's team at their agency is structured.	
Item: In general, do you believe your WIC agency has the right number of staff in each position to administer the program?	One moderator and one respondent agreed that it is awkward asking a director if they have "the right number" of staff because it could imply there is a right and a wrong number of staff. Agreed to reword using "adequate." Additionally, the phrase "in each position" is not needed, and directors spoke instinctively about which types of staff they needed most.	**Revise to:** In general, do you believe your WIC agency has adequate staff to administer the program?
Item: Do any of your staff at the [State/local] agency level also provide direct services to WIC participants?	As worded, this question is not appropriate for WIC State agencies that serve WIC participants directly.	**Revise to:** Do any staff at your agency who administer the program also provide direct services to WIC participants?
Item: [Local agency only] How would you describe the relationship you have with [geographic State to which they report]? a. In your opinion, how could State agency staff better collaborate with your local agency?	We noted some redundancies for the local agency director respondent between the questions in the *Administering WIC* and *WIC Service Delivery* sections. Both sections ask about agency structure and staff. With the exception of this question, moderators felt the *Administering WIC* section was better suited for State agency respondents, and the *WIC Service Delivery* section was better suited for local agency directors.	To eliminate the redundancies for local agency director respondents, the study team proposes adjusting the skip logic to ask questions in the *Administering WIC* section only of State agency directors from Tribal Organizations and U.S. territories and moving this question to later in the guide (exact location to be determined in final version).
Item: Thinking about the local councils or governmental bodies across your community, in what ways have they supported the WIC program? *[Interviewer note: these entities may include unions, nonprofits, Tribal councils, inter-Tribal Organizations]*	One respondent commented on where the WIC program sits within the Tribal government and how that influences the program. Another respondent started talking about financial support but said they were not clear what type of "support" we were asking about.	**This question is not tied to a research question (RQ), but we feel it may offer important systems-level context for WIC services. We will move this to the *Closing* section and ask only if there is time. We revised the question to be more specific:** Outside of your WIC program, are there local organizations or

Interview question	Feedback/observation	Changes recommended
	The moderator did not feel the question landed as intended and recommended revising to clarify that we are trying to understand the broader level of support for WIC in these communities.	Government entities that advocate to support the WIC program? If so, what does that look like? *[Interviewer notes: This could take many forms, such as assisting with outreach/recruitment, lobbying for greater financial or in-kind resources, etc. These entities may include Tribal or U.S. territory legislatures, unions, nonprofits, Tribal councils, inter-Tribal Organizations, etc.]* **Additionally, information on where the WIC agency sits in the larger Tribal or U.S. territory government structure (particularly whether WIC is housed under Indian Health Services [IHS] or not) would be useful context for data collectors to have ahead of time. We will note in the data collector training materials to find this information in the WIC State Plans or on agency websites before data collection begins.**
Communication With FNS Regional Office		
Item: How would you describe the relationship between your agency and the FNS Regional Office?	One respondent said, "I'm not sure what's most helpful to you. There has been so much change that it feels a tad chaotic. And a little difficult to know where to go with that." The moderator felt the question was too broad. Respondents said to expect some discomfort in answering this question and that some respondents may ask whether they can comment off the record. With the recent large-scale government staffing	**Make the question more specific. Revised questions now read:** How often do you typically contact your FNS Regional Office for support? a. What are the kinds of things you usually contact your Regional Office about? b. What do you appreciate about the support your Regional Office provides? **Because of time restrictions, we cannot add more questions about the longevity of the**

Interview question	Feedback/observation	Changes recommended
	changes nationwide, respondents recommended explicitly acknowledging "the elephant in the room" and that there may be substantial turnover among the Regional Office staff with whom the Tribes and U.S. Territories interact. They added that any responses about challenges should probe into whether the challenge is chronic or a result of staff turnover.	**relationship and Regional Office staff turnover, but we will add the following note to this section so interviewers are aware:** *[Interviewer note: Be aware that there may have been recent turnover among Regional Office staff because of government staffing changes nationwide, and that may shape the responses.]*
WIC Expenses and Funding		
Items: [State level only] In the past few years, has your agency experienced any increases in the cost of providing WIC services (i.e., non-food costs)? [State level only] Similarly, has your agency experienced any decreases in the cost of providing WIC services (i.e., non-food costs) in the past few years? a. [If yes] What factors contributed to those decreases? Are any of those changes – either cost increases or decreases – the result of new Federal regulations? If yes, please explain.	No one reported decreased costs, only increased costs. In response to this question, a respondent in the geographic State director pretests noted it was unlikely that agencies would report decreased costs. They thought it might be more useful to ask about any cost-saving initiatives or creative solutions to help their budgets stretch further. The third question about Federal regulations relates to the two others that precede it, which are only for State agency directors. It is missing skip logic to indicate that this, too, should be asked only of State directors and skipped for local directors.	**Revise to:** [State agency only] In the past few years, has your agency experienced any increases in the cost of providing WIC services (i.e., non-food costs)? a. Are any of those cost increases the result of new Federal regulations? If yes, please explain. [State agency only] Has your agency implemented any cost-saving strategies over the past few years? If yes, please describe.
Item: How often, if at all, does your WIC agency apply for grants or other awards from FNS?	Some respondents were confused about what is meant by "other awards" and assumed that this meant awards in the sense of being recognized for services.	**Revise to:** How often, if at all, does your WIC agency apply for grants or other funding opportunities from FNS? *[Interviewer note: In some responses, you may hear the term NOFO, which means "notice of funding opportunity."]*

Interview question	Feedback/observation	Changes recommended
Improving Data for WIC Eligibility and Coverage Rates Reports		
Item: The WIC Eligibility and Program Reach report currently includes several measures of how well WIC programs reach eligible individuals. What suggestions do you have for our team to help us think through how to develop a similar program reach measure for [Tribal Organization]?	One respondent said a director's ability to answer this question will depend on how well they understand the program reach numbers and where the data come from, but they did not provide specific feedback to revise the question.	None. We understand that responses may vary.
Items: Who does [Tribal Organization] aim to serve through WIC? I am wondering, in particular, whether your program prioritizes participation based on, for example, whether individuals live on Tribal lands? *[Probes: enrolled Tribal members (and their descendants), individuals residing on Tribal lands or within the Tribal jurisdiction, individuals residing on the reservation, any individuals who live within the geographic State borders and want to receive WIC services from the WIC State agency]* a. [If geographic criteria] Are there specific counties or ZIP Codes? Would you be able to share a map of your service area? b. [If Tribal lands] We would appreciate your assistance in understanding the boundaries of your Tribal lands. What are the boundaries? Are	No feedback from pretests.	We are discussing with the WIC EE team potential ways to reduce these for time while still addressing the research questions. The COR for that study recently left and we are awaiting FNS input.

Interview question	Feedback/observation	Changes recommended
you able to share a map of the Tribal land boundaries or reservation? How do those boundaries align with your WIC program's service area?		
Items: Are there any unique eligibility criteria to participate in your WIC program beyond the national program eligibility criteria for categorical eligibility, income eligibility, and nutritional risk? *[Probes: Tribal member, receives services from Tribal health system]* a. How often, if at all, do these criteria change? b. Do you use the alternative option for assessing income eligibility for Native American applicants? Other than Medicaid, SNAP, and TANF, what programs make someone automatically income eligible for WIC in [Tribal Organization]? *(Probes: Food Distribution Program on Indian Reservations, energy assistance programs, Head Start, Supplemental Security Income)*	A respondent mentioned that their Tribal Organization "compacted" with IHS to provide some services and that its complex relationship may affect program reach. Moderators observed that these two questions asked about similar things, and it was awkward to have them split up in the guide.	**Add the second question (about Medicaid/SNAP/ TANF) as a subquestion to the first so that the related questions are together. Also add a probe about IHS. Revised questions now read:** Are there any unique eligibility criteria to participate in your WIC program beyond the national program eligibility criteria for categorical eligibility, income eligibility, and nutritional risk? *[Probes: Tribal member, receives services from Tribal health system]* a. Other than Medicaid, SNAP, and TANF, what programs make someone automatically income eligible for WIC in [Tribal Organization]? *[Probes: Food Distribution Program on Indian Reservations, energy assistance programs, Head Start, Supplemental Security Income, Indian Health Services (IHS)]* b. How often, if at all, do these criteria change? c. Do you use the alternative option for assessing income eligibility for Native American applicants?
Item: FNS currently produces coverage rates for the entire United States and for	No feedback from pretests.	The study team proposes to cut this question for time. It is not related to an RQ for this study, and the WIC EE team confirmed

Interview question	Feedback/observation	Changes recommended
individual geographic States in a report called National- and State-Level Estimates of WIC Eligibility and Program Reach. The coverage rate is an estimate of the number of individuals eligible for WIC who then go on to participate in the program. The report is used for funding purposes and can help guide program improvements. If data were available to estimate a coverage rate for [Tribal Organization], would this measure be meaningful to you? Why or why not?		that the responses would be closely related to other questions in this section (e.g., the WIC Eligibility and Program Reach report currently includes several measures of how well WIC programs reach eligible individuals, including "What suggestions do you have for our team to help us think through how to develop a similar program reach measure for [Tribal Organization]?").
Item: Does [Tribal Organization] currently conduct any internal research to measure the proportion of eligible WIC participants you are reaching?	The question was unnecessarily complicated, and the moderator noted it could be simplified to get at what is truly of interest—that is, the agency's ability to reach everyone eligible.	**Revise to:** To what extent are you able to reach everyone who would be eligible for WIC?
Items: Is your WIC program able to enroll all eligible applicants? [If no] a. What was the situation that led to not being able to enroll all eligible applicants? b. Would your program currently be able to enroll a new participant? c. How often have you not been able to enroll an eligible participant because you had no availability? d. Do you plan to increase or decrease your caseload in the	The moderators noted some redundancy in the response to the root question and subquestion B.	**Cut subquestion B because it is redundant. Also cut subquestion D for time and because it is not related to an RQ for this study or critical for WIC EE. Revised questions now read:** Is your WIC program able to enroll all eligible applicants? [If no] a. What was the situation that led to not being able to enroll all eligible applicants? b. How often have you not been able to enroll an eligible participant because you had no availability? c. What happens if an individual wants to apply when your program cannot

Interview question	Feedback/observation	Changes recommended
next few years? e. What happens if an individual wants to apply when your program cannot accept new participants?		accept new participants?
WIC Service Delivery		
Item: [If don't know number of LAs/clinics] I tried to look up the total number of local agencies and clinics that operate in [name of Tribal Organization/ U.S. territory] but could not find it. Can you tell me how many local agencies and clinics there are?	As worded, this question is not appropriate for U.S. territories or most Tribal Organizations because it is rare they have local agencies.	**Revise to:** [If don't know number of clinics] I tried to look up the total number of clinics in [name of Tribal Organization/ U.S. territory] but could not find it. Can you tell me how many clinics there are? *[Interviewer note: For the Inter Tribal Council of Arizona, also ask for the number of local agencies if unknown from WIC State Plan.]*
Item: Approximately what proportion of the WIC clinics are co-located with other programs, such as maternal and child health, dental, or other services?	A respondent with only a few clinics found it odd to be asked for a "proportion" because they could clearly convey the status for each clinic.	**Revise to:** How many WIC clinics are co-located with other programs, such as maternal and child health, dental, or other services? *[Interviewer note: An estimate is fine if they do not know exactly.]*
Items: How would you describe the typical mix of staff at one of your clinics? a. How common is it for clinic directors to provide direct services to participants? In general, how would you describe the staffing levels at the clinics? a. [If shortages mentioned] Which clinic staff positions are needed the most? What variation in staffing levels do you see across clinics in [Tribal Organization/U.S. territory]?	Moderators noted redundancy in the responses to these questions.	**Revise to make questions more distinct in what they are asking:** How would you describe the typical mix of staff positions at one of your clinics? a. How common is it for clinic directors to provide direct services to participants? b. Which staff positions do clinics most need to fill? What would make it easier to recruit and retain WIC nutrition staff?

Interview question	Feedback/observation	Changes recommended
a. What are the reasons for that variation? b. What would make it easier to recruit and retain WIC staff?		
Item: Switching now to think about how staff refer WIC participants to other social services, what do you think works well about the referral process? a. And what do you see as the challenges to referring WIC participants to other services? b. [For any challenges] What solutions have you found?	Respondents indicated that IHS and WIC have a complicated relationship, which may affect services. After conferring with our Tribal partners to understand this dynamic better, we believe the referral process may vary according to whether WIC is housed under IHS or another Tribal entity. Specifically, if WIC is under IHS, individuals who do not receive healthcare through IHS to access WIC may face challenges. The opposite may also be true: If WIC is not under IHS, there may be challenges referring IHS patients to WIC.	**Add questions for Tribal Organizations to understand the potential impact of IHS on WIC access:** [If WIC is under IHS] How are non-IHS patients referred to WIC? [If WIC is not under IHS] How do IHS providers refer their patients to WIC? *(Probe: Can they make an electronic referral from their IHS system to the WIC system?)*
WIC Service Delivery: Breastfeeding		
Item: What challenges do you face in maintaining your peer counseling program?	The local agency director respondent noted some challenges related to the size of the geographic area their agency covers. The moderator realized that the question we have about the catchment area pertains only to State agency directors, and it would be useful to know for local agency directors as well.	We added a question to the *Introduction* section to understand the catchment area for local agency directors.
WIC Service Delivery: Retailers		
Items (including all subquestions): Please tell me about your agency's process to recruit and authorize retailers. What are the challenges you face with recruiting and	One respondent from a U.S. territory indicated they have decades-long successful relationships with every possible WIC retailer across their U.S. territory, though they are open to including others if a new store is built.	We may face this scenario with other case study agencies. Data collectors will be trained to listen for these scenarios and determine whether it might be appropriate to skip questions about retailer recruitment and retention.

Interview question	Feedback/observation	Changes recommended
retaining retailers? What Federal policy flexibilities might help authorize and retain WIC retailers in your communities?	Because of this, they struggled to respond to questions about recruiting and retaining retailers.	

Note: SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

2. WIC Directors in Geographic States Interview Guide

Summary. We propose at least one change to four sections of the interview guide (see table B.2). We do not propose any edits to the following sections: *Introduction*, *WIC Service Delivery: Breastfeeding*, *WIC Service Delivery: Retailers*, and *Closing*. The proposed revisions are in response to pretest feedback on this guide and to mirror revisions we proposed to similar questions in the WIC State/Local Agency Directors of Case Study Agencies guide. As noted in table B.2, we will also incorporate some respondent feedback into data collector training protocols. Similar to the WIC State/Local Agency Directors of Case Study Agencies pretest, respondents expressed appreciation for seeing the questions in advance. The data collector study protocols will include instructions for sharing questions in advance.

Time burden. The pretests confirmed the expected 90-minute burden. No changes are needed to adjust the burden.

Table B.2. Suggested revisions to the WIC Directors in Geographic States Interview Guide

Interview question	Feedback/observation	Changes recommended
Administering WIC		
Item: In general, do you believe your State WIC agency has the right number of staff members in each position to meet program goals?	The moderator felt it was awkward to say "the right number," and a respondent suggested using a descriptive word such as "sufficient" or "adequate" to describe staffing. This broader characterization can better reflect the importance of having staff with appropriate expertise and skill sets rather than having a specific number of staff members.	**Revise to:** In general, do you believe your WIC State agency has sufficient staff to administer and operate the program?
Items: In general, how would you describe the staffing levels at the local agencies and clinics across your State? a. [If shortages mentioned] Which staff positions are needed the most at the local level? b. What differences in staffing do you see	No feedback from the geographic State pretests. The study team received feedback on similar questions to the guide for WIC State/Local Agency Directors of Case Study Agencies.	**Revise to mirror edits to the other director guide and make questions more distinct in what they are asking:** How would you describe the typical mix of staff positions at one of your clinics? a. How common is it for clinic directors to provide direct services to participants? b. Which staff positions do clinics most need to fill?

Interview question	Feedback/observation	Changes recommended
across the local agencies and clinics in your State? i. What are the reasons for that variation?		
WIC Expenses and Funding		
Items: In the past few years, has your agency experienced any increases to overall WIC costs? a. [If yes] What factors contributed to those increases? Similarly, has your agency experienced any decreases to overall WIC costs in the past few years? a. [If yes] What factors contributed to those decreases? Are any of those changes – either cost increases or decreases - the result of new Federal regulations? If yes, please explain.	A respondent noted that agencies were unlikely to report decreased costs. Similar feedback was heard during pretests of the WIC State/Local Agency Directors of Case Study Agencies guide.	**Mirror the edits made to the guide for WIC State/Local Agency Directors of Case Study Agencies:** In the past few years, has your agency experienced any increases in the cost of providing WIC services (i.e., non-food costs)? a. Are any of those cost increases the result of new Federal regulations? If yes, please explain. Has your agency implemented any cost-saving strategies over the past few years? If yes, please describe.
Working With Local WIC Agencies Operated by a Tribal Organization		
Item: General comment	The respondent noted that some Tribally operated local agencies are run by the Indian Health Service (IHS), whereas others are run by local Tribal health agencies or organizations. They noted there is some confusion and sensitivity regarding this distinction, and it has implications for WIC services, such as co-location with other services and data sharing.	**Add item:** What are the different entities that administer the Tribally operated local agencies? *(Probe: Indian Health Service [IHS], Tribal government operates WIC directly, Tribal agency or organization, other)* a. [If mix of IHS and other agencies/organizations] What differences do you see in WIC programs administered by IHS versus other Tribal agencies or organizations? **We also added an item to the guide for WIC State/Local**

Interview question	Feedback/observation	Changes recommended
		Agency Directors of Case Study Agencies.
	WIC Service Delivery	
Item: [If unknown] How many local agencies do you have? a. And approximately how many individual clinics or satellite sites do you have?	The moderator noted that it would be useful to ask the number of Tribally operated local agencies and clinics before the start of the previous section on working with Tribally operated local agencies so data collectors have that context earlier.	**Revise the question to ask specifically about the number of Tribally operated local agencies, and move it earlier in the guide to the *Administering WIC* section. Revised questions now read:** The latest WIC State Plan indicated your agency oversees [NUMBER] local agencies and [NUMBER] individual clinics. Does that sound accurate? a. [If not] How many local agencies and clinics do you have? b. How many of the local agencies are operated by a Tribal Organization?
Item: About what proportion of the WIC clinics are co-located with other programs, such as maternal and child health, dental, or other services?	Respondent feedback indicated that a proportion or percentage would be hard to provide on the spot, and they suggested rewording the question to be broader.	**Revise to:** How common is it for WIC clinics in your State to be co-located with other programs, such as maternal and child health, Head Start, or other services?
Items: In general, how would you describe the staffing levels at the local agencies and clinics across your State? a. [If shortages mentioned] Which staff positions are needed the most at the local level? i. What differences in staffing do you see across the local agencies and clinics in your State? b. What are the reasons for those differences? c. What would make it easier for your local agencies and clinics to	Respondents thought it might be challenging for WIC directors of geographic States agencies to respond to the questions and summarize staffing across all agencies and clinics. Pretests of the WIC State/Local Agency Directors of Case Study Agencies guide also had feedback on this question and related subsequent questions (summarized in table B.1).	Remove these questions about clinic-level staffing, which are difficult for WIC directors of geographic States to answer. The questions about staffing in the *Administering WIC* section still help us answer the RQ "How do program operations and staffing structures between ITOs and territories and geographic State agencies differ?"

Interview question	Feedback/observation	Changes recommended
recruit and retain WIC staff?		
Item: General comment	One respondent suggested it would be interesting to understand the extent to which geographic State agencies coordinate services with State agency Tribal Organizations. They have heard of some partnerships that share trainings or food lists and collaborate to authorize the same stores.	None. We agree that this would be interesting. However, there is no relevant RQ about this, and we cannot add more questions without exceeding the allotted time burden.

Note: ITO = Indian Tribal Organization; RQ = research question

3. WIC Clinic Staff Interview Guide

Summary. We propose at least one change to seven sections of the interview guide (see table B.3). We do not recommend any edits to the *Introduction* section. Where noted in table B.3, some respondent feedback will be incorporated into data collector training protocols. Similar to the other two guides, respondents appreciated receiving the questions in advance, and this will be part of our data collection protocol for the main study.

Time burden. The expected time burden for this interview guide is 60 minutes for clinic supervisors and 30 minutes for frontline staff. The pretests confirmed the expected 30-minute burden for frontline staff but demonstrated that the true burden for clinic supervisors far exceeded projections (90 minutes actual compared with 60 minutes projected). As noted in table B.3, we propose streamlining some questions and cutting others if they are (1) already addressed in another interview guide or (2) not critical to answering a research question.

Table B.3. Suggested revisions to the WIC Clinic Staff Interview Guide

Interview question	Feedback/observation	Changes recommended
Clinic Overview		
Item: Conversely, what are the greatest challenges your clinic faces in delivering WIC services? What solutions, if any, have you found to overcome those?	No feedback from pretests.	Cut for time. The guide includes more specific questions about challenges.
Items: Are there any other services co-located with your clinic in this building? [If yes] Which other services? Do you have a memorandum of understanding or other agreement to share participant information with those services? What benefits do you see with co-located services?	No feedback from pretests.	**Cut question about memoranda of understanding here because we have a similar question in the *Referrals* section. Revised questions now read:** Are there any other services co-located with your clinic in this building? [If yes] Which other services? What benefits do you see with co-located services? What are the drawbacks of co-located services?

Interview question	Feedback/observation	Changes recommended
What are the drawbacks of co-located services?		
Items: Are there other clinics or satellite sites you operate in your service area? [If yes] How many? How often are they open? What resources do you share across sites, if any? Are any of them integrated or co-located with other services? [If yes] With which other services?	No feedback from pretests.	**Reduce the number of subquestions for time. Revised questions now read:** Does your clinic operate other clinics or satellite sites in your service area? [If yes] How many? What resources does your clinic share across sites, if any? **These cuts will not affect our ability to answer these research questions (RQs): "How is the WIC program administered and managed by ITOs and territories at the State and local level?" and "What is the local agency and/or clinic structure in your State agency?"**
Items: I'd like to better understand the types of participants you serve. Can you serve anyone who arrives at the clinic or only those who reside within a specific geographic service area? *[Probe with Tribal Organizations to understand whether they can serve non-Tribal members.]* [If serves specific geographic area] Can you share the details about the service area requirements? What happens if a potential participant	No feedback from pretests.	Cut for time. We ask these questions in the guide for WIC State/Local Agency Directors of Case Study Agencies.

Interview question	Feedback/observation	Changes recommended
walks into your clinic but is not from your service area?		
Staffing Model		
Item: In your opinion, to what extent are the number and types of staff sufficient to serve your participants?	The respondent initially spoke about how their staff-to-participant ratio compares with the national WIC average, which did not answer the question.	**Revise to:** Does your clinic need any other staff to serve participants right now? a. [If yes] Which types of staff?
Item: Are clinic staff required to work in person at the clinic or are there some appointments they are allowed to conduct from home? Does this vary by staff type? If so, explain.	No feedback from pretests.	**Cut one subquestion for time. Revised question now reads:** Are clinic staff required to work in person at the clinic, or are they allowed to conduct some appointments from home? **The piece remaining will still help us answer these RQs: "How are WIC services delivered?" and "How has WIC service delivery changed in recent years?"**
Modernization		
Items: All questions	No feedback from pretests.	Cut for time. We ask similar questions in the guide for WIC State/Local Agency Directors of Case Study Agencies and can use those responses to answer the RQ "How has WIC service delivery changed for participants in recent years?"
Participant Appointments		
Items: Are appointments at this clinic offered only in person or are there options for participants to complete phone or virtual appointments? a. Do you offer different appointment types on specific days or times? If so, please describe your schedule and why this works for	No feedback from pretests.	**Cut one subquestion for time. Revised questions now read:** Are appointments at this clinic offered only in person, or do participants have options to complete phone or virtual appointments? a. How do you determine whether a participant will have an in-person, phone, or virtual appointment? **The pieces remaining will still allow us to answer the RQ**

Interview question	Feedback/observation	Changes recommended
your clinic. b. How do you determine whether a participant will have an in-person, by phone, or virtually?		**"What types of WIC appointments are available to participants? When and how will they vary?"**
Item: What is the average wait time for a participant in the waiting room before they are seen?	The respondent answered specifically about phone appointments and did not address in-person appointments. The respondent agreed with the moderator's suggestion to ask separately about in-person and phone appointments to ensure complete responses.	**Revise to**: How long do participants usually wait in the waiting room before being seen for an in-person appointment? [If applicable] And how long do participants wait in a virtual waiting room for a [phone/ virtual] appointment?
Items: What languages are spoken by your WIC participants? a. How often do staff need an interpreter to assist during an appointment? b. Which participant-facing materials are offered in non-English languages? i. In which languages are they offered?	No feedback from pretests.	**Revise to cut two subquestions for time and add a note to interviewers to make sure they are aware of the existence of the LanguageLine. Revised questions now read:** What languages are spoken by your WIC participants? a. How often do staff need an interpreter to assist during an appointment? *[Interviewer note: Staff can telephone the LanguageLine for assistance during appointments.]* **The questions remaining will still help us answer the RQ "How are WIC services delivered?"**
Breastfeeding Promotion and Support Services		
Items: Tell me about the various breastfeeding services offered at your clinic. a. Which staff provide those services? [Ask for each type of staff] b. Are [type of breastfeeding staff]	The respondent suggested adding a question to explore why clinics may not offer peer counselor programs to explore barriers to providing that service.	**Streamline questions for time. Retain only those that are (1) not asked in other interview guides and (2) appropriate for the target respondents. Add a question for clinics without breastfeeding peer counseling programs to ask**

Interview question	Feedback/observation	Changes recommended
present at the clinic full-time or only on specific days and times? [If they have peer counselors] How is your peer counselor program staffed? a. How many peer counselors are there? b. Who do the peer counselors report to? c. Are there enough peer counselors to meet participants' needs Are there situations you can think of where the WIC guidelines around breastfeeding services conflict with cultural norms in your community? a. [If yes] How are staff instructed to navigate that during interactions with participants?		**whether having one would be useful to their participants. Revised questions now read:** How is breastfeeding promoted to pregnant women at your clinic? How do clinic staff support participants who choose to breastfeed after the child is born? [If have peer counselors] Are there enough peer counselors to meet participants' needs? [If do not have peer counselors] Would your clinic be interested in having a peer counselor available to participants? Why or why not? **After making these changes, we are still able to answer the following RQs: "How are breastfeeding promotion and support services provided?" and "How is your breastfeeding peer counseling program structured? Is it adequately staffed for the number of participants?"**
Health and Nutrition Services		
Item: After intake, what is the most common sequence of steps for participants during an initial certification appointment? *[Probes: heights and weights, nutrition assessment, nutrition education, issue benefits, referrals]* a. Which staff do they	The respondent provided more complete answers when probed specifically about each mode of appointment (e.g., in person and phone).	**Revise to:** After intake, what is the most common sequence of steps for participants during an in-person initial certification appointment? *[Probes: heights and weights, nutrition assessment, nutrition education, issue benefits, referrals]* a. [If applicable] How does the sequence differ for

Interview question	Feedback/observation	Changes recommended
meet with for each of those steps? *[Probes: heights and weights, nutrition assessment, nutrition education, issue benefits, referrals]* b. How does the flow of a visit differ for a recertification? c. How is the flow different for a follow-up appointment?		[phone/video] appointments? b. Which staff do participants meet with for each of those steps? *[Probes: heights and weights, nutrition assessment, nutrition education, issue benefits, referrals]* c. How does the flow of a visit differ for a recertification? d. How is the flow different for a follow-up appointment?
Items: What happens if a call drops during a phone appointment? What happens if a call drops during a virtual appointment?	No feedback from pretests.	Cut for time. These are not critical to answering the RQ "What types of nutrition education are provided to participants?"
Item: What modes of nutrition education are used at your clinic? *[Probes: one-on-one in person, group in-person classes, online modules, phone, other]* a. Which mode do you believe your participants most prefer, and why? b. Which mode do they least prefer, and why?	The respondent indicated the follow-up questions are awkward because they ask clinic staff to provide participants' perspectives.	**Cut subquestions for time and because a respondent indicated the questions are awkward as written. Revised question now reads:** What modes of nutrition education are used at your clinic? *[Probes: one-on-one in person, group in-person classes, online modules, phone, other]* **Cutting these will not affect our ability to answer the RQ "What types of nutrition education are provided to participants?"**
Item: To what extent do the nutrition education materials meet the needs of your population in terms of the language and	The moderator suggested revising the question for clarity and to better learn about actionable recommendations that may improve nutrition	**Revise to:** To what extent are the clinic's nutrition education materials culturally relevant to your participants?

Interview question	Feedback/observation	Changes recommended
content? *[Probe: alignment with cultural norms, language read vs. language spoken, topics covered]*	education materials.	*[Probe: alignment with cultural norms, language read vs. language spoken, topics covered]* a. If you could make any changes to the materials, how would you improve them?
Food Package Assignment and Issuance		
Items: How do you use the information from the health and nutrition assessment to tailor a food package? a. Are there policy guidelines on how to tailor the package, or is it at staff discretion? b. Please share any challenges associated with tailoring food packages. What additional flexibility would you like to have to tailor the food packages? a. Why would that be valuable for your participants? Under what circumstances are participants allowed to request a substitution option in their food package? a. What are the most common substitutions that participants request?	The respondent expressed confusion at the first question and said asking how staff know when to tailor a food package could work better.	**Streamline these questions for time and because no RQ explicitly asks about the food package assignment or issuance. Revised questions now read:** What flexibility would you like to have to better tailor the food packages to your participants' needs? a. Why would that be valuable for your participants?
Referrals and Data Sharing		
Items: Tell me about the relationships you have, if any, with other healthcare providers or programs to directly refer participants to your WIC clinic.	No feedback from pretests.	**Cut one subquestion for time. Revised questions now read:** Tell me about the relationships you have, if any, with other healthcare providers or programs to directly refer participants to your WIC clinic.

Interview question	Feedback/observation	Changes recommended
a. How do you receive referrals from those providers? b. What kinds of information do you receive on potential participants? c. What is the greatest challenge with getting that information?		a. How do you receive referrals from those providers? b. What is the greatest challenge with getting that information? **This will not affect our ability to answer these RQs: "How are WIC services delivered to participants at the State and/or local agency levels?" and "What facilitators and barriers are faced in each specific WIC service delivery area?"**
Item: Who at the clinic is responsible for referring participants out for additional services during a WIC appointment? a. To which providers or programs do WIC staff typically refer participants? b. How do you transmit those referrals? *[Probes: email, fax, phone, information sharing system]*	The respondent expressed confusion at the initial question. The respondent noted their clinic requires a memorandum of understanding to share patient information through referrals.	**Revise question for clarity and streamline by removing one subquestion. Revised questions now read:** Does your clinic have a memorandum of understanding or contract with other providers or programs to share patient information through referrals? To which providers or programs do WIC staff typically refer participants?
Item: In general, what works well about the referral process and sharing information?	The respondent expressed confusion at the question and indicated the wording was awkward. The respondent suggested reframing the referral process and sharing information as "collaboration."	**Revise to**: In general, what works well about the process to collaborate with other providers or programs to share referrals?
Other		
Item: In your community, what is it about WIC that encourages eligible individuals to enroll?	The respondent expressed confusion at the initial question and suggested simplifying it.	**Revise to**: What makes people in your community want to apply for WIC?
Item: If you could make any WIC policy or procedural change you wanted, what would you	No feedback from pretests.	Cut for time and because not tied to an RQ.

Interview question	Feedback/observation	Changes recommended
like to do differently to better serve your participants?		

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