
Section 5

Sampling and Estimation



Respondent Universe

There were three components to the study:

- A survey of State agencies;
- A survey of local agencies; and
- A set of case studies of local agencies.

The respondent universe was composed of all WIC State and local agencies funded by the U.S. Department of Agriculture, Food and Nutrition Service (FNS). This included agencies in all 50 States, the District of Columbia, Commonwealth of Puerto Rico, the Virgin Islands, and Guam. The case studies were limited to local agencies in the continental United States.

The State Agency Mail Survey was a census survey. All 85 State agencies, including those operated by Indian Tribal Organizations, were surveyed. The case studies were purposively selected. Thus the sampling issues, including weighting and variance estimation, refer exclusively to the Local Agency Survey.

Objectives of the Local Agency Sample Design

The goal of the local agency sampling design was to provide estimates on selected current operating features of local WIC agencies, to determine the extent to which change has occurred, and to assess the impact of changes on these features. The focus of the research is on local WIC agencies' decisions to implement certain procedures or to modify practices between 1988 and 1993. Thus, as one objective, it was necessary to use the local agency, which is the main decision-making unit, as the unit of analysis. As a second objective, it was important to estimate the number of participants who have been affected by changes.

General Sampling Design

Any sample design for the present study had to take these two objectives into account and try to balance them. The difference between the two objectives requires some discussion. Since the overriding interest is to obtain national estimates at the participant level (i.e., the number of participants affected), the preferred method of sampling agencies is to sample with probabilities proportional to size (PPS). But PPS sampling would have resulted in underrepresentation of smaller agencies (in the sense that a very small proportion of such agencies might be selected). Pure PPS would have resulted in a sample with a strong predominance of larger WIC agencies. On the other hand, if a random sample had been drawn, participants from larger agencies would be underrepresented. We therefore needed to develop a method that would have allowed us to

provide national estimates of participants while maintaining adequate representation from smaller agencies. In addition, many of the research questions were directed at examining agency behavior and the impact that this behavior has on participants. Thus, it became as important to adopt a sampling strategy that will allow us to say "X percent of participants are being affected by nutrition education procedure Y," as it is to say "X percent of agencies use nutrition education procedure Y" with maximum precision.

In general, the probability of selection according to PPS would have reflected the relative proportion of participants served by an agency relative to all participants served. In contrast, the probability of selection with simple random sampling would have been equal for all agencies. In order to increase the opportunity of selecting larger agencies (to reflect issues concerning number of participants) and yet to obtain a fair representation among smaller agencies (to address issues related to agencies), we used a square root transformation that would attenuate the size differences between agencies. The sample was selected with probabilities proportional to the square root of the number of participants, enabling the research to address the needs for information at both the participant and agency level.

Defining Local Agencies

Upon examination of the FNS-191, it became clear that the definition of "local" agency was ambiguous. In some States (Delaware, Arkansas, Louisiana, Puerto Rico) there are no local agencies per se. Instead, there is one local agency (the State) and numerous clinics. In others (e.g., Oklahoma) there is one major agency as large as many State agencies and a few small ones. Finally, there are some large city agencies that are also larger than many State agencies.

Based on conversations with the States, it was found that all had some type of administrative units between the State and the clinics, generally in the form of a regional administrative unit. However, the role of the regional level varies, and based on discussions with each State, it was apparent that some of the local agency survey questions (e.g., staffing and budgeting) could best be answered by the "State/Local" agency with the remainder answered by various regional staff.

Using regional administrative units as the definition of local agency would be inconsistent with FNS practice and would affect the selection of local agencies in other States. This led to the decision to sample as planned (defining a local agency to be one listed as such in the FNS-191 file for 1991, with number of participants greater than 0), but then to subsample the larger agencies as needed to obtain information from the regional administrative units.

All agencies with more than 30,000 participants were sampled with certainty, and it is for this set of agencies that sampling lower level units was considered. A total of 13 such agencies were identified.

Sample Size

The determination of the exact number of agencies to be sampled was based on whether or not the agencies were affected by factors related to Federal and State legislative and regulatory initiatives and by growth patterns during the period of study. This required analysis of the participation patterns for States using FNS-191 information between 1988 and 1991, as well as identification of those States that were influenced by cost-containment and other factors that would have affected participation. For a random sample of 250 agencies, the 95 percent confidence interval of an estimate at the local agency level for population estimates would be plus or minus 5.74 percent in the case of a categorical variable where 50 percent answer each way (the worst case scenario) when one corrects for the number in the population. These figures apply to a random sample, and to the extent that stratification is effective or not, the number would vary. We therefore estimated, from partial review of one FNS file, that we would need a sample between 250 and 300 agencies.

The sample was set at 300 local agencies as listed in the FNS-191. Of these, 16 were nonrespondents; resulting in 284 local agencies went into the final sample.

Stratification

The FNS-191 files for 1987, 1989, and 1991 were merged, even though there was no unique identifier that permitted an exact merger. The State agency codes changed from year to year and the local agency IDs also did not seem to be completely well defined. A match was made on State postal code and local agency ID, and where local agency IDs were duplicated (presumably because they were associated with different State agencies), a match on city was required. On examination of the files, it was found that there were a number of false matches and presumably some failures to match. Thus an exact determination of which agencies exhibited change was not possible. Even on examining the name and address, one was not always able to tell whether one was dealing with the same agency or not.

However, an exact determination was not needed. A stratification variable was established separating slow growth agencies from the rest. Slow growth was defined as less than 10 percent growth. Being classified in this category meant a match had to have taken place (and on examination of cases, it seems that a true match was accomplished in most cases). The purpose of matching was to ensure proper representation of slow growth and fast growth agencies. A stratification with a small number of misclassifications is still useful as a means of increasing precision. The sampled units were later reclassified for analytic purposes.

A second variable was defined as to whether or not the growth from 1987 to 1989 expressed as a percentage was greater than the growth from 1989 to 1991. Thus overall growth and timing of growth formed a two-way stratification of the sample. Each of the four cells was ordered by region and the frame was ordered by size within cells.

The FNS 191 files for 1988 and 1992 were obtained after the sample was drawn and the data collected. These files did not enter into the draw of the sample but were used in adjusting the weights and for analytic purposes.

Weights

Each agency was assigned an initial sampling weight $1/p$ where p is the probability of selection. This probability is 1.0 for the certainty agencies and $(k(n-c))/K'$ where k is the agency size (the transformed measure of the number of participants), n is the number of agencies sampled, c is the number of certainty agencies, and K' is the sum of the sizes of the noncertainty agencies.

After the data were collected, the weights of the noncertainty respondents were adjusted so that the total weights would total to the number of local agencies in the 1992 FNS-191 file. After the adjustment of the local agency weights, the weighted number of participants were adjusted so that they would add up to the exact number of participants according to the same file.

Description of the Procedure Used to Draw the Sample

The 13 largest agencies (all agencies with over 30,000 participants) were first sampled with certainty. Then the agencies were sorted by overall growth (slow versus fast), timing of growth, region, and within region in descending order of size. The square root of the population was calculated for each agency and the square roots were added. The total was divided by 287 (the number of noncertainty agencies to be sampled) and this ratio became the interval size. At this point it was verified that no agency's size measure (square root of the participant total) exceeded the interval size. A random number from 0 to the interval size was selected. The cumulative sum of the size measures was obtained for each agency, thus defining a segment for each agency. The agency in whose segment the starting point fell was sampled. Then one interval was added to the starting point and the segment in which that number fell determined the next sampled number. The process was repeated until all 287 noncertainty agencies were sampled.

To represent this quantitatively let $X_1 \dots X_k$ represent the noncertainty agencies ordered by region and size (the square root of the population) within region. Let $s_1 \dots s_k$ correspond to the measure of size of each agency. Let $b = (s_1 + s_2 + \dots + s_k)/287$. Now let $c_j = s_1 + s_2 + \dots + s_j$ where $c_0 = 0$. A random starting value e is selected between 0 and b . The sample is the set of noncertainties X_j for which $c_{j-1} < e + ib \leq c_j$ for some integer i where $0 \leq i \leq 286$.

Standard Error

Standard error estimations were carried out using SUDAAN (Professional Software for Survey Data Analysis), software developed by Research Triangle Institute, that calculates Taylor series standard error estimates. However, SUDAAN does not calculate standard errors for the design

used in this study. Indeed, since the sample was drawn systematically, there is no unbiased estimate of the variance. However, there are a number of approximations that are commonly used. The most common of these is obtained by collapsing the noncertainty units into strata of two or three, where adjacent units in the systematic order are placed in the same stratum. Then one calculates the variance for a PPS sample without replacement.

One must take into account that the sampling intervals do not correspond to where the size of the local agencies will fall. Thus the probabilities of selection will not be exact but will be sufficiently close to make the design correspond with a fair degree of accuracy to the one used.

The design was prepared such that each sampled unit was assigned to a stratum, corresponding to the segment of the frame from which it was sampled. These were arranged so that the size measures were as equal as possible among the strata. Unit nonresponses also required special treatment. Strata yielding unit nonresponse were omitted, but population counts for those strata were added to the remaining strata. This is essentially equivalent to spreading nonresponse across strata (since adjustments were made to the totals for the entire population). Then adjacent pairs of strata were collapsed (with one collapsed cell of three sampled units). Certainty units were assigned a cell of their own. All certainty units were respondents.

The SUDAAN procedure for unequal probability sampling of PSUs without replacement was used. Joint probabilities of selection used the approximation presented by Hartley and Rao (Hartley, H.O. and Rao, J.N.K. 1962. Sampling with unequal probabilities and without replacement, *Ann. Math. Statist.* 33, pp. 350-374).

For most of the tables there was no second stage sample. The crosstabulation procedure was used, using either the adjusted weights or the adjusted weighted participant counts as weights. Because the weights had been adjusted to a fixed total, there was no variance in the total; instead of using the variance of the weights, the product of the variance of the percentage and the total count was used.

The exception was in the estimation of the variance for tables referring to principal clinics. Here the agency weights had been adjusted, but not the principal clinic weights. It was decided that the weight variances (which provide variances for the total) would present a conservative estimate, given that they do not take into account the partial adjustment. Here a second stage sample was defined, but one where 100 percent of the principal clinics were sampled.



Section 6

Survey Instrumentation



LOCAL WIC AGENCY QUESTIONNAIRE WIC DYNAMICS STUDY

INTRODUCTION

The WIC program has undergone many changes in the last few years. There have been some new program requirements and the number of WIC participants has grown nationally. These changes have probably had an effect on your agency and have modified the way your agency provides services to WIC participants.

Because the experience of your agency will assist in the planning for the future of WIC, we would like to find out how the WIC program is operating in your agency and what concerns you have. At the present time there is considerable discussion about the impact of potential WIC funding and participation increases. We are particularly interested in learning about how agencies currently operate, how this differs from the past, and changes that might occur in the future.

This questionnaire has three major sections. The first section asks you to describe how you view changes that have occurred in the program since 1988. The second and third sections ask you to describe your local agency and the services that you provide.

IDENTIFYING INFORMATION

[LABEL]

Is information on the above label correct? If not, change any incorrect information. Thank you.

INSTRUCTIONS

Most of these questions should be answered by the **WIC Director**. Other WIC staff members may also have information that will help in answering the questions.

In the space provided below, please enter your name, title, phone number, and the date on which you completed this questionnaire. Please write legibly in this section and throughout the questionnaire. You may be contacted by staff from Macro International if any of your answers need clarification. If you have questions about any of the items please call Ms. Cindy Morgan or Ms. JoAnn Kuchak collect at (301) 588-5484.

Your name: _____

Title: _____

Telephone Number: _____

Date: _____

To analyze your answers, we need to know if your agency was sub-divided or consolidated at any time from 1988 to the present. If so, please list the name of each affected agency on the lines below and check whether the agency was consolidated with your agency or split off from your agency.

	Consolidated With	Separated From
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIALITY

Although we ask for identifying information for follow-up, your responses will be held confidential by Macro International and names will not, under any circumstances, be shown to USDA/FNS. All information obtained from this survey will be presented in the aggregate or contained in a computerized file of responses without identifiers.

OUR THANKS

We know how busy all WIC staff are and are grateful for your cooperation. We hope you view this as an opportunity to be heard and have input into decisions made at the national level.

PART I CHANGES IN THE WIC PROGRAM AND THEIR IMPACTS ON LOCAL AGENCIES

SECTION A GROWTH AND CAPACITY

1a. Since 1988, this agency's caseload has: *[Check one.]*

Decreased	Stayed About the Same	Increased
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1b. How would you characterize these changes in caseload? *[Check one.]*

- No changes in caseload since 1988
- Generally steady growth
- Generally steady decline
- Growth every year, with one or more years of peak growth
- Decline every year, with one or more years of sharp decline
- Constant up and down fluctuations, with no peaks
- Constant up and down fluctuations with peak growth
- Constant up and down fluctuations with sharp declines
- Other *[specify]* _____

2a. How close are you to **operating at maximum capacity** (relative to the size of your WIC caseload and your capability to deliver services effectively)? *[Check one.]*

Below Capacity	At Capacity	Above Capacity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2b. If your agency tapped all of the resources you know to be currently available to you, up to how many more **WIC participants** could you serve while maintaining your current level of services? *[Please estimate to the nearest 100. Insert number below.]*

SECTION B PROGRAM CHANGES

3. Since 1988, there have been many changes in WIC. Infant formula rebates and additional funding have increased participation, and new program requirements have been placed on local WIC agencies (e.g., drug abuse education, breastfeeding promotion). In addition, many states and local communities have suffered economic hardships. Below is a list of events, requirements, and circumstances that *may* have affected the way local agencies provided WIC services between 1988 and 1992. Please review the following list and indicate for each item whether the item affected your local WIC agency.

[Please check the appropriate box to indicate whether these changes had an impact on the delivery of services at your agency.]

**WIC PROGRAM CHANGES
1988 - 1992**

Changes	Impact	No Impact	Not Applicable
CASELOAD FLUCTUATIONS			
Caseload increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caseload decreases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reprioritizing or targeting caseload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>[specify]</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECONOMIC CONDITIONS			
Federal funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of state funds for WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of local funds for WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downturn in local economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State budget cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food cost fluctuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant formula rebates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>[specify]</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Changes	Impact	No Impact	Not Applicable
NEW PROGRAM REQUIREMENTS			
Breastfeeding promotion requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse education requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless service requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor management initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER INITIATIVES			
Medicaid expansion (expanded eligibility for Medicaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination/integration of services (e.g., one-stop shopping, self-sufficiency programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER FACTORS			
Shortages of physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortages of nutritionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increases in non-English-speaking population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerization/automation initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency reorganization (e.g., changes in local agency catchment areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please identify the changes that have taken place since 1988. [Check all applicable statements.]

Certification

Yes No

- Stopped doing walk-in certifications
- Started doing walk-in certifications
- Scheduled less time per certification per person
- Scheduled more time per certification per person
- Replaced one-on-one interviews with self-administered forms
- Conducted group certifications
- Dropped group certifications
- Reduced priorities served
- Limited caseload to certain priorities
- Added priorities served
- Other [specify] _____

Nutrition Education

- Increased group nutrition education
- Canceled or postponed group nutrition education
- Canceled individual sessions
- Added more group nutrition education sessions and offered fewer individual sessions
- Added more individual nutrition education sessions and offered fewer group sessions
- Placed more emphasis on breastfeeding
- Increased staff time per participant in nutrition education
- Decreased staff time per participant in nutrition education
- Relied more on paraprofessionals to deliver nutrition education
- Used more handouts and pamphlets to supplement or minimize staff
- Increased class sizes
- Decreased class sizes
- Other [specify] _____

Food Instruments

Yes No

- Issued multiple food instruments
- Issued single food instrument
- Issued standard packages more often
- Prepared food instruments before determining eligibility
- Implemented classes on how to use food instruments
- Wrote food instrument at local agency level
- Computer-generated food instruments at local agency
- Other *[specify]* _____

Scheduling

- Began appointment system or rigorously held to appointment schedule
- Over-booked WIC participant appointments
- Implemented less flexible clinic activity schedules (limiting services to a particular type at a particular time or on a particular day)
- Implemented more flexible clinic activity schedules
- Extended clinic hours beyond regular business hours, such as Saturday, early morning, or evening clinics
- Shortened clinic hours
- Extended clinic days of service (for clinics not typically open every day)
- Cut back on days of service (for any clinic)
- Other *[specify]* _____

Staff

- Utilized volunteer staff to a greater extent
- Utilized volunteer staff to a lesser extent
- Utilized contract/consultant staff to a greater extent
- Utilized contract/consultant staff to a lesser extent
- Used more itinerant staff (who traveled to the various sites)
- Used less itinerant staff (who traveled to the various sites)
- Used more paraprofessional staff
- Used fewer paraprofessional staff
- Used more clerical staff
- Used fewer clerical staff
- Used more professional staff

Staff (continued)

Yes No

- Used fewer professional staff
- Curtailed or canceled staff meetings
- Cutback training activities for staff
- Increased training activities for staff
- Other *[specify]* _____

Waiting Lists

- Initiated or increased use of waiting lists
- Dropped waiting lists
- Other *[specify]* _____

Administrative

- Postponed or canceled special projects
- Delayed completion of "paperwork" and reports
- Streamlined recordkeeping
- Streamlined case management
- Made greater use of computers
- Increased paperwork
- Decreased paperwork
- Expanded case management
- Other *[specify]* _____

Facilities

- Moved to new facilities
- Added clinic sites
- Eliminated clinic sites
- Made more efficient use of space
- Co-located with health care provider
- Other *[specify]* _____

Other

- Initiated special projects
- Planned, scheduled, and held regular staff meetings
- Other *[specify]* _____
- Other *[specify]* _____

PART II LOCAL AGENCY OPERATIONS

SECTION A LOCAL AGENCY CHARACTERISTICS

5. How many WIC participants did your agency serve as of November 1992? *[Insert number for each type of participant.]*

	<u>Number of Participants</u>
Pregnant women	_____
Breastfeeding women	_____
Postpartum women	_____
Infants	_____
Children	_____
Total	_____

6. Which one of the following WIC service settings best describes your local agency? *[Check the box next to the best description -- check only ONE box.]*

- State health agency
- District health agency
- Multi-county health agency
- Single county health agency
- Municipal health agency
- Community health agency
- Community action agency
- Indian health agency
- Public hospital
- Private voluntary hospital
- Private proprietary hospital
- Other *[specify]* _____

7. What is the best description of the **geographic area** served by your local agency? [Check the box next to the best description - check only ONE box.]

- A single neighborhood
- A group of neighborhoods
- A city
- A portion of one county (or parish)
- One county (or parish)
- Portions of several counties
- Multiple counties or parishes
- A state-designated health district: *Enter number of counties* _____
- Special populations throughout the state [For example, the local WIC agency serves a special population group regardless of place of residence in the state. A public hospital drawing high risk, indigent maternity patients from a wide area of the state might fit this designation.]
- The entire state: *Enter number of counties* _____

The next series of questions are about your clinic/service sites.

8. Please enter the total number of **local agency service sites** that provide any type of WIC services.

Enter number of sites: _____

8a. How many of these sites provide all the following WIC services: certification, nutrition education, and food instrument [e.g., voucher] issuance?

Enter number of sites: _____

8b. How many sites have **health care services** available on site or available within the same building complex?

Enter number of sites: _____

8c. How many sites have **social services** available on site or available within the same building complex?

Enter number of sites: _____

8d. How many sites operate on a **part-time** basis? [Part-time means the site offers WIC services only some days or some portions of each weekday.]

Enter number of sites: _____

8e. How many sites operate with **extended hours**, offering weekend or evening hours?

Enter number of sites: _____

8f. How many of these sites have been established since 1988?

Enter number of sites: _____

8g. Since 1988, how many sites were eliminated or consolidated?

Enter number of sites: _____

9. Does your agency use vans, mobile units, or other motorized facilities to provide WIC services? [Check one.]

Yes

No

10a. Some local WIC agencies use staff funded from other sources. For the following types of staff that perform WIC services, enter the current number of FTE positions (1 FTE = 40 hrs per week) by funding source. [Enter number.]

Staff Positions	Staff Number of Positions		
	Funded by WIC	Funded by a Non-WIC Government Source	Volunteer/Charitable
Professional			
Paraprofessional			
Clerical/support			

10b. Have these staffing numbers changed since 1988? [Check the box under the appropriate column.]

	More	No Change	Less	Not Applicable
WIC funded staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non WIC-funded staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10c. Do any non-WIC funded medical care providers perform certifications? [Check one.]

Yes

No

11a. Do you currently use any **contract or consulting staff** to provide WIC services? *[Check one.]*

- Yes
- No

11b. If yes, how many **staff** are consultants or contract staff?

Enter number of staff: _____

What positions do they hold? *[Please specify.]* _____

11c. How many **staff travel** from one site to one or more other WIC sites to provide WIC services? *[Enter the number of staff in each category.]*

- _____ Professional
- _____ Paraprofessional
- _____ Clerical/support

12. For each of the following non-labor items, check the box which best describes the **funding source**. *[Check the box under the appropriate column.]*

Non-Labor Items	Exclusively Funded by WIC	Exclusively Funded by a Non-WIC Government Source	Exclusively Charitable	Funded by a Combination of WIC, non-WIC Government Sources and/or Charitable Sources
Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational equipment (audio/visual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify)</i>				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Overall, has there been a change in the level of funding for items such as space utilities, equipment, or other expenses since 1988? [Check the box under the appropriate column.]

Funding for Non-Labor Items	More	About the Same	Less	Not Applicable
WIC FUNDED:				
Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational equipment or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (such as office supplies, travel, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-WIC FUNDED:				
Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational equipment or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (such as office supplies, travel, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14a. We are interested in the **current suitability** of staffing — that is, the **number of staff** and the **appropriateness of their skills and experience**. For each type of staff, please check the box that describes the **sufficiency of your current staff** in terms of number of staff and appropriateness of skills and experience. [For each type of staff check one box.]

Number of Staff				
	More Than Sufficient	Sufficient	Less Than Sufficient	Not Applicable
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appropriateness of Skills and Experience in Providing Nutrition Education/Nutrition Services				
	More Than Sufficient	Sufficient	Less Than Sufficient	Not Applicable
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appropriateness of Skills and Experience in Performing Non-Nutritional Services (e.g. referrals to social services)				
	More Than Sufficient	Sufficient	Less Than Sufficient	Not Applicable
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14b. Please identify how the suitability of your staff has changed since 1988. For each type of staff, please check the box that describes the change in the sufficiency of your staff relative to 1988 in terms of size and appropriateness of skills and experience. [For each type of staff, check one box.]

Number of Staff				
	More Than Sufficient	No Change	Less Than Sufficient	Not Applicable
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appropriateness of Skills and Experience in Providing Nutrition Education/Nutrition Services				
	More Than Sufficient	No Change	Less Than Sufficient	Not Applicable
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appropriateness of Skills and Experience in Performing Non-Nutritional Services (e.g. referrals to social services)				
	More Than Sufficient	No Change	Less Than Sufficient	Not Applicable
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Enter the number of vacant positions that your agency currently has. [Enter number.]

	Number of Current Vacant Positions
Professional	_____
Paraprofessional	_____
Clerical/support	_____
Total	_____

16a. Please check the category that describes whether it is difficult to recruit and hire staff for vacant staff positions. *[For each type of staff, check one box.]*

Staff Positions	No Vacancies	Not Difficult	Difficult
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16b. Has the degree of difficulty recruiting and filling vacant staff positions changed since 1988? *[Check one.]*

Less Difficult	About the Same	More Difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What were the main problems filling vacant positions? *[Check all that apply.]*

- There were no problems
- Hiring freeze
- Shortage of certain types of staff
[specify] _____
- Salary and/or benefits not competitive
- Poor working conditions
- Safety of the facility and/or neighborhood
- Other [specify] _____

18. What were the main problems contributing to high staff turnover? *[Check all that apply.]*

- There were no problems
- Salary and/or benefits not competitive
- Poor working conditions
- Safety of the facility and/or neighborhood
- Work load
- Low morale
- Other [specify] _____

19a. Retaining staff once you have hired them may also be a problem. Is it difficult to retain staff? [For each type of staff, check one box.]

Staff Positions	Difficult	Not Difficult
Professional	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/support	<input type="checkbox"/>	<input type="checkbox"/>

19b. Has the degree of difficulty retaining staff changed since 1988? [Check one.]

More Difficult	About the Same	Less Difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Indicate the languages for which staff are available to act as interpreters for WIC participants. [Check all that apply.]

- Spanish
- Vietnamese
- Cambodian/Khmer
- Laotian
- Thai
- Hmong
- Chinese
- Haitian/Creole
- French
- Portuguese
- Native American Language
- Sign Language
- Other [specify] _____

SECTION B SPACE AND FACILITIES

21. In your opinion, is your local agency's **current space** adequate for the number of staff, participants, and program responsibilities? *[Check one.]*

Adequate	Inadequate
<input type="checkbox"/>	<input type="checkbox"/>

22. Do you think the **adequacy of your space and facilities** has **changed** since 1988? *[Check one.]*

Decreased	About the Same	Increased
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III PARTICIPANT SERVICES

SECTION A SERVICES OVERVIEW

23a. What is the variation and typical number of minutes that a WIC participant spends waiting for following WIC services: If your agency has more than 6 clinics, please provide estimates for the 6 largest clinics. *[Enter number of minutes.]*

	Waiting Time		
	Variation in # Minutes	Typical # Minutes	Not Applicable
Certification	From to		<input type="checkbox"/>
Group nutrition education	From to		<input type="checkbox"/>
Individual nutrition education	From to		<input type="checkbox"/>
Issuance	From to		<input type="checkbox"/>
Food pick up	From to		<input type="checkbox"/>

23b. How has the amount of time a WIC participant spends waiting for services changed since 1988? *[Check one for each service.]*

	Waiting Time			
	Decreased	About the Same	Increased	Not Applicable
Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issuance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food pick up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24a. What is the variation and typical number of minutes that a WIC participant spends receiving the following WIC services? (i.e. personal transaction time) If your agency has more than 6 clinics, please provide estimates for the 6 largest clinics. [Enter number of minutes].

	Time Receiving Services			Not Applicable
	Variation in # Minutes	Typical # Minutes		
Certification	From to			<input type="checkbox"/>
Group nutrition education (Not high risk)	From to			<input type="checkbox"/>
Group nutrition education (High risk)	From to			<input type="checkbox"/>
Individual nutrition education (Not high risk)	From to			<input type="checkbox"/>
Individual nutrition education (High risk)	From to			<input type="checkbox"/>
Issuance	From to			<input type="checkbox"/>
Food pick up	From to			<input type="checkbox"/>

24b. How has the amount of time a WIC participant spends receiving services changed since 1988? [Check one for each service.]

	Time Receiving Services			
	Decreased	About the Same	Increased	Not Applicable
Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issuance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food pick up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B CERTIFICATION

25. Please indicate the number of clinics in your agency that use the methods listed for obtaining hematological measurements. If your agency has more than 6 clinics please provide estimates for the 6 largest clinics. *[Enter the number of clinics.]*

Methods	Typically Used	Not Used	Don't Know
On site by WIC staff	_____	_____	_____
On site by non-WIC staff	_____	_____	_____
Off site by health care personnel; results brought in by applicant	_____	_____	_____
Off site by health care personnel; results brought in by someone other than applicant	_____	_____	_____
Other <i>[describe]</i> _____	_____	_____	_____

26. In how many clinics are hematological measurements coordinated with local lead screening efforts? If your agency has more than 6 clinics, please provide estimates for the 6 largest clinics. *[Enter the number of clinics.]*

	Number of Clinics
Coordinated with lead screening	_____
Not typically coordinated with lead screening	_____
Don't know	_____

SECTION C REFERRALS

27. On Site Health Care Services.

For the following health care services, please estimate the number of clinics at which service is or is not available on-site. If your agency has more than 6 clinics, please provide estimates for the 6 largest clinics. *[Enter the number of clinics.]*

Health Care Services	Number of Clinics by Service Availability		
	Available on Site	Not Available on Site	Don't Know
Dental care	_____	_____	_____
Obstetrical/gynecological care	_____	_____	_____
Breastfeeding support program	_____	_____	_____
Pediatric care	_____	_____	_____
Family planning services	_____	_____	_____
Immunizations	_____	_____	_____
EPSDT	_____	_____	_____
Other health screening	_____	_____	_____
Medicaid screening	_____	_____	_____
Other <i>[specify]</i> _____	_____	_____	_____
Other <i>[specify]</i> _____	_____	_____	_____
Other <i>[specify]</i> _____	_____	_____	_____

28a. On Site Application for Other Services.

For the following non-health care referral services that may be available to a WIC participant, please estimate the number of clinics at which the service is or is not available on-site. If your agency has more than 6 clinics, please provide estimates for the 6 largest clinics. *[Enter the number of clinics.]*

Other Services	Number of Clinics According to Service Availability		
	Available on Site	Not Available on Site	Don't Know
AFDC	_____	_____	_____
Food assistance programs	_____	_____	_____
Social services program	_____	_____	_____
Head Start	_____	_____	_____
Child care	_____	_____	_____
Transportation	_____	_____	_____
Substance abuse counseling	_____	_____	_____
Housing	_____	_____	_____
Adult education/job training	_____	_____	_____
Other <i>[specify]</i> _____	_____	_____	_____
Other <i>[specify]</i> _____	_____	_____	_____
Other <i>[specify]</i> _____	_____	_____	_____

28b. For the following non-health care referral services that may be available to a WIC participant, please estimate the number of clinics that offer WIC participants the opportunity to apply for these services. If your agency has more than 6 clinics, please provide estimates for the 6 largest clinics. [Enter the number of clinics.]

Other Services	Number of WIC Clinics that Typically Offer Opportunities to Apply for Social Services		
	Typically Offered	Not Offered	Don't Know
AFDC	_____	_____	_____
Food assistance programs	_____	_____	_____
Social services program	_____	_____	_____
Head Start	_____	_____	_____
Child care	_____	_____	_____
Transportation	_____	_____	_____
Substance abuse counseling	_____	_____	_____
Housing	_____	_____	_____
Adult education/ job training	_____	_____	_____
Child Support	_____	_____	_____
Other [specify] _____	_____	_____	_____
Other [specify] _____	_____	_____	_____
Other [specify] _____	_____	_____	_____

29a. In how many of your clinics, have you or your staff experienced problems or difficulties obtaining needed non-WIC services (listed in Questions 27 and 28 above) for WIC participants during the past year? If your agency has more than 6 clinics, please provide estimates for the 6 largest clinics. [Enter the number of clinics.]

Number of Clinics			
	Typically a Problem	Not a Problem	Don't Know
Health care service	_____	_____	_____
Non-health care service	_____	_____	_____

29b. What were the main difficulties? *[Check all that apply.]*

- We have not experienced problems obtaining needed services
- Services not available or available on a limited basis.
- Waiting list for services.
- WIC participants not eligible for needed services.
- Services not offered during convenient times.
- Lack of or limited transportation to access services.
- Other *[specify]* _____

- Other *[specify]* _____

30. Since 1988, in how many of your clinics has there been a change in the amount of staff time spent on referrals for participants? If your agency has more than 6 clinics, please provide estimate for the 6 largest clinics. *[Enter the number of clinics.]*

	Time on Referrals				
	Substantially Less	Somewhat Less	About the Same	Somewhat More	Substantially More
Number of clinics spending:	_____	_____	_____	_____	_____

SECTION D NUTRITION EDUCATION

31. Enter the number of staff responsible for nutrition education duties who are licensed, registered, or eligible for registration as a dietician. *[Complete all categories that apply.]*

- _____ Total Staff
- _____ Licensed/registered/certified or eligible for registration
- _____ Paraprofessionals (less than a 4-year degree)
- _____ Other professionals (i.e. nurse, health educator or others with a 4-year degree)

32. In the table below, please indicate the nutrition education topics offered during the past year. [Check the boxes that indicate the method used to deliver the information. Check all that apply.]

Topics Offered In Nutrition Education and Counseling Sessions, by Delivery Method	Not Offered	Verbal Presentation (Group or Individual)	Printed Materials	Audio/Visual	Computer-Assisted
Management of the individual's certified nutritional risk or medical condition (e.g., anemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of nutrition to participant's health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of basic good diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major nutrients provided by WIC food package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sources of particular nutrients such as iron, Vitamin A, and Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of diet for fetal growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling of infant formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of whole cow's milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid and table foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of nutrition for growth in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritious snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risks of substance abuse [including drugs, smoking, coffee, alcohol]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. In what **language(s)**, other than English, is **nutrition education** provided in your local agency?
[Check the box next to each language that applies.]

- Spanish
- Vietnamese
- Cambodian/Khmer
- Laotian
- Thai
- Hmong
- Chinese
- Haitian/Creole
- French
- Portuguese
- Native American Language
- Sign Language
- Other *[specify]* _____

34. Are any **nutrition education services** currently reimbursed by Medicaid? *[Check one.]*

- Yes
- No
- Don't know

35a. During a 6-month certification period, how often does a participant receive **nutrition education**?
[Please all that apply for each type of participant.]

	High Risk Participant	Non-High Risk Participant
Once per certification period	<input type="checkbox"/>	<input type="checkbox"/>
Twice per certification period	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Bi-monthly (every 2 months)	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

35b. What type of session does your agency employ to provide nutrition education? [Please check all that apply for each type of participant.]

	High Risk Participant	Non-High Risk Participant
Individual	<input type="checkbox"/>	<input type="checkbox"/>
Small group (2-9)	<input type="checkbox"/>	<input type="checkbox"/>
Medium group (10-19)	<input type="checkbox"/>	<input type="checkbox"/>
Large group (20-29)	<input type="checkbox"/>	<input type="checkbox"/>
Very large group (30+)	<input type="checkbox"/>	<input type="checkbox"/>

36a. Are the following nutrition education materials and methods used in Individual nutrition education sessions? [Check one for each medium.]

Individual Instruction:

	Yes	No
Verbal discussion/ counseling	<input type="checkbox"/>	<input type="checkbox"/>
Pamphlets	<input type="checkbox"/>	<input type="checkbox"/>
Food models	<input type="checkbox"/>	<input type="checkbox"/>
Food demonstrations	<input type="checkbox"/>	<input type="checkbox"/>
Tests	<input type="checkbox"/>	<input type="checkbox"/>
Audio tapes	<input type="checkbox"/>	<input type="checkbox"/>
Slides	<input type="checkbox"/>	<input type="checkbox"/>
Films/videos	<input type="checkbox"/>	<input type="checkbox"/>
Flip charts	<input type="checkbox"/>	<input type="checkbox"/>
Computer-assisted instruction	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>

36b. Are the following nutrition education materials and methods used in **group nutrition education** sessions?
 [Check one for each medium.]

Group Instruction:	Yes	No
Lectures/oral discussions	<input type="checkbox"/>	<input type="checkbox"/>
Pamphlets	<input type="checkbox"/>	<input type="checkbox"/>
Food models	<input type="checkbox"/>	<input type="checkbox"/>
Food demonstrations	<input type="checkbox"/>	<input type="checkbox"/>
Tests	<input type="checkbox"/>	<input type="checkbox"/>
Audio tapes	<input type="checkbox"/>	<input type="checkbox"/>
Slides	<input type="checkbox"/>	<input type="checkbox"/>
Films/videos	<input type="checkbox"/>	<input type="checkbox"/>
Flip charts	<input type="checkbox"/>	<input type="checkbox"/>
Computer-assisted instruction	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>

37. In your opinion, what is the **quality of nutrition education** that your agency is currently able to offer compared to the quality your agency provided in 1988? [Check one.]

Substantially Lower	Somewhat Lower	About the Same	Somewhat Higher	Substantially Higher
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. What are the **barriers** to your agency providing high-quality nutrition education? [Check all that apply.]

- There are no barriers
- Space
- Too few staff
- Too little staff time per participant
- Participant interest
- Transportation
- Child care
- Participant time
- Cultural issues/language difficulties
- Difficulty recruiting qualified staff
- Other [specify] _____

39. This agency provides nutrition education directly to: *[Check all that apply.]*

	None	A Few	Some	Most	All
Caregiver of infants (0-12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E QUALITY

40. In your agency, what are the five most important factors that currently promote high quality WIC services to participants?

1. _____
2. _____
3. _____
4. _____
5. _____

41. In your agency, what are the five most important factors that currently hinder high quality WIC services to participants?

1. _____
2. _____
3. _____
4. _____
5. _____

When you have completed this questionnaire, please be sure you have entered your name, title, phone number, and date on page 2 of this questionnaire. A mailing envelope with postage has been provided for your use. In case the envelope was lost, please send this questionnaire to:

**WIC Dynamics
Attn: CSO
Macro International
8630 Fenton Street, Suite 300
Silver Spring, Maryland 20910**

Again, we thank you for your cooperation. Your answers will be extremely helpful to understanding what is happening in the WIC program across the nation.



**STATE WIC AGENCY QUESTIONNAIRE
WIC DYNAMICS STUDY**

INTRODUCTION

The WIC program has undergone many changes in the last few years. There have been some new program requirements and the number of WIC participants has grown nationally.

To help plan for the future of WIC, we would like to find out how the WIC program is operating at the state and local level and what concerns WIC state directors have. At the present time there is considerable discussion about whether to increase WIC funding and participation. We are particularly interested in learning about how agencies currently operate, how this differs from the past, and changes that might occur in the future.

This questionnaire has four major sections. The first section asks you to describe how you view changes that have occurred in the program since 1988. The second section asks descriptive information about your agency; the third, WIC program initiatives; and the fourth, other related program initiatives. Please review the entire questionnaire before writing your answers.



IDENTIFYING INFORMATION

[LABEL]

Before completing this questionnaire, please review the information on the above label and change any incorrect information. Thank you.

INSTRUCTIONS

Most of these questions should be answered by the state WIC Director. Other staff members may also have information that will help in answering the questions.

In the space provided below, please enter your name, title, and phone number, and the date on which you completed this questionnaire. Please write legibly in this section and throughout the questionnaire. You may be contacted by staff from Macro International if any of your answers need clarification. If you have questions about any of the items please call Ms. Cindy Morgan or Ms. JoAnn Kuchak collect at (301) 588-5484.

Your name: _____

Title: _____

Telephone Number: _____

Date: _____

CONFIDENTIALITY

Although we ask for identifying information for follow-up, your responses will be held confidential by Macro International and names will not, under any circumstances, be shown to USDA/FNS. Responses will not be attributed to you or your state. All information obtained from this survey will be presented in the aggregate or contained in a computerized file of responses without identifiers.

OUR THANKS

We know how busy all WIC staff are and are grateful for your cooperation. We hope you view this as an opportunity to be heard and have input into decisions made at the national level.

PART I CHANGES IN THE WIC PROGRAM AND THEIR IMPACTS ON STATE AGENCIES

- 1a. Since 1988, there have been many changes in WIC. Infant formula rebates and additional funding have increased participation, and new program requirements have been placed on the WIC program (e.g., drug abuse education, breastfeeding promotion). In addition, many states and local communities have suffered economic hardships. Below is a list of events, requirements, and circumstances that may have affected the way state WIC agencies operated between 1988 and 1992. Please review the following list and indicate for each item whether the item affected the WIC program in your state between 1988 and 1992.

[Please check the appropriate box to indicate whether these changes impacted the WIC program.]

**WIC PROGRAM CHANGES
1988 - 1992**

Changes	Impact	No Impact	Not Applicable
CASELOAD			
Infant formula rebates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other caseload increases or decreases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cost containment efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECONOMIC CONDITIONS			
Federal funding policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of state funds for WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downturn in local economies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State budget cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food cost fluctuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW PROGRAM REQUIREMENTS			
Breastfeeding promotion requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse education requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless service requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor management initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER FEDERAL INITIATIVES			
Medicaid expansion (expanded eligibility for Medicaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination/integration of services (e.g., one-stop shopping, self-sufficiency programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER FACTORS			
Computerization/automation initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1b. Since 1988, what have the major changes in state agency operations been? *[Briefly describe below.]*

Since 1988 — Staffing: _____

Since 1988 — Funding policies: _____

Since 1988 — Nutrition education, including breastfeeding promotion and support and use of standards: _____

Since 1988 — Coordination with other agencies and programs that serve WIC participants: _____

Since 1988 — Monitoring and vendor management procedures: _____

Since 1988 — Paperwork, including the development of request for proposals (RFPs): _____

Since 1988 — State administrative rules, regulations, and policies: _____

Since 1988 — Quality of service: _____

Since 1988 — Other operational changes: _____

PART II STATE AGENCY DESCRIPTION

SECTION A BACKGROUND

2a. Does the WIC program operate in all areas of your state? *[Check only ONE box.]*

Yes

No

2b. How many counties remain unserved?

Enter number of counties _____

2c. How many individuals do you estimate to be unserved? *[Estimate number or check "Don't know".]*

_____ # of unserved WIC eligibles

_____ Don't know

3a. What period of time is covered by the state fiscal year definition?

Enter month and day: From _____ *to* _____

3b. Has the state fiscal year changed since 1988? *[Check only ONE box.]*

Yes, it changed

No, it remained the same

SECTION B FUNDING

4. In addition to Federal funding to support WIC program operations in your state, what other funding sources are currently used? *[Check all applicable boxes.]*

State appropriated funds are used

Private grants are used

County or local funds are used in some jurisdictions

Other sources are used *[please describe]* _____

No other sources are available

5a. Has the availability of funding from sources other than the Federal source changed since 1988?
[Check only ONE box.]

- Yes, additional funding sources became available
- Yes, fewer funding sources were available
- No, funding sources remained the same

5b. Has the amount of funding from sources other than the Federal source changed since 1988?
[Check only ONE box.]

- Yes, more funding became available
- Yes, less funding became available
- No, the amount of funding remained the same

6. If state appropriated funds are not spent during the state fiscal year, may these funds be carried forward or must they be returned to the state? [Check only ONE box.]

- State funds may be carried forward
- State funds must be returned
- Other [please describe] _____

7a. Do you currently use an administrative cost per participant formula to allocate administrative funds between local agencies within your state? [Check only ONE box.]

- Yes
- No

7b. Has the method of computing administrative costs per participant changed noticeably since 1988?
[Check only ONE box.]

- Yes
- No

7c. What is the current administrative grant per participant for local agencies?

Enter average amount per participant \$ _____

8. Check the box opposite the statement that best describes this state's method of computing administrative funding formulas for its local agencies. [Check only ONE box.]

The state considers historical conditions of the local agencies such as the number of participants they have served in the past, the local agency infrastructure, the local agency's willingness to serve more participants, etc.

The state considers other factors about the local agency service area such as statistics about the number of people potentially eligible for WIC, the area's poverty level, birth and death statistics, high risk maternity statistics, and/or the percent of need being met by the program currently.

The state agency considers most of the factors listed in A and B.

The state agency considers conditions other than those listed in A or B. They are: _____

9. How long has the current method of determining local agency administrative grants been in place?

Enter approximate month and year when current method began: ____/____

10. How many times during the most recently completed Federal fiscal year (October 1, 1991 to September 30, 1992) did the state allocate or re-allocate administrative funds to local agencies?

Enter number of administrative funding allocations and re-allocations _____

11. Indicate the percentage of administrative funds used for local level expenses and the percentage of state-level expenses for the previous fiscal year. [Insert percentage.]

_____ % local level

_____ % state level

SECTION C CASELOAD ALLOCATION

12. Considering current caseload, what method is currently used to **Increase or decrease caseload limits** to the local agencies within the state? *[Check the box next to the statement that best describes your method.]*

The state agency assigns a caseload maximum, or number of caseload slots, for each local agency on the basis of the number of pregnant women and/or infants on waiting lists.

The state agency assigns a caseload maximum, or number of caseload slots, for each local agency on the basis of the number of eligibles meeting specific priorities.

The state agency assigns a caseload maximum, or number of caseload slots, for each local agency on a basis other than items 1 and 2 above.

Local agencies must require a certain caseload limit from the state which is then negotiated with the state agency based on additional factors. *[Describe factors.]*

Other *[please specify]* _____

13. How long has this **method** been used? *[Please enter the number of years.]*

_____ years

14. Listed below are 11 factors that the state agency may consider when assigning caseload increases or decreases to a local agency. Please read the entire list and then rank the factors by whether they are very important, somewhat important, not very important, or not used. Please use the following scale to rate the factor: 1= very important, 2= somewhat important, 3= not very important, 4= not used.

The state agency considers the local agency's **Affirmative Action Ranking** when allocating caseload slots to local agencies.

The state agency considers the **percent of potentially eligible being served** by the local agency.

The state agency considers the local agency's **historical ability to serve** the number of caseload slots allocated to it.

The state agency considers the **WIC priority groups** currently being serviced by the local agency.

The state agency considers **new or expanded services for high-risk maternity patients** at a local agency.

The state agency considers **whether maternity care is co-located with WIC services**.

The state considers **first any areas which remain unserved** in the state.

The state considers the **average food cost per participant** in a local agency.

The state considers the **local agency's proven ability to grow** at a certain rate.

The state agency considers **management or staffing problems** which might hinder the local agency's ability to serve participants.

The state considers **factors other than those listed here** which it considers important in allocating caseload limits. They are:

Other *[please specify]* _____

Other *[please specify]* _____

15. In the past when you have had **rapid growth** in your caseload, what was the most frequently used method the state agency used to increase caseload allocation limits to the local agencies? *[Check the box next to the statement that best describes your method.]*

- All local agency caseload limits were increased systematically by a certain percentage without taking other factors into consideration.
- Local agencies were asked how many participants they could serve and were generally increased up to the level stated or requested.
- Local agencies were only granted additional caseload slots if they met certain conditions (such as that they must serve a certain proportion of pregnant women and infants, or must increase the number of Priority 1 and/or Priority 2 groups served).
- Other *[please specify]* _____
- Not applicable; we have not had rapid participant growth.

SECTION D STAFFING

16a. Has the state agency developed WIC local agency participant-to-staff ratios *[Check only ONE box.]*

- Yes *[please specify]* _____
- No

16b. How long have participant-to-staff ratios been in effect in your state? *[Please enter the number of years.]*

_____ years

_____ not applicable

17. Are WIC-funded employees who work at the local agency level in the direct delivery of WIC service considered to be: *[Check only ONE box.]*

- State employees (with salary and fringe benefits set by state personnel policies).
- District (multi-county) employees (with salary and fringe benefits set by statewide employment policies).
- County employees (with salary and fringe benefits set by the various county government units).
- City employees (with salary and fringe benefits determined by city government units).
- A combination of WIC employment settings exists.
- Other *[please specify]* _____

SECTION E QUALITY

18. What are the five most important factors that currently promote high-quality WIC services in your state? *[Please list those factors that relate to your state agency.]*

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

19. What are the five most important factors that currently hinder high-quality WIC services in your state? *[Please list to those factors that relate to your state agency.]*

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

SECTION F CAPACITY

20a. In your opinion, at what capacity are local agencies in your state currently operating? *[Check only ONE box.]*

- Far above capacity
- Somewhat above capacity
- At capacity
- Somewhat below capacity
- Far below capacity

20b. If your current local sponsoring agencies tapped all of the resources you know to be currently available to them, how many more WIC participants could your state serve while maintaining the current level of services? *[Please estimate to the nearest 100. Insert number below.]*

PART III WIC PROGRAM INITIATIVES

21a. Has the state developed and implemented WIC program performance standards? *[Check only ONE box.]*

- Yes, they are developed and in use
- Yes, they are under development
- No, we have not developed program standards

21b. Do these standards include nutrition education and nutrition services? *[Check only ONE box.]*

- Do not use standards
- Yes, the standards primarily focus on nutrition education
- Yes, the standards focus somewhat on nutrition education
- No, the standards do not address nutrition education

21c. Does the state agency use these standards to monitor or evaluate local agencies? *[Check only ONE box.]*

- Do not use standards
- Yes, they are used for monitoring
- Yes, they are used for evaluation
- Yes, they are used for monitoring and evaluation activities
- No, they are used for other activities *[please specify]* _____

22. Does the state WIC agency currently sponsor any of the following breastfeeding promotional activities? *[Check all applicable boxes.]*

- Providing materials—such as pamphlets, posters, etc.
- Co-sponsoring local activities
- Hot lines
- Public Service Announcements
- Coordinating with hospital maternity wards
- In-service training programs
- Peer counseling program training
- Other *[please specify]* _____

23a. What is the average frequency of issuing vouchers or food instruments to WIC participants? [Check the box opposite the average frequency.]

Less than one time a month

Once per month

Once every 6 weeks

Once every 2 months

Once every 3 months

No issue schedule

Other [please specify] _____

23b. Does this issuance schedule vary across local agencies? [Check only ONE box.]

Yes, it varies significantly

Yes, it varies somewhat

No, it does not vary

24a. Have your food package issuance policies and procedures changed since 1988? [Check only ONE box.]

Yes

No

Don't know

24b. How many years have you been using current food issuance policies and procedures? [Please enter the number of years.]

_____ years

25a. What proportion of the local agencies in your state are using PC or mini-computer support? [Check only ONE box.]

All

Most

Some

Few

25b. What proportion of local agencies in your state are using mainframe support? [Check only ONE box.]

- All
- Most
- Some
- Few

25c. Please indicate, for each functional area, the best description of the current state of automation in WIC operations.

ENROLLMENT [Check only ONE box.]

- Local agencies fill out paper forms and send to state or contract agency for key entry into a central database.
- Local agencies key data on terminals linked to a central computer (state, regional or contractor data processing center).
- Local agencies enter data on micro- or mini-computer and later transmit all or part to central database.
- Other [please specify] _____

FOOD INSTRUMENT PRODUCTION [Check only ONE box.]

- State produces bulk automated checks/drafts/vouchers and sends to local agencies; locals write manual checks/drafts/vouchers.
- State produces bulk automated checks/drafts/vouchers and sends to local agencies; locals produce "manuals" (i.e., first visit food instrument) using on-line terminals or computers.
- Local agencies produce all food instruments on-site using computers or terminals.
- Electronic Benefit Transfer card is used.
- Other [please specify] _____

APPOINTMENT SCHEDULING [Check only ONE box.]

- There is only manual scheduling.
- There is automated scheduling on computer at local level, but it is not part of the state-wide WIC data system.
- There is automated scheduling at the local level that is part of WIC state-wide data system.
- There is automated scheduling that is part of a local WIC data system.
- Other [please specify] _____

25d. Is the level of automation described above a change in automation since 1988? *[Check all applicable boxes.]*

- No change.
- Small shift from local recordkeeping to centralized state processing.
- Large shift from local recordkeeping to centralized state processing.
- Small shift from central state processing to more locally based processing.
- Large shift from central state processing to more locally based processing.

25e. Was there a shift in the type and location of equipment since 1988?

STATE LEVEL *[Check only ONE box.]*

- Yes, there is substantially more mainframe equipment used.
- Yes, there somewhat more mainframe equipment used.
- No significant change.
- Yes, there is somewhat less mainframe equipment used.
- Yes, there is substantially less mainframe equipment used.

LOCAL LEVEL *[Check only ONE box.]*

- Yes, there is substantially more mainframe equipment used.
- Yes, there somewhat more mainframe equipment used.
- No significant change.
- Yes, there is somewhat less mainframe equipment used.
- Yes, there is substantially less mainframe equipment used.

STATE LEVEL *[Check only ONE box.]*

- Yes, there is substantially more PC/mini-computer equipment used.
- Yes, there somewhat more PC/mini-computer equipment used.
- No significant change.
- Yes, there is somewhat less PC/mini-computer equipment used.
- Yes, there is substantially less PC/mini-computer equipment used.

LOCAL LEVEL *[Check only ONE box.]*

- Yes, there is substantially more PC/mini-computer equipment used.
- Yes, there somewhat more PC/mini-computer equipment used.
- No significant change.
- Yes, there is somewhat less PC/mini-computer equipment used.
- Yes, there is substantially less PC/mini-computer equipment used.

25f. Overall, how do you perceive that these changes in automation affected productivity and quality in the program? *[Check ONE box for productivity and ONE box for quality.]*

PRODUCTIVITY *[Check one]*

QUALITY *[Check one]*

- | | |
|--|--|
| <input type="checkbox"/> No effect in productivity | <input type="checkbox"/> No effect in quality |
| <input type="checkbox"/> Substantial improvement | <input type="checkbox"/> Substantial improvement |
| <input type="checkbox"/> Some improvement | <input type="checkbox"/> Some improvement |
| <input type="checkbox"/> Some decline | <input type="checkbox"/> Some decline |
| <input type="checkbox"/> Substantial decline | <input type="checkbox"/> Substantial decline |

PART IV RELATED PROGRAM INITIATIVES

26. Have **coordination efforts** involving WIC and other programs, such as maternal and child health programs, as well as Medicaid, changed since 1988? *[Check only ONE box.]*
- Yes, they have substantially increased
- Yes, they have somewhat increased
- Yes, they have somewhat decreased
- Yes, they have substantially decreased
- No, they stayed about the same
27. In your state, does the Medicaid program currently reimburse for WIC services, such as nutrition education? *[Check only ONE box.]*
- Yes
- No
- Don't know
28. Does the WIC program currently participate in any **joint program efforts** with the health department, maternal and child health providers, and other agencies to provide services to women and young children? *[Check only ONE box.]*
- Yes, to a large extent *[please specify]* _____
- No, not at all _____
29. Does the WIC program participate in any initiatives to improve the **immunization** status of young children? *[Check only ONE box.]*
- Yes, to a large extent *[please specify]* _____
- No, not at all _____
30. In your state, do WIC applicants need to visit a **physician or other non-WIC clinic** prior to certification to obtain biochemical and anthropometric data or to verify pregnancy? *[Check only ONE box.]*
- Yes
- No

31a. Are there other **new program efforts** targeting low-income women and young children currently underway in your state that relate to and impact the WIC program? *[Check only ONE box.]*

Yes

No

31b. If so, please briefly **describe** what these program efforts are. _____

When you have completed this questionnaire, please be sure you have entered your name and title, phone number, and date on page 2 of this questionnaire. A mailing envelope with postage has been provided for your use. In case the envelope was lost please send this questionnaire to:

**WIC Dynamics
Attn: CSO
Macro International
8630 Fenton Street, Suite 300
Silver Spring, Maryland 20910**

Again, we thank you for your cooperation. Your answers will be extremely helpful to FNS.

