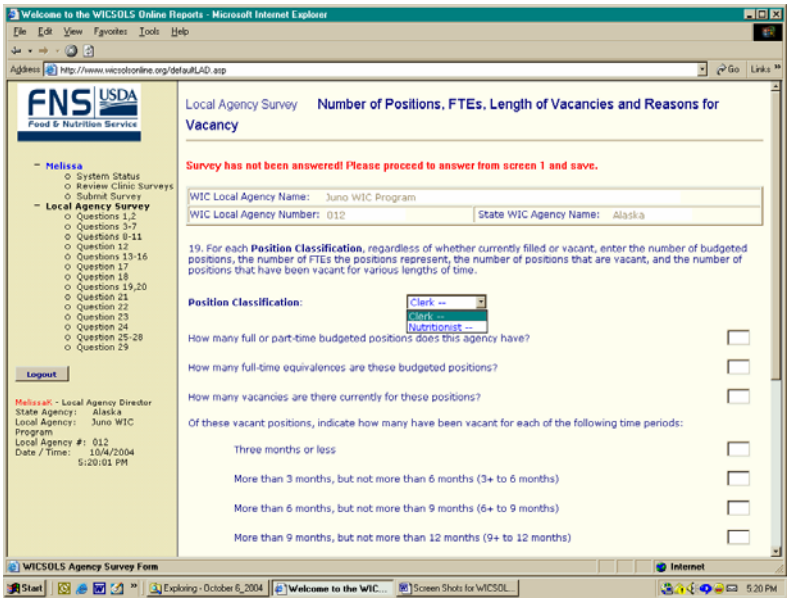
WIC Staffing Data Collection Project



Conducted by
Burger, Carroll & Associates, Inc.

For the
United States Department of Agriculture
Food and Nutrition Service
Office of Analysis, Nutrition and Evaluation

BCA

January 2006

FNS USDA Food & Nutrition Service

United States Department of Agriculture | Food and Nutrition Service | January 2006
Special Nutrition Programs
Report No. WIC-05-WS

WIC Staffing Data Collection Project

Final Report

Office of Analysis, Nutrition, and Evaluation
USDA, Food and Nutrition Service
3101 Park Center Drive, Room 1014
Alexandria, VA 22302-1500

Principal Investigators:
Dennis Bach, MPA
Julie Carroll, DrPH
Burger, Carroll and Associates, Inc.

Project Officers:
Ed Herzog, MA, MPS
Julie Kresge, MAEd
USDA, Food and Nutrition Service

This report is available on the Food and Nutrition Service website: *http://www.fns.usda.gov/oane.*

Suggested Citation:

"WIC Staffing Data Collection Project," *Special Nutrition Program Report Series*, No. WIC-05-WS, Project Officer: Ed Herzog. U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation, Alexandria, VA:2006.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

BCA would like to acknowledge the assistance and support of the project Advisory Panel, as follows:

Ms. Cindy Bartosek, NWA Local Agency Section (Past) Chair, Director, Division of Community Health, Palm Beach County Health Department, Florida

Ms. Colleen C. Batt, MS, RD, IBCLC, WIC Coordinator, Tippecanoe County, Indiana

Ms. Phyllis S. Crowley, MS, RD, CD, IBCLC, State Nutrition Coordinator, Utah WIC Program

Dr. Denise V. Ferris, DrPH, RD, Director, Office of Nutrition Services/WIC Program, West Virginia Department of Health and Human Resources

Ms. Gloria Clark, Program Manager, WIC State Agency, Nutrition Programs Administration, District of Columbia

Ms. Jeanette Jones, RD, LD, Nutrition Director, Southwest District Health, Idaho

Ms. Carol Kronberg, RD, Health Program Manager, WIC, Public Health, Sonoma County Department of Health Services, California

Ms. Barbara Keir, MA, RD, formerly, Director, Public Health Nutrition & Education Division, Texas Department of State Health Services

Ms. Joy Flud, MPH, RD, LD, WIC Program Director, Muscogee (Creek) Nation, Oklahoma

Mr. Al LoBalbo, Director of the Systems Development and Support Unit, Division of Nutrition, New York State Department of Health

Dr. Janice M. Dodds, EdD, RD, Professor in Nutrition and Maternal and Child Health, School of Public Health, University of North Carolina at Chapel Hill

Valued assistance was provided by Food and Nutrition Service staff throughout this project. Our thanks go to Hayes Brown, Ed Herzog, and Julie Kresge at FNS. An enormous thank you is owed to the 12 local WIC Agencies that volunteered to test the data collection instruments and provide both data and feedback on the structure of the questions. Our grateful appreciation is offered to:

- North Central Organized Regionally for Total Health, Philadelphia, Pennsylvania
- Metro Health, Columbus, Ohio
- San Antonio Metropolitan Health, San Antonio, Texas
- Maricopa County Dept. of Public Health, Phoenix, Arizona
- Utah County Health Department, Provo, Utah
- Mecklenburg County WIC Program, Charlotte, North Carolina
- New Mexico Dept. of Health District I, Service Area 1, Albuquerque, New Mexico
- Alameda County Health Care Services, Alameda, California
- Countryside Public Health Nursing Service, Benson, Minnesota
- Washington County WIC Program, Hudson Falls, New York
- Edgarton Women's Health Center, Davenport, Iowa
- City of Plainfield WIC Program, Plainfield, New Jersey

EXECUTIVE SUMMARY

Burger, Carroll & Associates, Inc. (BCA) was engaged by USDA to conduct a study of the feasibility of periodic administrative reporting by local agencies regarding local WIC staffing issues. This WIC Staffing Data Collection pilot project was prompted by the General Accounting Office (GAO)[1] that in 2001 cited a range of quality of services between local agencies, expressed concern that local agencies may not be able to provide adequate services, and cited a need for improved professionalism and quality of service and enhanced availability of professional staff to provide direct services.

Three approaches were identified by GAO to address the current staffing challenges in WIC. These were 1) assess the staffing needs of the State and local WIC agencies and develop strategies to address any shortcomings; 2) establish more stringent professional staffing requirements for local WIC agencies; and 3) establish minimum continuing education requirements for WIC staff in the areas of nutrition, breastfeeding promotion, and counseling. For each of these approaches, GAO noted both advantages and disadvantages.

Interim steps identified to implement these approaches include conducting a national study to examine staffing characteristics (e.g., distribution, duties, recruitment). As part of establishing professional staffing requirements, GAO recommended use of an ideal "staffing pattern" based on the number of participants per agency. This would identify types of duties performed by professional, paraprofessional and support staff to make the most effective and efficient use of available resources. Additionally GAO recommended that standards for staff-to-participant ratios including the number of dietitians, nutritionists, or lactation consultants an agency should employ or have access to, based on the number of participants, should be included.

PURPOSE OF THIS PROJECT

USDA determined that additional data are required to adequately respond to GAO's concerns and other requests for information. This project is a component of the process to obtain that data. The purpose of this project was to develop and pilot test paper and pencil and electronic based administrative reporting instruments that would allow local WIC agencies to report WIC staffing information to aid USDA in addressing these concerns. BCA was commissioned to develop these paper and electronic-based reporting systems and pilot test their use in a small number of volunteer local WIC agencies. This data collection provides FNS with information on the availability and usefulness of a variety of WIC local agency staffing-related information, the feasibility of collection, and relevant feedback on methods of collection and sources of information.

This work was done by BCA under guidance of an advisory panel of WIC knowledgeable State and local staff. Additionally, the advisory panel included an academician who

[1]GAO-02-142 Report to Congressional Committees, WIC Faces Challenges in Providing Nutrition Services, December 2001

provided more general counsel on the relevant issues. As a part of the process, BCA evaluated extant data, previous studies addressing WIC staffing issues and existing classification systems of nutrition professionals.

Given the totality of the various interests to whom USDA must respond, the following preliminary broad objectives were identified to guide the development of the reporting tool(s). Implementation of the reporting tools or portions of them over the long term should assist USDA in:

- Determining the current circumstances of staffing-related matters within local agencies
- Examining the relationship between local agency characteristics and staffing issues
- Examining the relationship between staffing issues and quality of local WIC service provision
- Identifying staffing models or guidelines to support more comparable and higher quality service delivery
- Monitoring changes in staffing patterns over time
- Assisting in defining present and future professional workforce needs through evaluation of staffing models or guidelines
- Identifying factors that contribute to successful professional staff recruitment and retention for local agencies.

INSIGHTS GAINED FROM PROJECT ACTIVITIES

1. There are currently no staffing requirements in general, or for nutrition professionals, at the local agency level in federal regulation.

While States are required to meet staffing requirements related to their administrators, program specialists and nutrition professionals, there are no federal staffing requirements that are directly applicable to WIC local agencies.

2. Many factors other than caseload have been identified that may influence local staffing needs and current staffing patterns.

These include type of agency, use of permanent versus temporary service delivery sites, itinerant staff and travel time, automated versus manual data systems, State agency versus local agency responsibilities, whether the site provides services to all categories of participants or is specialized (e.g., hospitals), and the level of integration with other health services. Additionally, information on in-kind contributions and indirect costs to the WIC local agency provides a more complete picture of resources available for staffing purposes. Public comment on this data collection effort increased the number of factors to be considered, including the proportion of high-risk and non-English-speaking clients.

3. Staffing needs have been and will continue to be dynamic in nature.

Program activities and circumstances continually change in a way that modifies staffing needs such as new emphasis on lactation consultants and peer counselors. In this project's activities the need for new types of staff, such as bi-lingual or translation staff, due to the changing nature of the population (i.e., increasing numbers of non-English-speaking participants) has become evident.

4. There are at least three fundamental staffing patterns in WIC local agencies, generally related to a clinic's level of integration with public health. They are:

Nutritionists working under Registered Dietitians (RDs) or other more senior nutrition professional

Nutrition Assistant type CPAs (Competent Professional Authorities) working under nutritionists or RDs or other more senior nutrition professional

Nurses working under other nurses, with program supervision by a nutrition professional, in a more integrated setting

5. Given the large number of factors thought to affect local staffing needs, existing staff patterns, and the differences in fundamental approaches to staffing, it will be difficult to define a single staffing pattern or staff to participant ratios for all agencies based only on caseload.

Application of one model of role definitions between professional, paraprofessional and support staff seems infeasible and unnecessary.

6. There is not a common nationwide understanding of the definition of professional or paraprofessional (nutrition) staff.

Non-degreed individuals who become a CPA by completing a State or local agency training program are typically referred to as paraprofessionals. However, the terms paraprofessional and CPA are not interchangeable. Some State agencies also refer to other non-degreed positions that assist with aspects of the certification process, such as measuring heights and weights or drawing blood, as paraprofessionals. Consequently, not all paraprofessionals working in clinics are CPAs. Further, despite the definition of paraprofessional provided in the "Paraprofessionals in the WIC Program Guidelines for Developing a Model Training Program" (*Guidelines*), there is not uniform interpretation in the term's implicit meaning regarding educational status. While in the Guidelines paraprofessional refers to an individual with less than an associate's degree, there are State agencies that define anyone who is not registered or licensed (i.e., dietitian or nutritionist) as a paraprofessional, including individuals with bachelor's, or even master's degrees in nutrition. In these agencies, the registered or licensed individual may oversee the work of degreed nutritionists or nutrition assistant model paraprofessionals.

7. Measurements on vacancy rates have differed significantly over time, to the point that it is not feasible to compare vacancies and difficulties in recruiting WIC staff over time.

The most recent ASTPHND Workforce Survey (AWFS 2000) indicator of a 6-percent vacancy rate for the public health nutrition workforce seems less severe than the reported situation in the mid to late 1990s when salaries, excessive workload and lack of qualified applicants were serious barriers to adequate staffing for local agencies.

8. Although AWFS provides general information on the workforce surrounding WIC, no existing data collection (i.e., surveys or reports) adequately captures information addressing WIC's unique staffing needs or staffing patterns.

According to AWFS 2000, there was 8,130 full-time equivalent nutrition staff employed in WIC Programs (from 9,853 WIC nutrition staff respondents). A slightly smaller number of positions were reported as funded through federal WIC funds.

Sixty-eight percent (n=6,688) of the WIC nutrition workforce indicated they were professionals and 32.2 percent indicated they were paraprofessionals (n=3,173). A small number who reported "other" were grouped with paraprofessionals here. The most frequently self-reported classification was nutritionist, with 33.7 percent of all WIC staff respondents selecting it.

Ninety-seven percent of WIC professionals have at least a bachelor's degree, and 77.9 percent have completed at least the bachelor's degree in nutrition or dietetics[2]. Seventeen percent of WIC professional workers have master's degree in nutrition or dietetics and 6.6 percent report a master's degree in public health or community nutrition.

According to AWFS 2000, thirty-eight percent (37.6%) of the WIC nutrition workforce indicated they were Registered Dietitians (RDs) and 2.5 percent said they were Registered Dietetic Technicians (DTRs). Over half of the WIC professionals, 56 percent, reported being an R.D. and 37.5 percent reported being licensed or certified in their respective States. On the other hand, twenty-four percent (23.6%) of WIC nutrition professionals have no specific certification credentials. Nearly twelve percent (11.5%) of paraprofessionals have non-nationally recognized certification in breastfeeding.

9. Federal guidance now exists that address many of GAO's concerns.

In WIC Nutrition Services Standards (USDA, FNS, 2001) performance practices used in the delivery of quality WIC nutrition services are identified. These standards identify voluntary performance standards that are frequently followed and generally considered fundamental to the delivery of quality nutrition services by State and local WIC agencies.

[2] AWFS, 2000

State and local WIC agencies have taken the lead in ensuring professional nutrition staff availability in local WIC agencies. The National WIC Association's Local Agency Section had gone so far as to prepare a survey to be administered to its section's members in order to better enable the section to provide quality technical assistance. The State and local agencies may be best prepared to continue with the effort to define staffing patterns and ratios beyond minimum requirements.

10. Although ratios and specific patterns may be difficult to determine and implement in the short term, other recommended criteria, such as those from the Nutrition Services Standards, may be feasible to implement.

The WIC Nutrition Services Standards outlines qualifications, roles, responsibilities and performance practices for Competent Professional Authorities (CPAs) and qualified nutritionists to provide services to high-risk participants and oversee local agency nutrition services. It also defines practice measures related to staffing patterns, recruitment and retention for State and local agencies, including assessing nutrition services staffing patterns and identifying the numbers and types of personnel needed to ensure the provision of quality nutrition services.

Three performance practices are included on staff training in the standards. These performance measures are that State and local agencies have a State-approved training program, training schedule, a specified number of training hours for staff and annual performance evaluations.

11. While there is general agreement that the types of WIC staff and related duties should be identified, there is no standard WIC staff classification system in use to adopt for reporting purposes.

Existing schema do not fully account for the central CPA role that exists in WIC, the assumptions regarding duties related to the classification are invalid for WIC, and the position classifications are not always mutually exclusive. There are two to three characterizations of WIC duties in existence. The duties list prepared by the local agency section of NWA, slightly augmented to account for more recently developed duties, was used in the WIC SOLS reporting format herein.

12. There is an interest in the WIC community for staffing information and guidance on staffing ratios and patterns.

Eight of the twelve pilot sites reported that the information would be useful to collect on a regular basis. Some of the remaining sites could see where it would be useful for State agencies or USDA to collect this information. There were multiple requests that the data be shared between the test sites.

Specifically, the results from the pilot-test of the paper and electronic instruments indicated:

- There was wide variation in the self-reported time that it took sites to complete the instrument. Paper versions were completed in 30 minutes (for one small agency) to

over forty hours. There is little predictability in this by agency size, as a small agency reported 12-14 hours to complete, while a large agency reported only 4 hours to complete.

- Electronic versions of the instrument were self-reported as completed in two hours to over 30 hours. Again, this does not appear to be strictly related to size of the agency.

- There is some evidence that the electronic instrument could be completed more quickly than the paper.

- The electronic sites had more people involved in the data collection, due to the specified roles for accessing various sections of the report format. The role of the report administrator may be unnecessary for small agencies.

- Some of the agencies completing the paper instrument enlisted assistance of clinic supervisors for gathering the data. This was a built-in component of the electronic instrument.

- Separate detailed instructions for the paper instruments were only consulted on an as-needed basis, and in most cases, the tool (both paper and electronic) offered adequate instructions for each question. Pop-up windows in the web-based system were viewed by most as very or moderately helpful. The detailed instructions were utilized occasionally for the paper instrument.

- In the web-based system minor difficulties were encountered with local staff unfamiliar with log-ins and passwords.

- In both electronic and paper instruments sites reported they were able to readily get all requested information, although half of the sites indicated there were specific questions that were harder than others to answer, and some questions required going to other people for the answers. These were the proportion of participants that were high-risk or non-English speaking, the proportion of caseload receiving food instruments monthly, bi-monthly or tri-monthly, or questions related to the financial area of the program (e.g., in-kind funds, etc.). Percent of caseload that were high-risk and the percent of caseload that was non-English speaking were often based on proxy measures (e.g., preferred language indicators, etc.). Additionally, being at high-risk for a participant is a State definition; comparability between State agencies is not feasible.

- The large agencies developed internal aids to completing the form, for both the paper and electronic versions. No small agencies needed additional aids.

- Five of the twelve sites reported there were questions they did not understand. These questions were generally about staff training.

- In several instances an issue was raised regarding who was best suited to report the duties by qualification, the individual staff member, clinic supervisor or local agency director.

Specific improvements to the instrument suggested were:

- The local agencies using the paper format would have preferred to complete the report electronically. They didn't necessarily express a preference for a web-based report (as they knew little about it) but they would have liked the option of completing the paper report electronically.

- Those local agencies using the electronic sites would have liked to be able to print the completed report to see the data in one place, but this capability was only available through the browser function. The last page of the survey didn't prompt the user to submit the report, and agencies would have found it useful for it to do so. While the electronic report was designed to limit the manual calculations necessary in the paper version, the sites piloting the electronic version did not always avail themselves of that opportunity. Sites requested the capability to correct entries (i.e., delete staff or clinics once entered). This flexibility would have improved their experience in completing the form.

- Electronic sites found completing the duties table to be redundant. Some States didn't find it valuable to report duties by individual and thought that duties should be reported by educational qualification or job classification only. One agency felt that a distinction between primary, secondary and emergency responsibility was not clear and left too much room for personal judgment.

- Information on staff training was the most difficult for agencies to obtain. The known limitations on information about staff training made it difficult to craft a good information-gathering question for the report as well.

SUMMARY OF OUTCOMES AND CONCLUSIONS

There is an interest in the WIC community for staffing information and guidance on staffing ratios and patterns. Based upon input from the project advisory committee and response to multiple public presentations of the goals and objectives of this project, there appears to be a consensus, albeit guarded, within the regulatory, management, and service provider community that local WIC Program staffing needs to be evaluated and managed differently than in the past in regard to one or more of the following concerns:

- The current and future need for professional labor for WIC cannot be quantified because there are no data to show current demand, nor any clear basis to estimate future need.
- There are difficulties in recruiting and retaining professional staff for WIC suggesting that either there is currently a shortage of nutrition-trained

professionals in the field *or* that working in WIC is not an attractive option for a significant number of nutrition professionals.

- Optimal WIC staffing patterns have not been identified for efficient WIC service delivery.
- Inconsistencies in service delivery have been observed between WIC local agencies. These inconsistencies are not fully understood.
- Updated approaches are needed for delivering WIC nutrition services.

The outcome of the work completed in this study is that, with some limitations, it is feasible to collect useful staffing related information from local WIC agencies in either an electronic or paper format. However, conducting an assessment of the need for professional nutrition labor for WIC requires not only the size of a given agency's caseload and other characteristics, but the performance expected from that labor (e.g., the amount of time necessary, on average, for direct client services for WIC participants in a given time period). The need to conduct this assessment on a national level may also be less compelling at this point in time, as there has been little change over the past few years in the number of WIC local agencies and the number of WIC participants served. In both volunteer pilot sites and in the most recent national surveys, WIC staff vacancy rates are reported as low and intermittent. Although not representative, the 12 volunteer agencies that pilot-tested these instruments recorded 28 percent of vacancies staying open for 6 months or more. However, the vacancy rate was only 5 to 6 percent, a rate similar to that reported in national studies[3].

Among the volunteer pilot agencies in this project, the most sought after, and hard to recruit employees are RD or RD eligible with a bachelor's degree in nutrition. Among the pilot agencies, a large proportion indicated they did not recruit for non-RD or RD eligible individuals with bachelor's degrees, or even those with advanced degrees.

State WIC Directors offer that either there are not enough nutritionists in the labor pool in an area, and/or the salaries offered by WIC are not competitive enough to attract applicants. Some State agencies employ paraprofessional CPAs because they are less expensive and thus less strain on their limited budgets. Other State agencies believe that the certification process has been properly and more stringently defined than was previously possible and is now too rudimentary to require a highly educated health professional.

The latter group of State agencies believes health professionals' training and skills can be better utilized in other roles in WIC clinics. Over recent years, State WIC management information systems used by WIC local agencies have been built to address complexities of prescribing WIC food packages. The emphasis of measuring an individual's nutrition status based on a dietary recall is gradually shifting to the need to assess a client's readiness to improve nutrition habits.

[3] AWFS, 2000

All available evidence from past studies as well as this pilot shows great variety in how local WIC agencies are organized and how they address staffing patterns. While similar agencies may have best practices to offer each other, it would be most challenging to apply national standards in all circumstances. The value of doing so would need to be carefully examined.

WIC's strength in delivering its services and nutritional benefits has been in reaching even the most remote niches of the U.S. population. As an adjunct to local health care systems, flexible WIC staffing patterns have been a factor in past success. Increased standardization of State/Tribal WIC Management Information Systems (MIS) has aided in offsetting the variety in WIC staffing to bring similar treatment and uniform food benefit delivery processes across each State/Tribal jurisdiction.

This data collection review effort provides a direction for important areas to pursue to continue moving forward addressing local agency staffing needs and patterns. The first is to come to a common vocabulary within the WIC community regarding the terms nutrition professional and paraprofessional. As described herein, there is not agreement on what criteria constitutes a nutrition professional. In most instances, a professional is considered someone with a minimum of a bachelor's degree in human nutrition; in others, registration or being licensed is the criteria for this designation. Additional consensus on definitions of high-risk and non-English-speaking participants is necessary to compare staffing needs between States.

Secondly, there is a need to identify or refine performance measures that constitute quality services, including the average amount of professional staff time that is needed on an individual basis for WIC participants. It may be useful to provide the web-based application utilized in this study to State agencies in support of their continuing efforts to assess nutrition services staffing patterns, including the number and types of personnel needed to ensure the provision of quality nutrition services.

Finally, the lack of information available at local agencies on training received by WIC staff indicates a need for continued support to State and local agencies in their ongoing efforts to define requirements for staff training, including budgeting specific allocations to do so.

I. BACKGROUND INFORMATION

Burger, Carroll & Associates, Inc. (BCA) was engaged by USDA to conduct a study of the feasibility of periodic administrative reporting by local agencies regarding local WIC staffing issues. This WIC Staffing Data Collection pilot project was prompted by the General Accounting Office (GAO)[4] that in 2001 cited a range of quality of services between local agencies, expressed concern that local agencies may not be able to provide adequate services, and cited a need for improved professionalism and quality of service and enhanced availability of professional staff to provide direct services.

Three approaches were identified by GAO to address the current staffing challenges in WIC. These were 1) assess the staffing needs of the State and local WIC agencies and develop strategies to address any shortcomings; 2) establish more stringent professional staffing requirements for local WIC agencies; and 3) establish minimum continuing education requirements for WIC staff in the areas of nutrition, breastfeeding promotion, and counseling. For each of these approaches, GAO noted both advantages and disadvantages.

PURPOSE OF THIS PROJECT

USDA determined that additional data are required to adequately respond to GAO's concerns and other requests for information. This project is a component of the process to obtain that data. The purpose of this project was to develop and pilot test paper and pencil and electronic based administrative reporting instruments that would allow local WIC agencies to report WIC staffing information to aide USDA in addressing these concerns. BCA was commissioned to develop these paper and electronic based reporting systems and pilot test their use in a small number of volunteer local WIC agencies. This data collection provides FNS with information on the availability and usefulness of a variety of WIC local agency staffing-related information, the feasibility of collection, and relevant feedback on methods of collection and sources of information.

This work was done by BCA under guidance of an advisory panel of WIC knowledgeable State and local staff. Additionally, the advisory panel included an academician who provided more general counsel on the relevant issues. As a part of the process, BCA evaluated extant data, previous studies addressing WIC staffing issues and existing classification systems of nutrition professionals.

There were several major considerations in assessing the feasibility of implementing a periodic WIC local agency administrative report for collecting staffing related data. These include the response of the State and local agency community to the new reporting requirement; technical issues regarding automated reporting methods; and the effectiveness of the data collection instrument in providing useful information, including categorization of staff positions and accounting for integrated models of service delivery and itinerant staff.

[4]GAO-02-142 Report to Congressional Committees, WIC Faces Challenges in Providing Nutrition Services, December 2001

Given past indications of vacancy, recruitment and retention problems in WIC local agencies there is concern that an additional reporting requirement may not be well received by State and local agencies. Even the GAO, upon whose recommendation this work is being performed, indicated in 2001 that data collection efforts might greatly aggravate the situation for short-staffed program agencies. The benefits of having this information may not be viewed similarly by local, State, and federal agencies.

Any agency that believes it will be negatively affected by new staffing standards will not be inclined to embrace a reporting system that may put them in that position. Concern by State agencies over the use of the information counter to their objectives in providing WIC services with limited administrative grants or in some unforeseen manor can temper agencies' enthusiasm for providing the required information. As stated by one WIC State Director, "I'd hate at some point to come back and have all this used out of context."

I.1. LOCAL AGENCIES, CASELOAD, AND TRENDS IN STAFFING

This section of the report presents an overview of WIC local agencies, discusses measures of caseload and looks at previous trends in WIC staffing.

I.1.1. Local Agencies

There are approximately 2,200 local agencies with about 10,000 service sites in fifty (50) geographic State agencies, thirty-two (32) Indian Tribal Organization (ITO) State agencies, the District of Columbia, Puerto Rico, Guam, American Virgin Islands, and American Samoa that administer the WIC Program. These local agencies are a diverse mix of city and county public health departments, community health centers, Health Maintenance Organizations (HMOs), hospitals, tribal health centers, Community Action Programs (CAPs) and other private and public entities. These local agencies often maintain central administrative offices and multiple WIC service sites. The size of the WIC local agency staff may range from one or two individuals to over three hundred and fifty in the largest of agencies.

I.1.2. Caseload Size

Information about local agency staffing clearly must be considered in relation to the size of that agency. Caseload, the number of WIC participants issued food benefits for a month, is often viewed as the single best descriptor of the size of an agency and a key indicator of staffing patterns or staffing needs. An agency's caseload in large part determines the number of individuals requiring services, a fundamental issue in determining staffing needs. However, there may be other local agency characteristics that confound the relationship between caseload and staffing requirements. These characteristics are discussed further in section 1.2.

There are various measures of caseload size, such as total enrollment, annual unduplicated counts, and monthly participation; each with its own advantages and disadvantages as a basis for comparison. For example, total enrollment better reflects the effort required to certify individuals for participation. Some of these individuals may not return to pick up food benefits, and consequently are not included in other participation counts. However, agencies do not define or track enrollment consistently. Participation, as defined and reported on the monthly FNS-798 report, means the sum of the number of

persons who have received supplemental foods or food instruments during the report month and the number of WIC infants who do not receive food benefits since they are exclusively breastfed by WIC women. While some agencies report the number of persons who have received supplemental foods and other report the number who have received food instruments, this is the most consistently defined and readily available measure. Thus, it is the most appropriate measure to use. It is expected that virtually all local agencies will have access to this number.

I.1.3. Trends in WIC Local Agency Staffing

Over the years staffing patterns in WIC have changed and evolved to meet the local agency environment and program requirements. For instance, when WIC was first implemented in States, much of the responsibility for the Program was with public health nurses; this staffing approach continues to exist in some places. Other State and local agencies, however, augmented their staff with nutritionists. Over time, the number of nutritionists working locally in the WIC Program has increased relative to the number of nurses. More recent data, observations, and verbal reports indicate that the use of paraprofessionals in WIC has been and is continuing to increase. In the 1994 Association of State and Territorial Public Health Nutrition Directors (ASTPHND) Workforce Study 21.5 percent of the WIC nutrition workforce were paraprofessionals. Their latest workforce study done in 1999-2000 (AWFS 2000) indicates that paraprofessionals comprise nearly 33 percent of the WIC nutrition workforce.

Anticipating WIC's increased use of paraprofessionals, USDA in 1988 promulgated "Paraprofessionals in the WIC Program Guidelines for Developing a Model Training Program"[5] (Guidelines) on appropriate role functions of WIC paraprofessionals and the necessary level of training. These recommendations were considered ideal for WIC Program services, procedures, and management, but were not formal policy. This document provided a definition of the paraprofessional WIC nutrition assistant, addressed the role for WIC professional and paraprofessional staff and the specific training needs of WIC paraprofessionals. "WIC nutrition assistant – a nutrition support, paraprofessional worker in the WIC Program who possesses less than 2 years of higher education (i.e., less than an associate college degree) in a nutrition-related field and whose training in nutrition consisted only of job-specific training provided by the State or local agency."

In these Guidelines, USDA defined a role for the paraprofessional as less than assuming Competent Professional Authority (CPA) responsibilities (the role of the CPA is discussed in section 1.1.4.). "WIC eligibility determinations and client certifications are tasks considered to be inappropriate for WIC nutrition assistants. Final eligibility determinations and certification require assessment of nutrition status and identification of nutrition-risk criteria. This level of care requires the expertise of a nutrition professional. Reserving these functions for the nutritionist ensures that high-risk clients are identified by a nutrition professional so that appropriate counseling and follow-up care can be provided." "High-risk clients are to always be counseled by a nutritionist. Lower risk clients can be counseled by either the nutritionist or referred to the nutrition assistant for general nutrition education."

[5] USDA, FNS-269

Further, "In addition to the therapeutic nutritional counseling given by the nutritionist, high-risk clients would also benefit from the general nutrition education provided by the nutrition assistant. The content of the lesson rather than the risk status of the client determines whether the instruction can be provided by a nutritionist or a nutrition assistant."

Considering the growth that WIC experienced since 1988, USDA is interested in determining the roles that actually have been assumed by paraprofessionals, the extent of their use as CPAs, and their State-provided preparation and training for assuming that role.

I.1.4. Role of Competent Professional Authority

The enumeration of Competent Professional Authority comes from the WIC Federal regulations, 7CFR246.2, 7CFR246.7, and 7CFR246.10, stating:

> "246.2 Definitions
>
> *Competent professional authority* means an individual on the staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods. The following persons are the only persons the State agency may authorize to serve as a competent professional authority: Physicians, nutritionists (bachelor's or master's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), dieticians, registered nurses, physician's assistants (certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority), or State or local medically trained health officials. This definition also applies to an individual who is not on the staff of the local agency but who is qualified to provide data upon which nutritional risk determinations are made by a competent professional authority on the staff of the local agency.
>
> *Certification* means the implementation of criteria and procedures to assess and document each applicant's eligibility for the program.
>
> *Nutritional risk* means: (a) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements: (b) other documented nutritionally related medical conditions; (c) dietary deficiencies that impair or endanger health; or (d) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.
>
> 246.7 Certification of participants
>
> (e) Nutritional risk. To be certified as eligible for the Program, applicants who met the Program's eligibility standards specified in paragraph (c) of this section must be determined to be at nutritional risk. A competent professional authority on the staff of the local agency shall determine if a person is at nutritional risk through a medical and/or nutritional assessment…
>
> Sec. 246.10 Supplemental foods.
>
> (iii) Designate a competent professional authority to prescribe types of supplemental foods in quantities appropriate for each participant, taking into

> consideration the participant's age and dietary needs. The amounts of supplemental foods shall not exceed the maximum quantities specified in this section."

In summary, the process of determining if an applicant is eligible for the WIC Program is "certification." Although there are often multiple staff members involved in the process of collecting and documenting the required information, the individual who officially declares that the applicant is at nutritional risk, by signing their name and title on the certification form, is the competent professional authority, or "CPA." The CPA is also the individual who authorizes the food prescription for a participant. While some WIC information systems identify possible food prescriptions based on the participant nutrition risk codes identified by the CPA, or while a support staff member may actually issue the food prescription via food instruments, it remains a CPA responsibility to confirm the prescription to the participant.

I.1.5. Nutrition Service Delivery Models

Generally speaking, while there is much variation in how clinics are staffed, two fairly distinct interpretations of the nature and role of the CPA have evolved and have been observed to be in existence today.

The first model utilizes professionals degreed in specific medical and nutritional fields as CPAs, generally nutritionists or registered nurses. In this model, the CPA is a senior health professional in the WIC clinic. She[6] uses information collected by either herself or other staff, conducts her own dietary and health assessments, or both, and applies her professional knowledge and judgment to determine if an individual is at nutrition risk. In this model, the CPA does the initial nutrition counseling as part of the certification process. Typically, the CPA also does follow up one-on-one counseling for participants determined to be high-risk. Other participants may receive the second nutrition contact from the CPA (either one-on-one or in classes), or may receive the second contact from a staff member who teaches general nutrition classes.

A second interpretation of the role and qualifications for CPAs relies on the language in the regulatory definition of CPAs that includes "…State or local medically trained health officials." State agencies have interpreted this to include a wide range of non-degreed individuals, from Licensed Practical Nurses (LPNs) to individuals who complete a State or local agency-developed paraprofessional training program. (It is generally assumed that State agencies usually require a high school diploma or equivalent for these individuals, although the language in the regulations is non-specific and there is little data either way.) In this interpretation of a CPA, there is typically less reliance on professional knowledge and judgment, and more emphasis on thoroughly defining all of the conditions of eligibility to make the process standardized and routine. Often the clinic automation system is designed to buttress the limitations of the CPA, by programming in edits and logic that prevent errors, limit discretion, and provide assistance in decision making (e.g., identifying or "suggesting" appropriate food packages).

[6] For simplicity in writing, the female form is used here to refer to CPAs. Although there are certainly a number of men performing this role, the overwhelming majority of WIC CPAs are women.

In these clinics, there is often a more senior health professional available who is a resource to, and often supervisor of, the CPA, perhaps a nutritionist. The CPA typically does some initial counseling as part of the certification process. Individuals who are identified as high-risk may get referred to a nutritionist for additional counseling or development of a care plan. The nutritionist may not routinely function as a CPA, but may be responsible for developing all the nutrition protocols and nutrition education lessons used in the clinic.

State agencies have adopted this non-professional interpretation of a CPA for a variety of reasons. The policy allowed this practice and some have found that there simply are not enough qualified, degreed professionals available to staff WIC clinics. State WIC Directors offer that either there are not enough nutritionists in the labor pool in an area, the salaries offered by WIC are not competitive enough to attract applicants, or both. Some State agencies employ paraprofessional CPAs because they are less expensive and thus less strain on their limited budgets. Other State agencies believe that the certification process has been properly and more stringently defined than was previously possible and is now too rudimentary to require a highly educated health professional. This is consistent with increasing automation of complex functions in WIC certification. These State agencies believe health professionals' training and skills can be better utilized in other roles in WIC clinics.

Non-degreed individuals who become a CPA by completing a State or local agency training program are typically referred to as paraprofessionals. However, the terms paraprofessional and CPA are not interchangeable. Some State agencies also refer to other non-degreed positions that assist with aspects of the certification process, such as measuring heights and weights or drawing blood, as paraprofessionals. Consequently, not all paraprofessionals working in clinics are CPAs. Further, despite the definition of paraprofessional provided in the "Paraprofessionals in the WIC Program Guidelines for Developing a Model Training Program", there is not uniform interpretation in the term's implicit meaning regarding educational status. While in the Guidelines paraprofessional refers to an individual with less than an Associate's degree, there are State agencies that define anyone who is not Registered or licensed (i.e., dietitian or nutritionist) as a paraprofessional, including individuals with bachelor's, or even master's degrees in nutrition. In these agencies, the registered or licensed individual may oversee the work of degreed nutritionists or nutrition assistant model paraprofessionals.

Currently, the use of Registered Dietitians in a Parent Agency of a WIC local agency offers the possibility, in some states, of the agency receiving third party reimbursement for some services. Generally, these services do not include the basic WIC encounters (certification, secondary education contact), but may provide for more extensive high risk follow-up of WIC participants than WIC alone could support. The WIC Program may benefit from the presence of these individuals else wise as their services may be available to the Program for more general WIC related activities as well, whereas without the reimbursement, the Parent Agency would not have the staff in the clinic at all.

I.2. OTHER RELATED LOCAL AGENCY CHARACTERISTICS

There are a number of factors that have been identified as potentially influencing staffing levels or needs and the amount of time currently available for providing direct participant

services. Some of these characteristics are inherent to the type of agency providing services, while others reflect service delivery models that result from management decisions. Information on most of these characteristics is not available anywhere else and the feasibility of collection of this data needed to be assessed in this project. Thus, it was necessary to include this information in the data collection instruments. This includes the type of agency, use of permanent versus temporary service delivery sites, itinerant staff and travel time, automated versus manual data systems, State agency versus local agency responsibilities, proportion of non-English speaking participants, whether the site provides services to all categories of participants or is specialized (e.g., hospitals), and the level of integration with other health services. Additionally, information on in-kind contributions and indirect costs to the WIC local agency provides a more complete picture of resources available for staffing purposes. These characteristics are discussed below.

I.2.1. Type of Agency

Local agencies must be either governmental entities or nonprofit agencies. The vast majority of agencies providing services across the country are either private, nonprofit agencies or local governments that contract with a State agency to provide WIC services in exchange for an established reimbursement. Conditions for reimbursement are defined in the agreement between State and local agencies. The reimbursement is often determined by a funding methodology directly related to the size of the caseload they are authorized to serve. The State agency provides the funds, and the local agency makes the decisions on how best to staff its clinics, although some states do have specific staffing requirements for local agencies.

Private, nonprofit local agencies may have more flexibility in hiring and compensation decisions than local health departments that are part of city or county governments, which in turn may translate into differences in costs or staffing models. Consequently, when examining staffing data it is useful to know from which type of local agency the data came.

In a few states, some or all of the services are provided by sub-units of the State agency, such as district or regional offices. In these states, even though all of the clinic workers are state employees, there is a clear distinction between the duties of the employees who work in these offices and the state employees who work in the "State" office. These district or regional offices hold WIC clinics and function much like the independent agencies under contract. However, they may not have the independence in hiring, compensation, and other staffing decisions that contracted local agencies have.

In these states, decisions on staffing levels may be made with little regard to participation levels, and the WIC State agency may have little control over the funding provided to these offices. The offices may be required to follow statewide governmental policies regarding leave time, hours of operation, and similar issues. Some States have both contracted local agencies and sub-units of the State agency, and cannot impose the same rules on both types of service providers.

Finally, in at least one small geographic State agency and several Indian Tribal Organizations (ITOs) State or Tribal Agency staff who are accountable for State/Tribal Agency responsibilities also provide direct participant services in the same manner as

other local agency staff. In these States or ITOs, there is no local agency from an administrative point of view.

It is currently understood, then, that local service providers are generally in one of four groups, private nonprofit agencies, local government units, sub-units of the State agency, or WIC State agency office staff having clinic responsibilities.

I.2.2. Type and Hours of Clinic Facilities

There are three characteristics of clinic facilities that are potentially significant to staffing issues. The first characteristic is the distinction between permanent facilities and temporary sites. Permanent facilities are those that are owned or rented full-time by the WIC local agency, even if the clinic itself is not open full-time. Full-time possession of a facility generally allows the WIC Program to leave equipment, furniture, and files in the facility when not in use. Temporary facilities are those that are rented or used gratis by the WIC Program for only those days each month in which the clinic is in operation. Typically, staff must bring all or most of their equipment and supplies with them from another office on clinic days. Staff working in temporary sites have more travel and set-up time, which reduces the amount of time available for direct services.

The second characteristic is the distinction between clinics that are open full-time and those that are open part-time. The definitions of a full-time clinic may vary somewhat between agencies, but generally means that it is open at least five days a week for a minimum of thirty-five to forty hours. A full-time staff person could theoretically be assigned to work just in that one site. A part-time clinic is one that is open for only certain days a week or a month, or is open for only a few hours a day. The definition of a part-time staff member varies by local agency.

Permanent sites can be either full-time or part-time clinics. By definition, a temporary site could only be a part-time clinic. The use of full-time versus part-time clinics has implications may be closely related to travel time and may influence the numbers and types of staff needed.

The third characteristic is whether the clinic site offers extended hours, either in the evening or on weekends. Extended hours can be offered in any combination of permanent full or part-time clinics, or part-time temporary clinics. Extended hours have implications for staffing because they may require paying staff overtime or paying shift differentials, or may require additional types of staff such as security guards.

I.2.3. Service Integration and Shared Staff

By statute and regulation, WIC is intended to serve as an “adjunct” to health services. How this is accomplished in actual practice varies considerably. These variations are reflected in the degree of physical integration of WIC with other health services, including sharing, or lack of sharing, of staff from non-WIC programs with WIC.

Some WIC clinics are in standalone facilities in which the only contact with any other health service is through referrals. Other WIC clinics are housed in facilities in which the local agency provides other health services; however, there is little or no attempt to integrate WIC with those other services. They operate side by side, but essentially independently. Participants may or may not receive their routine health care from the providers down the hall. Still other WIC clinics are in facilities that not only provide

additional health services, but do so in a coordinated fashion with WIC. There may be a common intake process, combined patient records, and routine use in certifications of medical information obtained during health visits.

In addition to the differences in physical setup, there are related differences in the use of staff in these clinics. Staff may perform only WIC functions and be paid only from WIC funds. Staff may perform both WIC and non-WIC functions (e.g. providing prenatal care or immunizations) and be paid from a combination of WIC and non-WIC funds. Staff may perform WIC functions or a combination of WIC and non-WIC functions, but be paid from non-WIC funds (e.g. in-kind contributions to WIC). Any sharing of WIC staff with other programs requires either direct billing or formal cost allocation.

Some types of staffing arrangements may be more commonly associated with certain types of facilities; for example, staff performing only WIC functions in a standalone facility or staff with shared WIC and non-WIC functions in an integrated clinic. However, it is possible to have any combination of staff in any type of clinic facility. There may be efficiencies experienced by agencies that share staff among programs, effecting WIC's staffing patterns.

I.2.4. Collection of Anthropometric Measures and Blood Work

Traditionally the most common approach used by clinics to obtain the current height, weight, and hematocrit or hemoglobin has been to have WIC staff working in the clinic conduct these measurements as a part of the certification process. Some local agencies, perhaps as part of their integration with other services, have developed arrangements for some or all of this information to be obtained from other sources.

Some clinics attempt to get both anthropometric and blood work from other providers, while some clinics do their own anthropometrics and use blood work obtained elsewhere. Clinics that are co-located with other health services may be able to send a participant to a lab on the spot or look up the information in a shared medical record. Standalone clinics require more advance planning and depend on participants to bring the information with them to clinics.

In local agencies with multiple clinic sites, clinics may use a variety of approaches to obtain medical information. In California, local agencies do virtually no on-site blood work. Different states have different license requirements that impact which staff can draw blood from patients. Consequently, the model used by State and local agencies to obtain medical information may affect not only the number of staff required in a clinic but also the type of staff required as well.

I.2.5. Full Service Clinics and Special Populations

The typical clinic offers services to the entire eligible population in the area, certifies all categories of participant (women, infants, and children) that apply, and provides food benefits for each month of the certification period. However, there are some exceptions.

A local agency may provide WIC services in a prenatal clinic and only serve the patients of that clinic. Women may be certified for WIC during prenatal visits and pick up food benefits during future visits at that clinic. Some local agencies provide limited services in hospitals, such as certifying postpartum women and newborn infants. These new participants are then automatically referred to a different clinic site to receive their food

benefits in future months. Depending on their structure, a local agency may or may not consider this hospital a separate clinic site. Other local agencies may establish clinics to serve special populations, such as non-English speaking applicants, so they can provide staff with appropriate skills.

Often these clinics are an exception to the agency's routine way of doing business, and have been established to provide more convenient access or better customer service. However, they can also be more or less efficient, and thus more or less costly, or result in different staffing models than other clinics.

I.2.6. Extent of Clinic Automation

While there are relatively few States or local agencies remaining that do not have any automation support, the extent of the support provided by management information systems varies widely from State to State.

In some of the States with newer data systems each clinic worker has access to a personal computer (PC) or internet device and creates or enters data directly into a participant record. In many States, there are PCs in the clinic but all or most information must be recorded on paper forms first and then entered into the computer, often by a different staff person. For example a nurse or nutritionist may complete paper forms and give them to an administrative support staff that enters the information and then files the forms. This model may require more support staff than a clinic in which professional staff enter their own data directly into participant records. A few States still have batch processing systems in which staff complete forms at the clinic and send them off to a central data entry point. In these systems, clinic staff typically receive a "turn around form" somewhat later which is filed and used for future visits.

The majority of geographic States, and many Indian Tribal Organizations (ITOs), have data systems that allow them to print food instruments (FIs) "on demand" in the clinic. A few States still have their FIs batch printed centrally (usually at the State WIC office). At least one State still uses manual food instruments that are completed by hand in the clinic.

Finally, apart from how data is entered and how FIs are printed, there are significant differences in the functionality of the data systems in use by WIC. Some are Windows-based systems, with drop down menus and choice fields while others are DOS based systems in which all the information must be entered on the keyboard. Many of the recent systems print growth charts, automatically calculate risk codes, and recommend food packages, while older systems which are gradually being replaced may have none of these features.

I.2.7. Caseload that is High-Risk or non-English Speaking

Public comment on this WIC staffing study indicated concern by locals that the proportion of their caseload that is high-risk, requiring more intense follow-up by professional staff; or the proportion of the caseload that is non-English speaking, requiring bi-lingual staff or translation services, have a significant influence on their staffing needs and patterns.

I.3. PROGRAM STAFFING ISSUES OF INTEREST TO STAKEHOLDERS

There is interest in local agency staffing issues at the national and state levels including from the congressional General Accounting Office (GAO), WIC management, and within the professional nutrition community. The particular focus of interest varies within these groups.

The Association of State and Territorial Public Health Nutrition Directors (ASTPHND), having completed AWFS 2000, is interested in further specific information to assist its members with recruiting and retaining professional staff. The Local Agency section of the National WIC Association (NWA), that had developed but not yet implemented its own survey, would like to have good quality information as a basis for providing technical assistance to its members on the best use of resources in hiring staff without endangering quality WIC services.

GAO[7] documented significant variability across local agencies in the delivery of nutrition services and program administration, cited a specific need for enhanced availability of professional staff to provide direct services, and an overall need for improved professionalism and quality of service. It is an objective of FNS's Strategic Plan[8] to increase the nutrition qualifications of the WIC workforce.

Acknowledging that local agencies can legitimately vary in the ways they deliver nutrition services and administer the WIC Program (for example, the manner in which they obtain health information), GAO found variation that concerned them in a number of program services. "No requirement exists that local WIC agencies employ a dietitian, nutritionist, or lactation specialist or that their staff members have access to the services of these professionals. We observed that the availability of nutrition professionals who had sufficient time to provide individual counseling varied from agency to agency, resulting in a range of the quality of services provided. Without staffing requirements to ensure a minimum level of access to professional nutrition services, local agencies may not be able to provide adequate services, especially to high-risk participants."

Additionally, they found that "A number of factors, including state program policies, the characteristics of the sponsoring organization, and resource constraints, affected how the agencies delivered services and contributed to some of the variation we observed."

Differences were found by GAO in many of the areas discussed in section I.2, above and include:

> Obtaining health information: One site did not routinely measure participants' height and weight and test blood for anemia, as was typically done at the other agencies to obtain required medical information. Instead, the information was obtained from participants' health care providers.

[7] GAO/RCED-00-202, Report to Congressional Committees, Activities and Use of Nonprogram Resources at Six WIC Agencies. September 2000;

[8] FNS, Revitalizing Quality Nutrition Services (RQNS) in the WIC Program, 1999 (www.fns.usda.gov)

The use of individual care plans: Some sites routinely prepared individual care plans for all participants while staff at the other agencies did so only for participants considered to be high risk.

Frequency of food instrument issuance One site issued vouchers to adult participants who were not considered to be at high nutritional risk every 3 months, while the other agencies issued vouchers or checks to such participants at least every 2 months.

Availability of extended hours: Five of the six agencies, to varying degrees, offered services during scheduled evening hours (until 6:30-7:00 p.m.) a few days a week.

Motor Voter: Some sites had extensive tracking of Motor Voter activities; other simply made voter registration forms available to participants.

Length of individual contacts: Individual contacts were typically provided at all six agencies during the participant's certification and/or recertification session but the length of the session, including nutrition education, lasted an average of 10 to 60 minutes.

Number of classes: In addition to individual sessions most sites provided some group nutrition education. However, the frequency of classes varied from a dozen classes daily to weekly, bimonthly, or monthly.

Medical counseling services versus referrals: One site, when needed, provided nutrition education that involved medical nutrition counseling (to diabetic WIC participants, for example), while staff at the other agencies typically referred participants to non-WIC dietitians if such counseling was needed.

Nutrition education to children: Only one site offered regular nutrition education to child participants even though children represented at least half of the participants at five of the six agencies.

Use of technology: Only one site utilized computer technology in the form of a touch-screen kiosk to provide nutrition education to participants.

Breastfeeding classes: Like nutrition education, breastfeeding was typically promoted during individual sessions. Four of the sites also offered breastfeeding classes.

Hospital visits: Staff at three of the agencies routinely visited participants in the hospital after childbirth to encourage and support breastfeeding.

Use of lactation specialists: Staff at all of the agencies were trained to promote breastfeeding. In three sites there was also at least one certified lactation consultant.

Transportation to participants: All of the agencies except one provided services at temporary clinics or sites. Staff in these agencies traveled to temporary clinics or sites to provide services, while two did not. The clinic that did not offer temporary services did offer participants free or reduced-cost transportation, on request.

I.3.1 Positions and Staff Classifications and Promotions

While there is general agreement that the types of WIC staff and related duties should be identified, there is no standard WIC staff classification system in use to adopt for reporting purposes. This section of this report presents position classification systems that have been used in other instances of collecting staffing information or promoted as systems of career ladders for the nutrition workforce. These include classifications utilized in the AWFS 2000, those utilized in the WIC Dynamics study, those defined by the Public Health Foundation, and those defined by the NWA local agency section.

Although all of these have been considered, none of these classification systems are adequate for use in an ongoing local agency administrative data collection system. They do not fully account for the central CPA role that exists in WIC, the assumptions regarding duties related to the classification are invalid, and the position classifications are not always mutually exclusive.

AWFS 2000 utilized a system with nine classifications for the nutrition workforce that could be consolidated into two major classes, professional/management and paraprofessional staff. The professional staff included three classes intended to encompass the bulk of supervisory, management and budgetary responsibilities. Positions are as follows:

Paraprofessional

- Nutrition Assistant
- Nutrition Technician
- Breastfeeding Counselor
- Other

Professional

- Nutritionist
- Public Health Nutritionist
- Clinical Nutritionist
- Public Health Nutrition Consultant

Professional/Management

- Public Health Nutrition Supervisor
- Public Health Nutrition Director
- Assistant Public Health Nutrition Director

The WIC Dynamics study also utilized the concept of professional and paraprofessional staff, although they were defined differently than the Workforce Study. For WIC Dynamics professionals included licensed nutritionist and nurses. Paraprofessionals included, for example, nutrition assistants. Additionally, data was collected on clerical staff in this study.

Another personnel classification system is based on *Personnel in Public Health Nutrition – A Summary Guide* from the Public Health Foundation. It identifies nutrition professional positions and responsibilities as:

Nutritionist IV (Nutrition Manager), program management

Nutrition III (Nutrition Supervisor), site supervisor, etc; oversee all nutrition services, planning on site, quality assurance, evaluation of services and staff; responsible for oversight of nutrition staff members

Nutritionist II (RD Nutritionist), specialized training for community-public health nutrition and WIC or master's degree in public health nutrition, masters in nutrition, etc.

Nutritionist I (bachelor's in nutrition, meeting ADA requirements) with State agency sponsored or Community Nutrition Educators who has completed course and exam for Nutritionist I.

Community Nutrition Educators (CNE), bachelor's in any area with minimum 15 hours of nutrition coursework). Required State agency provided training course for WIC nutrition provided after hire but before assumption of CNE position.

Community Nutrition Aides (CNA), paraprofessionals, high school diploma or GED plus specialized, nutrition and WIC specific training provided after hire but before actual assumption of CNA position (CNA-in–training).

A classification system set up specifically for WIC local agencies was developed by the NWA Local Agency Section for a proposed staffing survey of local agencies. Categories of positions are defined in this survey as:

CPAs

- WIC Director/Coordinator
- Nutritionist Supervisor
- Public Health Nutritionist (RD/LN)
- Nutritionist (4 year degree, not RD/LN)

Support for Professionals

- Lactation Consultant
- Dietetic Technician (DTR)
- Paraprofessionals

Administrative/Clerical Support

- Issuance Staff
- Clerical Support
- Administrative Support (non-issuance)

Other Professional Staff

- Health Educator
- Registered Nurse
- Physician
- Health Aide/LPN, etc
- Social Worker
- Other (specify)

For the purpose of developing staffing ratios, NWA identified the following groupings of staff.

- Professional nutrition staff including registered and/or licensed staff and those who have completed a four-year degree in nutrition
- Paraprofessional staff including health educators, peer counselors and support staff that have completed paraprofessional nutrition training modules

I.3.2 WIC Local Agency Staff Duties

While there is general agreement that the duties of WIC staff should be identified, there is no standard list of WIC duties to utilize. This section of this report identifies various ways that WIC duties have been classified in other instances of collecting staffing information.

The GAO defined a set of activities for which to conduct time analysis in six clinics visited. The activities were defined as participant services activities (scheduling participants, determining participants' eligibility, assessing participants' nutritional risk, making referrals and conducting follow-up, explaining benefits and procedures to participants, issuing checks, providing or receiving training or other professional development, and making record notations); nutrition education activities (providing one-on-one nutrition education or counseling, providing group nutrition education, developing materials and activities, consulting with medical providers regarding nutrition education of individual participants, providing or receiving training or other professional development, monitoring and evaluating nutrition education activities); breastfeeding promotion and support (providing one-on-one breastfeeding instruction/counseling, providing group breastfeeding instruction/counseling, developing materials and activities, consulting with medical providers regarding breastfeeding, issues, providing or receiving training or other professional development, monitoring and evaluating breastfeeding promotion activities); and administration **(**outreach to potential participants, outreach to health care providers and other organizations, clerical tasks, travel, personnel tasks, accounting and finance, vendor management , general management, organize self/work, and miscellaneous).

NWA, in its efforts at preparing a survey for administration to local agency, identified the following list of duties of WIC staff members. These duties include:

Appointment scheduling
Intake (income, residence, and motor voter)
Collect heights and weights
Collect blood work
Obtain health history
Conduct health screening (immunizations, lead, etc.)
Assess nutrition risk, determine eligibility
Assign food package
Make referrals to other services
Complete dietary recall or equivalent

Special formula prescription and follow-up
Therapeutic nutrition counseling and care plans
Provide high-risk counseling and nutrition care plans
Food instrument issuance
Provide individual nutrition education
Provide group nutrition education
Breastfeeding promotion & support with individuals or groups
All other nutrition education activities
Developing or providing staff training
Outreach activities
Vendor management
Personnel supervision
Program planning and management, including budgeting
Clinic management

This list of duties was found to be an excellent basis for defining the duties in the report formats to be developed. A few modifications from this list were made.

I.3.3 Vacancies, Recruitment and Retention

In the mid to late 1990's concerns over vacancies, recruitment and retention of WIC staff was wide-spread. While over the past ten years, many State agencies have initiated strategies to address recruitment and retention issues. The Nutrition Guidelines for Practice address this issue specifically with a recommended practice of State and local agencies using appropriate strategies to recruit and retain nutrition services staff. The strategies include providing career opportunities, establishing staffing patterns, promoting WIC as a potential employer, marketing careers in WIC to professionals, providing staff training and competitive salaries, establishing job performance standards and to provide mentoring opportunities for new staff.

I.3.4 Staff Training

The increasing utilization of WIC paraprofessionals and the use of individuals without professional development training requirements (i.e., not registered or licensed nutritionists) has increased the importance of staff training. Requiring all staff to receive continuing education, even though not required to meet professional certification and license requirements, could improve the quality of services and enhance the professionalism of staff. GAO recommended that State agencies establish for their local agencies minimum continuing education requirements for staff in the areas of nutrition, breastfeeding promotion, and counseling. West Virginia has subsequently developed several specific performance measures for staff training requirements. AWFS 2000 identified the perceived top five training needs among the workforce. Based on this information, they are:

- nutrition with special health care needs,
- breastfeeding,
- infant and pre-school nutrition, prenatal nutrition, and

- counseling for behavior change and nutrition education.

Guidance provided from USDA to States in "Paraprofessionals in the WIC Program. Guidelines for Developing a Model Training Program" identified training needs of WIC paraprofessionals and components of a model paraprofessional training program. Subsequently, States developed many training programs for paraprofessionals.

Finally, three practices are included on staff training in WIC Nutrition Services Standards. These performance measures are that for State and local agencies that use State or medically trained paraprofessionals *or* professional staff to serve as CPAs or provide nutrition services have a State approved training program, including a training schedule with the opportunity to obtain annually a specified number of training hours related to job responsibilities, demonstration of knowledge and performance skills and annual performance evaluations.

I.4. REVIEW OF EXISTING LITERATURE

The following resources were reviewed on the subject of WIC staffing: AWFS 2000; the 1996 USDA/FNS WIC Participant and Program Characteristics Study (PC-96); the WIC Dynamics Study; staffing needs assessment conducted by the West Virginia WIC Program; an in-house analysis of local agency vacancies in one State's local agencies and the WIC Nutrition Services Standards.

ASTPHND has been tracking trends in the public health nutrition workforce since 1985. Their latest survey of the professional and paraprofessional public health nutrition workforce in the State and territorial agencies, AWFS 2000, was conducted during 1999-2000. The study was designed as a census of persons who work as nutrition professionals or paraprofessionals in a public health nutrition program, such as WIC, or in other public health programs or services under the purview of the State health agency. AWFS 2000 was intended to reach all individuals in public health nutrition positions. Ten thousand, three hundred and nine (10,309) responses were received, for an estimated response rate of 88 percent from the 11,718 eligible positions identified. However, the State of Idaho and many Indian Tribal Organizations (ITOs) did not participate at all in this study, so the results probably underestimate slightly the actual number of individuals in public health nutrition positions. California responded in the most recent survey; they had not in the previous.

The Participant Characteristic study of 1996 (PC96) included a mail survey of local WIC agencies. Four hundred (400) agencies were identified in a proportionate-stratified sample and sent the survey with questions on sponsoring agencies and service delivery. Included in the survey was a specific set of questions regarding staffing issues. Ninety-five percent of the sample completed their Summary of Local Programs (SLP) form.

The WIC Dynamics Study was completed by 1995 and addressed State agency administration, local agency administration and operations, nutrition services, integration and coordination with other programs, synthesis of reported changes on State and local agency operations, and factors affecting quality of services. The final report (chapter III)

addressed issues relevant to this WIC Staffing project. Those issues included local agency scheduling, operation, staffing, and space and facilities.

In 1996, West Virginia reported findings regarding staffing ratios and times expended for core, administrative and ancillary functions for nineteen clinic sites used in the study sample[9]. Ratios were calculated for three classifications of functions for each site. The three ratios were the number of CPAs to total staff, the number of CPAs to participation, and the total number of staff to participation. Additionally, West Virginia provided results of an April 2002 self-assessment survey of local agency nutrition staff members.

Finally, individuals identified by USDA/FNS regional offices as being involved with State level activities on staffing issues were contacted for information regarding recent State efforts. From one of these States we received data on staff vacancies at the local level, the analysis of which is presented below. While this is not an official personnel report of staffing, and is not an annualized measure, this data does define nutrition position vacancy rates as "snapshots in time" in December of 2000, 2001 and 2002 for this State.

I.4.1. Number of Local Agency WIC Staff

According to AWFS 2000, there was 8,130 full-time equivalent nutrition staff employed in WIC Programs (from 9,853 WIC nutrition staff respondents). A slightly smaller number of positions were reported as funded through federal WIC funds.

In the mid-1990's concerns regarding the sufficiency of staff, professional, paraprofessional and clerical was wide spread. Forty-four (44) to sixty-seven (67) percent of local agencies reported having insufficient professional staff to support WIC operations[10]. Only fifty-two percent of local agencies reported having sufficient or more than sufficient number of paraprofessionals[11], although 49 percent of agencies in that general time period did not have any paraprofessional staff[12]. Of the 51 percent that used them at that time, 27 percent found the number to be insufficient. Forty-two percent of agencies reported they had less than a sufficient number of clerical staff[13].

I.4.2. Staffing Ratios

Between 365 and 400 participants per staff were reported by West Virginia for the full scope of clinic services. Similar ratios are reported for Pennsylvania and Ohio in the West Virginia study. They reported slightly smaller but still similar staff-to-participant ratios for Massachusetts. Some factors were identified by West Virginia which appeared to influence these staffing ratios. These include the level of program integration within the agency and the use of contracted versus government sites.

[9] WV WIC – Staffing Needs Assessment Report, July 31, 2002
[10] WIC Dynamics and PC-96
[11] PC-96
[12] WIC Dynamics
[13] WIC Dynamics

GAO found in six clinics of geographic State agencies, 300, 308, 381, 460 and 545 participants per FTE staff. In this work the single ITO State agency had 134 participants per staff member. West Virginia also reported the average number of participants per CPA to be 846, with a high of 1,141 and a low of 639.

There are some guidelines or requirements for particular staffing ratios of which we became aware through discussions with the advisory committee members and others. These guidelines are based on what is believed is required to work from a management perspective considering historical program management and review activities. With caveats for consideration of unique clinic situations and environments, and variation in double or triple month issuance, one State (Texas) has suggested to its local agencies that one CPA per 1000 participants and one clerical staff person per 500 participants is reasonable. Another State (California) requires one full-time RD on staff per 1,200-1,500 participants in local agency caseload.

I.4.3. Staff Characteristics - Academic Degrees

Sixty-eight percent (n=6,688) of the WIC nutrition workforce indicated they were professionals and 32.2 percent indicated they were paraprofessionals (n=3,173). A small number who reported "other" were grouped with paraprofessionals here. The most frequently self-reported classification was nutritionist, with 33.7 percent of all WIC staff respondents selecting it.

Ninety-seven percent of WIC professionals have at least a bachelor's degree, and 77.9 percent have completed at least the bachelor's degree in nutrition or dietetics[14]. Seventeen percent of WIC professional workers have master's degree in nutrition or dietetics and 6.6 percent report a master's degree in public health or community nutrition.

According to AWFS 2000, thirty-eight percent (37.6%) of the WIC nutrition workforce indicated they were Registered Dietitians (RDs) and 2.5 percent said they were Registered Dietetic Technicians (DTRs). Over half of the WIC professionals, 56 percent, reported being an R.D. and 37.5 percent reported being licensed or certified in their respective States. On the other hand, twenty-four percent (23.6%) of WIC nutrition professionals have no specific certification credentials. Nearly twelve percent (11.5%) of paraprofessionals have State or agency recognized certification in breastfeeding.

I.4.4. Staff Duties

Little specific information exists about the actual performance of duties throughout the various classifications within the nutrition workforce, or specifically the WIC workforce. There are, however, several classification systems that have attempted to direct the activities of the various levels of positions, generally increasing the level of management and supervisory responsibilities as education or professional status increased. These systems are presented in section I.3.1 of this report and were considered in design of the current pilot.

[14] AWFS, 2000

A theoretical model of positions classifications and duties was used in AWFS 2000, based on those in Personnel in Public Health Nutrition for the 1990s, A Comprehensive Guide[15]. The duties are broken into direct and non-direct patient services. Non-direct patient services include policy, planning & evaluation, management, supervision, fiscal control, record keeping, and outreach. Direct services include consultation, education, care coordination and case management, counseling, and screening.

Based on these criteria, sixty-three percent of WIC professionals spend greater than 75 percent of their time on direct services while 84 percent of paraprofessionals spend greater than 75 percent of their time on direct services. Twenty-one percent of WIC professional nutrition staff spend less than 50 percent of their time at direct services while nine percent of paraprofessionals spend less than 50 percent of their time at direct services. Thus, a paraprofessional is more likely to be providing direct client services than a professional.

The classification scheme used in AWFS 2000 provide a subset of classes with management and budgetary responsibilities. While there were far higher proportions of individuals that classified themselves into these categories who *did* have supervisory and budgetary responsibility than individuals who were in other classes, many of the individuals in non-management professional categories also have these responsibilities, including nearly a quarter of all nutritionists. Thus, for WIC, with its many nutritionists, classifying nutritionists within this classification scheme would not accurately reflect their job duties.

Finally, there appears to be little opportunity for population-based activities, with only 3 percent of all respondents reporting this activity.

I.4.5. Staff Characteristics - Language, Diversity and Cultural Competency

Current issues within the WIC community are language skills, diversity, and cultural competency of the WIC staff. Cultural and linguistic competencies are often deemed desirable for the provision of quality nutrition services. The AWFS 2000 indicated that of the WIC nutrition workforce, 21 percent were Hispanic, 12 percent were African-American and 6.6 percent were Asian. (This should be interpreted carefully as there was significant underreporting on the race/ethnicity variable in this study.) Nearly thirty percent of the nutrition workforce had Spanish as a first or second language. Eighty-three percent had English as a first language. English was reported to be the second language for 12 percent of the workforce. More than 30 percent of all respondents spoke more than one language. The composition of the WIC workforce does not reflect the characteristics of the participants themselves, with the White, non-Hispanic nutrition workforce disproportionate to the number of White, non-Hispanic participants. Further, it is plausible that it is paraprofessionals as opposed to the professionals that are most likely to be bilingual. The availability of Spanish speaking professional nutritionists is presumed to be less than professionals who are not required to be bi-lingual, although exactly how this plays out in terms of candidates available in future is unknown.

[15] Public Health Foundation, Washington, D.C., 1991

I.4.6. Recruitment, Retention and Vacancies

AWFS 2000 found a 5.1 percent vacancy rate for the entire public health nutrition workforce with approximately 600 of 11,718 positions vacant. In the mid 1990's 30-34 percent of agencies found it difficult to hire professionals, 15-20.1 percent had difficulties hiring paraprofessionals and 14-18 percent had difficulty hiring clerical staff. In PC-96, 41 percent of agencies attributed difficulties in hiring to salary and benefits, 30 percent to lack of qualified applicants, 15 percent to poor working conditions, and 13 percent to hiring freezes. WIC Dynamics found forty-three to fifty-eight percent cited salary and benefits as reasons for their difficulty in recruiting and retaining these staff; 32 percent cited workload as a contributing factor; and 14-21 percent cited shortage of dietitians and nutritionists as reasons for not filling positions. As reported in the final report for the study, the difficulties seemed to be worse in rural settings. Other reasons for the inability to fill positions and provide an adequate quality of services were agency imposed hiring freezes (16 percent), low moral (18 percent), and staff attitude and turnover (17 percent).

West Virginia reported that four of their eight local agencies in their study sample had significant shortages of nutritionists for extended periods (i.e., three months to one year), at least partially due to difficulty recruiting candidates that meet current minimum qualifications (a bachelor's degree with a minimum of 12-15 hours of nutrition course work).

More recent data comes from a single State, Florida, that provided data on vacancy rates, by position type (delineated below in increasing seniority), by year at the time of the inquiry.

Florida Local Agency Vacancy Rates for 2000-2002 by Position

YEAR	Nutr Ed (n=145)	Diet Tech (n=37)	PHN (n=49)	Sr. PHN (n=111)	PHN Sup (n=82)	SR PHN Sup (n=52)	PH Nutr Dir (n=29)	Total (n=516)
2000	18.9%	10.3%	36.9%	16.4%	9.3%	9.4%	0.0%	15.5%
2001	16.8%	5.2%	19.6%	11.0%	10.8%	11.4%	0.0%	12.2%
2002	13.8%	3.0%	26.8%	21.5%	11.6%	4.0%	0.0%	13.8%
AVERAGE	16.5%	6.2%	27.8%	16.3%	10.6%	8.3%	0.0%	13.9%

Generally speaking, there appears to be a slight reduction in the vacancy rates overall over the three years, although not for all positions. The positions providing direct participant services, Public Health Nutritionists and Nutrition Educator appear to be the most difficult to keep filled, with 16-28 percent vacancy rates averaged across the three points in time. Dietetic Technicians have one of the lowest vacancy rates of these categories, at about 6 percent.

I.4.7. Salaries

Most WIC nutrition workforce positions are budgeted employees for the program AWFS 2000 found that 96.1 percent of positions were employee positions and only 3.1 percent were independent contractors. The WIC Dynamics Study found that in the early 1990s the use of contract or consulting staff existed in 28 percent of local agencies. At that time, according to the respondents, this represented an increasing trend. It is noted that this was, and may still be, a method to use during a period of program growth or contraction.

AWFS 2000 provided a salary range for each class of positions for which individuals reported information. The salaries in the ranges did not necessarily reflect any individual's actual salary, but rather the position they held. The figures in each range in Table 1 below are the median of the minimum and maximum salary reported for each category. This table reflects only the data reported and does not contain data for part-time positions, contracted positions or the "other" and "breastfeeding counselor" categories. It should be noted, that when classification is based on self-assessments of work as in AWFS 2000, there is a high degree of subjectivity in position classification which may result in misclassification.

Table 1
AWFS 2000 Median Salary Ranges by Staff Positions for U.S. Public Health Nutrition Workforce

Staff Position	Median Minimum and Maximum Salaries (# of responses)
PHN Director	$35,264-$54,260 (292)
Asst. PHN Director	$34,992-$53,435 (99)
PHN Supervisor	$33,021-$48,287 (621)
PHN Consultant	$35,100-$49,914 (353)
PH Nutritionist	$29,858-$43,496 (638)
Clinical Nutritionist	$29,661-$43,968 (359)
Nutritionist	$26,352-$39,000 (1531)
Nutrition Technician	$20,736-$29,163 (755)
Nutrition Assistant	$18,804-$25,251 (898)

Not surprisingly, the national data may not be valid for any given State agency. A comparison of the national salary ranges (AWFS 2000) and the West Virginia salary ranges for nutrition classification titles (WV Civil Service), indicate WV salary ranges were below the national average median salary range.

I.4.8. Benefits

There is little empirical or even anecdotal information regarding benefits for the workforce. The WIC Dynamics Study found that in one large urban local agency most of the staff were part-time (39 hours or less) or on contract because WIC staff are city health department employees and the program budget could not support the city's high fringe rate for full benefits. An earlier visit to this site by Abt Associates, Inc. in 1988 also reported a large number of part-time staff and the requirement that WIC follow the city's civil service procedures in hiring staff.

I.4.9. Training

There is little to no information on the training received by local agency staff, or of State or locally imposed training requirements. GAO noted that there was no defined commitment to improve local agency staff training opportunities and suggested there was reluctance by local agencies to invest staff time or funding in training or continuing education. In WIC grants there is no identification of funds in or specific amounts of funds to be used for training in WIC; there are also no reporting requirements to State or local agencies regarding resources specifically used for training.

I.4.10. Summary of Literature Review

Based on AWFS 2000, it appears that the public nutrition workforce is composed of approximately 11,000 individuals. Three thousand six hundred (3,600) have a bachelor's degree in nutrition or dietetics, and 1600 have a master's degree in nutrition/dietetics, public health or community nutrition. Another 1250 have a non-nutrition bachelor's degree. Between 3,170 and 3,550 are paraprofessionals – defined here as individuals with an associate's degree or less. Participant to staff ratios have been reported for geographic State agencies from 300-550. This ratio appears significantly lower for Indian Tribal Organizations (ITOs).

Paraprofessional staff members are more involved in providing direct services than professionals, although professionals spend a significant amount of time on direct services as well. Existing position classification systems do not properly define the duties of professional WIC staff. Little information is available publicly specific to the cultural competency of the professional versus paraprofessional work force.

Measurements on vacancy rates have differed significantly over time, to the point that it is not feasible to compare vacancies and difficulties in recruiting staff over time. The AWFS 2000 indicator of a 6 percent vacancy rate seems less severe than the reported situation in the mid to late 1990s when salaries, excessive workload and lack of qualified applicants were serious barriers to adequate staffing for local agencies.

While the existing data are informative, and in some cases very much so, there are limitations in terms of its validity and how it may be generalized to WIC. While AWFS 2000 appears to provide useful information, the interpretation of it must be done carefully with the results validated for each particular use. Not all States respond to the survey (in the 2004 iteration Idaho did not respond, previously California had not) and ITOs do not participate. The methodology for collecting the information was left to each individual State's representative to the organization. This may have resulted in a lack of methodological consistency. Some States may have provided extensive training to staff on completing the survey information while others did not. It is possible that the level of follow up to ensure proper compliance with instructions varied. Some nutrition professionals may have been able to gain clarifications about the survey, while others may have had no resource for this information.

An additional serious concern with existing data is the lack of information regarding professional staff at the local level who are not nutritionists, dietitians, or health workers, but who interact with the nutrition professionals in terms of increasing efficiency or effectiveness of WIC service delivery activities. Further, there is no information on agency characteristics to assist with the interpretation of the staffing information.

Other limitations with existing information include:

1. Local agency level data from PC-96 and WIC Dynamics are getting old and are limited in scope.

2. Existing workforce data are not an optimally focused view of the WIC workforce in that the current WIC workforce consists of more paraprofessionals and entry-level positions than the non-WIC nutrition workforce. Little delineation is made for the categories of staff that are utilized heavily in WIC. Additionally, the reporting methods in AWFS 2000 may not have properly accounted for the skills and knowledge of professionals (perhaps college trained) in paraprofessional positions, since individuals with non-nutrition degrees were grouped as paraprofessionals. Degrees received by individuals in this group were not determined.

3. Existing data are based on a less than optimal position classification scheme for the local agency setting in terms of the qualifications and types of duties performed as related to job classifications.

4. Existing data do not specifically address Competent Professional Authorities in WIC, an essential role in program staffing.

5. Existing data are extremely limited on policies and practices regarding training of staff.

6. Existing data are extremely limited on the employment benefits received by staff.

7. Existing data are extremely limited on availability of career ladders to members of the workforce and WIC is not separately identified where information does exist

8. There is little existing information on nutrition services provided by local agencies.

9. Existing data from the AWFS 2000 do not examine or specify non-nutrition related capacities in the workforce that are evident. "Other" is the second largest single classification for academic degrees.

These limitations identify a need for obtaining additional staffing information with a particular focus on WIC's needs.

II. WIC SURVEY OF LOCAL AGENCY STAFFING (WIC SOLS)

This section of the report defines the criteria set out at the onset of development for obtaining effective reporting instruments, identifies types of information desired from WIC local agency administrative reporting, and references the details how the information was included in the instruments that were pilot-tested. Attachment 1 describes in detail the methods used and challenges present in developing the reporting instruments for gathering this information and the rational behind the final product. The final paper instrument is presented in Attachment 2 of this report. Sample screen shots from the final electronic instrument (WIC SOLS Online) are presented in Attachment 3.

The fundamental requirements considered in designing an effective report instrumentation were that completing the report would not be an unreasonable burden; that there are common definitions and a common understanding among the respondents and State and federal officials of the data being requested; that there is consistency in how staffing reports are completed; that there are no ambiguous or non-mutually exclusive response categories, and that response categories are detailed enough to capture all meaningful distinctions in local agency staffing patterns.

Information being collected in the reports includes the types and number of staff and full-time equivalents, qualifications of local agency staff, staff duties, recruitment, retention and vacancies, training and salaries and benefits. Additional local agency information was included in the instruments to demonstrate the feasibility of collecting this information to allow adequate interpretation of staffing information.

II.1. PILOT TESTING RESULTS

This section of the report presents some of the data that were collected from the volunteer WIC local agencies that pilot-tested the instruments. Results from the pilot testing are presented below in two sections, the data reported by these agencies and the results of the validation site visits after the agencies completed the reports.

II.1.1. Reported Data From Volunteer Pilot Agencies

Information is reported below on local agencies and their caseloads, the clinics of the pilot agencies, the people working in WIC in the pilot agencies, and the staff positions in the pilot agencies. This information is not representative of the WIC Program nationally.

It reflects only those agencies that participated in the pilot-testing. It is presented as an illustration of the usefulness of the data collected.

II.1.2. Information about the Pilot Local Agencies and Their Caseloads.

Twelve local agencies volunteered to participate in the pilot-test of the WIC SOLS report formats.

- Their monthly reported participation ranged from 1,614 to 87,982. The agencies were mostly local governmental units (n= 10), a few nonprofit agencies (n=2), and one sub-unit of the State government.

- These agencies reported to have between 0 and 70 percent of caseload as high-risk [0 (n=2), 8 (n=1), 15 (n=1), 17 (n=1), 20 (n=1), 22 (n=1), 45 (n=1), 52 (n=1), and 70 (n=1). One agency reported they didn't know this information, and one agency did not respond to this question. However, several agencies indicated that there was no objective source for this information and estimates were made by local agency directors.

- Like-wise, the proportion of caseload that is non-English speaking, reported between 2-65 percent, was often not really known and estimates, or proxy measures, were reported. Specifically, agencies reported 2, 5, 9, 11, 15, 21, 36, 37, 41, and 65 percent. The proxy measures included such things as the percent of caseload that was Hispanic, or a language preference indicator. One agency reported not knowing this information and this information was missing for one agency. Two agencies indicated they did not have staff with adequate language skills to serve participants (see Attachment 2 for specific wording of the question).

- Food instruments (FIs) are issued monthly to all participants in one of the agencies; and issued tri-monthly to all of their participants by four of the agencies. In two and four of the remaining agencies over half of participants receive food instruments monthly and tri-monthly, respectively. Five agencies issue monthly to less than ten percent of their participants. The balance of participants in these agencies receives food instruments either bi or tri-monthly.

- Five of the twelve agencies reported receiving additional financial support for operating the WIC Program beyond that provided by the WIC State agency. This support was dynamic, with five agencies reporting this support having recently changed (three increased, two decreased).

- Indirect or overhead costs were reported to be paid by seven of the local agencies at rates between 2.7 percent and 30 percent. The basis of the indirect or overhead cost rates are salaries (n=2), total personnel costs (n=2), total direct costs (n=1), and other (n=1). One agency did not report this information. Overhead costs are managed as direct costs for four agencies, as indirect costs for four agencies, and are in-kind services for two agencies. This information was not reported for two agencies.

- The data reported for monthly travel time to provide WIC benefits for all staff for month ranged from 0 to 60 hours (0=4, 3=1, 4=1, 5=1, 12=1, 44=1, 50=1 60=1) per month; one agency did not report this information.

II.1.3. Information About the WIC Clinics in Pilot Project Agencies

Information on forty-nine WIC clinics, or physical sites for which caseload could be provided, were reported by the twelve agencies. Forty-four of these clinics were permanent sites, four were mobile and one was reported to be a temporary site. Twenty of these clinics offer extended operations; forty-eight are full time. Forty-two sites operate in a non-integrated fashion, five clinics reported integrated services but no shared staff, and two clinics had integrated services and staff. In forty-four sites WIC staff conduct both anthropometric and blood measures themselves. Forty-five of the clinics provide all services to all participants.

Twenty-six clinics record participant data directly into a computer; eighteen record on paper, then transfer the information into a computer on-site, four had virtually no automated records, and one recorded onto paper and then entered into a computer outside the clinic. Food instruments were reported to be produced and issued on-demand with computers at forty-four of the clinics, two printed the food instruments in advance of issuance, two issued food instruments in another fashion, and one clinic manually issues food instruments. The level of automation in WIC clinics remains a variable factor in staffing needs.

II.1.4. Information About the People Working in WIC Pilot Agencies

II.1.4.1. Staff Qualifications

A total of seven hundred and twenty-three staff members were reported to work in the twelve local agencies in the pilot tests of the paper and electronic report forms (624.5 FTE). Of these, one hundred and seventy-two (172), twenty-four percent (24%) were individuals with a minimum of a bachelor's degree in human nutrition; sixty-one (61) or eight percent (8%) were individuals with degrees in nursing and other specific health and human service areas; and four hundred and ninety individuals fit the criteria for other WIC staff (68 percent), although this group was predominantly individuals with a high school degree or competency based training as their only academic preparation (n=443/490). Detailed information on the breakdown of qualifications of staff is provided below in Table 2. Additionally, eighty-three individuals (29.1 FTE) served as breastfeeding peer counselors and there are another thirty-eight individuals (16.35 FTE) who provide volunteer services to the program in these agencies. Eleven WIC staff are IBLCE certified, three are nutritionists and seven are nurses.

TABLE 2: DETAILED WIC STAFF QUALIFICATIONS ACROSS 12 LOCAL AGENCIES		
CATEGORY OF STAFF	**TOTAL**	**PERCENT OF ALL STAFF**
Individuals with Human Nutrition Degrees (minimum Bachelor's) and Equivalents (FTEs)		

TABLE 2: DETAILED WIC STAFF QUALIFICATIONS ACROSS 12 LOCAL AGENCIES		
CATEGORY OF STAFF	**TOTAL**	**PERCENT OF ALL STAFF**
Bachelor's Degree in Nutrition (not RD or RD eligible)	53	7.3%.
Master's or Doctorate Degree in Nutrition (not RD or RD eligible)	6	0.8%
RD Eligible - Bachelor's Degree in Nutrition	9	1.3%
RD Eligible - Master's or Doctorate Degree in Nutrition	3	0.4%
RD - Bachelor's Degree in Nutrition	75	10.4%
RD – Master's or Doctorate Degree in Nutrition	13	1.8%
RD – Master's or Doctorate Degree in Public Health	13	1.8%
Subtotal	***172***	***23.8%***
Individuals with any Nursing Degree or Other Specified Health or Human Services Related Degrees and Full-Time Equivalents (FTEs)		
Registered Nurse, including Associate, BSN and MSN	16	2.2%
Licensed Vocational Nurse; Licensed Practical Nurse or Equivalent	24	3.2%
Bachelor's Degree or Higher in Other Specified Health or Human Services Related Fields with 15 or More College Credits in Nutrition	13	1.8%
Bachelor's Degree or Higher in Other Specified Health or Human Services Related Fields with Less than 15 College Credits in Nutrition.	8	1.1%
Subtotal	***61***	***8.3%***
All Other WIC Staff and Full-Time Equivalents (FTEs)		
Bachelor's Degree or Higher in non-Health or Human Services Related Fields	26	3.6%
Registered Dietetic Technician (Associate's Degree)	6	0.8%
Associate's Degree in Any Other Field (not nursing)	14	1.9%
Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education, etc., is (or will be) Only Academic Preparation	118	16.3%
High School or Other Education or Training Qualification (e.g., position requires driver's license) Only	325	45.0
All Others Not Included Above (no education or training qualifications)	1	0.1%
Subtotal	***490***	***67.6***
TOTAL	**723**	**100%**

II.1.4.2. Staff to Participant Ratios

From the reported local agency caseload and number of staff, participant to staff ratios may be calculated, as depicted in Table 3, below.

Table 3: Pilot Local Agency Participant to Staff Ratios				
Total Caseload	**FTE's**	**Participant to Staff (FTE) Ratio**	**FTE Peer Counselors**	**FTE Volunteers**
12,543	37.2	337	7.3	0
13,703	44	311	4	8
87,982	170.5	516	0	0
50,261	124	405	2	0
34,944	90.33	387	.625	0
53,810	155	347	6.4	0
13,462	23.25	579	0	0
17,486	34.53	507	2	.1
4,110	6.12	672	.2	0
1,614	5.83	278	0	0
4,338	20	217	0	0
1,622	3.79	428	0	.25

II.1.4.3. Duties of Existing WIC Staff

Table 4, below depicts for selected duties and category of staff the number and percent of those staff for whom the listed duty is a primary, secondary, or emergency basis duty. This table clearly shows that among the pilot-site agencies CPA duties, assessing nutrition risk and assigning the food package, are nearly equally divided by individuals degreed in nutrition and other health and human service areas and other WIC staff. While the number of other WIC staff constitutes the single largest group with primary responsibility for these duties, only 25 percent of the individuals in this group performed these duties. Alternatively, 70 percent of nutritionists have these tasks as primary duties. Fourteen percent of the individuals assigning nutrition risk and food packages were reported to be individuals with other specified health and human service degrees.

Nutritionists were much more likely to be the primary providers for dietary assessment, special formula follow-up, high-risk counseling, and providing staff training than other WIC staff. Alternatively, the other WIC staff were those most likely to be the primary providers for therapeutic nutritional counseling, basic nutrition education, group nutrition education, breastfeeding support, and other nutrition education activities. (Attachment 4 provides this detailed information for all WIC duties reported.)

Table 4
Selected Duties by Educational Qualifications
In 12 WIC Pilot Agencies[16]

	Primary			Secondary			Emergency			Never			Total
	N	% row[17]	% column[18]	n	% row	% column	N	% row	% column	n	% row	% column	N
ASSESS NUTRITION RISK													
All other WIC staff	124	25	44	14	3	30	5	1	18	347	71	95	490
Minimum of a bachelor's degree in human nutrition	121	70	43	25	15	54	23	13	82	3	2	1	172
Other specified health and human service degrees	39	64	14	7	11	15	0	0	0	15	25	4	61
Total	284			46			28			365			723
ASSIGN FOOD PACKAGE													
All other WIC staff	124	25	44	40	8	59	6	1	21	320	65	94	490
Minimum of a bachelor's degree in human nutrition	121	70	42	26	15	38	22	13	79	3	2	1	172
Other specified health and human service degrees	40	66	14	2	3	3	0	0	0	19	31	6	61
Total	285			68			28			342			723
FOOD INSTRUMENT ISSUANCE													
All other WIC staff	360	73	93	40	8	49	12	2	15	78	16	45	490
Minimum of a bachelor's degree in human nutrition	23	13	6	32	19	39	59	34	73	58	34	34	172

[16] Attachment 4 displays all local staff functions recorded.
[17] Interpreted as, for example, "the percent of all other WIC staff (or other staff category) for whom appointment scheduling is a primary (or secondary, etc) responsibility
[18] Interpreted as, for example, the percent of individuals with primary (or secondary, etc) responsibility from the associated staff category.

	Primary			Secondary			Emergency			Never			Total
	N	% row[17]	% column[18]	n	% row	% column	N	% row	% column	n	% row	% column	N
Other specified health and human service degrees	4	7	1	10	16	12	10	16	12	37	61	21	61
Total	387			82			81			173			723
COMPLETE DIETARY RECALL OR EQUIVALENT													
All other WIC staff	59	12	30	216	44	90	9	2	24	206	42	84	490
Minimum of a bachelor's degree in human nutrition	127	74	64	21	12	9	19	11	50	5	3	2	172
Other specified health and human service degrees	14	23	7	4	7	2	10	16	26	33	54	14	61
Total	200			241			38			244			723
SPECIAL PRESCRIPTION FOLLOW UP													
All other WIC staff	12	2	6	120	24	91	244	50	96	114	23	80	490
Minimum of a bachelor's degree in human nutrition	148	86	76	6	3	5	10	6	4	8	5	6	172
Other specified health and human service degrees	34	56	18	6	10	5	1	2	0	20	33	14	61
Total	194			132			255			142			723
THERAPEUTIC COUNSELING													
All other WIC staff	124	25	52	0	0	0	4	1	20	362	74	82	490
Minimum of a bachelor's degree in human nutrition	104	60	44	21	12	88	15	9	75	32	19	7	172
Other specified health and human service degrees	10	16	4	3	5	13	1	2	5	47	77	11	61
Total	238			24			20			441			723
HIGH-RISK COUNSELING													
All other WIC staff	0	0	0	17	3	31	3	1	14	470	96	88	490

	Primary			Secondary			Emergency			Never			Total
	N	% row[17]	% column[18]	n	% row	% column	N	% row	% column	n	% row	% column	N
Minimum of a bachelor's degree in human nutrition	103	60	92	37	22	67	12	7	57	20	12	4	172
Other specified health and human service degrees	9	15	8	1	2	2	6	10	29	45	74	8	61
Total	112			55			21			535			723
NUTRITION EDUCATION													
All other WIC staff	237	48	59	16	3	44	5	1	17	232	47	91	490
Minimum of a bachelor's degree in human nutrition	128	74	32	17	10	47	24	14	83	3	2	1	172
Other specified health and human service degrees	38	62	9	3	5	8	0	0	0	20	33	8	61
Total	403			36			29			255			723
PROVIDE GROUP NUTRITION EDUCATION													
All other WIC staff	152	31	54	39	8	57	115	23	75	184	38	84	490
Minimum of a bachelor's degree in human nutrition	101	59	36	27	16	39	34	20	22	10	6	5	172
Other specified health and human service degrees	28	46	10	3	5	4	4	7	3	26	43	12	61
Total	281			69			153			220			723
BREASTFEEDING SUPPORT													
All other WIC staff	186	38	53	170	35	78	10	2	53	124	25	91	490
Minimum of a bachelor's degree in human nutrition	123	72	35	37	22	17	9	5	47	3	2	2	172
Other specified health and human service degrees	40	66	11	11	18	5	0	0	0	10	16	7	61
Total	349			218			19			137			723
OTHER NUTRITION EDUCATION ACTIVITIES													
All other WIC staff	132	27	51	83	17	56	109	22	89	166	34	86	490

	Primary			Secondary			Emergency			Never			Total
	N	% row[17]	% column[18]	n	% row	% column	N	% row	% column	n	% row	% column	N
Minimum of a bachelor's degree in human nutrition	109	63	42	45	26	30	14	8	11	4	2	2	172
Other specified health and human service degrees	18	30	7	21	34	14	0	0	0	22	36	11	61
Total	259			149			123			192			723
PROVIDE STAFF TRAINING													
All other WIC staff	12	2	16	82	17	54	15	3	56	381	78	82	490
Minimum of a bachelor's degree in human nutrition	62	36	81	55	32	36	9	5	33	46	27	10	172
Other specified health and human service degrees	3	5	4	16	26	10	3	5	11	39	64	8	61
Total	77			153			27			466			723

II.1.4.4. Recruitment Difficulties by Educational Qualification

The report requests that local agencies report its general experience in recruiting individuals with various educational qualifications. The actual responses of the pilot sites are depicted in Table 5. It appears that R.D.'s and individuals who are R.D. eligible are the most difficult to recruit.

	Table 5 **Frequency of Difficulty in Recruiting**[19]				
Staff Qualifications	No Attempt to Recruit	Rarely or Never	Sometimes	Usually	Always
Bachelor's Degree in Nutrition (not RD or RD eligible)	6	1	4		1
Master's or Doctorate Degree in Nutrition (not RD or RD eligible)	9	1	1	1	
RD Eligible - Bachelor's Degree in Nutrition	2	1	2	4	3
RD Eligible - Master's or Doctorate Degree in Nutrition	6		1	3	1
RD – Bachelor's Degree in Nutrition	2		2	4	4
RD - Master's or Doctorate Degree in Nutrition	6		3	1	1
RD - Master's or Doctorate Degree in Public Health	8	1		1	2
Registered Nurse, Including Associate, BSN and MSN Degrees	10	1			1
LPN or LVN or Equivalent	9	1		2	
Other Specified Health or Human Services Related Degree >=15 Hours College Credit in Nutrition	8		3	1	
Other Specified Health or Human Services Related Degree < 15 Hours College Credit in Nutrition	7	2	3		

[19] Rarely to always is a rank ordered list of frequency, with "rarely" as the least frequent, and "always" the most frequent. Rarely is less than 10% of the time. "Sometimes" is 11-50% of the time. "Usually" is 51-90% of the time. Always is over 90% of the time.

	Table 5 **Frequency of Difficulty in Recruiting**[19]				
Staff Qualifications	No Attempt to Recruit	Rarely or Never	Sometimes	Usually	Always
Bachelor's Degree or Higher in non-Health or human services Related Fields	10	1	1		
Registered Dietetic Technician (Associate's Degree)	11		1		
Associate's Degree in Any Other Field (not nursing)	8	3	1		
Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education *etc*., is (or will be) Only Academic Preparation	9	1	2		
High School or Other Education or Training Qualification (*e.g*., position required driver's license) Only	3	5		1	3
All Others Not Included Above (no education or training qualifications)	8	3			

II.1.5. Information About the Positions in WIC Pilot Agencies

This section of the report presents information relating the position classifications and related educational qualifications. Additionally, salaries, benefits, and vacancies are reported herein.

II.1.5.1. Position Classifications and Qualifications

Information on one hundred and thirteen positions was reported in the paper and electronic pilot-test sites. Of these, one hundred and nine position classifications had unique names. However, it seems evident that many of the positions are similar (e.g., nutritionist, public health nutritionist, etc.). The report provided the information needed to compare the qualifications for each of the position classifications and provide a basis for grouping the positions. As an example, a variety of nutritionist classifications are discussed below.

A variety of educational requirements were reported to meet the minimum qualifications for the nutritionist classifications. A sample of the data illustrates the position classifications for three levels of nutritionist; a nutritionist with an RD and a bachelor's degree in nutrition; a nutritionist with a bachelor's degree in nutrition; and a nutritionist with a bachelor's degree in another health and human service area with 15 or more college credits in nutrition coursework.

The position classifications that can be filled by a person with a bachelor's degree R.D. are:

- Nutritionist
- Public Health Nutritionist II
- Nutrition Manager I – III
- Nutrition Professional I – II
- Program Operations Coordinator
- Clinic Nutrition Supervisor
- Community Health Services Administrator
- Coordinator
- Nutrition Assistant I & II
- Nutritionist IV Advanced
- Registered Dietitian
- Clinic Director
- Health Care Program Administrator (RD)
- High Risk RD
- Manager Nutrition Services
- Nutrition Program Assistant
- Nutrition Health Professional
- Nutritionist I & II
- Senior Nutritionist
- Senior Program Specialist (RD)
- Site Supervisor

- Superintendent
- Training Coordinator
- Training Specialist
- WIC Manager

The position classifications that can be filled by a person with a bachelor's degree in nutrition are:

- Nutritionist
- Public Health Nutritionist I
- Nutrition Manager I – III
- Nutrition Professional I – II
- Program Operations Coordinator
- Clinic Nutrition Supervisor
- Assistant WIC Program Coordinator
- Program Dietitian
- Community Health Services Administrator
- Coordinator
- Nutrition Assistant I & II
- Nutritionist I Basic
- Nutritionist II Operational
- Nutritionist IV Advanced

The position classifications that can be filled by a person with a bachelor's degree in another health or human service are with 15 or more college credits in nutrition are:

- Public Health Nutritionist I
- Nutrition Professional I – II
- Student Nutritionist
- Community Health Services Administrator
- Coordinator
- Site Supervisor

No agencies reported having a personnel classification system that defines the entry level salary only for each position; six reported having a system that defines the entry and upper level salary for each position; five have defined entry, steps and upper salary for each position; one agency reported another method.

II.1.5.2. Salaries

Entry level salaries were reported for one hundred and eight (108) positions. The following position classifications and entry level salaries were reported.

Entry Level Salary	Position
$14,976	Clerk Basic
16,600	Support Staff
16,725	Clerical
17,310	WIC Clerk
17,472	Clerk Operational
17,500	Breast Feeding Counselor

Entry Level Salary	Position
17,500	Nutrition Assistant I-III
18,200	Clerk Advanced
18,203	Building Custodian
18,203	Customer Services Representative
18,203	Office Assistant
18,203	Public Health Aide
18,203	Stock Clerk
19,052	Infant Feeding Assistants
19,292	Office Specialist 1
19,464	Secretary II
19,856	Nutrition Assistant
19,856	Clerk
19,932	Administrative Aide
20,321	Registrar
21,000	Student Nutritionist
21,164	Health Aide
21,216	Secretary
21,239	Acct. Clerk
21,320	WIC Processing Specialist
21,548	Driver
21,590	CNW
21,924	Courier
22,433	Nurse, LPN
22,817	Intake Specialist
23,000	Retail Store Associate
23,064	Administrative Secretary
23,490	Protective Service
23,856	Administrative Assistant I
23,856	Licensed Vocational Nurse
24,000	Nutrition Professional I-II
24,128	Nutritionist Basic
24,500	WIC Office Supervisor
24,743	Nut Program Assistant
24,773	Nutritionist Operational
25,000	Bilingual Clerk
25,480	Administrative Specialist
25,542	Diet Tech
25,792	Nutritionist Advanced
26,316	Health Program Specialist
26,702	Division Secretary
27,000	Nurse
27,000	Registered Dietitian
27,000	Bilingual Receptionist
27,000	Nutrition Manager I-III
27,248	Secretary
27,248	Vendor Clerk
27,976	Public Health Nutritionist 1
28,478	Nurse, RN
29,000	Breast Feeding Manager
29,000	Program Manager
29,348	Micro System Analyst
30,000	Health Aide
30,056	Nutritionist

Entry Level Salary	Position
30,168	Building Maintenance Supervisor
30,168	Nutritionist
30,798	Personnel Liaison
32,162	PHN 2/vM & BF
32,162	Public Health Nutritionist 2
32,269	Nutritionist
32,886	High Risk RD
33,000	Program Dietitian
33,000	program Nutritionist
33,134	Health Educator
33,500	Retail Store Coordinator
34,008	Nutrition Assistant I
34,452	Train Assistant
34,730	Specialist Clerk
34,777	Clinic Nutrition Supervisor
35,547	Nutrition Health Professional
36,418	Coordinator
36,648	Assistant Social Services Manager
36,648	Registered Dietician
37,284	Nutrition Assistant II
37,440	Nutrition Program Manager
38,169	Site Supervisor
38,625	Clinic Nurse
39,624	Clinic Director
40,500	Program Operations Coordinator
41,308	Clinic Coordinator
42,444	Department Systems Supervisor
42,500	Nutrition Education Coordinator
43,138	Superintendent
43,138	Train Coordinator
44,408	WIC Program Manager
45,000	Assistant WIC Program Coordinator
45,219	Manager WIC Operations
45,219	Manager Nutrition Services
45,864	Nutritionist I
48,660	Health Program Manager/WIC Director
49,998	Agency Director
50,115	Nutritionist II
51,138	Admin Specialist II
51,138	Info Systems Spec
55,000	WIC Program Coordinator
58,053	Senior Nutritionist
58,464	WIC Manager
59,726	Senior Program Spec (RD)
64,658	Information Systems Analyst
65,291	Director
66,498	Health Care Program Administrator II (RD)
80,371	Community Health Service Administrator
86,549	Senior Systems Analyst
Not Reported	Training Specialist
Not Reported	Administrative Support
Not Reported	Outreach Worker
Not Reported	PRN Health Professional
Not Reported	PRN Diet Technician

Six agencies reported having pay differentials, most frequently for bilingual staff (n=4), but PRN staff and supervising more than two individuals were also cited as reasons.

II.1.5.3. Benefits

All twelve agencies reported on the benefits provided to full-time staff (as defined by each local agency). Eleven agencies reported benefits offered to part-time staff; one agency did not have any part-time staff. Table 6 depicts these responses. In all cases, benefits were reported to be the same for WIC staff members as those offered to other parent agency staff.

Table 6
EMPLOYEE BENEFITS

	FULL-TIME EMPLOYEES				PART-TIME EMPLOYEES			
BENEFITS	**All Offered**	**Some Offered**	**None Offered**	**Don't Know**	**All Offered**	**Some Offered**	**None Offered**	**Don't Know**
Paid Vacation	10	2			5	3	3	
Paid Holidays	10	2			5	3	3	
Paid Sick Leave	10	2			5	3	3	
Employer Contribution to Health Insurance	10	2			3	6	2	
Prescription Drug Benefit in Health Insurance	9	3			3	5	3	
Employer Contribution to Dental Insurance	7	4	1		2	7	2	
Employer Contribution to Vision Insurance	5	3	4		1	6	4	
Employer Contribution to Life Insurance Policy	7	4	1		3	5	3	

Table 6 EMPLOYEE BENEFITS								
	FULL-TIME EMPLOYEES				PART-TIME EMPLOYEES			
BENEFITS	All Offered	Some Offered	None Offered	Don't Know	All Offered	Some Offered	None Offered	Don't Know
Employer Contribution to Retirement Program	10	2			5	4	2	
Deferred Compensation System	8	2	1	1	5	4	2	
Cafeteria Plans[20]	6	3	2	1	3	3	4	
Employer Subsidized Child Care			11				10	
Education Benefits (*e.g.,* Tuition Waivers at State Universities)	5		6	1		4	7	
Housing Allowance			10	1			10	
Other (please describe below)		1				1		
"Other" description: Floating holidays, Mgt paid leave								

The percent of salaries budgeted as benefits reported were 18, 20, 22, 24, 27, 31, 36, 40, 42 and 77. One agency did not answer this question. There is a need to have parameters around this measure (e.g., an average) as pilot sites indicated that the number and type of vacancies make this vary within each agency on an annual basis.

[20] A Cafeteria Benefit Plan sponsored by an employer allows employees to contribute a designated amount of wages, on a pre-tax basis, for a variety of benefits the employee selects from a "menu" of benefits (*e.g.*, child care, educational expenses and healthcare expenses). Employees are directly reimbursed from employer for actual expenses.

II.1.5.4. Number of Positions, Vacancies, Reasons for Vacancies in Pilot Agencies

The participating agencies reported a total of 790.2 budgeted positions. The total number of vacancies from these positions is 46.5; this is a 5.8 percent vacancy rate.

For positions requiring a minimum of a bachelor's degree with at least fifteen college credits in nutrition, there were 360.2 budgeted positions reported (45.5 percent of the total positions). These budgeted positions were in 48 different position classifications, all seemingly nutritionist or site supervisor/coordinator positions. There were 18 vacancies among the budgeted positions; this is a 5.0 percent vacancy rate.

As a sample of the type of information available from the WIC SOLS and WIC SOLS Online data, the length of nutritionist vacancies can be summarized as follows:

- 42 percent of the vacancies had been for three months or less
- 30 percent of the vacancies had been for more than 3 months but not more than 6 months
- 7 percent of the vacancies had been for more than 6 months but not more than 9 months
- 21 percent of the vacancies had been for more than nine months but not more than 12 months, or more than 12 months

All but two small agencies reported vacancies and reasons for them. Two agencies reported the positions were not needed (n=8), four agencies reported that there were no applications (n=7), four agencies reported applicants declined (n=6), one agency reported there was no funding for the positions (n=3), four agencies reported it was a long hiring process (n=6) and four agencies reported other reasons (n=5) for vacancies. No agencies reported they lacked the time or authority to hire the positions. Reasons for vacancies were reported for each classification, which may have had a single or multiple vacancies.

II.1.6. Results of the Pilot Agencies' Test Experience

The results of the pilot test are presented herein to include a summary of the pilot agency experiences and specific feedback on particular questions in the report, as follows. Attachment 5 presents detailed information about the pilot activities; Attachments 6 and 7 are the on site protocols for the evaluation of the pilot activities for the paper and electronic versions, respectively. Attachment 8 presents the feedback of pilot agencies as expressed in on-site visits regarding the level of difficulty and resources needed to respond to this test data collection.

Three of the 12 pilot agencies reported that the training on completing the data collection instrument/report was useful and that they couldn't have completed the report without it. One agency found the training to be too long and thinks the report could have been filled out without training. The remaining agencies did not feel strongly either way. The benefit of the training was clear to the project team conducting this study and views training as imperative to proper completion of the report forms.

Specifically, the results from the pilot-test of the paper and electronic instruments indicated:

- There was a wide variation in the reported time that it took sites to complete the report. Paper versions were completed in 30 minutes (for one small agency) to over forty hours. There is no predictability in this by agency size, as a small agency reported 12-14 hours to complete, while a large agency reported only 4 hours to complete. As well, these agencies were likely to report that one or two individuals completed the report, although through the interviews it was clear that often other staff were consulted.

- Electronic versions of the report were reported to be completed in two hours to 30+ hours. Again, this does not appear to be strictly related to size of the agency. The electronic sites had more people involved in the data collection, probably due to the specified roles. Three electronic sites reported having some difficulty initially using the electronic version, either with logging on, proper activities to the role or with navigation through the site.

- The detailed instructions for the paper instruments were only consulted on an as needed basis, and about 80 percent of the time, the tool (both paper and electronic) offered adequate instructions for each question. Generally speaking, pilot States did not find the instructions to be particularly useful, or apparently, necessary. Four of the six electronic sites found the pop-ups helpful when they were completing the report.

- Over half of the pilot sites reported that the information would be useful to collect on a regular basis. Some of the remaining sites, while indicating it would not be useful for them to collect, could see where it would be useful for State agencies or USDA to collect this information. Several pilot sites expressed a desire to see the data collected from the other sites in the pilot implementation. When asked about what improvements could be made to the WIC SOLS report, the comments were as follows.

- Some of the local agencies using the paper format would have preferred to complete the report electronically. They didn't necessarily express a preference for a web-based report (as they knew little about it) but they would have liked the option of completing the paper report electronically.

- Those local agencies using the electronic sites made suggestions for improving the web report and user friendliness. They would have liked to be able to print the completed report to see the data in one place, but this capability was only available through the browser function. Users didn't recall from training that final submission was a separate step. The last page of the survey didn't prompt the user to submit the report, and they would have found it useful for it to do so. Sites requested the capability to correct entries (i.e., delete staff or clinics once entered).

- Electronic sites found the duties table to be redundant. Some sites didn't find it valuable to report duties by individual and thought that duties should be reported by educational qualification or job classification only. Only one large site felt the distinction between primary, secondary and emergency responsibility was not clear and left too much room for personal judgment. A few Local Agency Directors (LADs) changed some of the answers related to duties prior to final submission. One site mentioned the need to modify staff qualifications.

II.1.7. Summary of Pilot Site Feedback on Specific WIC SOLS Questions

The pilot evaluation asked about questions that were difficult to understand or for which agencies were unable to get valid information. Attachment 8 provides detailed local agency comments on each of the questions contained on the paper and electronic versions of the instrument. The most frequently cited questions for which the responses may not have been valid were for the questions regarding the percent of caseload that is high-risk and the percent of caseload that is non-English speaking. In several cases for both questions the agency used the best information it had (primary language codes, use of interpreters, etc), but indicated it was not necessarily accurate.

The duties table was difficult for some pilot agencies because of the amount of work involved in collecting the information. This was especially true for the electronic sites, because they reported this information by individual. The paper sites reported this information grouped by educational qualifications, although it was still necessary to consider each individual in the response. For the paper version it appears a couple of sites reported the same duties for all individuals in the group, this capability was requested by some of the sites piloting the electronic form. Responses from the site reviews indicated that in some cases the duties were ascertained from the individual staff (for both paper and electronic), supervisors gleaned it from job descriptions or just knew this information due to their close work with the staff.

Many sites use less than 40 hours in a work week as a definition of full-time and if they were testing the paper instrument, had to convert the part time to full time equivalents. Thus, the question that asked about number of FTE's for job classifications was a little difficult. There was no apparent effect on the accuracy of the information.

Another difficult question for sites to answer correctly pertained to staff training. Poor or difficult to access records on staff training, the anomalous format of the question (requested this information as a percent of various job classifications), confusion about the wording "on the job training only" and placement of the question close to the end of the report (it is nearly the last question) led to this situation.

Some of the difficulties that were encountered were due to the differing format of the paper versus electronic versions (duties, FTEs, etc.) , while others were difficult were due to not having the information readily available (non-English speaking, financial information, percent high-risk and staff training) regardless of the instrument form.

II.2. OUTCOMES AND CONCLUSIONS FROM THE PILOT TEST

There is an interest in the WIC community for staffing information and guidance on staffing ratios and patterns. Based upon input from the project advisory committee and response to multiple public presentations of the goals and objectives of this project, there appears to be a consensus, albeit guarded, within the regulatory, management, and service provider community that local WIC Program staffing needs to be evaluated and managed differently than in the past. in regard to one or more of the following concerns:

- The current and future need for professional labor for WIC cannot be quantified because there are no data to show current demand, nor any clear basis to estimate future need.
- There are difficulties in recruiting and retaining professional staff for WIC suggesting that either there is currently a shortage of nutrition-trained professionals in the field *or* that working in WIC is not an attractive option for a significant number of nutrition professionals.
- Optimal WIC staffing patterns have not been identified for efficient WIC service delivery.
- Inconsistencies in service delivery have been observed between WIC local agencies. These inconsistencies are not fully understood.
- Updated approaches are needed for delivering WIC nutrition services.

The outcome of the work completed in this study is that, with some limitations, it is feasible to collect useful staffing related information from local WIC agencies in either an electronic or paper format. However, conducting an assessment of the need for professional nutrition labor for WIC requires not only the size of a given agencies caseload and other characteristics, but the performance expected from that labor (e.g., the amount of time necessary, on average, for direct client services for WIC participants in a given time period). The need to conduct this assessment on a national level may also be less compelling at this point in time, as there has been little change over the past few years in the number of WIC local agencies and the number of WIC participants served. In both volunteer pilot sites and in the most recent national surveys, WIC staff vacancy rates are reported as low and intermittent. Although not representative, the 12 volunteer agencies that pilot-tested these instruments recorded 28 percent of vacancies staying open for 6 months or more. However, the vacancy rate was only 5 to 6 percent, a rate similar to that reported in national studies[21].

Among the volunteer pilot agencies in this project the most sought after, and hard to recruit employees are RD or RD eligible with a bachelor's degree in nutrition. Among the pilot agencies, a large proportion indicated they did not recruit for non-RD or RD eligible individuals with bachelor's degrees, or even those with advanced degrees.

State WIC Directors offer that either there are not enough nutritionists in the labor pool in an area, and/or the salaries offered by WIC are not competitive enough to attract

[21] AWFS, 2000

applicants. Some State agencies employ paraprofessional CPAs because they are less expensive and thus less strain on their limited budgets. Other State agencies believe that the certification process has been properly and more stringently defined than was previously possible and is now too rudimentary to require a highly educated health professional.

The latter group of State agencies believes health professionals' training and skills can be better utilized in other roles in WIC clinics. Over recent years, State WIC management information systems used by WIC local agencies have been built to address complexities of prescribing WIC food packages. The emphasis of measuring an individual's nutrition status based on a dietary recall is gradually shifting to the need to assess a client's readiness to improve nutrition habits.

All available evidence from past studies as well as this pilot shows great variety in how local WIC agencies are organized and how they address staffing patterns. While similar agencies may have best practices to offer each other, it would be most challenging to apply national standards in all circumstances. The value of doing so would need to be carefully examined.

WIC's strength in delivering its services and nutritional benefits has been in reaching even the most remote niches of the U.S. population. As an adjunct to local health care systems, flexible WIC staffing patterns have been a factor in past success. Increased standardization of State/Tribal WIC Management Information Systems (MIS) has aided in offsetting the variety in WIC staffing to bring similar treatment and uniform food benefit delivery processes across each State/Tribal jurisdiction.

This data collection review effort provides a direction for important areas to pursue to continue moving forward addressing local agency staffing needs and patterns. The first is to come to a common vocabulary within the WIC community regarding the terms nutrition professional and paraprofessional. As described herein, there is not agreement on what criteria constitutes a nutrition professional. In most instances, a professional is considered someone with a minimum of a bachelor's degree in human nutrition; in others, registration or being licensed is the criteria for this designation. Additional consensus on a definition of high-risk and assessment of non-English speaking participants is necessary to compare staffing needs between States.

Secondly, there is a need to identify or refine performance measures that constitute quality services, including the average amount of professional staff time that is needed on an individual basis for WIC participants. It may be useful to provide the web-based application utilized in this study to State agencies in support of their continuing efforts to assess nutrition services staffing patterns, including the number and types of personnel needed to ensure the provision of quality nutrition services.

Finally, the lack of information available at local agencies on training received by WIC staff indicates a need for continued support to State and local agencies in their ongoing efforts to define requirements for staff training, including budgeting specific allocations to do so.

ATTACHMENT 1
Methods and Challenges in Design of Instruments
WIC Staffing Data Collection Pilot Project

I. Designing the Data Collection Instrument

To minimize its burden the final survey form, although comprised of many questions, is conceptually simple. Questions are straight-forward and all respondents should have been able to provide an answer to each question as each included response options of "Don't Know" or "Other". Although some questions of initial interest were eliminated (i.e., an entire detailed section of duties on breastfeeding promotion and support was ultimately eliminated), nearly all areas of interest identified by stakeholders were retained for pilot testing. This was justified in that while general concern about the length of the instrument was expressed in public comments, there were no suggestions as to what could be eliminated and in fact, very often the commenter noting an excessive length of the report would suggest additional items to be included. Among project advisors and those submitting comments, there seemed to be little interest in reducing the length of the pilot survey. It was anticipated that local agencies would guide the pilot-testing by being unable to provide requested data, or by indicating excessive burden associated with certain types of questions.

Two approaches were used to ensure that respondents had a clear understanding of the information being requested. First, a separate set of detailed instructions were provided that included expanded definitions of possible responses and samples of completed responses. Secondly, footnotes and pop-up boxes were used liberally to explain items on the report form. The goal was to have the report be as self-explanatory as possible. Finally, to respond to questions from local staff in the process of completing the report, three BCA project staff members were available via a toll free telephone number to report difficulties or ask questions.

The information to be collected through WIC SOLS may be organized as information about the people working in WIC, administrative information about the local WIC agency and its parent agency, information about the clinics in the local agency, and information about the positions in the local WIC agency. Information about the people working in WIC include in numbers and FTEs, the educational qualifications and the duties they perform. Administrative information about the local WIC agency and its parent agency include a unique identifier, agency caseload and characteristics, type of agency, frequency of food instrument issuance, travel time, ability to serve non-English speaking participations, additional sources of funding, indirect costs and in-kind services. Information about the clinics in the local agency including the caseload, travel time and other characteristics discussed in section II.1 of this report. Information about the position classifications includes identification of them, qualifications, vacancies, recruitment and retention, career advancement and training.

II. Assumptions about Local Agencies

For the pilot implementation it was anticipated that completing the report at a small local agency would be much simpler than at a medium size or large local agency because the size and complexity of the data are less and the knowledge by the director/supervisor of

an individual's duties is more complete. It was anticipated that some local agencies, particularly larger ones, would have to develop an internal process to collect information on individual employees and consolidate it for recording on the report. It was also anticipated that completion of certain sections of the form, such as 'Duties by Category of Staff', for a large local agency could be quite labor intensive, particularly for the agencies completing the paper report forms. These expectations were generally correct.

In contrast, a supervisor or director of a small agency would be likely to know the majority of data requested on the instrument from personal knowledge gained from day to day observations of that local agency's operations. A supervisor or director of a medium size or larger local agency would be likely to need assistance from the agency's staff to report on duties individuals perform and staff educational levels or training they have received while employed by WIC. Finally, for pilot implementation it was clear that training had to be provided to the sites participating to assure common definitions, understanding and methods of data entry and tabulation. In addition to training on the details of the data being collected, training also addressed how the instrument should be completed (*e.g.,* which staff person or persons should complete the instrument).

The number of funded positions by type is generally available to local agency directors. In the past some local agency funding was unit of service based (e.g., number of certifications, classes, assessments, etc.). In this case the concept of the number of funded positions may not be relevant; however funding local agencies in this way is limited in occurrence.

The length of vacancies was anticipated to be reliably recalled by the respondent, or a supervisory in a large agency as it is generally quite germane to their own work situation. Management's assessment of recruitment and retention difficulties may not necessarily be completely valid but would be correct relative to different positions, and be informative and useful.

III. Instruments for Pilot-Testing

This section of this report presents general information on the development of paper and electronic versions of the report forms that were developed.

The process of developing the reporting instruments began by drafting the paper instrument to determine the questions to be included in the report. Once final decisions were made, the development of the electronic web-based instrument began. For the most part the different report formats collect the same information as described below. Primarily the electronic based report allowed data to be reported on an individual staff basis, while in the paper version respondents were asked to report the data in a summary fashion. For instance, in the electronic version each individual staff member is entered into the system by a local agency administrator (LAA) and then either the local agency director (LAD) or designated clinic supervisor (CS) reports the educational qualifications and duties for each individual. In the paper version, the local agency is asked to report

the total number of individuals and FTEs for each of the sub-categories of educational qualifications.

Likewise, information on clinics is collected differently between the paper and electronic versions in that the electronic report form has each item of interest reported for each clinic, whereas the paper version requires that the respondent report the total number of clinics with a given characteristic. Additionally, the respondent is asked to report the percent of the local agency caseload in those clinics with the given characteristic. Other differences in the approach for collecting the information are noted in the following discussion, as appropriate. More detail about the electronic version is provided in a separate section below. The electronic responses tended to be more accurate, as mathematical errors were far less likely.

III.1. Electronic Data Collection Instrument

FNS was interested in reducing the burden of the local agency reporting process through the use of an automated, on-line data collection instrument. In the pilot implementation, we did not find any of the volunteer agencies, regardless of size, that could not have responded to the on-line report.

One of the major factors limiting the ability to minimize the reporting via automation is that WIC State agencies may desire any staffing reports go through them prior to submission to anyone outside their State. Routing first to the State and then to a central location would complicate the technical processing requirements of an automated system and would have to be considered for its costs and benefits prior to actual system implementation. However, State review or comment on locally prepared reports may be beneficial to USDA in minimizing errors and discrepancies in the data. This was the final design of the electronic instrument. Additionally, a State role seems necessary for management and training purposes of implementing the report.

The electronic data collection instrument was designed as a web site on which local agencies could enter their data. The conceptual approach for the electronic instrument is different than for the paper instrument. To complete the paper instrument, agencies must first collect all the required information about the agency, the clinics, and their staff. Next they had to compile the information, performing whatever calculations were necessary to provide the summary answers for the tables in the instrument. To assist in this process, worksheets were provided in the detailed instructions. It was anticipated that these agencies, particularly the medium and large ones, would have to develop additional tools to compile the summary data.

In the electronic version, agencies entered information about individual clinic sites and individual staff members. The system records the information on an individual clinic or personal basis. From that, calculations may be done with the raw data to produce the summary data comparable to the paper version tables. Agencies were instructed to develop a coding system for their employees so that they could identify which staff had

been entered into the system, without having to provide personally identifiable information in the instrument.

Several advantages were anticipated to the electronic approach. It minimizes mathematical errors in tabulations. Plus, a greater level of detail is captured, allowing for more analysis of the data. It is easier to identify and correct errors, because information can be traced back to a specific clinic or regarding a specific staff member. Finally, this approach was anticipated to be somewhat easier for the local agencies. For large agencies in particular, it is easier to spread the data collection effort over several individuals instead of concentrating it on one or two people, most likely the WIC local agency director. Since it does not require local agency staff to understand the conceptual approach to the summary tables, less training may be needed on this aspect of the instrument. Although the training for the electronic instrument included instruction on the set up process, the overall training actually required about one fourth less time than the training for the paper instrument.

In the electronic instrument, three types of "roles" are identified. They are the Local Agency WIC Director (LAD), a Local Agency Administrator (LAA), and one or more Clinic Supervisors (CS). Each role has specific responsibilities.

The LAA is responsible for setting up the user accounts for each staff member who will be entering data into the system. The CSs are responsible for entering the information about each clinic and each staff person assigned to them for this data collection process. It is not necessary that these staff report to the CS in the normal course of their duties; however, the CS must have, or be able to obtain, the detailed knowledge of the individual, such as educational background and job duties. The primary requirement is that each staff member must be assigned to one and only one CS for purposes of the data collection.

The LAD is ultimately responsible for the entirety of the data submitted for her agency. A LAD can enter information for individual clinics and staff, instead of assigning them to a CS, and she can override and change information entered by a CS. As each CS completes her portion of the instrument, she submits that data to the LAD. Once all of the data for the agency is entered and approved by the LAD, the LAD submits the instrument to the central host. The LAD also answers the set of questions about the agency.

III. 2. Information About the People Currently Working in WIC

The objective of a classification system of WIC local agency staff for the purpose of local agency administrative reporting is to present a comprehensive, useful picture of local agency staffing. It includes all staff that contributes to the operation of the program, recognizes and emphasizes the unique aspects of WIC, is concordant with professional classification of nutritionists and transcends the limitations of the variety of personnel system classification approaches found in actual practice.

Initially a matrix of duties and qualifications was considered to categorize individuals by general grouping of education and a general functional role. This matrix approach was abandoned due the need to include dietetic registration as an important part of qualifications and a lack of agreement on definitions of "paraprofessional" and "direct services". It became apparent that even if definitions were provided it would be difficult to get many respondents to acknowledge or report according to those definitions. Thus, the approach utilized was to separately obtain information about staff educational qualifications (including dietetic registration) and about the duties performed. As well, a distinction was made between the people working in WIC and the positions they filled to clearly identify the qualifications of the existing workforce, as opposed to that defined by the written policies, i.e., position classification descriptions and qualifications. For instance, it is not unusual for management to have the authority to, in effect waive educational or other requirements to fill a position, particularly if it has been difficult to do so.

III.2.1. Staff Educational Qualifications

The assessment of staff qualifications includes education, dietetic registration and training. The other dimension of interest in qualifications of individuals is years of related work experience. However, for the sake of reducing complexity in the reporting system, work experience was not included.

In WIC SOLS reporting staff are reported in one of three groups - individuals with human nutrition degrees, individuals with nursing and other health related degrees and all other WIC staff. Each of these groupings includes multiple sub-groups, as follows.

III.2.1.1. Qualifications off Individuals with Human Nutrition Degrees

The sub-grouping of individuals with human nutrition degrees differentiates between the following educational qualifications:

A) Bachelor's Degree in Nutrition (not RD or RD eligible)
B) Master's or Doctorate Degree in Nutrition (not RD or RD eligible)
C) RD Eligible – Bachelor's Degree in Nutrition
D) RD Eligible – Master's or Doctorate Degree in Nutrition
E) RD – Bachelor's Degree in Nutrition
F) RD – Master's or Doctorate Degree in Nutrition
G) RD – Master's or Doctorate Degree in Public Health

Based on a review of classifications previously used for nutrition professionals these educational qualifications were determined as being the most useful and most feasible to obtain accurately. The order of appearance in the pre-test version of the instrument was of descending qualifications (i.e., the highest level of qualification listed first). Responses from pre-testers indicated this order was discouraging for those without staff with the higher qualifications, so the order was changed to ascending educational order in the final version. Additionally, for clarity it was important to group the educational qualifications by registration status (not RD or RD eligible, RD eligible and RD).

III.2.1.2. Qualifications for Individuals with Nursing and Other Health Related Degrees

The sub-grouping of individuals with nursing and other health-related degrees differentiates between the following educational qualifications:

H) Registered Nurse, including Associate, BSN and MSN
I) Licensed Vocational Nurse, Licensed Practical Nurse or Equivalent
J) Bachelor's Degree or Higher in Other Specified Health or Human Services Related Fields with 15 or More College Credits in Nutrition
K) Bachelor's Degree or Higher in Other Specified Health or Human Services Related Fields with Less than 15 College Credits in Nutrition.

Specified Health or Human Services related degrees include only Home Economics (Family Studies), Education, Public Health, Health Education, Social Work, Exercise Physiology and Medicine. In this group, descending order of education were used.

III.2.1.3. Education Qualifications for All Other WIC Staff

The sub-grouping of all other WIC staff differentiates between the following educational qualifications:

L) Bachelor's Degree or Higher in non-Health or Human Services Related Fields
M) Registered Dietetic Technician (Associate's Degree)
N) Associate's Degree in Any Other Field (not nursing)
O) Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education, etc., is (or will be) Only Academic Preparation
P) High School or Other Education or Training Qualification (e.g., position requires driver's license) Only
Q) All Others Not Included Above (no education or training qualifications)

In this group, descending order of education was also used.

III.2.2. Staff Duties

Respondents were asked to report, by the qualifications listed above, the duties of WIC staff members. The duties were derived in large part from the local agency section of the National WIC Association's (NWA) deliberations on WIC staffing issues over the last several years. The Advisory Panel to the project added a few items to this list of duties. The final list of duties on the report form include:

Appointment scheduling
Intake (income, residence, and motor voter)
Collect heights and weights
Collect blood work
Obtain health history
Conduct health screening (immunizations, lead, etc.)
Assess nutrition risk, determine eligibility
Assign food package

Make referrals to other services
Complete dietary recall or equivalent
Special formula prescription and follow-up
Therapeutic nutrition counseling and care plans
Provide high-risk counseling and nutrition care plans
Food instrument issuance
Provide individual nutrition education
Provide group nutrition education
Breastfeeding promotion & support with individuals or groups
All other nutrition education activities
Developing or providing staff training
Outreach activities
Vendor management
Personnel supervision
Program planning and management, including budgeting
Clinic management

It was important to utilize something beyond a binomial assessment of whether an individual performed a duty. If asked simply to indicate "Yes" or "No" to whether individuals performed a given duty, it would appear that everyone did everything, particularly in small agencies. Cross-training is extremely common in WIC, with nutrition professionals able to manage clinic flow, clerks being able to obtain heights and weights when needed, etc. Thus a semi-quantitative assessment of the level of responsibility for particular duties (primary, secondary and emergency) was selected as more feasible to obtain and more useful than attempts to quantify time spent on particular duties or simple yes or no responses.

In the paper instrument, for each group of staff with the respective educational qualifications respondents were asked to indicate the number of individuals with varying levels of responsibility for conducting the duty as either primary, secondary or on an emergency basis. For primary responsibility the individual performs the duty as a regular part of their job function and they are among the first individual(s) expected to handle the task. Secondary responsibility for a task indicates that the individual performs the duty as a back-up to the person(s) with the primary responsibility for the duty. Emergency responsibility indicates that the individual can perform the duty, but does so only on rare occasions.

III.3. Information About the Local Agency

Information about the local agency includes the agency name and number, State agency under which the local agency operates, monthly WIC participation, type of agency, frequency of food instrument issuance, travel and other time required to operate temporary clinics, percent of caseload that is high risk, percent of caseload that is non-English speaking, the agency's ability to serve non-English speaking clients, financial support received other than State agency base WIC funding, changes in non-WIC financial support between federal fiscal years, indirect or overhead costs paid to the

parent agency, the indirect cost or overhead cost rate, the basis of that rate, and how non-programmatic administrative costs are covered (e.g., payroll, etc.).

III.3.1. Local Agency Identification

Each local agency is asked to identify itself by name as the agency with responsibility for administering the WIC Program. Additionally, the unique agency identifier, or local agency number that is assigned by the State and used for agency level reporting is requested. Finally, local agencies are asked to identify the State agency under which it operates. Although there is not a national level unique identifier for local agencies the combination of the State agency and the local agency number is expected to constitute such a unique identifier.

In WIC SOLS the respondent is simply asked to write in this information. In WIC SOLS Online, respondents write in the local agency name and number, but select the State agency from a drop-down list.

III.3.2. Caseload

WIC SOLS asks for the number of participants, by participant category (pregnant women, breastfeeding women, non-breastfeeding post-partum women, infants and children) for a specific month. For pilot-testing this was the most current month for which the information was available. If WIC SOLS were implemented on a regular basis the report month should be standardized for comparability across time periods.

In the paper version of the report, local agencies simply reported the caseload by category for the entire agency. In WIC SOLS Online, the caseload for each agency is requested. This provides the information necessary for an automated calculation of percent caseload for clinic level questions; whereas in the paper version, agencies had to manually calculate those percentages (e.g., percent of caseload served in clinics with no automated patient record system). This manual approach increases the chance of mathematical errors.

III.3.3. Type of Agency

Descriptions of four types of local agencies are provided from which the local agency may select, or they may choose “Other” and provide a different description of the agency.

III.3.4. Frequency of Food Instrument Issuance

Local agencies are asked to provide the percent of caseload that receives food instruments on a monthly, bi-monthly or tri-monthly basis, or for which they do not know. In WIC SOLS Online, the sum of the percentages must equal one hundred. In the paper version, the agency is asked to ensure the reported percentages equal one hundred.

III.3.5. Travel and Other Time Required to Operate Temporary Clinics

Agencies are asked to provide the total amount of time, to the nearest hour, spent per month by all local agency WIC staff preparing for, traveling to and from, setting up, breaking down and returning from temporary facilities, exclusive of travel time to and from mobile clinics. If this information is not known, the respondent could so indicate.

III.3.6. Percent of Caseload that is High-Risk

Agencies are asked to provide the percent of caseload that is high-risk, according to the State agencies definition of high-risk. If this information is not known, the respondent could so indicate.

III.3.7. Percent of Caseload that is Non-English Speaking

Agencies are asked to provide the percent of caseload that is non-English speaking. If this information was not known, the respondent could so indicate.

III.3.8. The Agency's Ability to Serve Non-English Speaking Clients

Agencies are asked to indicate whether it has individuals with adequate language skills to serve clients who do not speak English. This response was to take into consideration the services offered, the frequency of contact, and the ability to provide nutrition education and explain the prescribed food package. If this information was not known, the respondent could so indicate.

III.3.9. Financial Support Received Other Than State Agency Base WIC Funding

Local agencies are asked to indicate whether it receives financial support for the WIC Program other than WIC State agency funding. This could include other State funding, foundation grants or in-kind goods or services. It does not include funding to the WIC Program to provide non-WIC services in the WIC clinic, such as immunizations or literacy classes. If this information is not known, the respondent could so indicate.

III.3.10. Changes in Non-WIC Financial Support

Agencies are asked to check "Yes" or "No" to indicate whether the non-WIC financial support has changed from the last federal fiscal year to this federal fiscal year. If this information was not known, the respondent could so indicate.

III.3.11. Indirect or Overhead Costs Paid to the Parent Agency

Local agencies are asked to indicate whether the WIC Program pays indirect or overhead costs to the parent local agency by checking either "Yes", "No" or "Don't Know", as follows: Check "Yes" if the local agency has a federally approved indirect rate or other cost allocation plan and charges a portion of it to the WIC budget. If the agency has an indirect rate or plan but does not charge the cost to the WIC budget or does not have an indirect rate, check "No". If the dollars are budgeted but never actually paid to the agency, check "No". If there is uncertainty or the information to answer this question is not available check "Don't Know". A parent local agency refers to the larger agency responsible for housing and administering the WIC Program at the local level.

III.3.12. Basis of Indirect or Overhead Costs and Rate

Agencies are asked to check from a selection the cost basis of the indirect rate as either the percent of salaries, percent of total personnel cost, percent of total direct WIC non-food expenses, Other, or "Don't Know". This refers to the items to which the indirect rate is applied. The cost basis is the set of expenses that the rate (i.e., percent) is multiplied against.

III.3.13. Payment of Non-Programmatic Administrative Costs

Agencies are asked to check the response that best describes how management costs (salaries for those individuals organizationally "above" the WIC Director, or in the parent agency administrative operations, such as payroll, and other general administrative expenses) are charged to this WIC Program. Choices include indirect cost, direct cost, in-kind costs, not applicable, don't know, or other.

II.4. Information About the Clinics

Some characteristics cannot readily be described at an agency level. The report instrumentation was designed to collect that information at clinic level. While a local agency level descriptor of the characteristic is desired, it is best if based on a clinic-by-clinic assessment. This includes the type of clinic and whether it offers extended hours for client services, the level of integration of operations with other health services, whether the WIC staff perform height, weight and blood work measurements, what WIC services are provided and the population(s) served, the level of automation of participant records, and the process for issuing food instruments. For each of these indices the number of clinics and the percent of caseload served from those clinics is requested.

II.4.1. Type of Clinic and Extended Hours

Local agencies are asked to report the number of their clinics, and the percent of the agency's participation in those clinics, into one of twelve categories that include the type of clinic (permanent, temporary or mobile) and hours of operation (part or full-time, and extended hours).

II.4.2. Integration of Operations with Other Health Services

Local agencies are asked to report the number of their clinics, and the percent of the agency's participation in those clinics, into one of five classifications including no integration, integrated services, no shared staff with WIC, integrated services, shared staff with WIC, other, and don't know.

II.4.3. Anthropometric Measurements and Blood Work

Local agencies are asked to report the number of their clinics, and the percent of the agency's participation in those clinics, into one of five classifications including all performed by WIC staff, anthropometric measure only performed by WIC staff, Neither performed by WIC staff, other and don't know.

II.4.4. Services Provided and the Population(s) Served

Local agencies are asked to report the number of their clinics, and the percent of the agency's participation in those clinics, into one of five classifications including all services provided to all participant categories, all services offered to selected categories of participants or selected special populations, limited services offered to select categories or population , other, or don't know.

II.4.5. Automation of Participant Records

Local agencies are asked to report the number of their clinics, and the percent of the agency's participation in those clinics, into one of six classifications including that information is recorded directly into computer; recorded on paper, then entered into computer in clinic; recorded on paper, then entered into computer outside clinic; there are no automated participant information records; other, and don't know.

II.4.6. Process for Issuing Food Instruments

Local agencies are asked to report the number of their clinics, and the percent of the agency's participation in those clinics, into one of six classifications including food instruments printed and issued on demand, food instruments printed in advance of issuance, food instruments manually issued, EBT card issuance, other, and don't know.

II.5 Information About the Positions in WIC

The WIC SOLS final report format separates information about the people working in WIC from information about the positions they occupy. This was done to provide a clearer picture of staffing patterns across local agencies by educational qualifications. That is, it was determined that between local WIC agencies there was such variability in the ways staff were classified into positions and the names that were assigned to the positions that trying to define a common set of classifications that would be adhered to in the report was infeasible and would result in imprecise data. For example, some local agencies classify an individual with a minimum of 12 hours in college level nutrition coursework as a nutritionist. Other local agencies might consider an individual with those qualifications as a paraprofessional. Even further, some agencies would identify individuals with a bachelor's degree in human nutrition, without registration as a dietitian, as a paraprofessional.

Nevertheless, gathering information about positions is necessary in order to obtain information about the number of positions, vacancies, career opportunities, etc. When recruiting individuals for employment in a local WIC Program, one does so for a given position that allows individuals with many types of educational backgrounds to be considered. However, vacancies correspond to positions, not necessarily educational qualifications. The approach in the reporting systems is to allow each agency to identify its own position classifications and related educational and registration qualifications used in their WIC Programs. Information about the number of positions, vacancies, recruitment and retention, career advancement and training are then collected about these positions.

II.5.1. Budgeted Positions

The number of budgeted positions and the FTE of these positions are requested for each of the position classifications provided by the local WIC agency. The number of vacancies, length of vacancies and reasons for vacancies are also recorded. The length of vacancies are recorded as:

Three months or less
More than 3 months but not more than six months
More than six months but not more than nine months
More than nine months but not more than twelve months or more than twelve months.

Reasons for vacancies are recorded as:

Being a recent vacancy
No qualified applicants from which to hire
Qualified applicants declined offer
Lack of hiring authority to fill a funded position (e.g., hiring freeze)
No funding for position
Position not currently needed
Position being phased out
No time to recruit and train new employees
Long hiring process
Other

The number of positions budgeted now compared to this time last year are recorded as stable, increased or decreased. The reasons for increases are recorded as:

Increased because of increase in authorized caseload and associated funding
Increased because of increase in general funding with no increase in caseload
Increased because received funding for special purpose
Increased because change in operations allowed expansion in number of positions the budget could support
Increased for other reason

The reasons for decreases recorded as:

Decreased because of decrease in authorized caseload and associated funding
Decreased because of decrease in general funding with no decrease in caseload
Decreased because lost funding for special purpose
Decreased because change in operations reduced the number of these positions budget could support
Decreased for other reason, please describe:

II.5.2. Career Advancement

For each position classification reported, the respondent is asked to indicate whether the agency has a structured classification system with multiple levels within the classification, (e.g., clerk I through clerk IV). For those that do, they are asked to report

whether their Program uses more than one level; for those that don't they are asked if there are other opportunities for promotion or advancement within their WIC Program. Finally, respondents are asked if individuals in this position have left the agency within the past twelve months and taken a promotion at another local or State WIC Program. In the interest of simplicity, it was decided not to include career advancement opportunities within the parent local agency.

II.5.3. Staff Training

Little information is available on the offerings afforded WIC staff for training and continuing education by their State or local agency. The generally available information is on training needs as identified by staff. Reporting requirements for training activities and costs will result in increased attention and specific management of training. However, local agency business processes may require revision in order to be able to properly report this information. While considered, the agency commitment to training opportunities defined in dollar figures on the report was not included. It was determined that this information largely did not exist at the local agency.

Staff training is reported on by the position classifications reported by the local WIC agency. Within each position, the respondent is asked to indicate to the nearest 10th percent (e.g., 10th, 20th, 30th, etc.) the proportion of individuals in that position that have received the following types of training within the past twelve months:

Only On-The-Job Training
State Developed Competency Based Training Program (in nutrition, nutrition assessment, nutrition education, etc.)
Other State Developed Training Program (e.g., use of computer system, etc.)
Training in Support of Professional or Technical Certification (e.g., IBLCE or Microsoft certification)
ADA Internships
WIC Training Conferences
University Based Professional Training (e.g., University of Iowa Infant Nutrition course)
Local Agency (Non-WIC) Sponsored Training
Tuition Payments or Work Time for Degree Program.
Other Continuing Education for Licensure or Registration Credits (CEUs)
Other Training (Conflict Management, Civil Rights, etc.)

Finally, for each position, the respondent is asked to indicate whether the agency has an annual training requirement.

II.5.4. Salaries and Benefits

For each position defined local agencies are asked to report the entry-level annual salary for a full-time person in that position. Whether the agency has pay differentials, and what for, are also reported. It was recommended by the project advisory board to limit salary information to this minimal information. This recommendation was made in deference to AWFS 2000 that gathers extensive salary data for nutrition professionals.

While the most useful measure of salaries by position would be the individual's actual current salary, obtaining this information is fraught with difficulty. Individual salaries are viewed to be personal information; in survey research income levels are the most frequent information people refuse to provide. Inquiring about personal income levels would put off respondents and undermine the proposed reporting system. A reasonable proxy is salary by position type for the agency. It was recommended by GAO that USDA obtain salary information.

For the majority of agencies salary information will be readily available to management staff. However, collecting and analyzing minimum and maximum salary levels for thousands of staff position types would be a daunting task. The current report does collect in this fashion for salaries, and was evaluated in the pilot implementation.

The utility of collecting information on benefits is the need to identify the variability of benefits received by the WIC workforce and to relate it to difficulties in recruitment, retention and vacancies. Little sample data regarding benefits is available from previous work. Questions regarding benefits include the type of benefits, full-time versus part-time employees' receipt of benefits, WIC employees benefits compared with non-WIC employees benefits of the same parent local agency, and the percent of salaries budgeted as benefits. This information on benefits is not obtained in relation to positions, but rather, generally for all WIC staff.

The benefits reported on are:

Paid vacation
Paid holidays
Paid sick leave
Employer contribution to health insurance
Prescription drug benefit in health insurance
Employer contribution to dental insurance
Employer contribution to vision insurance
Employer contribution to life insurance policy
Employer contribution to retirement program
Deferred compensation system
Cafeteria plans[22]
Employer subsidized child care
Education benefits (e.g., tuition waivers at State universities)
Housing allowance
Other (please describe)

[22] A Cafeteria Benefit Plan sponsored by an employer allows employees to contribute a designated amount of wages, on a pre-tax basis, for a variety of benefits the employee selects from a "menu" of benefits (*e.g.*, child care, educational expenses and healthcare expenses). Employees are directly reimbursed from employer for actual expenses.

ATTACHMENT 2
Local Agency Staffing Reporting System
Final Paper Instrument

WIC Survey Of Local Staffing Report

Administrative Reporting Paper Instrumentation

Local Agency and Clinic Information and Characteristics

Local Agency Name: _____

Local Agency Number: _____

State Agency Name *(as used herein, "State" refers to geographic States, Territories and Indian Tribal Organizations (ITOs)*:

_____

1. What was this agency's participation in July 2004 or the most recent month for which this information is available? (See item #1 of the instructions for definition of participation.)

	WOMEN			INFANTS	CHILDREN	
	Pregnant	Postpartum, non-breast feeding	Breast-feeding	Infants	Children	Total[23]
Number of Participants						

2. Check the one response that best describes this agency. If none of the responses apply, please check "Other" and describe.

_____Private, non-profit agency under contract with the State Health Department

_____Local governmental unit (*e.g.*, county or city health department, individual tribe) under contract with the State Health Department

_____Sub-unit of the State Health Department (*e.g*., district, regional, county or other local office)

_____State Health Department in which State office based staff provide State agency and local agency services

_____Other, please describe: _____

_____

[18] Must equal the sum of pregnant women, postpartum non-breastfeeding women, breastfeeding women, infants and children reported.

Local Agency and Clinic Information and Characteristics

3. Enter the number of clinics this agency operates that match each description of type of clinic and hours of operation (combination of row and column) and the percent of this agency's participation served in each type of clinic. If clinics provide services on nights or weekends but do not incur additional costs, report as no extended hours.

Type of Clinic	**Table 3: Hours of Operation**					
		Open Full-Time[24] & No Extended Hours[25]	Open Full-Time & Extended Hours	Open Part-Time[26] & No Extended Hours	Open Part-Time & Extended Hours	TOTAL
Permanent Facility (Owned, Rented or Occupied Full-Time by WIC Program)	Number of Clinics					
	Percent of Participation					
Temporary Facility (Used or Rented Just for Clinic Days by WIC Program)	Number of Clinics					
	Percent of Participation					
Mobile Clinic	Number of Clinics					
	Percent of Participation					
TOTAL	Number of Clinics					
	Percent of Participation					

[19]At least 35 hours/week
[20]Some services provided at times when extraordinary costs are incurred such as differential pay, security, or other unusual expenses.
[21]Less than 35 hours/week

Local Agency and Clinic Information and Characteristics

4. Enter the number of clinics this agency operates that match each description of integration with other health services; then enter the percent of the agency's caseload served in each type of clinic.

Table 4: Integration[27] With Other Health Services	Number of Clinics	Percent of Caseload
No integration. Stand alone or co-located WIC clinic with little or no integration of services and WIC services are provided entirely by WIC-dedicated staff.		
Integrated services, no shared staff with WIC. WIC clinics integrated with other health services but all WIC services provided by WIC-dedicated staff.		
Integrated services, shared staff with WIC. WIC clinics are integrated with other health services and there is some use of shared staff between programs.		
Other, please describe:		
Don't Know		
TOTAL		100%

5. Enter the number of clinics this agency operates that match each description of collecting anthropometric and blood work measures; then enter the percent of the agency's caseload served in each type of clinic.

Table 5: Anthropometric and Blood Work Measures	Number of Clinics	Percent of Caseload
All performed by WIC staff. All or most anthropometric measures (*e.g.*, heights/weights) and blood work are conducted by WIC staff in the WIC clinic.		
Anthropometric measures only performed by WIC staff. All or most anthropometric measures (*e.g.*, heights/weights) are conducted by WIC staff in the WIC clinic; but all or most blood work is conducted by other provider(s).		
Neither performed by WIC staff. All or most anthropometric measures (*e.g.*, heights/weights) and blood work are conducted by other provider(s).		
Other, please describe:		
Don't Know		
TOTAL		100%

[22]Integration means 1) common intake process; 2) combined patient records; or 3) routine sharing of medical information between programs.

6. For each description of services provided and populations served, enter the number of WIC clinics this WIC agency operates and the percent of the total caseload served in that manner.

Table 6: Services Provided and Population Served	**Number of Clinics**	**Percent of Caseload**
All services provided to all participant categories. Clinic routinely certifies and provides ongoing services to all categories of participants.		
All services offered to selected categories of participants or selected special populations. Clinic routinely certifies and provides ongoing services to selected categories of participants or special populations only (*e.g.*, prenatal women, migrants or non-English speaking populations, special clinics at schools for pregnant teens, *etc.*).		
Limited services offered to select categories or populations. Clinic routinely certifies only selected categories of participants or special populations (*e.g.*, postpartum women and newborn infants, migrants or non-English speaking participants) and refers them to another clinic for future ongoing services.		
Other, please describe:		
Don't Know		
TOTAL		100%

7. For each description of automation of participant records, enter the number of WIC clinics this WIC agency operates and the percent of the total caseload served.

Table 7: Level of Automation of Participant Records.	**Number of Clinics**	**Percent of Caseload**
Recorded directly into computer. Clinic staff record all or most participant information directly into a computer located in the clinic.		
Recorded on paper, then entered into computer in clinic. Clinic staff record all or most participant information on paper first and then transcribe the information into a computer located in the clinic.		
Recorded on paper, then entered into computer outside clinic. Clinic staff record all participant information on paper and the data is entered into a computer system somewhere other than the clinic.		
No automated participant information records.		
Other, please describe:		
Don't Know		
TOTAL		100%

Local Agency and Clinic Information and Characteristics

8. For each description of the process for issuing food instruments, enter the number of WIC clinics this WIC agency operates and the percent of the total caseload served.

Table 8: Process for Issuing Food Instruments	**Number of Clinics**	**Percent of Caseload**
FIs printed and issued on demand. Clinic staff print food instruments "on demand" in the clinic using the automation system.		
FIs printed in advance of issuance. Clinic staff issue food instruments that are centrally printed in advance of the clinic (either by the State agency or the local agency).		
FIs manually issued. Clinic staff manually prepare and issue food instruments in the clinic.		
EBT card issuance. Clinic staff issue EBT cards in the clinic using the automated system.		
Other, please describe:		
Don't Know		
TOTAL		100%

9. Enter the percent of this local agency's WIC caseload issued food instruments monthly, bi-monthly and tri-monthly.

Frequency of Food Instrument Issuance	**Percent of Caseload**
Monthly	
Bi-Monthly	
Tri-Monthly	
Don't Know	
Total	100%

10. What is the total amount of time, to the nearest hour, spent per month by all local agency WIC staff preparing for, traveling to and from, setting up, breaking down and returning from temporary facilities? **Do not include travel time to and from mobile clinics.**

_____ Hours

_____ Don't Know

11. Enter the percent of this local agency's WIC caseload that is high-risk, as defined by State policy.

_____ Percent of caseload that is high-risk

_____ Don't Know

12. Enter the percent of this local agency's WIC caseload that is non-English speaking.

_____ Percent of caseload that is non-English speaking

_____ Don't Know

13. Does this agency have individuals with adequate language skills to serve non-English speaking clients?

_____Yes

_____No

_____Don't Know

The following questions (14-17) are about the local WIC budget and the program's financial management. If this information is unavailable, simply check "Don't Know". For further information on the items in the questions below, see the WIC SOLS Detailed Instructions.

14. Please indicate whether this WIC Program receives any financial support, other than the WIC funding provided by the State agency (*e.g.*, foundation or other grants or cash payments; in-kind assistance such as rent, personnel benefits, *etc*.). **Financial support does not refer to funding the WIC Program uses to provide non-WIC services in the WIC clinics, such as providing immunization or conducting literacy classes.**

_____Yes

_____No (skip to question 16)

_____Don't Know (skip to question 16)

15. Has the current value of grants, cash payment or in-kind support, indicated in item 14, changed from the last federal fiscal year to this federal fiscal year?

_____Yes, increased

_____Yes, decreased

_____No

_____Don't Know

16. Please indicate whether this WIC Program pays indirect or overhead costs to its parent local agency[28].

_____Yes

_____No (skip to question 17)

_____Don't Know (skip to question 17)

[23]A parent local agency refers to the larger agency responsible for housing and administering the WIC Program at the local level such as a county or city health department, hospital or tribe.

16a. If yes, enter the indirect or overhead cost rate or "Don't Know".

_____ %

_____ Don't Know

16b. Check the cost basis of the indirect or overhead rate (*e.g.,* salaries only, total personnel cost, DK, *etc*.).

_____ Salaries only

_____ Total personnel cost

_____ Total direct WIC non-food expenses

_____ Other

_____ Don't Know

17. Check the response that best describes how management costs are charged to this WIC Program (*e.g*., salaries for those individuals organizationally "above" the WIC Director, in the parent agency administrative operations, such as payroll, and other general administrative expenses).

_____As an indirect cost

_____As a direct cost

_____As in-kind; these costs are not charged to WIC

_____Not applicable

_____Don't Know

_____Other, please describe

_____

_____

18. Record the number of staff members and respective Full-Time Equivalents (FTEs) for all people currently providing WIC supported activities for this local agency WIC Program. Individuals are to be counted only once - at their highest level of educational attainment. With one exception (breastfeeding peer counselors) all employees and contracted staff who are directly funded by WIC should be included. (Individuals who are working only as breastfeeding peer counselors are not to be recorded here.) Individuals who provide services used by WIC but who are not charged directly to WIC (e.g., accounting staff who are paid through an indirect cost rate) are not included. For reporting ease, three groupings of staff are utilized:

- Individuals with a minimum of a Bachelor's degree or higher in Human Nutrition (Table 18A)
- Individuals with Nursing or other specified Health or Human Services related degrees (Table 18B)
- All other WIC staff (Table 18C)

These same groupings of staff will be used for Tables 25-27 and Table 30.

Table 18A: Number of Individuals with Human Nutrition Degrees (minimum Bachelor's) and Full-Time Equivalents (FTEs)

Education Qualifications	Number of Staff	Number of FTEs
A. Bachelor's Degree in Nutrition (not RD or RD eligible)		
B. Master's or Doctorate Degree in Nutrition (not RD or RD eligible)		
C. RD Eligible - Bachelor's Degree in Nutrition		
D. RD Eligible - Master's or Doctorate Degree in Nutrition		
E. RD - Bachelor's Degree in Nutrition		
F. RD - Master's or Doctorate Degree in Nutrition		
G. RD - Master's or Doctorate Degree in Public Health		
Subtotal		

In Table 18B below, record staff with Nursing degrees and those with the following specified Health or Human Services related degrees:

Home Economics;
Education;
Public Health;
Health Education;
Social Work;
Exercise Physiology; and
Medicine.

Table 18B: Number of Individuals with any Nursing Degree or Other Specified Health or Human Services Related Degrees and Full-Time Equivalents (FTEs)		
Education Qualifications	Number of Staff	Number of FTEs
H. Registered Nurse, including Associate, BSN and MSN		
I. Licensed Vocational Nurse; Licensed Practical Nurse or Equivalent		
J. Bachelor's Degree or Higher in Other Specified Health or Human Services Related Fields with 15 or More College Credits in Nutrition		
K. Bachelor's Degree or Higher in Other Specified Health or Human Services Related Fields with Less than 15 College Credits in Nutrition.		
Subtotal		

In Table 18C below, the hierarchy for classifying "Other WIC Staff" presumes the individuals in Row P have high school degrees; although it is recognized this may not always be true. If an individual has received the CBT, count them in this field, regardless of high school education.

Table 18C
Number of All Other WIC Staff and Full-Time Equivalents (FTEs)

Education Qualifications	Number of Staff	Number of FTEs
H. Bachelor's Degree or Higher in non-Health or Human Services Related Fields		
I. Registered Dietetic Technician (Associate's Degree)		
J. Associate's Degree in Any Other Field (not nursing)		
K. Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education, etc., is (or will be) Only Academic Preparation		
L. High School or Other Education or Training Qualification (e.g., position requires driver's license) Only		
M. All Others Not Included Above (no education or training qualifications)		
Subtotal		

19. Enter the number of staff included in Table 18A, 18B or 18C who are International Board of Lactation Consultant Examiners (IBLCE) Certified Lactation Consultants.

_____

Number of Certified Lactation Consultants

20. How many full-time equivalents (FTEs) do these IBLCE Certified Lactation Consultants represents?

_____

FTEs of IBLCE Certified Lactation Consultants

21. Enter the number of breastfeeding peer counselors (paid or unpaid) this WIC Program utilizes. (These individuals are not counted in Tables 18A, 18B or 18C.)

_____

Number of Peer Counselors

22. How many full-time equivalents (FTEs) do these breastfeeding peer counselors represent?

_____

FTEs of Peer Counselors

23. How many other volunteers (*i.e.*, not breastfeeding peer counselors) work with this WIC Program? (These are individuals not counted in Tables 18A, 18B or 18C.)

_____

Number of Other Volunteers

24. How many full-time equivalents (FTEs) do these other volunteers, not peer counselors, represent?

_____

FTEs of Volunteers

Staff Information and Characteristics - Staff Duties by Education Qualification

25. For each Table, 25A (staff with nutrition degrees), 25B (staff with nursing or other specified health or human services professional degrees), and 25C (other WIC staff), for each duty listed, record the number of staff with each level of responsibility(Primary, Secondary or Emergency) for each specific qualification. Leave cells blank for those duties that the respective staff do not perform. For more detailed instructions see the WIC SOLS Detailed Instructions.

Table 25A: Duties of WIC Staff by Qualifications – Nutritionists

		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	Bachelor's Degree in Nutrition (not RD or RD eligible)																								
	Primary																								
	Secondary																								
	Emergency																								
	Master's or Doctorate Degree in Nutrition (not RD or RD eligible)																								
	Primary																								
	Secondary																								
	Emergency																								
	RD Eligible - Bachelor's Degree in Nutrition																								
	Primary																								
	Secondary																								

Staff Information and Characteristics - Staff Duties by Education Qualification

Table 25A: Duties of WIC Staff by Qualifications – Nutritionists																									
		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	Emergency																								
	RD Eligible – Master's/Doctorate Degree in Nutrition																								
	Primary																								
	Secondary																								
	Emergency																								
	RD - Bachelor's Degree in Nutrition																								
	Primary																								
	Secondary																								
	Emergency																								
	RD - Master's or Doctorate Degree in Nutrition																								
	Primary																								
	Secondary																								
	Emergency																								

Staff Information and Characteristics - Staff Duties by Education Qualification

Table 25A: Duties of WIC Staff by Qualifications – Nutritionists																										
		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	RD - Master's or Doctorate Degree in Public Health																									
	Primary																									
	Secondary																									
	Emergency																									

Staff Information and Characteristics - Staff Duties by Education Qualification

Table 25B: Duties of WIC Staff by Qualifications - Nurses and Other Specified Health or Human Services Professionals																										
		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	RN																									
	Primary																									
	Secondary																									
	Emergency																									
	LPN or LVN or Equivalent																									
	Primary																									
	Secondary																									
	Emergency																									
	Other Specified Health or Human Services Related Degree with at Least (>=) 15 Hours College Credit in Nutrition																									
	Primary																									
	Secondary																									
	Emergency																									

Staff Information and Characteristics - Staff Duties by Education Qualification

Table 25B: Duties of WIC Staff by Qualifications - Nurses and Other Specified Health or Human Services Professionals																									
		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	Other Specified Health or Human Services Related Degree with Less than (<) 15 Hours College Credit in Nutrition																								
	Primary																								
	Secondary																								
	Emergency																								

Staff Information and Characteristics - Staff Duties by Education Qualification

Table 25C: Duties of WIC Staff by Qualifications - Other WIC Staff

		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood Work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide High-Risk Counseling and Nutrition Care Plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	Bachelor's Degree or Higher in non-Health or Human Services Related Fields																								
	Primary																								
	Secondary																								
	Emergency																								
	Registered Dietetic Technician (Associate's Degree)																								
	Primary																								
	Secondary																								
	Emergency																								
	Associate's Degree in Any Other Field (not nursing)																								
	Primary																								
	Secondary																								
	Emergency																								

Staff Information and Characteristics - Staff Duties by Education Qualification

Table 25C: Duties of WIC Staff by Qualifications - Other WIC Staff

		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood Work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide High-Risk Counseling and Nutrition Care Plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education *etc*., is (or will be) Only Academic Preparation																								
	Primary																								
	Secondary																								
	Emergency																								
	High School or Other Education or Training Qualification (*e.g*., position required driver's license) Only																								
	Primary																								
	Secondary																								
	Emergency																								

Staff Information and Characteristics - Staff Duties by Education Qualification

Table 25C: Duties of WIC Staff by Qualifications - Other WIC Staff

		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood Work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, *etc.*)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide High-Risk Counseling and Nutrition Care Plans	Food Instrument Issuance	Provide Individual Nutrition Education	Provide Group Nutrition Ed	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management
	All Others Not Included Above (no education or training qualifications)																								
	Primary																								
	Secondary																								
	Emergency																								

26. Please indicate below, for each staff qualification the frequency of difficulty in recruiting.

	Table 26 Frequency of Difficulty in Recruiting[29]				
Staff Qualifications	No Attempt to	Rarely or Never	Sometimes	Usually	Always
Bachelor's Degree in Nutrition (not RD or RD eligible)					
Master's or Doctorate Degree in Nutrition (not RD or RD eligible)					
RD Eligible - Bachelor's Degree in Nutrition					
RD Eligible - Master's or Doctorate Degree in Nutrition					
RD - Bachelor's Degree in Nutrition					
RD - Master's or Doctorate Degree in Nutrition					
RD - Master's or Doctorate Degree in Public Health					
Registered Nurse, Including Associate, BSN and MSN Degrees					
LPN or LVN or Equivalent					
Other Specified Health or Human Services Related Degree >=15 Hours College Credit in Nutrition					
Other Specified Health or Human Services Related Degree < 15 Hours College Credit in Nutrition					
Bachelor's Degree or Higher in non-Health or human services Related Fields					
Registered Dietetic Technician (Associate's Degree)					

[24] Rarely to always is a rank ordered list of frequency, with "rarely" as the least frequent, and "always" the most frequent. Rarely is less than 10% of the time. "Sometimes" is 11-50% of the time. "Usually" is 51-90% of the time. Always is over 90% of the time.

Staff Information and Characteristics - Difficulty in Recruitment

	Table 26 Frequency of Difficulty in Recruiting[29]				
Staff Qualifications	No Attempt to	Rarely or Never	Sometimes	Usually	Always
Associate's Degree in Any Other Field (not nursing)					
Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education *etc*., is (or will be) Only Academic Preparation					
High School or Other Education or Training Qualification (*e.g*., position required driver's license) Only					
All Others Not Included Above (no education or training qualifications)					

Staff Information and Characteristics - Local WIC Agency Position Classification Descriptions

27. Write in the Position Classification as titled in the agency's position description(s). For each Position Classification written in, check the corresponding qualifications accepted to fill that position. You may check more than one row for a position classification (*i.e.*, in a column). If there are multiple levels of positions in a series (*e.g.*, Nutritionist 1 - Nutritionist 4), list the series once and check the qualifications for all levels in the series - as long as individuals may progress through the series without acquiring qualifications, other than experience, from those defined for the entry level. If a level in a position series (*e.g.*, Nutritionist IV in the Nutritionist series) specifically requires, for example, an advanced degree and experience cannot substitute for that qualifying criteria, list the position(s) and the qualifications in a separate column.

Table 27: POSITION CLASSIFICATIONS													
	Write the Position Classifications As Needed in Each Column; Use Additional Sheets if Necessary												
QUALIFICATIONS													
Bachelor's Degree in Nutrition (not RD or RD eligible)													
Master's or Doctorate Degree in Nutrition (not RD or RD eligible)													
RD Eligible - Bachelor's Degree in Nutrition													
RD Eligible - Master's or Doctorate Degree in Nutrition													
RD - Bachelor's Degree in Nutrition													
RD - Master's or Doctorate Degree in Nutrition													
RD - Master's or Doctorate Degree in Public Health													

Staff Information and Characteristics - Local WIC Agency Position Classification Descriptions

Table 27: POSITION CLASSIFICATIONS													
	Write the Position Classifications As Needed in Each Column; Use Additional Sheets if Necessary												
QUALIFICATIONS													
Registered Nurse, Including Associate, BSN and MSN Degrees													
LPN or LVN or Equivalent													
Other Specified Health or Human Services Related Degree with at Least (>=) 15 Hours College Credit in Nutrition													
Other Specified Health or Human Services Related Degree with Less than (<) 15 hours College Credit in Nutrition													
Bachelor's Degree or Higher in non-Health or Human Services Related													
Registered Dietetic Technician (Associate's degree)													
Associate's Degree in Any Other Field (not nursing)													

Staff Information and Characteristics - Local WIC Agency Position Classification Descriptions

Table 27: POSITION CLASSIFICATIONS													
	Write the Position Classifications As Needed in Each Column; Use Additional Sheets if Necessary												
QUALIFICATIONS													
Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education *etc*., is (or will be) Only Academic Preparation													
High School or Other Education or Training Qualification (*e.g*., position required driver's license) Only													
All Others Not Included Above (no education or training qualifications)													

Staff Information and Characteristics -Number of Budgeted Positions, FTEs, Vacancies and Length of Vacancies

28. For each position classification, regardless of whether currently filled or vacant, enter the number of budgeted positions, the number of FTEs the positions represent, the number of positions that are vacant, and the number of positions that have been vacant for various lengths of time. Use the same position classifications used in Table 27.

Table 28:Number of Positions, FTEs, and Length of Vacancies

NUMBER OF POSITIONS, FTEs, VACANCIES AND LENGTH OF VACANCIES	POSITION CLASSIFICATIONS												
How many full or part-time budgeted positions does this agency have?													
How many full-time equivalents are these budgeted positions?													
How many vacancies are there currently for these positions?													
Of these vacant positions, indicate how many have been vacant for each of the following time periods:													
Three months or less													
More than 3 months but not more than 6 months (3+ to 6 months)													
More than 6 months but not more than 9 months (6+ to 9 months)													
More than 9 months but not more than 12 months (9+ to 12 months)													
More than 12 months													

Staff Information and Characteristics - Reasons for the Vacancies and Change in Number of Positions

29. For each classification that currently has a vacancy, enter a check mark in one or more rows (up to three per column) indicating the reasons for the vacancy. Use the same position classifications used in Table 27.

Table 29: Reason(s) for Vacancies													
	POSITION CLASSIFICATIONS												
REASONS FOR VACANCIES													
Why have these positions remained vacant? (Check up to 3 top reasons for each position classification.)													
This is a recent vacancy													
There were no qualified applicants from which to hire													
Qualified applicants declined offer													
Lack of hiring authority to fill a funded position (*e.g.*, hiring freeze)													
No funding for position													
Position not currently needed													
Position being phased out													
Do not have time to recruit and train new employee													
Long hiring process													
Other													

Staff Information and Characteristics - Reasons for the Vacancies and Change in Number of Positions

30. For each position classification place an "I", a "D", or a "S" to indicate, respectively, whether the number of positions has net increased, decreased, or remained stable since this time last year. For those that have increased or decreased, indicate the reason(s); check as many reasons as apply. Use the same position classifications identified in Table 27.

Table 30: Change in Number of Positions													
	POSITION CLASSIFICATIONS												
CHANGES IN THE NUMBER OF POSITIONS													
Indicate whether the total number of full or part-time budgeted positions, filled or vacant, has increased (I), decreased (D), or remained stable (S) since this time last year.													
REASONS FOR INCREASED NUMBER OF POSITIONS (Check all reasons that apply for the positions marked "I".).													
Increased because of increase in authorized caseload and associated funding													
Increased because of increase in general funding with no increase in caseload													
Increased because received funding for special purpose													
Increased because change in operations allowed expansion in number of these positions budget could support													
Increased for other reason, please describe:													

Staff Information and Characteristics - Reasons for the Vacancies and Change in Number of Positions

Table 30: Change in Number of Positions													
	POSITION CLASSIFICATIONS												
CHANGES IN THE NUMBER OF POSITIONS													
REASONS FOR DECREASED NUMBER OF POSITIONS (Check all that apply for positions with a "D".)													
Decreased because of decrease in authorized caseload and associated funding													
Decreased because of decrease in general funding with no decrease in caseload													
Decreased because lost funding for special purpose													
Decreased because change in operations reduced the number of these positions budget could support													
Decreased for other reason, please describe:													

Staff Information and Characteristics -Career Advancement

31. For each position classification place a "Y" or "N" in each row to indicate Yes or No for each question, respectively. Use the position classifications identified in Table 27.

Table 31: Career Advancement by Position											
	POSITION CLASSIFICATIONS										
CAREER ADVANCEMENT											
Does this agency have a structured personnel classification system with multiple levels within this classification? (*e.g.*; Clerk I through Clerk IV)											
If yes, does this WIC Program use more than one level within this classification?											
If no, are there other opportunities for promotion or advancement within this WIC Program?											
Have individuals in this position classification left this agency within the past twelve months and taken a promotion at another local or State WIC Program?											

Staff Information and Characteristics -Training

32. Record the approximate percent of individuals (to the nearest 10th percentage, *i.e.*, 10%, 20%, 30% ... 100%) in each position that received agency or program support (*i.e.*, time or money) in the last twelve months for each of the following types of training or continuing education. Column totals do not need to equal 100%. Use the position classifications identified in Table 27[30].

Table 32: Type of WIC Staff Training by Position											
Type Of Training	**POSITION CLASSIFICATION**										
A. Only On-The-Job Training											
B. State Developed Competency Based Training Program (in nutrition, nutrition assessment, nutrition education, *etc*.)											
C. Other State Developed Training Program (*e.g*., use of computer system, *etc*.)											
D. Training in Support of Professional or Technical Certification (*e.g*., IBLCE or Microsoft certification)											
E. ADA Internships											

[25] Row L refers to training requirements rather than types of training as listed in rows A-K.

Staff Information and Characteristics -Training

Table 32: Type of WIC Staff Training by Position											
	POSITION CLASSIFICATION										
F. WIC Training Conferences											
G. University Based Professional Training (*e.g.*, University of Iowa Infant Nutrition course)											
H. Local Agency (Non-WIC) Sponsored Training											
I. Tuition Payments or Work Time for Degree Program.											
J. Other Continuing Education for Licensure or Registration Credits (CEUs)											
K. Other Training (Conflict Management, Civil Rights, *etc.*)											
TRAINING REQUIREMENTS											
L Does this Local Agency Have Annual Training Requirements for This Position (Y, N)?											

33. Which one of the following personnel classification systems best describes what is used in this agency?

_____ Defined entry-level salary only for each position

_____ Defined entry and upper salary for each position

_____ Defined entry, steps within the range, and upper salary for each position

_____ Other (Please define) _____

_____ Don't Know

Staff Information and Characteristics -Training

34. Please enter either the entry level annual salary for a full-time position or "DK" (Don't Know) for each of the position classifications listed in Table 27. If more lines are needed, please photocopy this page.

Position Classification _____ $_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Position Classification _____$_____

Staff Information and Characteristics -Training

35. Does this local agency have pay differentials for some staff (*e.g.*, for non-English language skills, location of work)?

_____Yes

_____No (skip to question 36)

_____Don't Know (skip to question 36)

35.a. If yes, please indicate for what reasons the pay differentials are used:

_____

_____

36. Which of the following benefits are available to WIC employees in this agency? For full-time and part-time employees, check whether all, some, or no employees are offered each benefit listed.

Table 36: EMPLOYEE BENEFITS

	FULL-TIME EMPLOYEES				PART-TIME EMPLOYEES			
BENEFITS	**All Offered**	**Some Offered**	**None Offered**	**Don't Know**	**All Offered**	**Some Offered**	**None Offered**	**Don't Know**
Paid Vacation								
Paid Holidays								
Paid Sick Leave								
Employer Contribution to Health Insurance								
Prescription Drug Benefit in Health Insurance								
Employer Contribution to Dental Insurance								
Employer Contribution to Vision Insurance								
Employer Contribution to Life Insurance Policy								

Table 36: EMPLOYEE BENEFITS								
	FULL-TIME EMPLOYEES				PART-TIME EMPLOYEES			
BENEFITS	**All Offered**	**Some Offered**	**None Offered**	**Don't Know**	**All Offered**	**Some Offered**	**None Offered**	**Don't Know**
Employer Contribution to Retirement Program								
Deferred Compensation System								
Cafeteria Plans[31]								
Employer Subsidized Child Care								
Education Benefits (*e.g.*, Tuition Waivers at State Universities)								
Housing Allowance								
Other (please describe below)								

[26]A Cafeteria Benefit Plan sponsored by an employer allows employees to contribute a designated amount of wages, on a pre-tax basis, for a variety of benefits the employee selects from a "menu" of benefits (*e.g.*, child care, educational expenses and healthcare expenses). Employees are directly reimbursed from employer for actual expenses.

Table 36: EMPLOYEE BENEFITS								
	FULL-TIME EMPLOYEES				PART-TIME EMPLOYEES			
BENEFITS	All Offered	Some Offered	None Offered	Don't Know	All Offered	Some Offered	None Offered	Don't Know
"Other" description:								

37. Do full-time WIC employees have the level and type of benefits as other, non-WIC, full-time local agency employees? (If all local agency employees are WIC staff, check "Not applicable".)

_____Yes

_____No

_____Not applicable

_____Don't Know

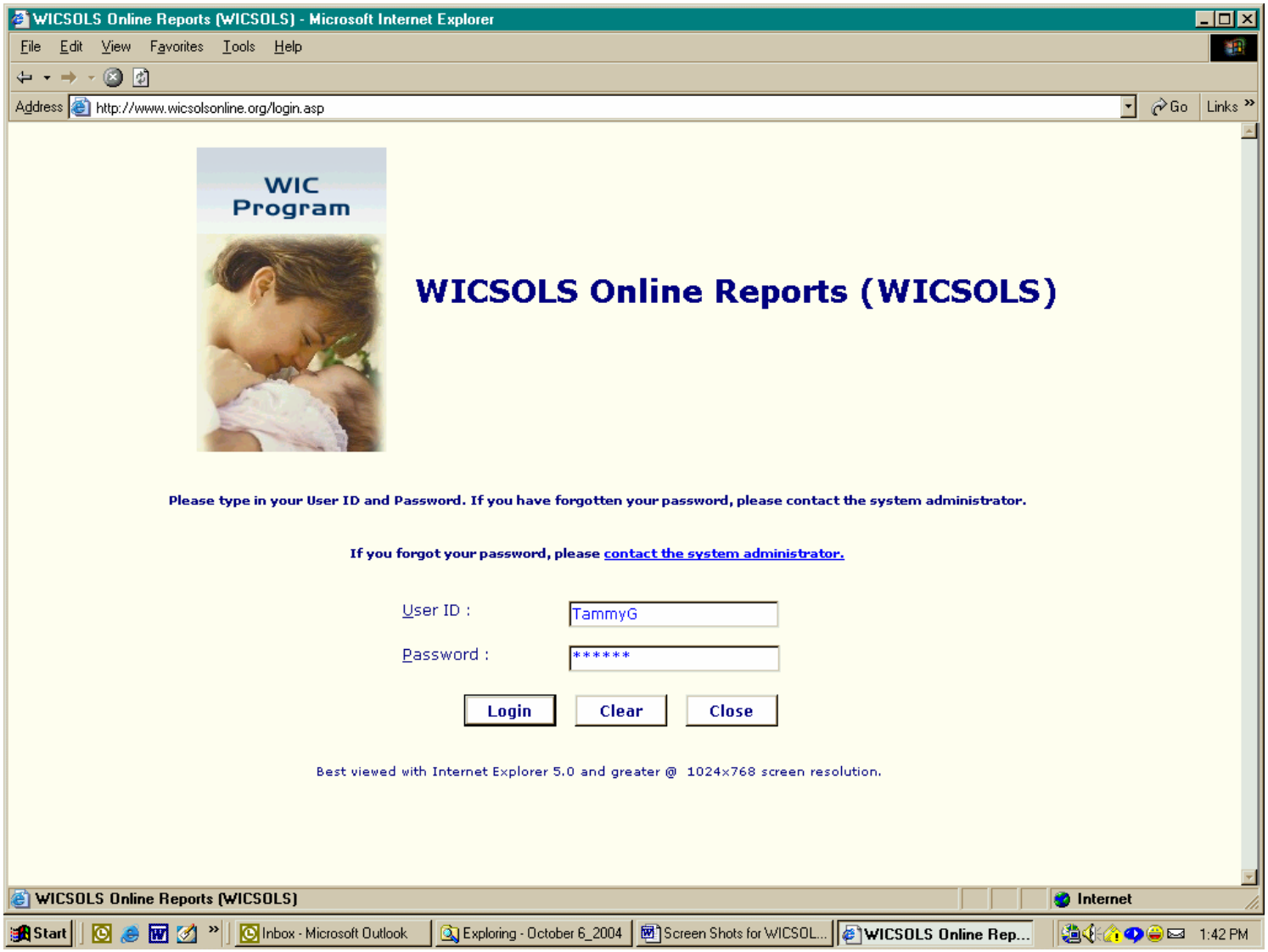
38. What percent of total WIC staff salaries is budgeted for WIC staff benefits?

_____ Percent

_____Don't Know

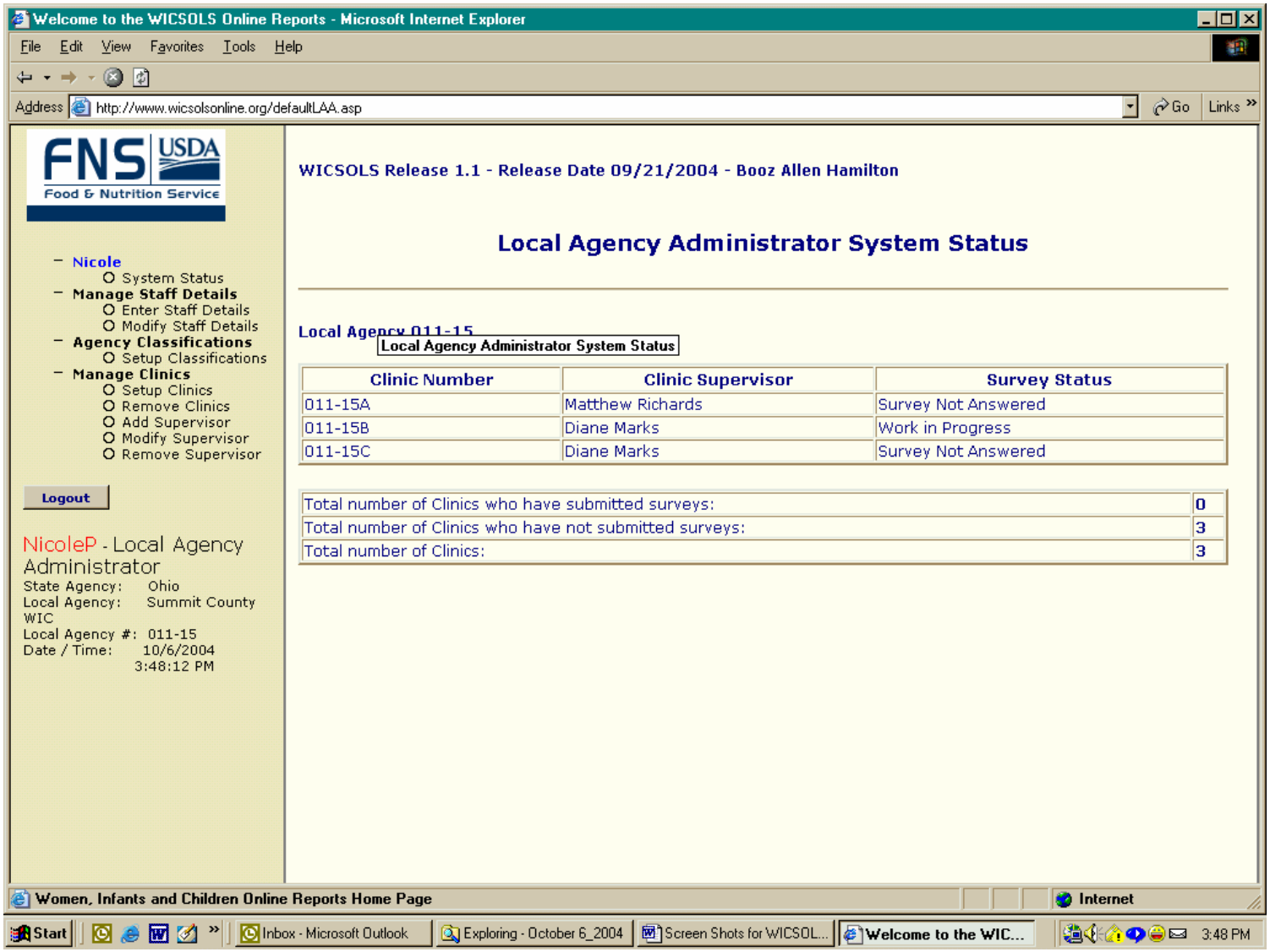
ATTACHMENT 3
Local Agency Staffing Reporting System
Final Electronic Instrument

Log in Screen

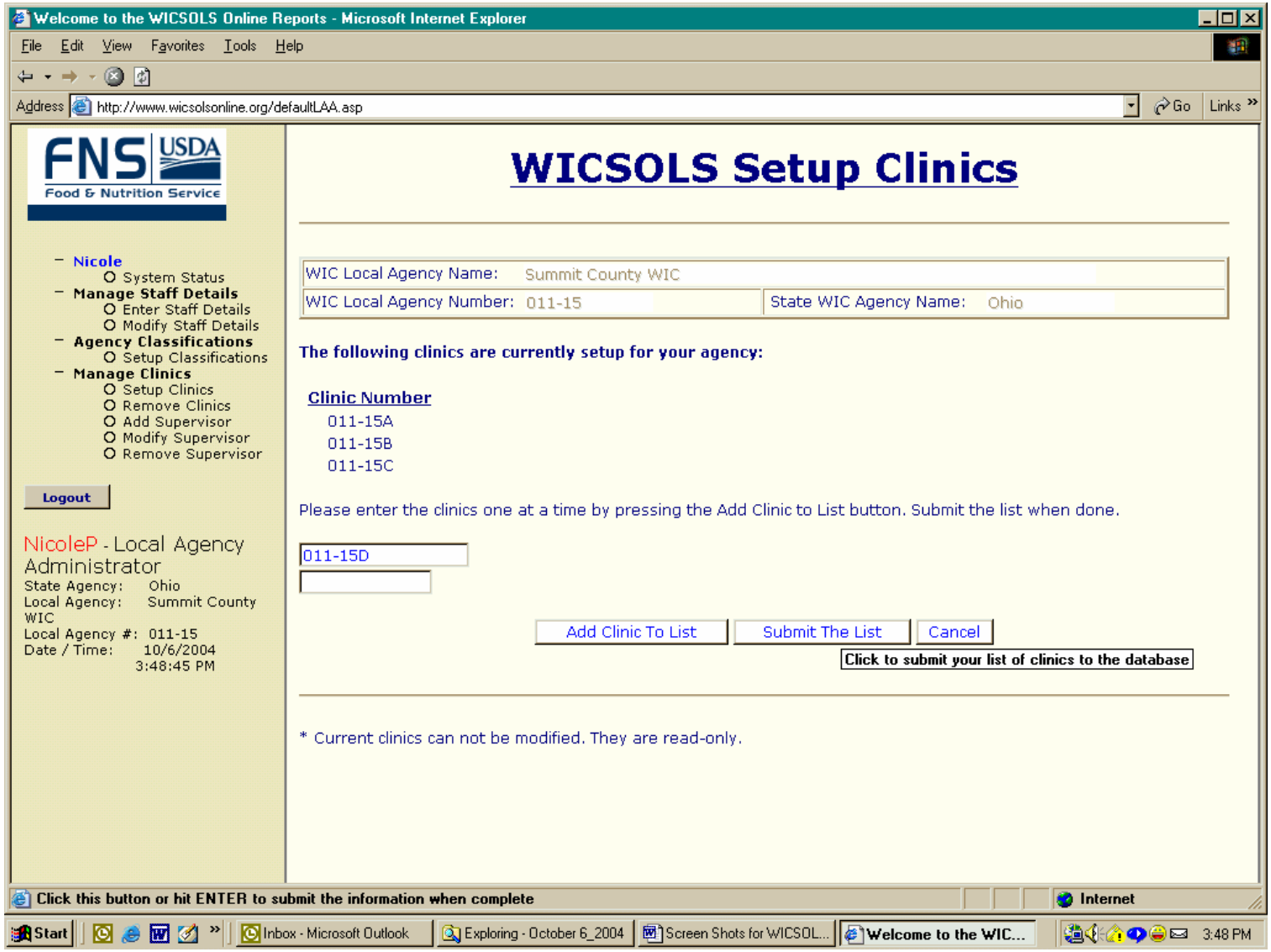


Local Agency Administrator Screen Shots

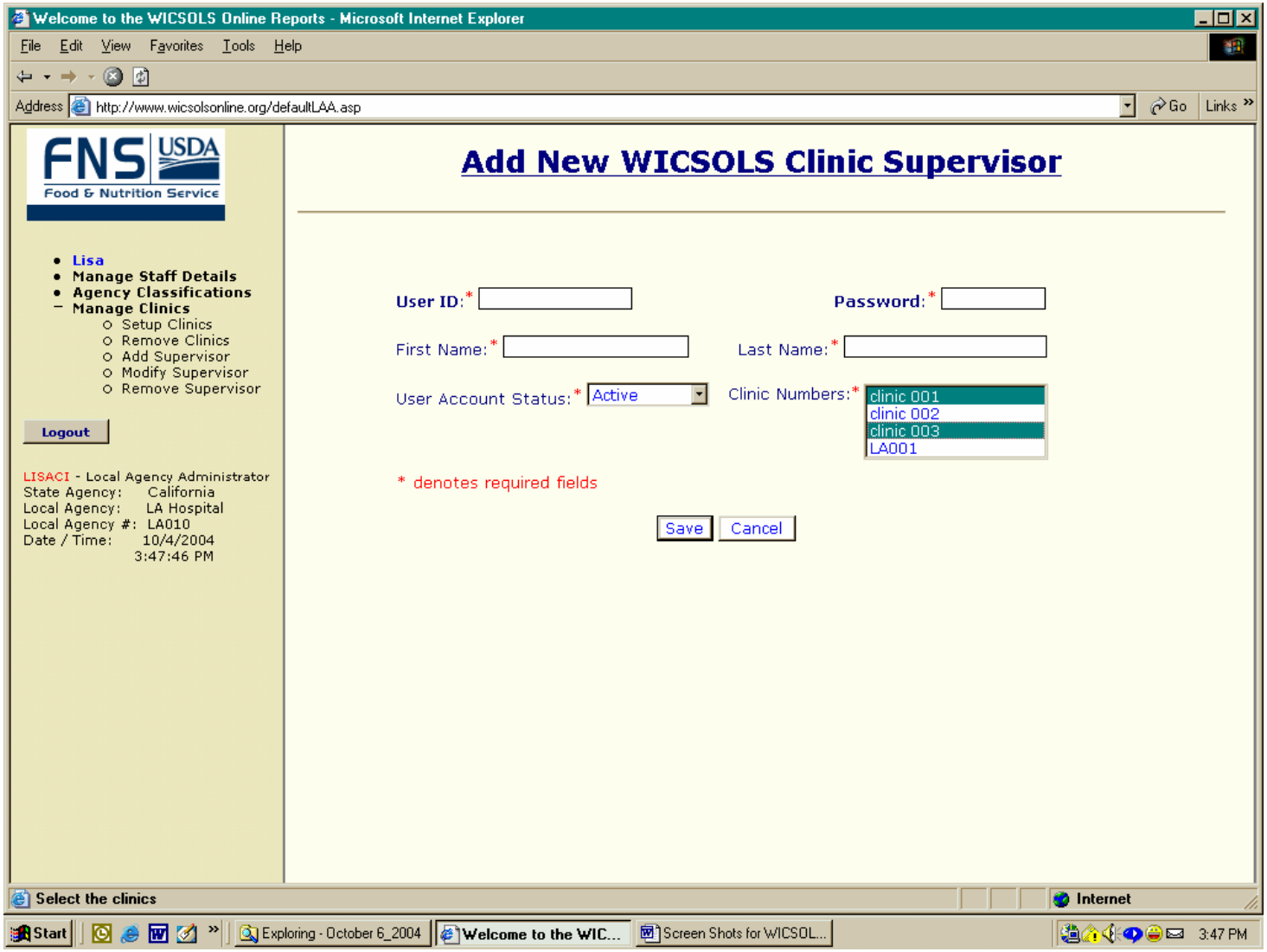
Local Agency Administrator –System Status



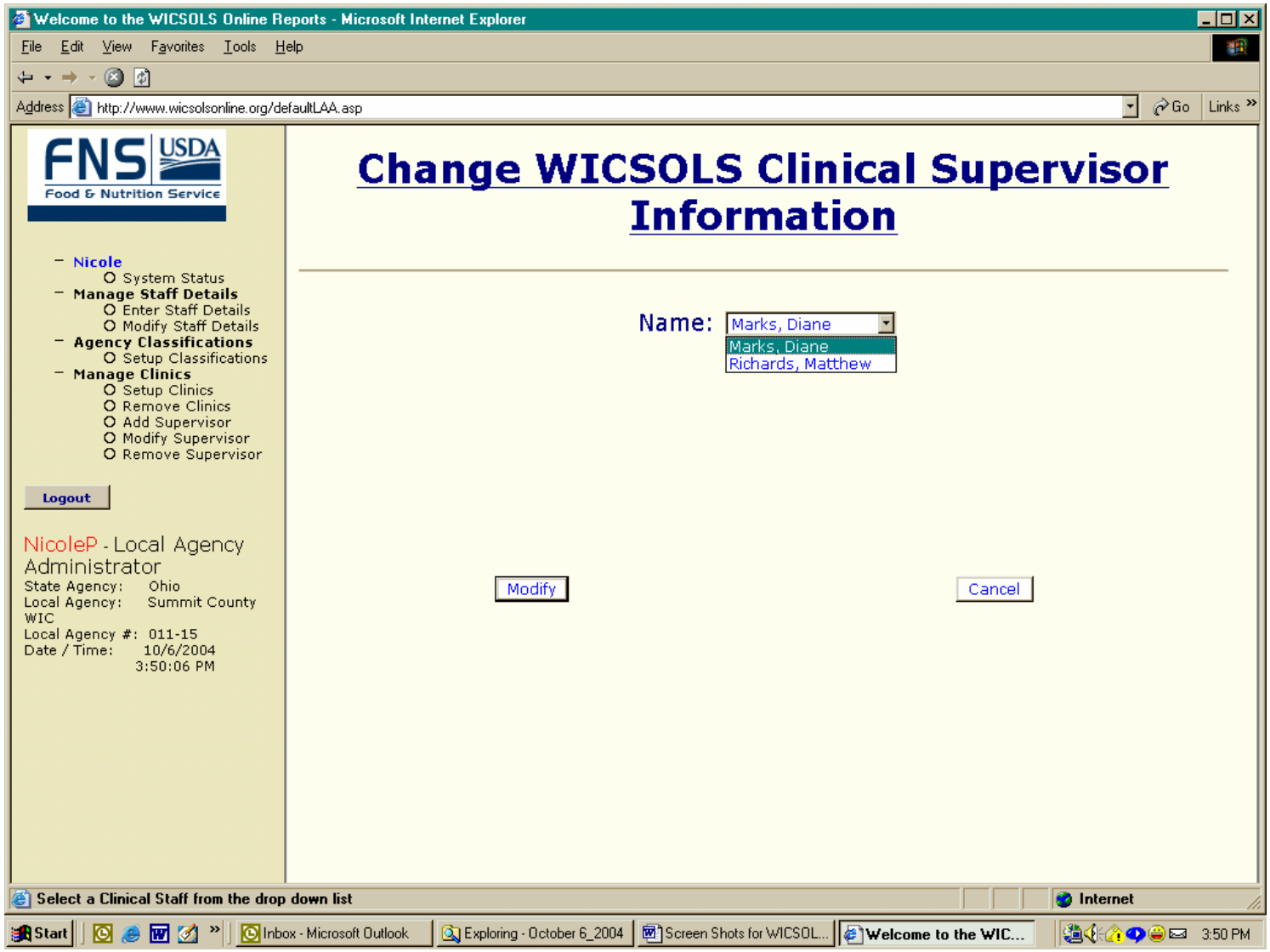
Local Agency Administrator – Manage Clinics - Set up Clinics



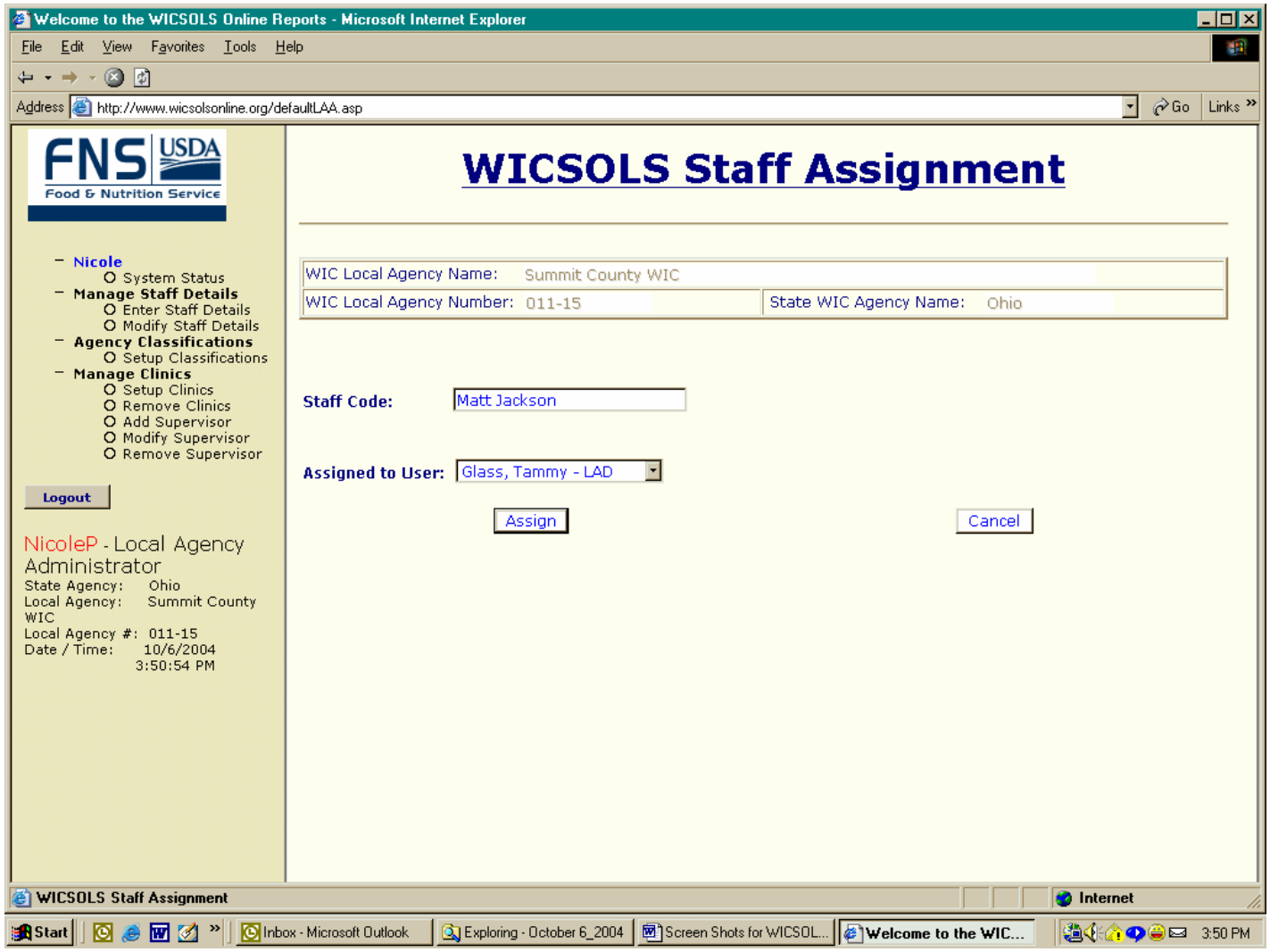
Local Agency Administrator – Manage Clinics - Add Supervisor



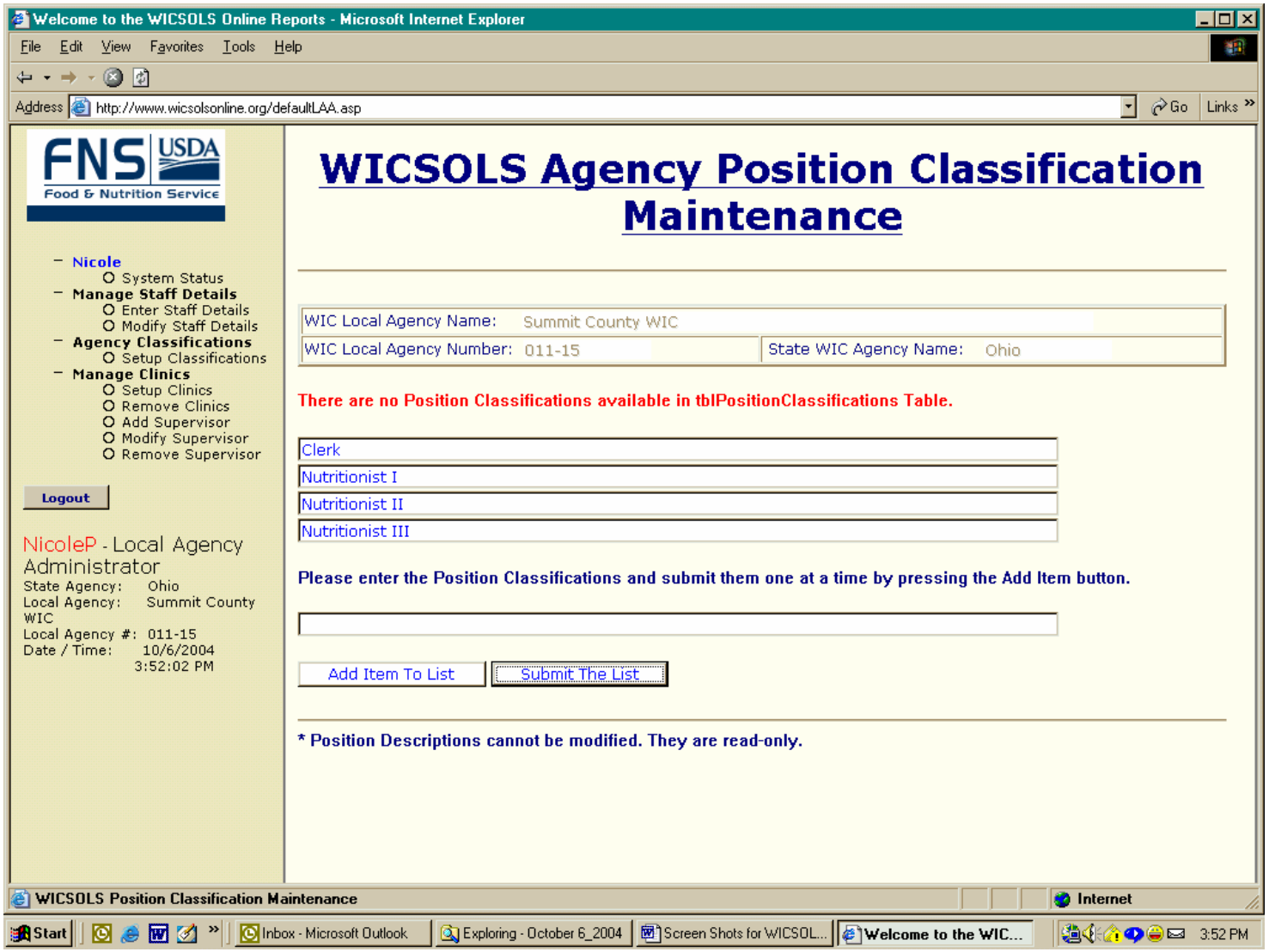
Local Agency Administrator – Manage Clinics - Modify Supervisor



Local Agency Administrator – Manage Staff Details - Enter Staff Details

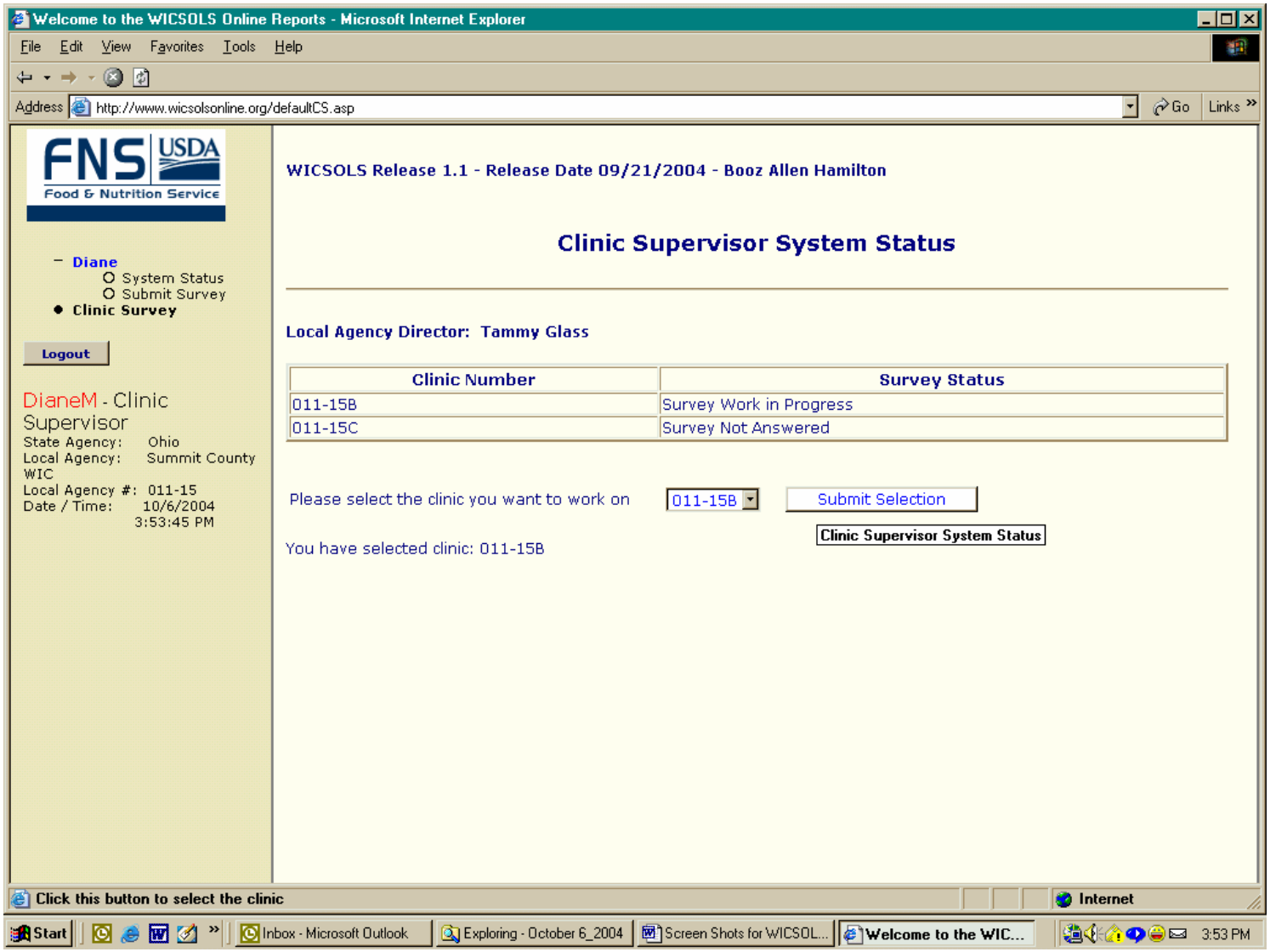

Welcome to the WICSOLS Online Reports - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address http://www.wicsolsonline.org/defaultLAA.asp
Go Links
FNS USDA
Food & Nutrition Service
Nicole
System Status
Manage Staff Details
Enter Staff Details
Modify Staff Details
Agency Classifications
Setup Classifications
Manage Clinics
Setup Clinics
Remove Clinics
Add Supervisor
Modify Supervisor
Remove Supervisor
Logout
NicoleP - Local Agency Administrator
State Agency: Ohio
Local Agency: Summit County WIC
Local Agency #: 011-15
Date / Time: 10/6/2004 3:50:54 PM
WICSOLS Staff Assignment
WIC Local Agency Name: Summit County WIC
WIC Local Agency Number: 011-15
State WIC Agency Name: Ohio
Staff Code: Matt Jackson
Assigned to User: Glass, Tammy - LAD
Assign
Cancel
WICSOLS Staff Assignment
Internet
Start
Inbox - Microsoft Outlook
Exploring - October 6_2004
Screen Shots for WICSOL...
Welcome to the WIC...
3:50 PM

Local Agency Administrator – Agency Classifications - Setup classifications

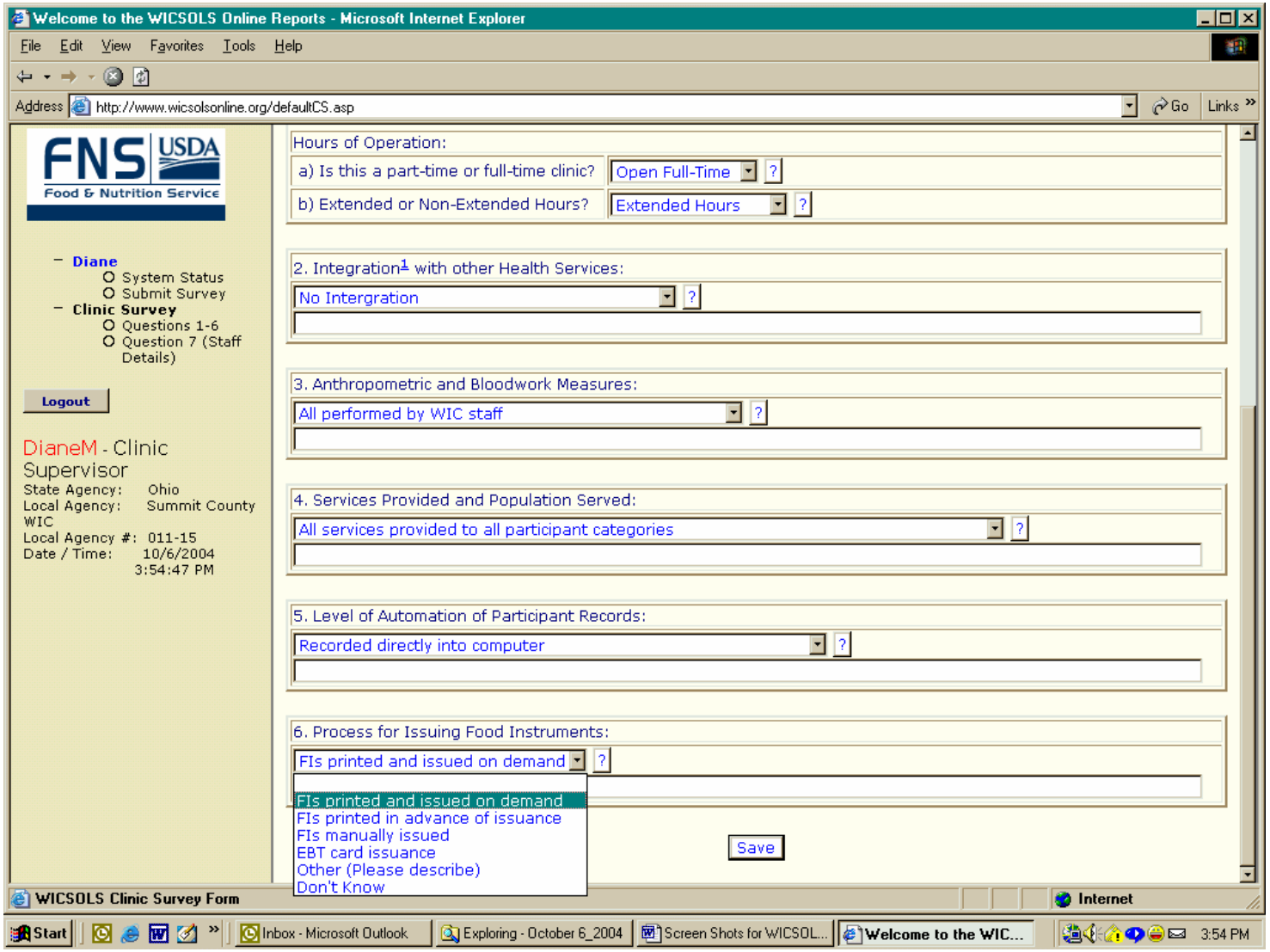


Clinic Supervisor Screen Shots

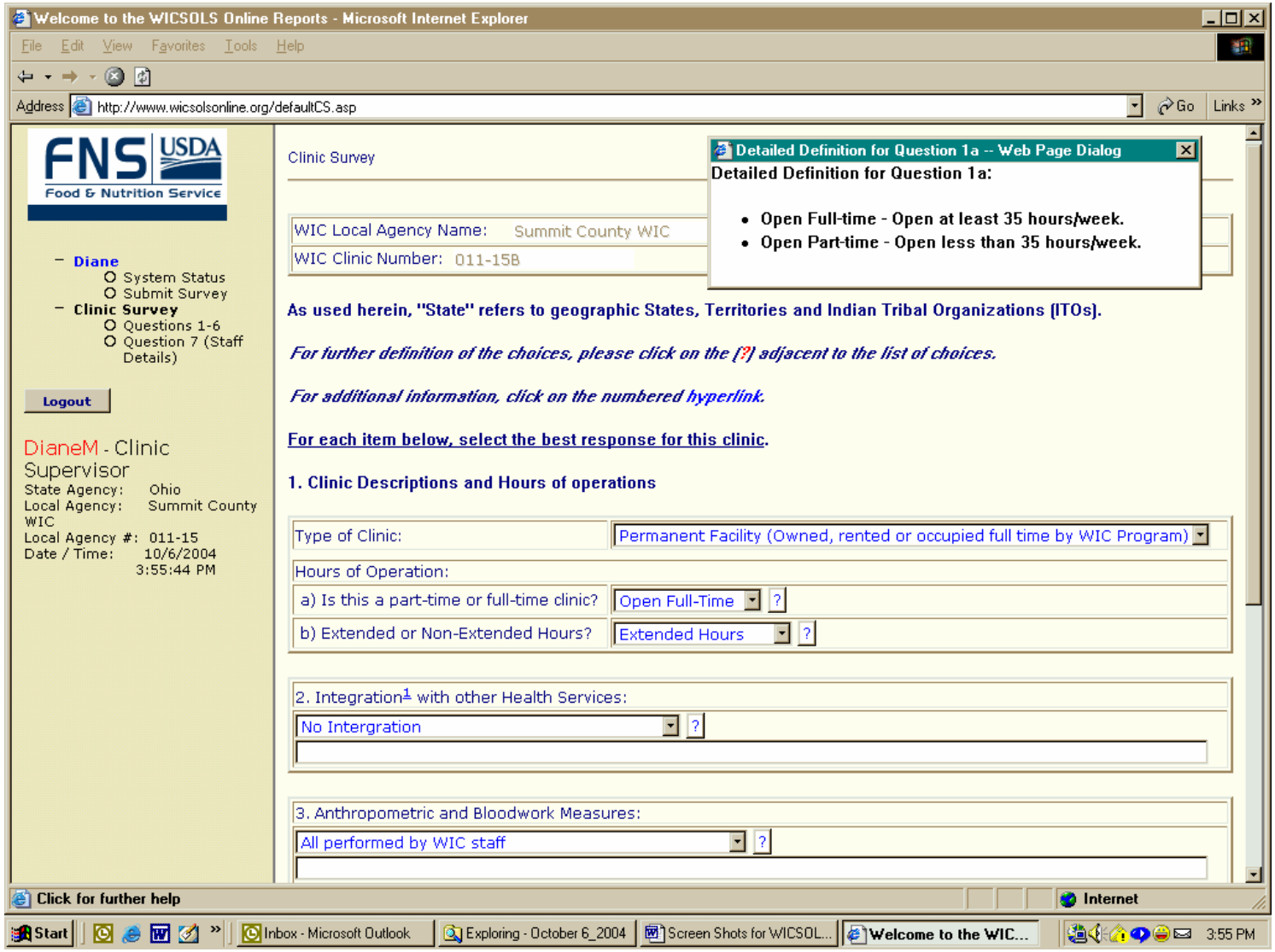
Clinic Supervisor - System Status



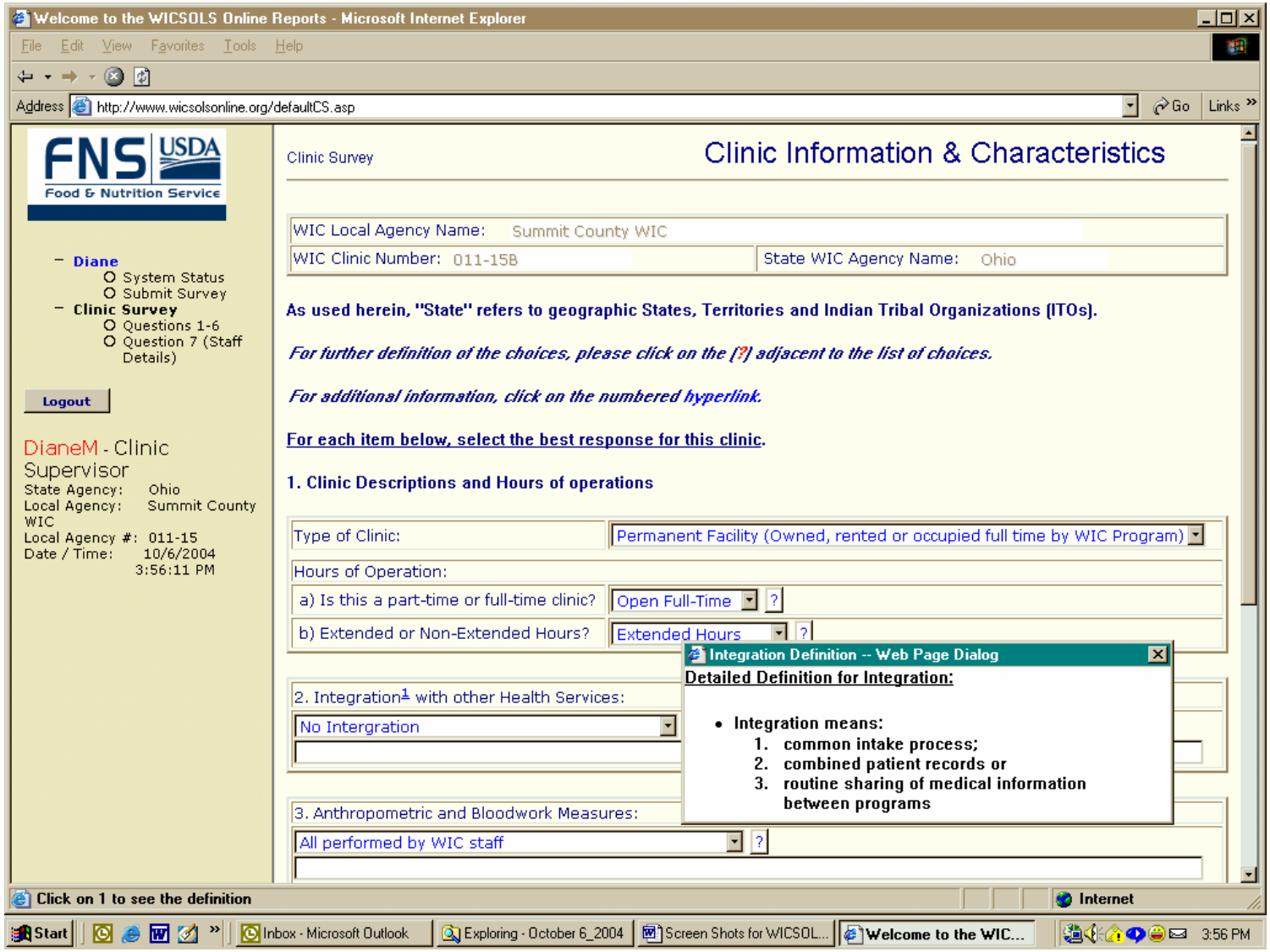
Clinic Supervisor – Questions 1-6 - Example of Drop Down and Save Button



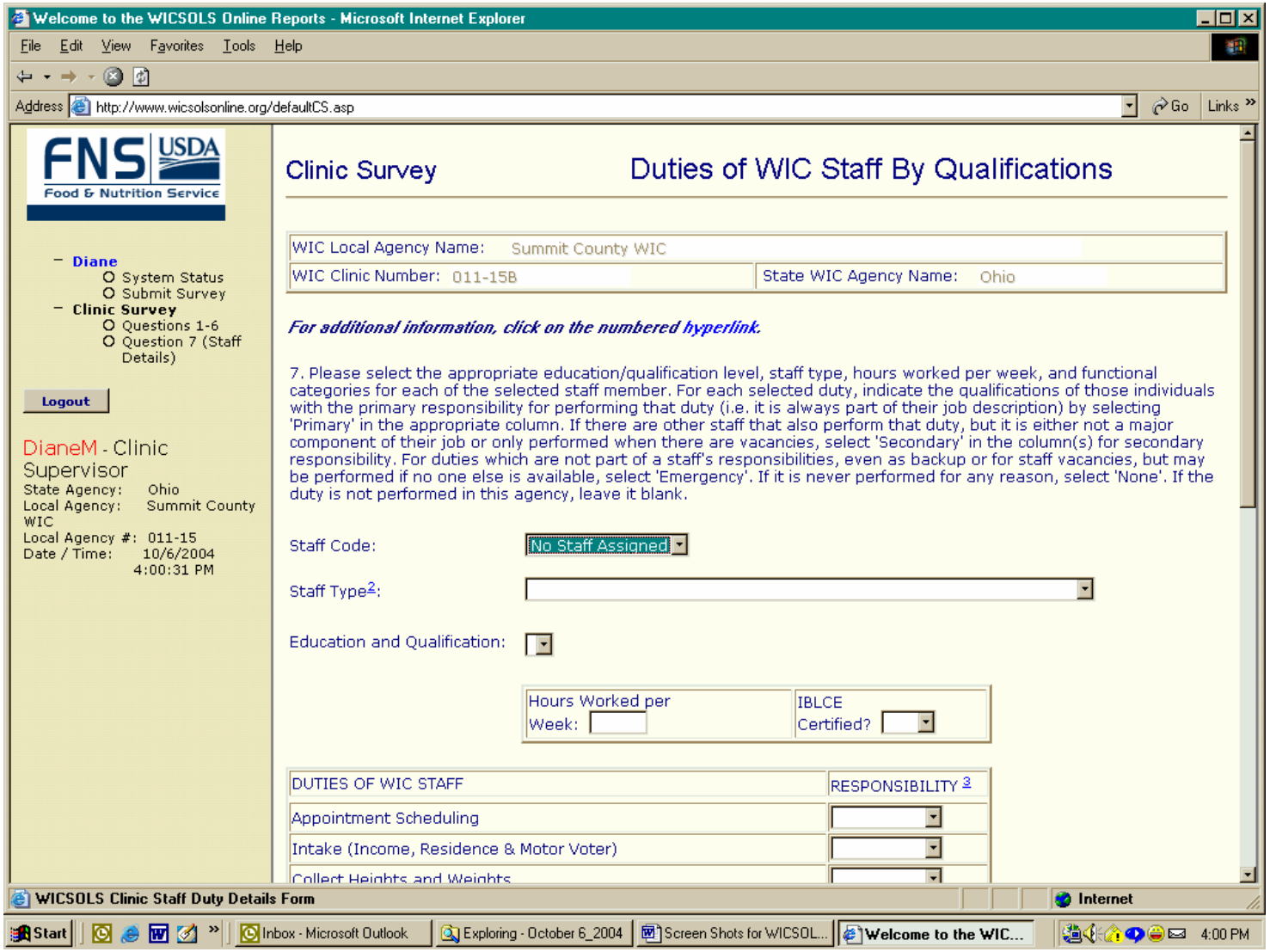
Clinic Supervisor – Questions 1-6 - Example of Detailed Definition



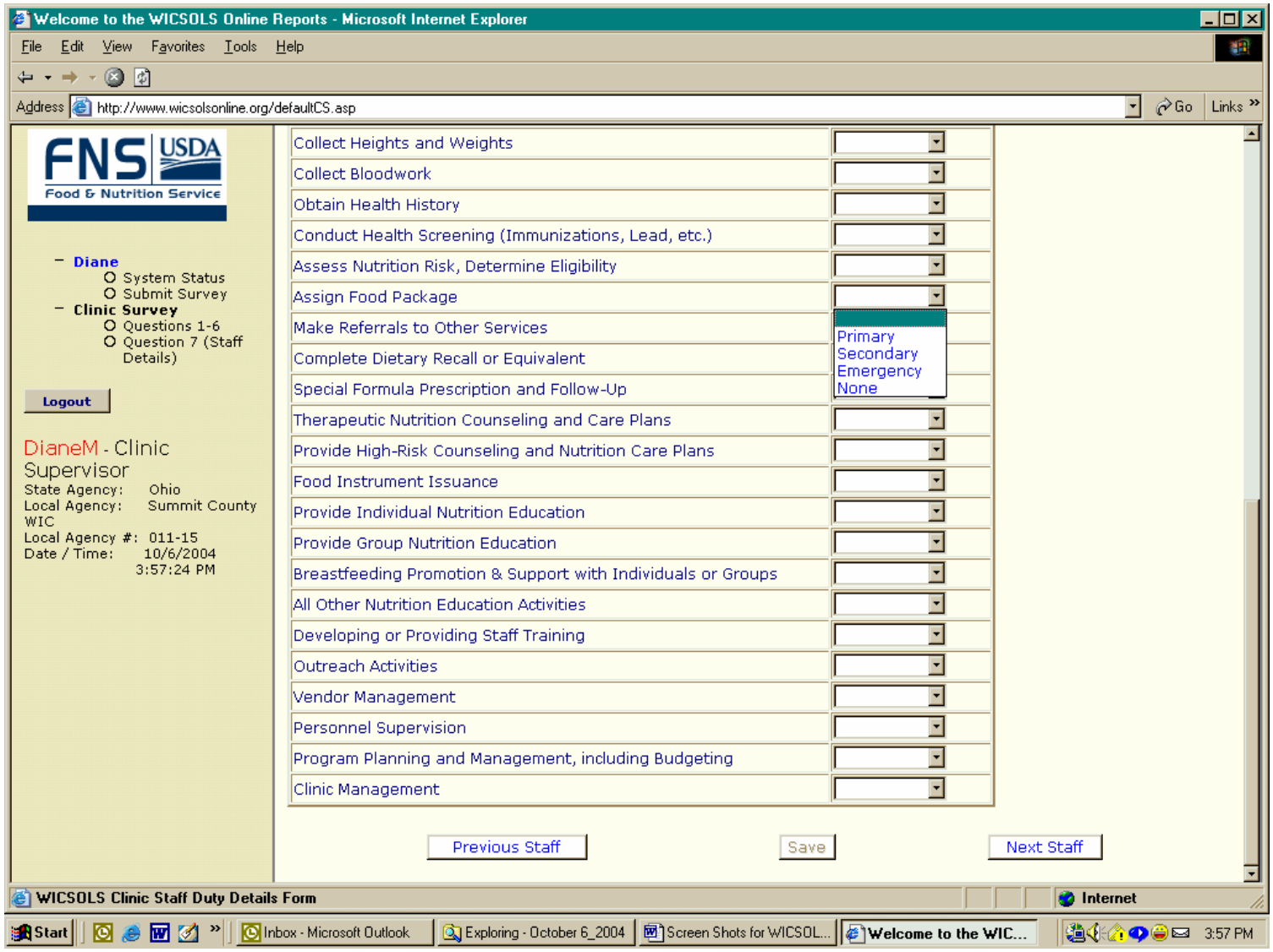
Clinic Supervisor – Questions 1-6 - Example of Footnote Definition



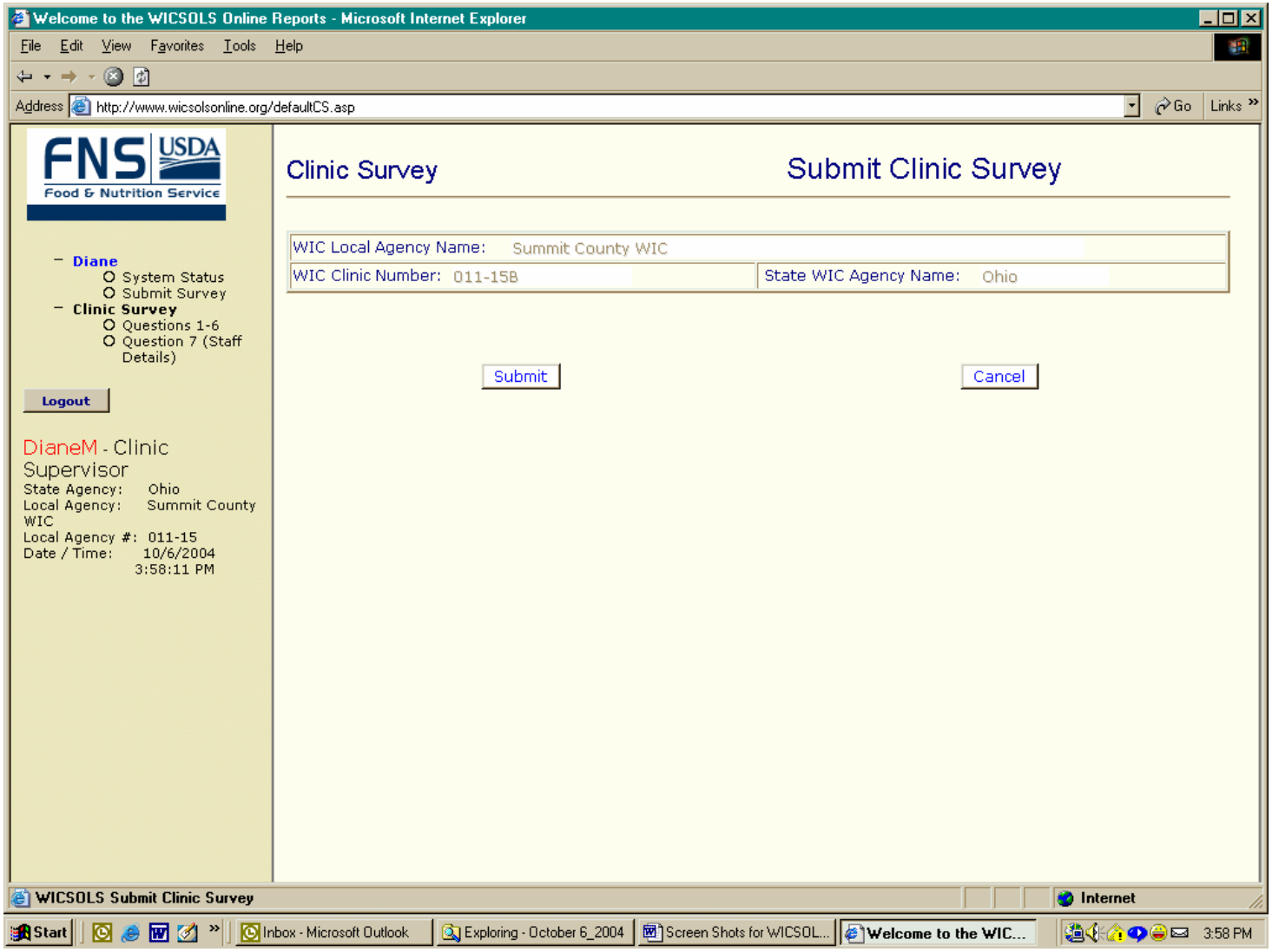
Clinic Supervisor – Question 7 (Top Of Screen)



Clinic Supervisor – Question 7 (Bottom Of Screen)

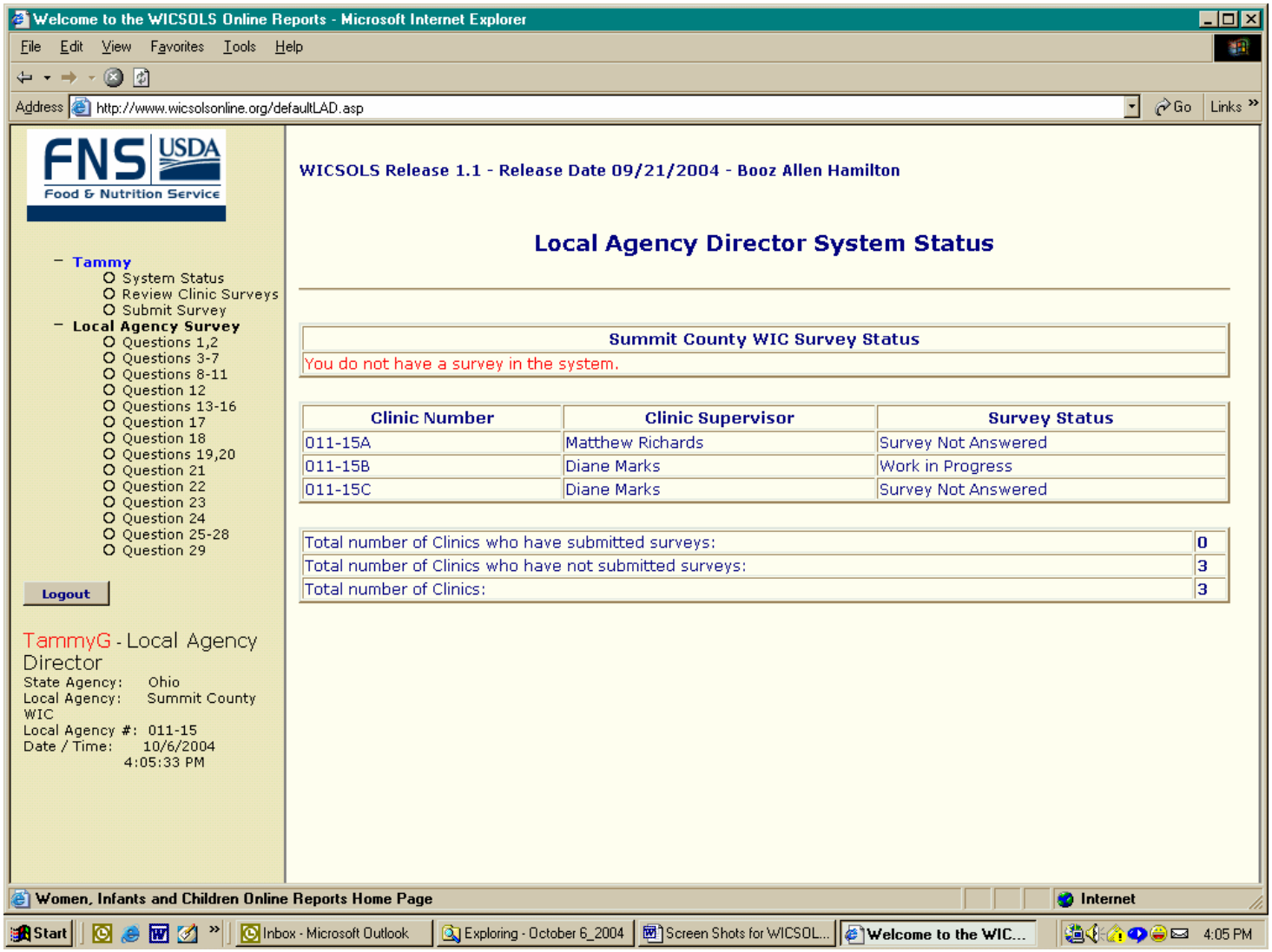


Clinic Supervisor - Submit Survey - System Status

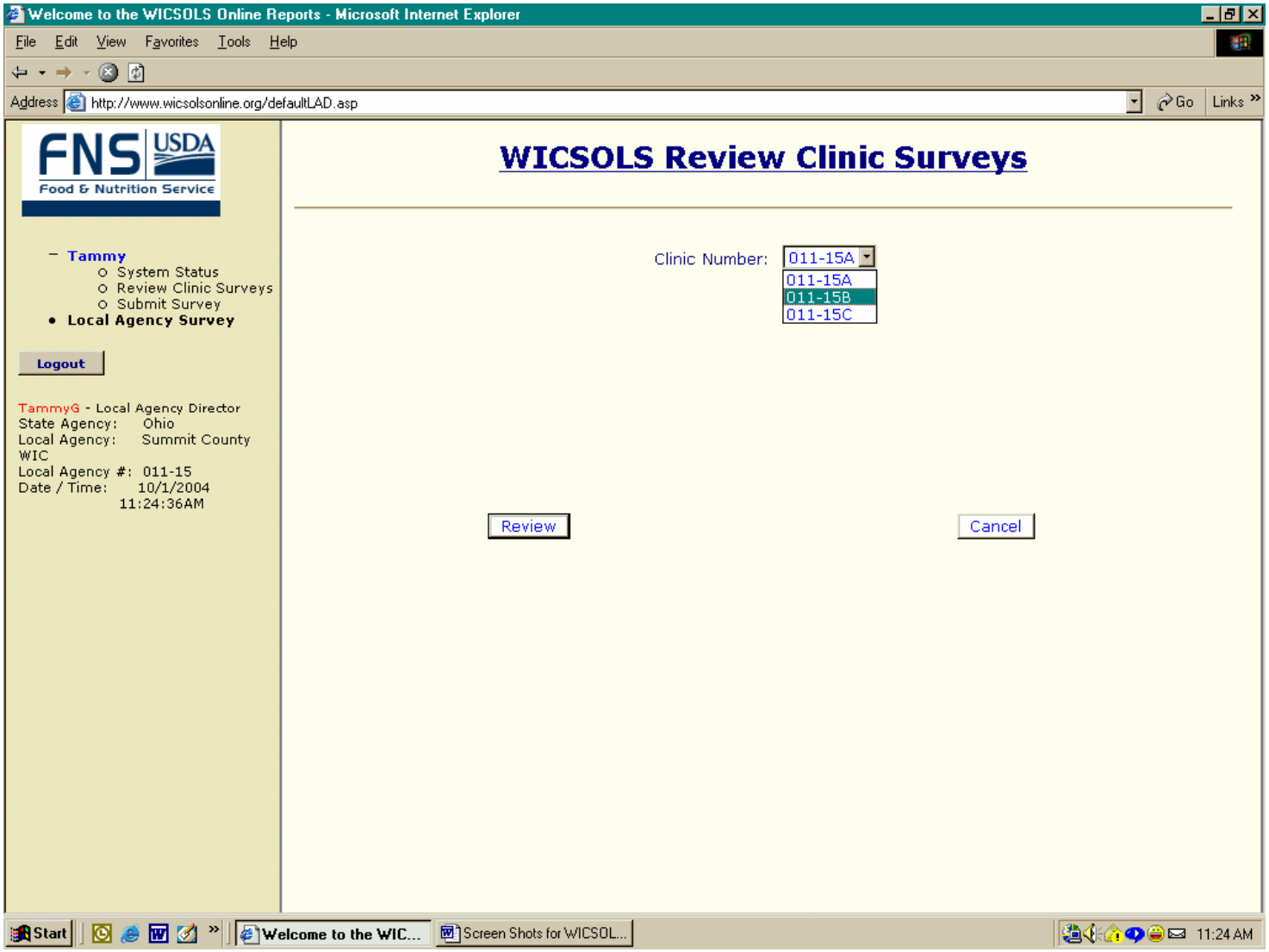


Local Agency Director Screen Shots

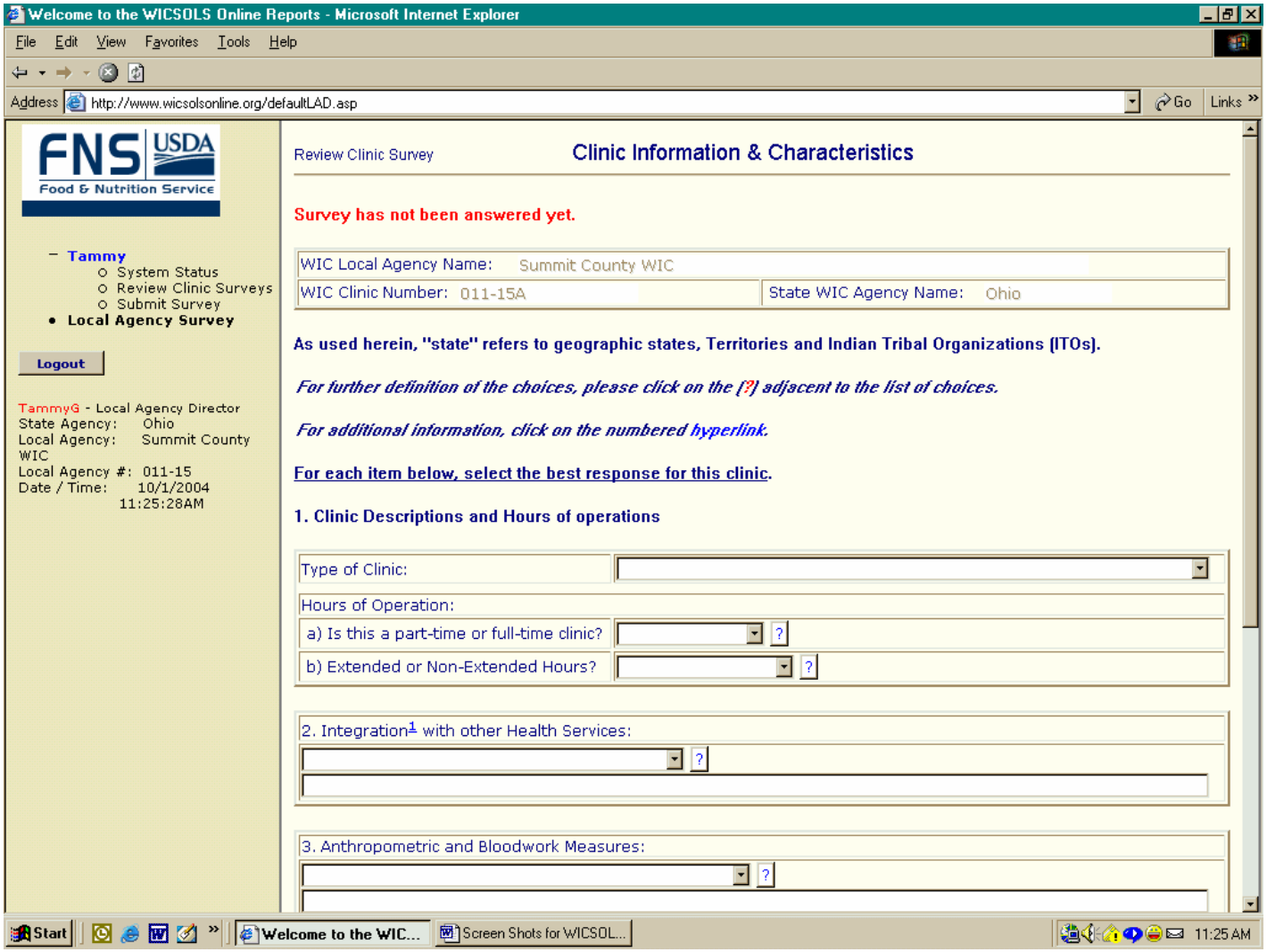
Local Agency Director – System Status



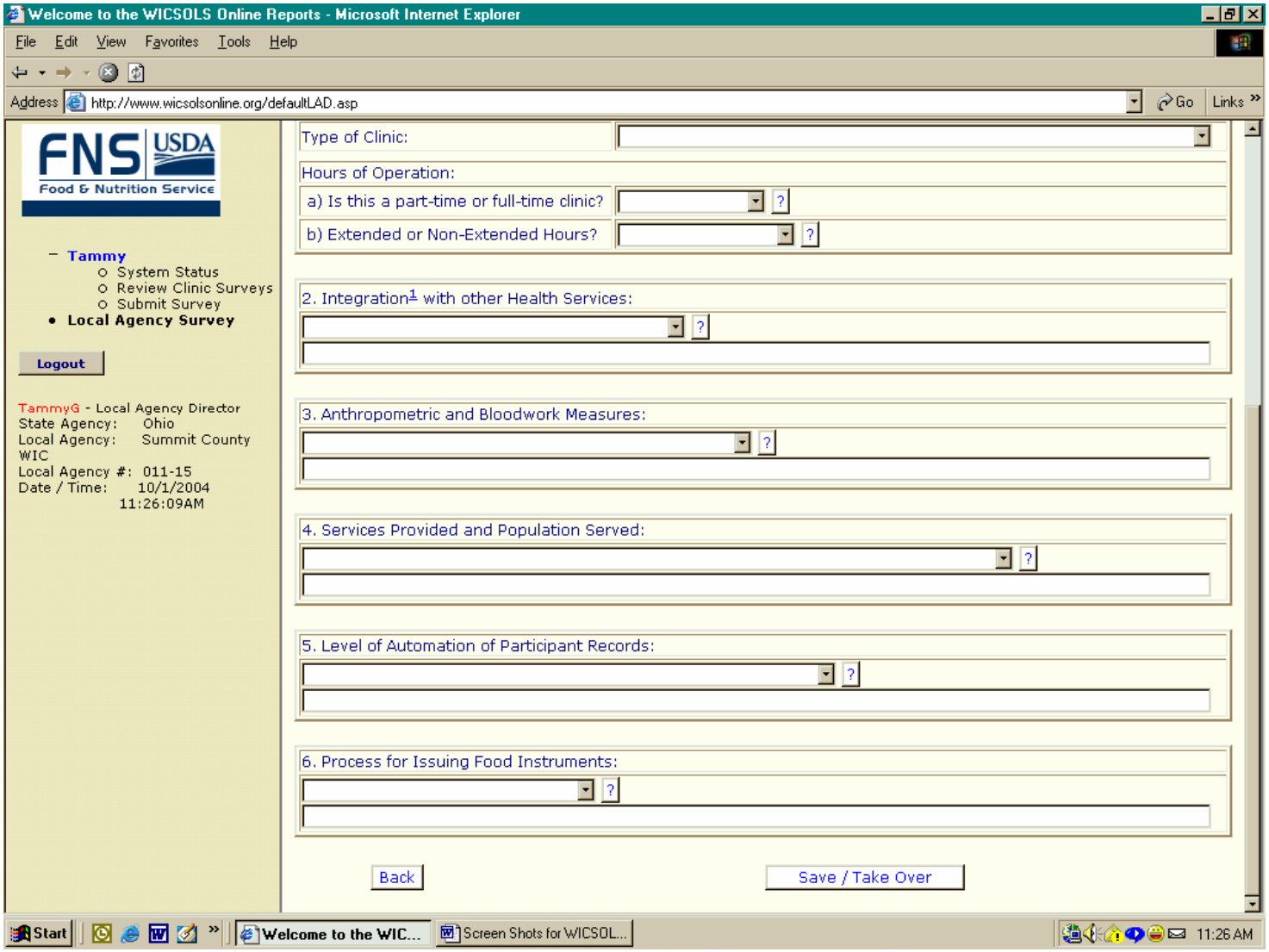
Local Agency Director – Review Clinic Surveys (LAD may also complete surveys under this menu option)



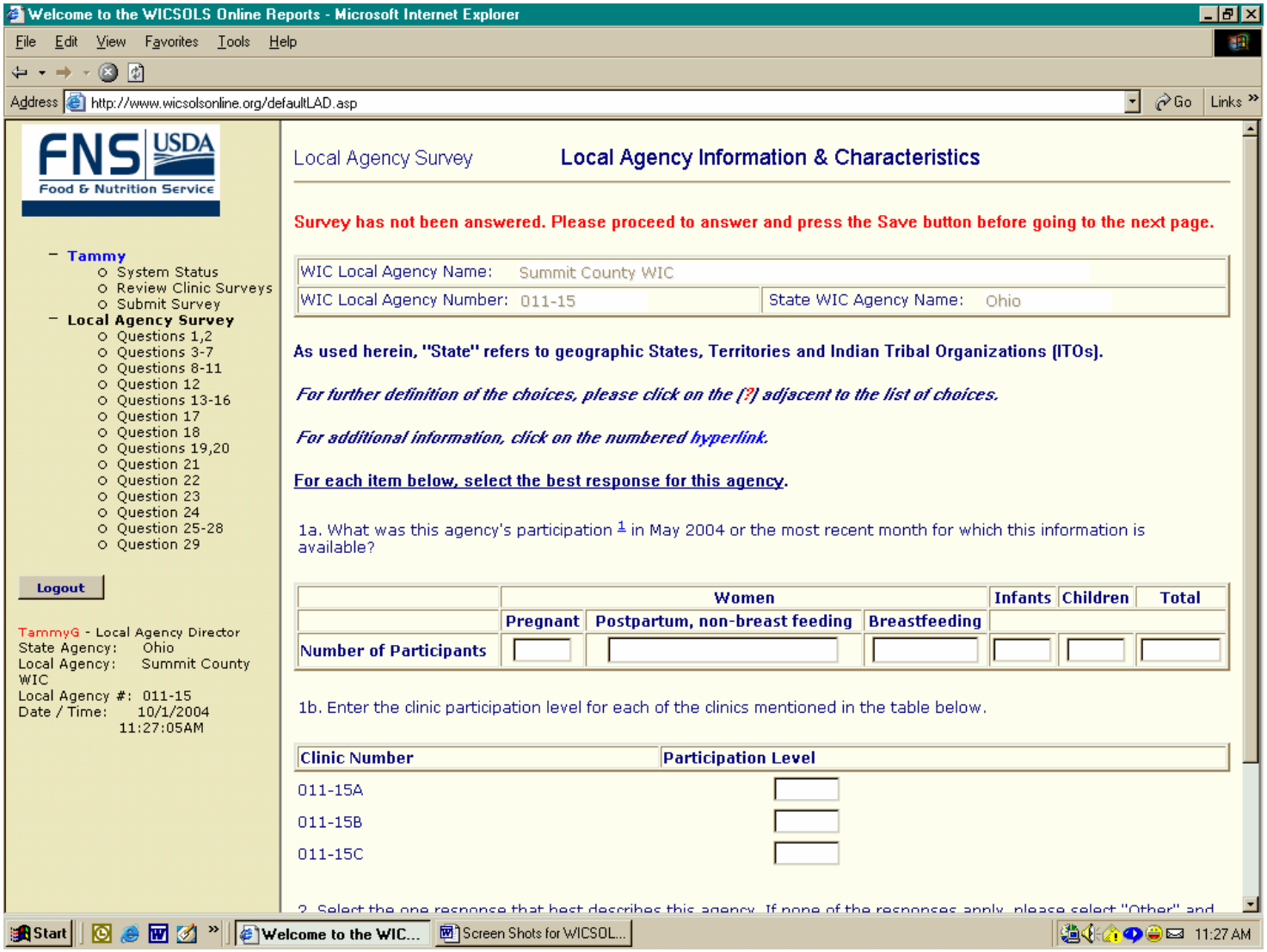
Local Agency Director – Review Clinic Surveys – Clinic Information and Characteristics



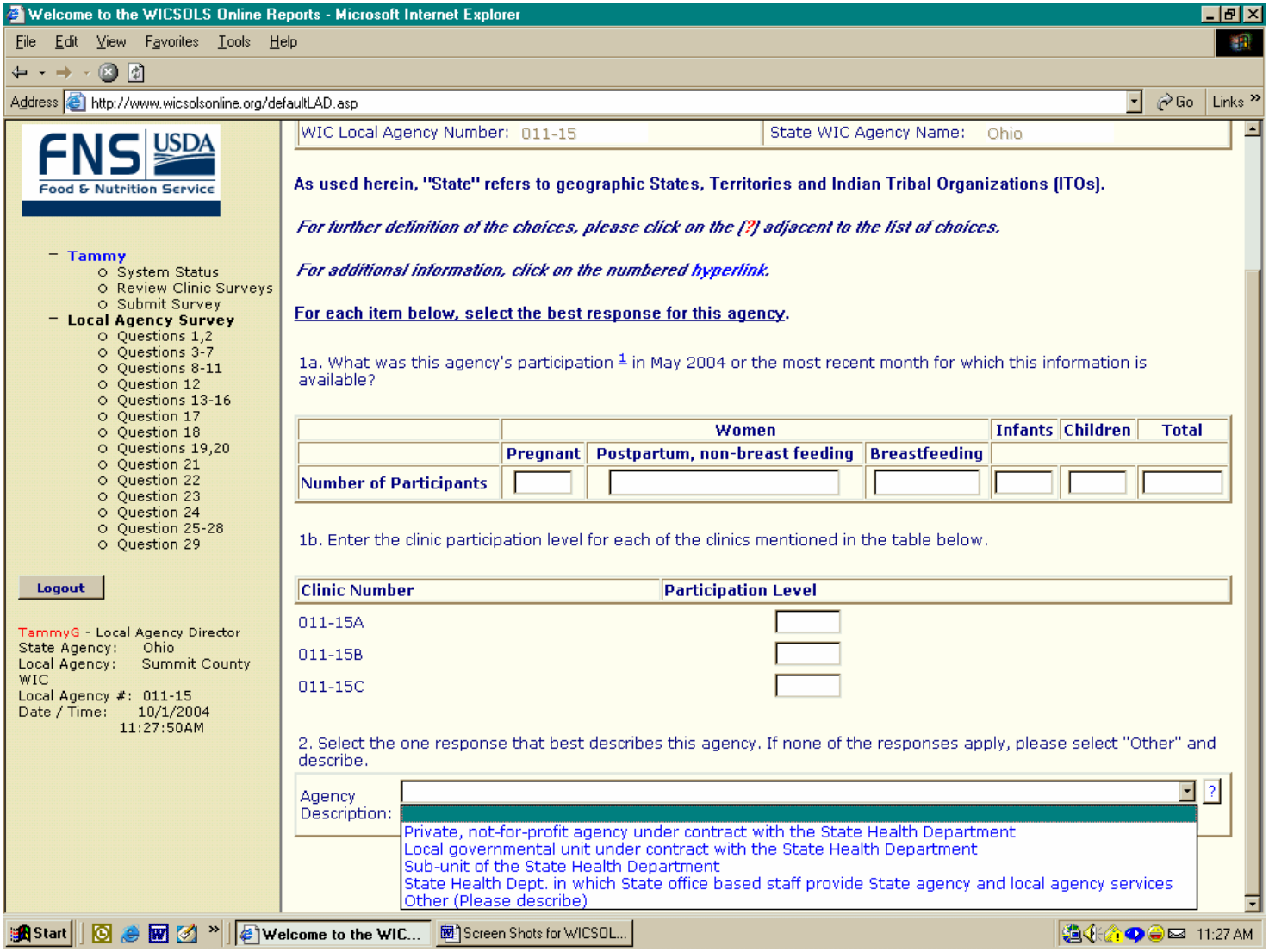
Local Agency Director – Review Clinic Survey Clinic Information and Characteristics



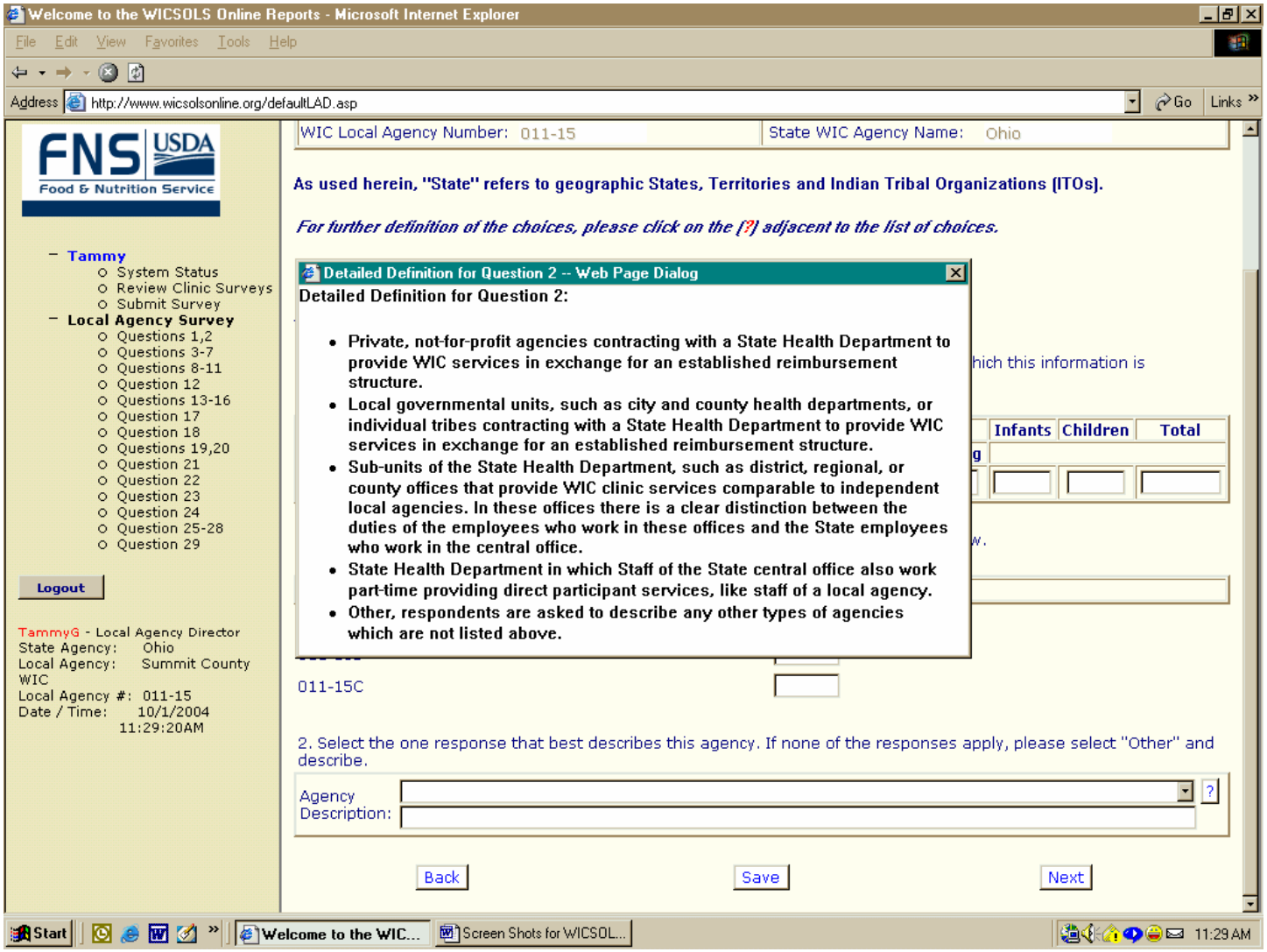
Local Agency Director – Q1 & 2 - Local Agency Information and Characteristics



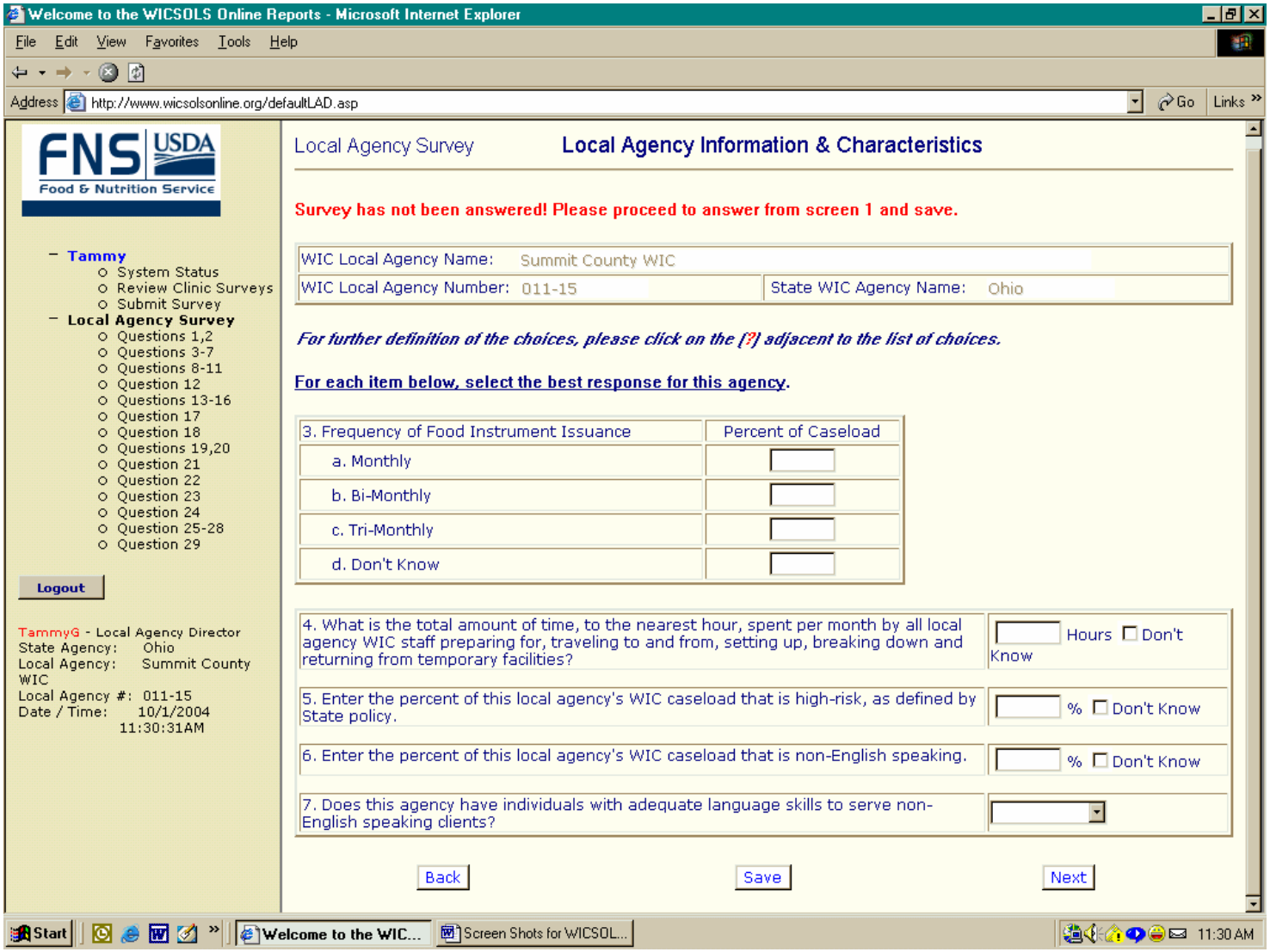
Local Agency Director – Q1&2 - Example of Drop Down List Question 2



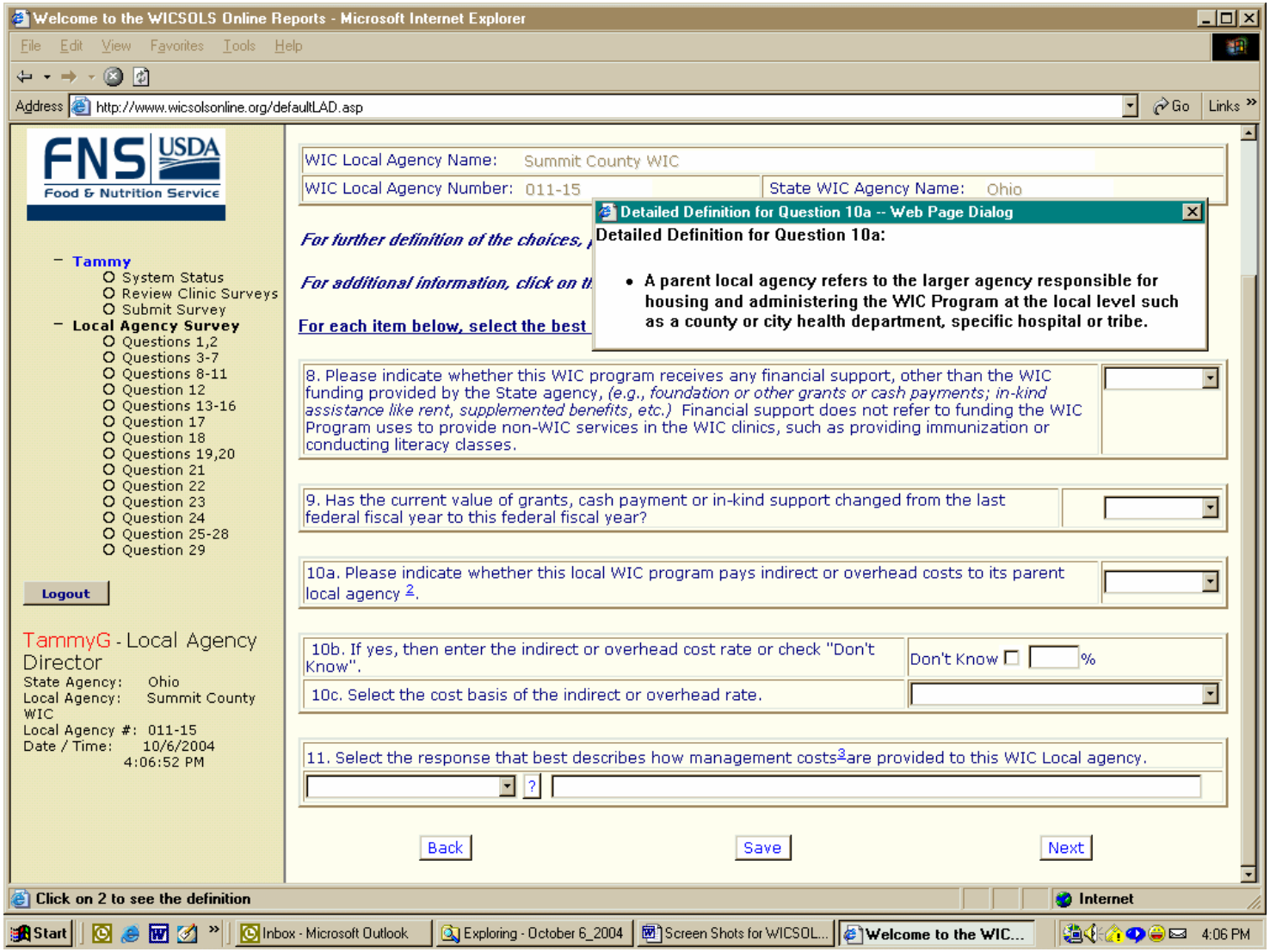
Local Agency Director – Q1&2 - Example of Detailed Definition (?) - Integration Definition Web Page Dialogue



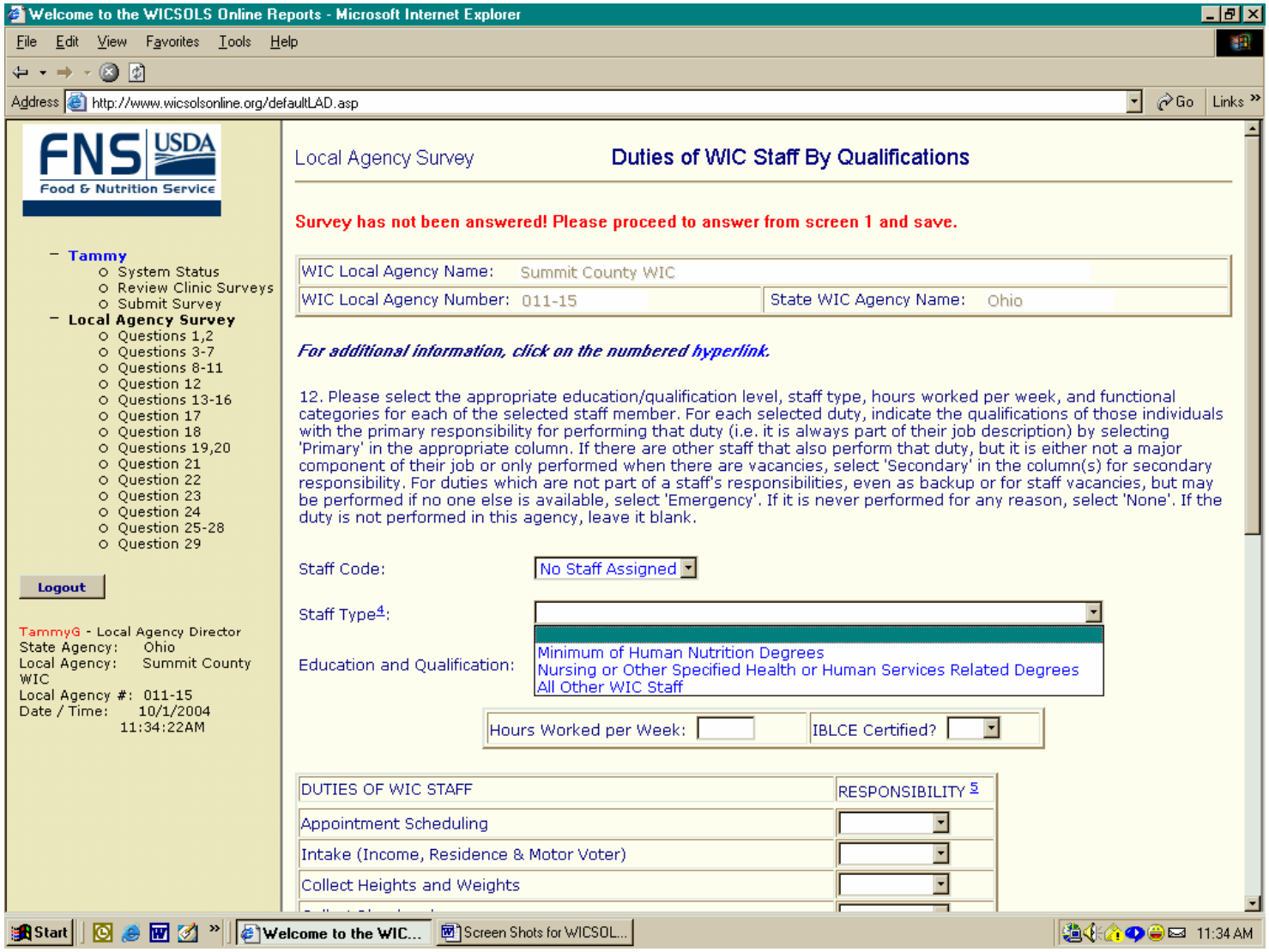
Local Agency Director – Q3-7 -Navigation Buttons on Bottom Of Screen



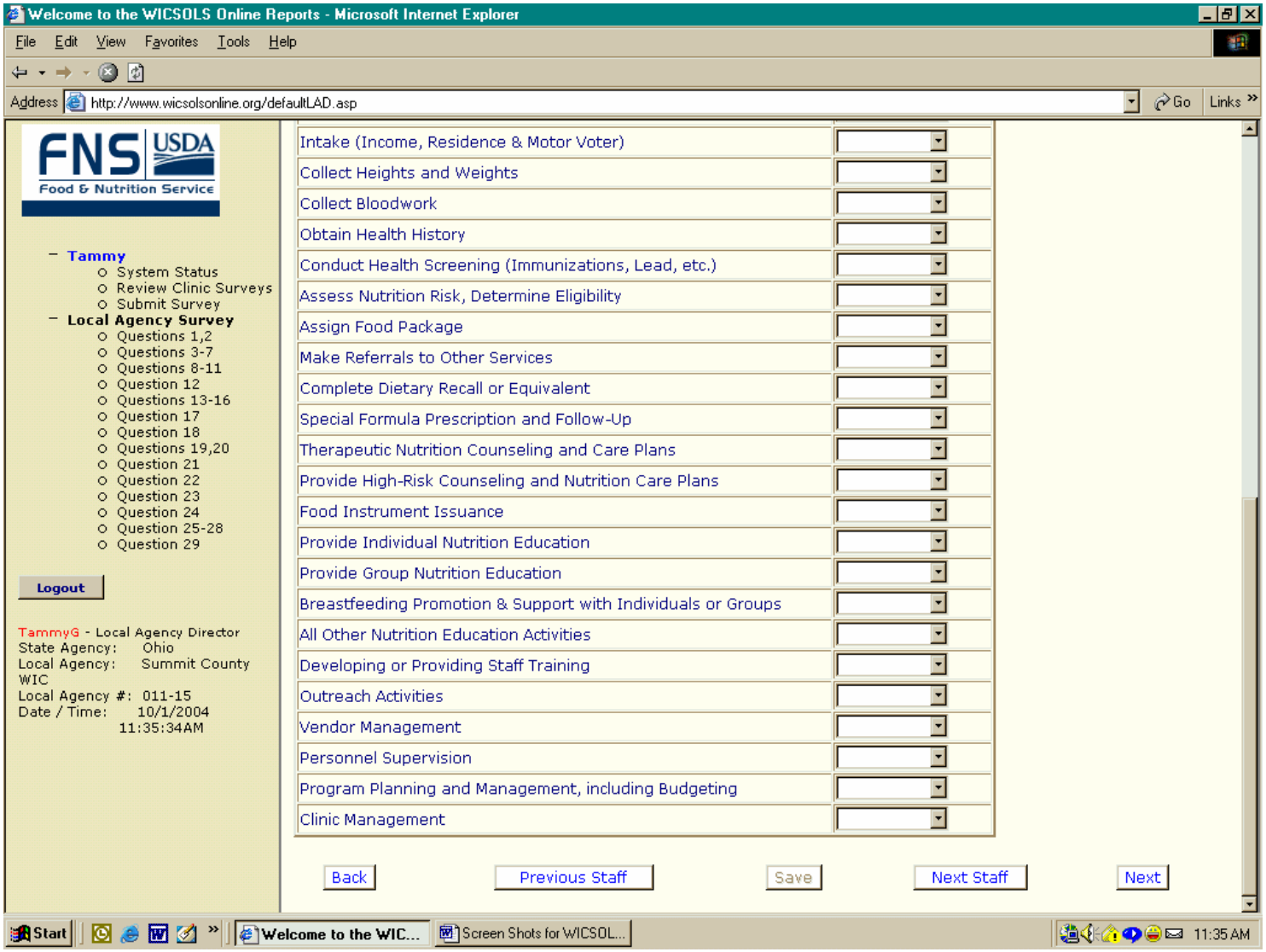
Local Agency Director – Q8-11 - Example of Footnote Definition – (10a) Integration Definition Web Page Dialogue



Local Agency Director – Q12 – Duties Of WIC Staff

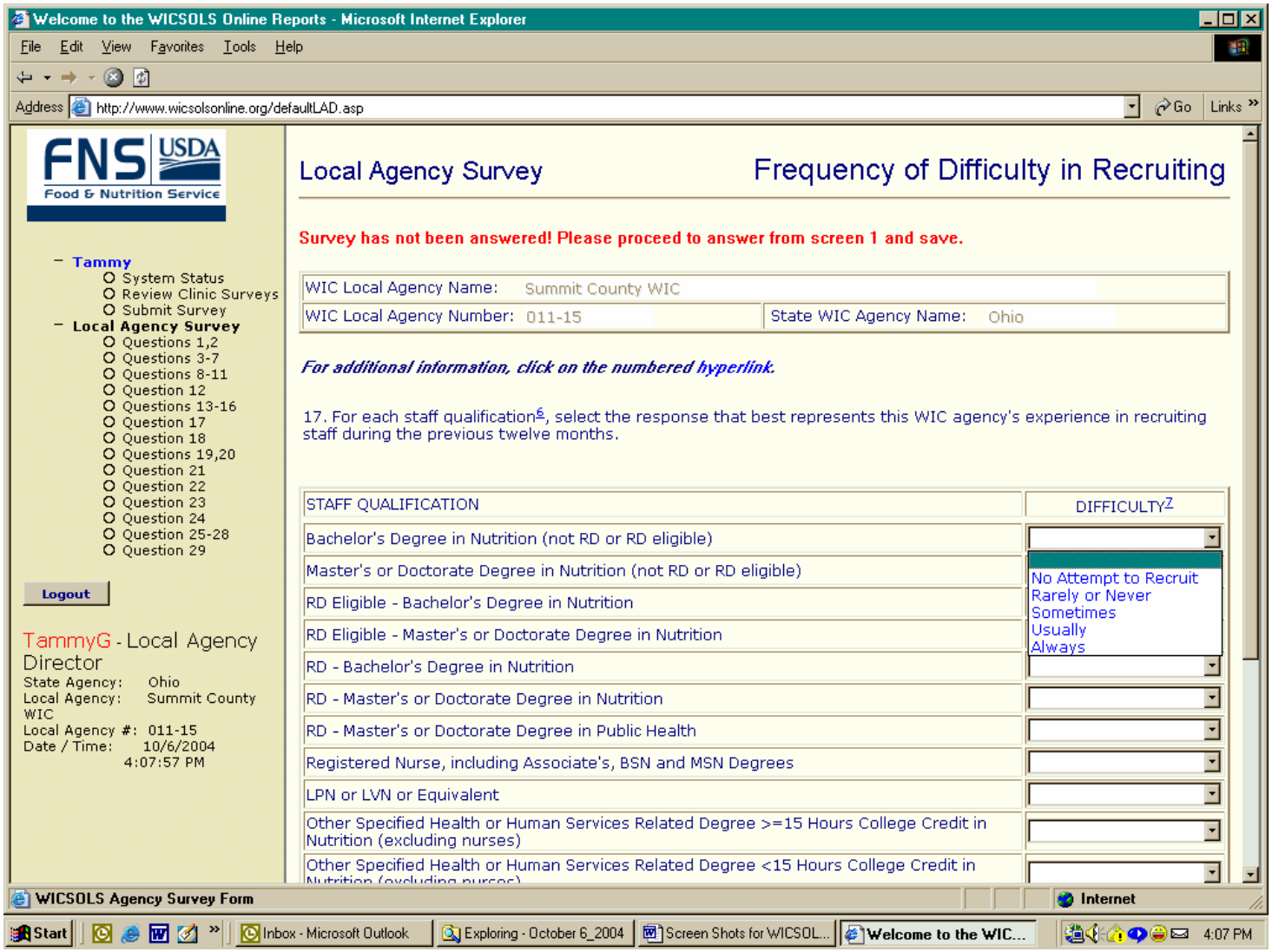


Local Agency Director – Q12 – Duties Of WIC Staff cont.

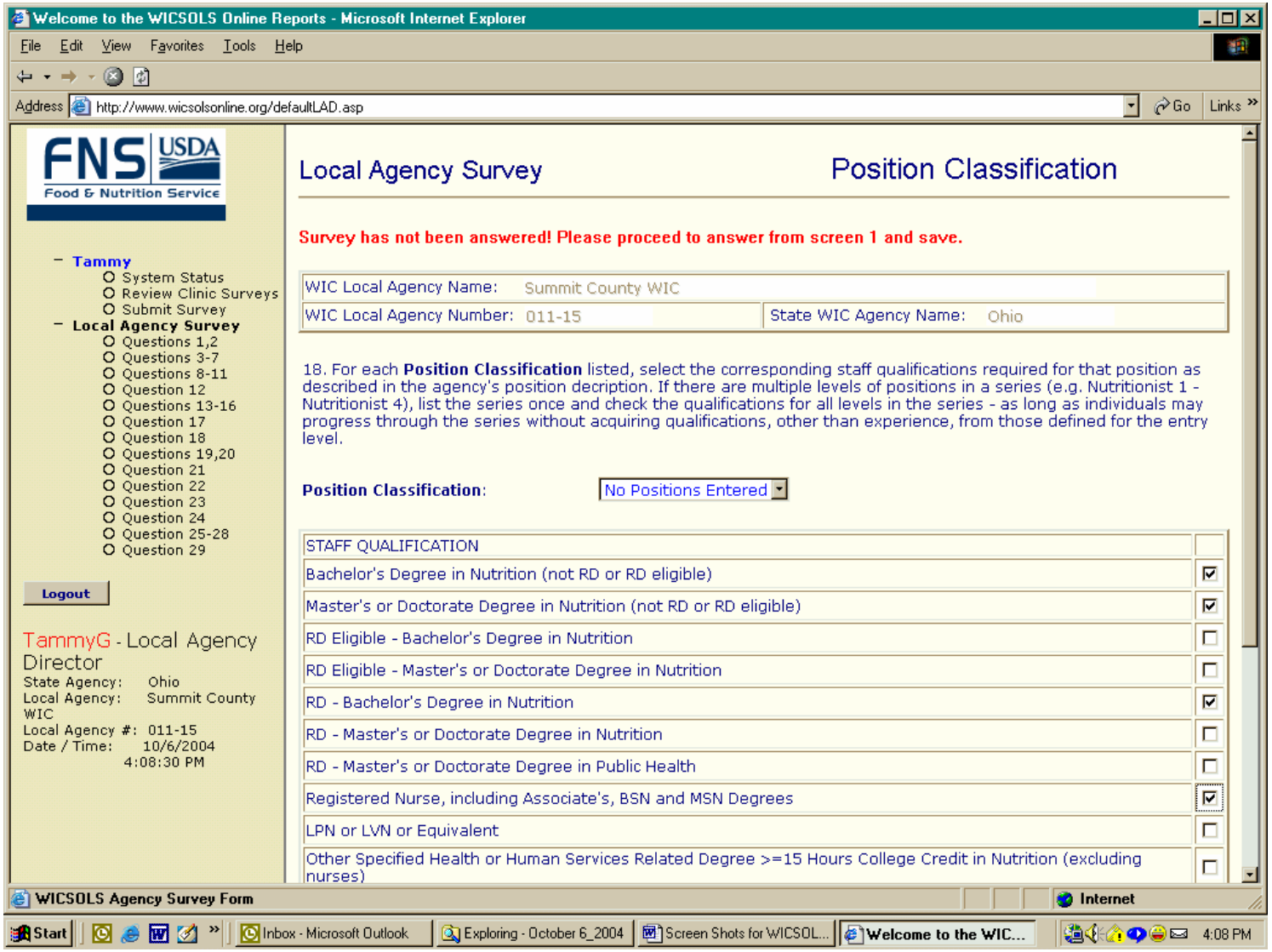


Local Agency Director – Local Agency Information and Charcteristics-Q13-16

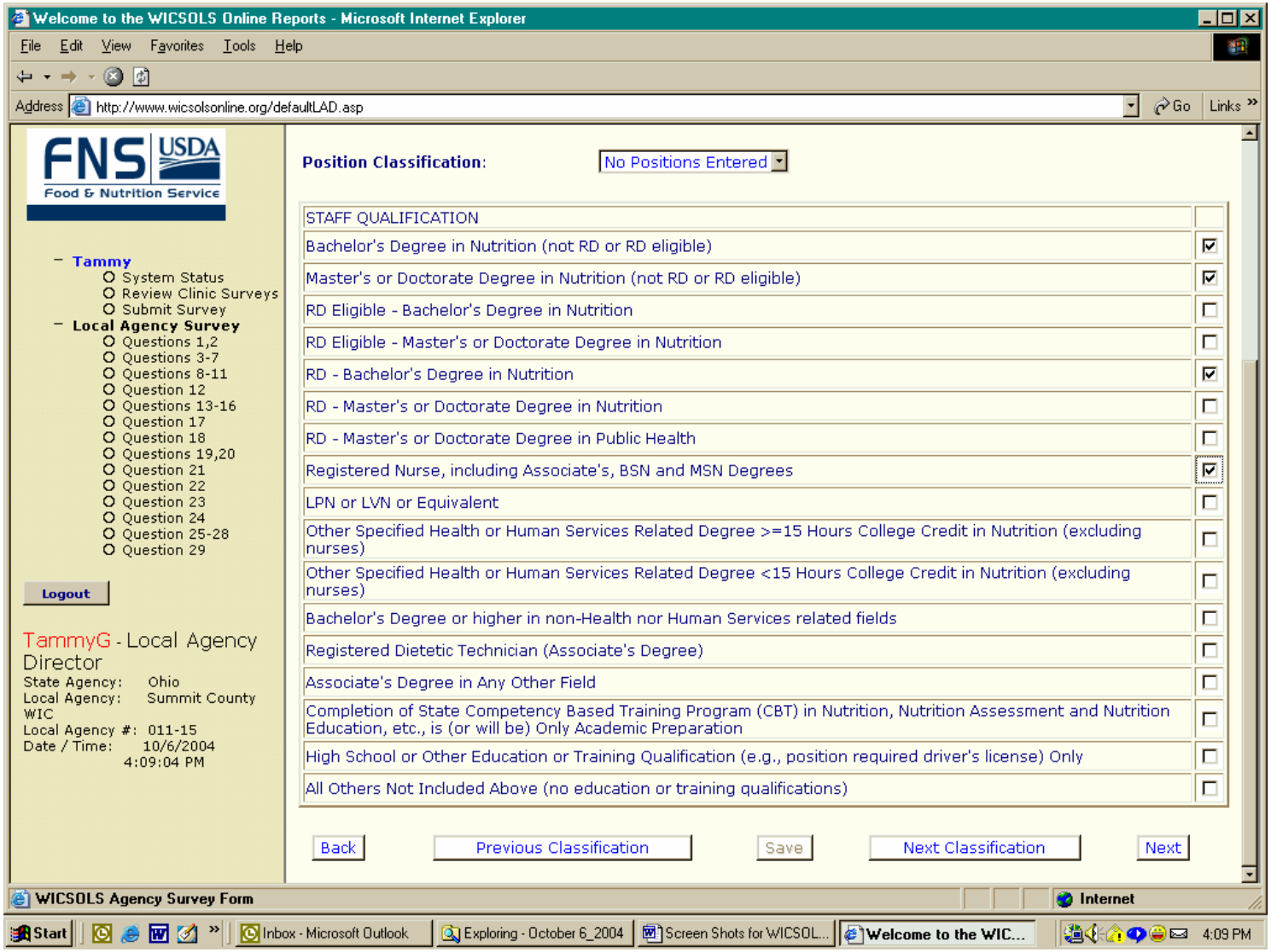
Local Agency Director – Q17 - Frequency of Difficulty in Recruiting -



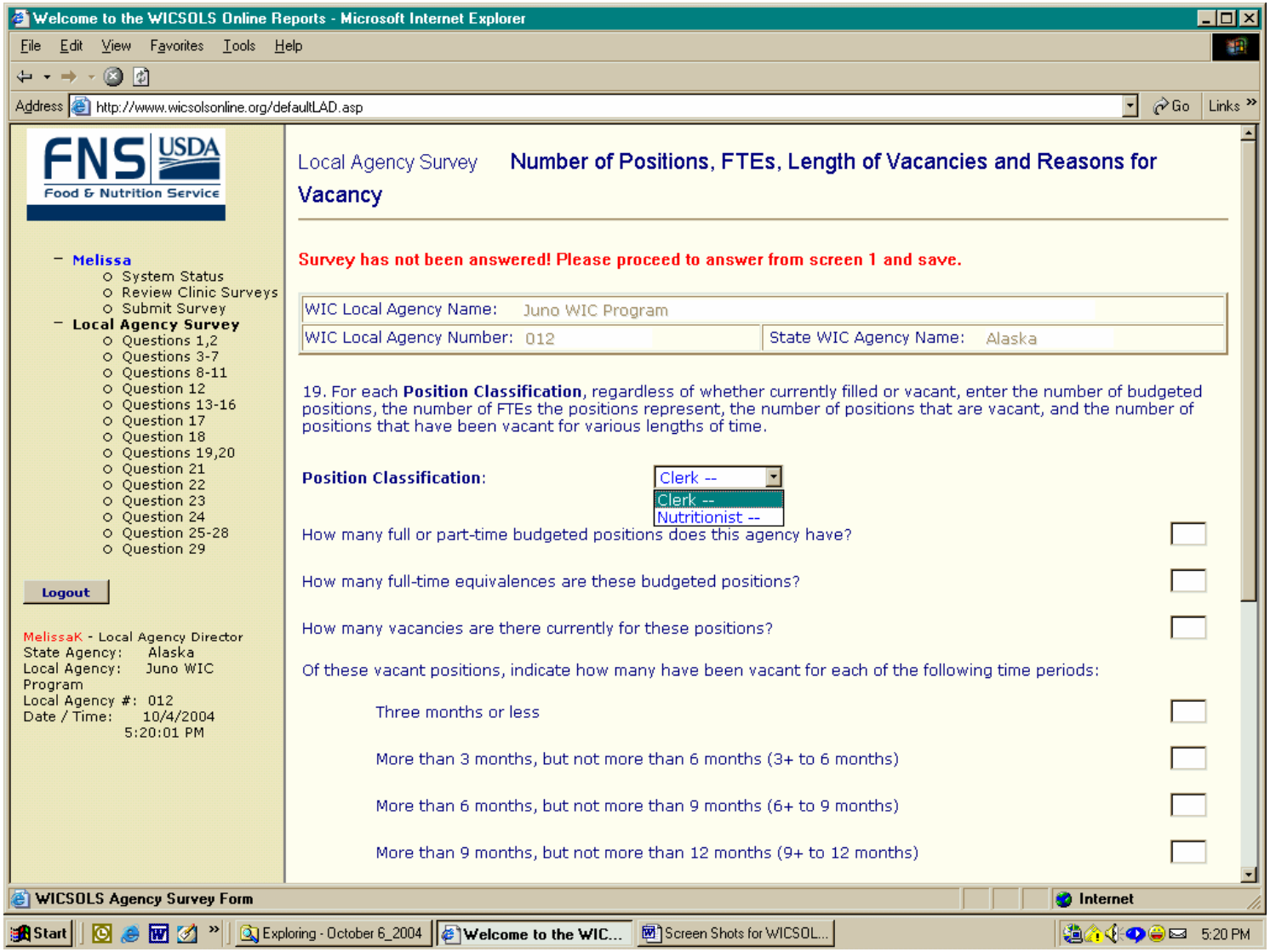
Local Agency Director – Q18 - Position Classification - Drop Down List



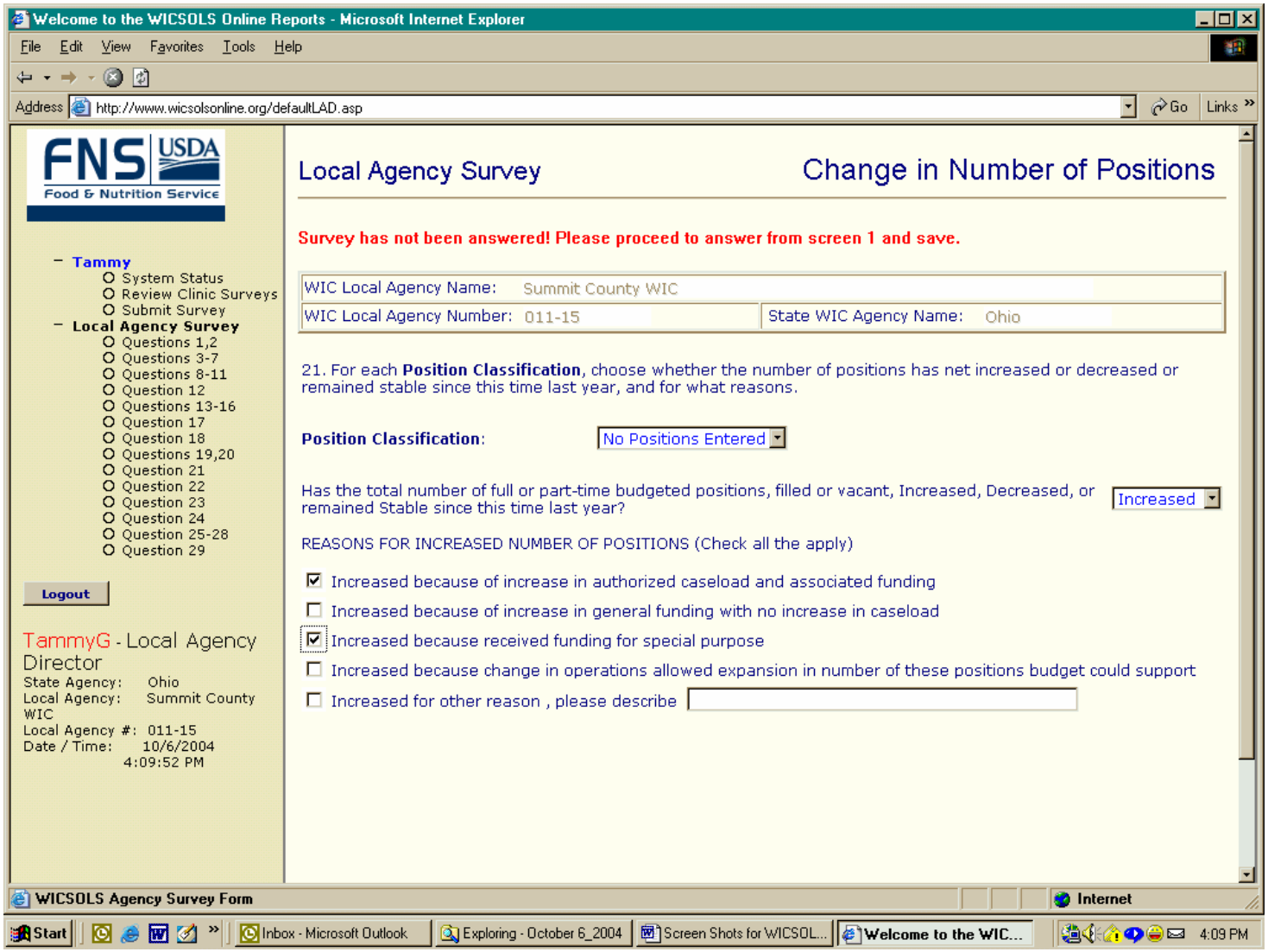
Local Agency Director – Q18 - Position Classification – Navigation Buttons On Bottom Of Screen



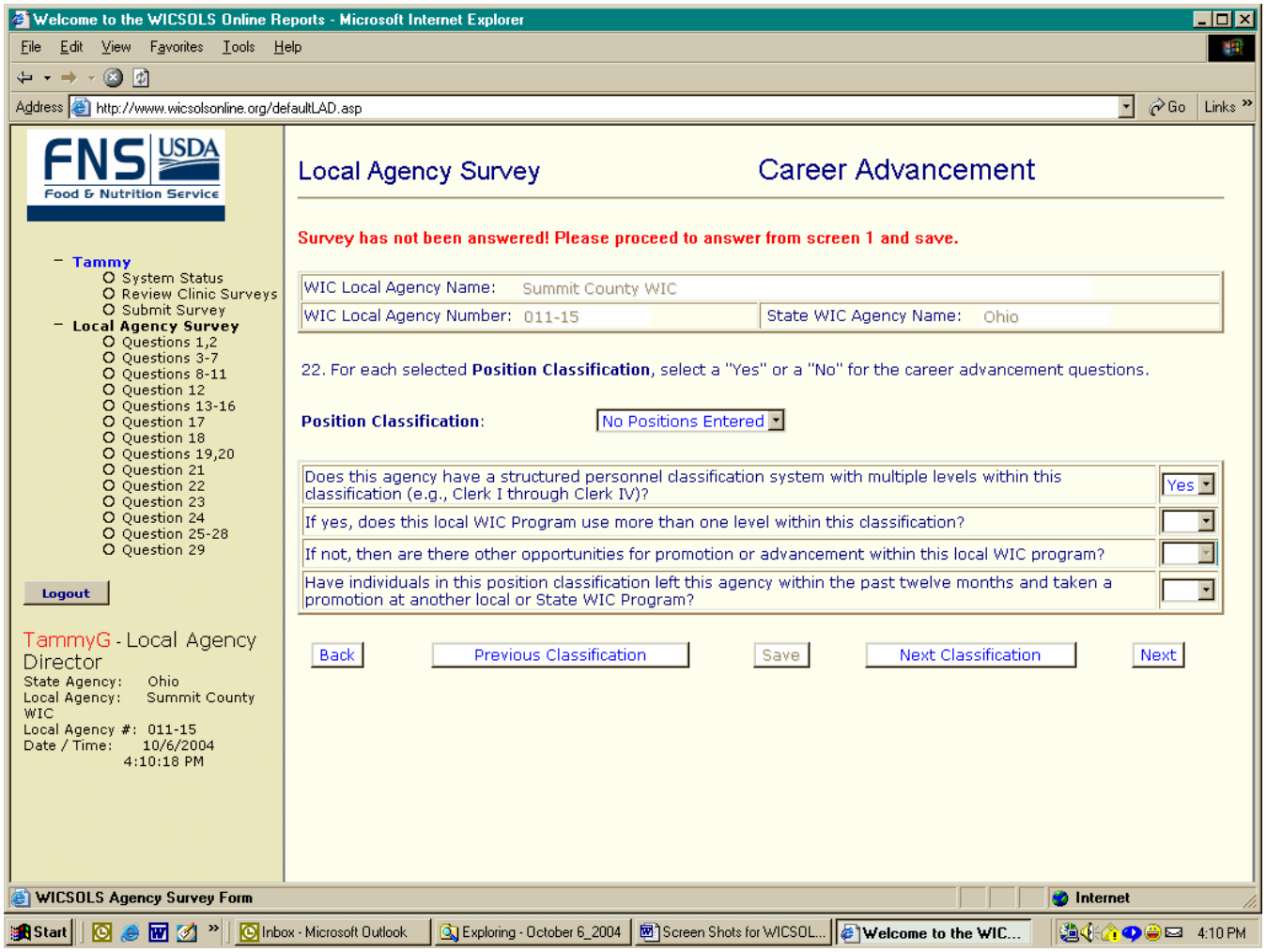
Local Agency Director – Q19-20 - Number of Positions, FTEs, Length of Vacancies and Reasons For Vacancies



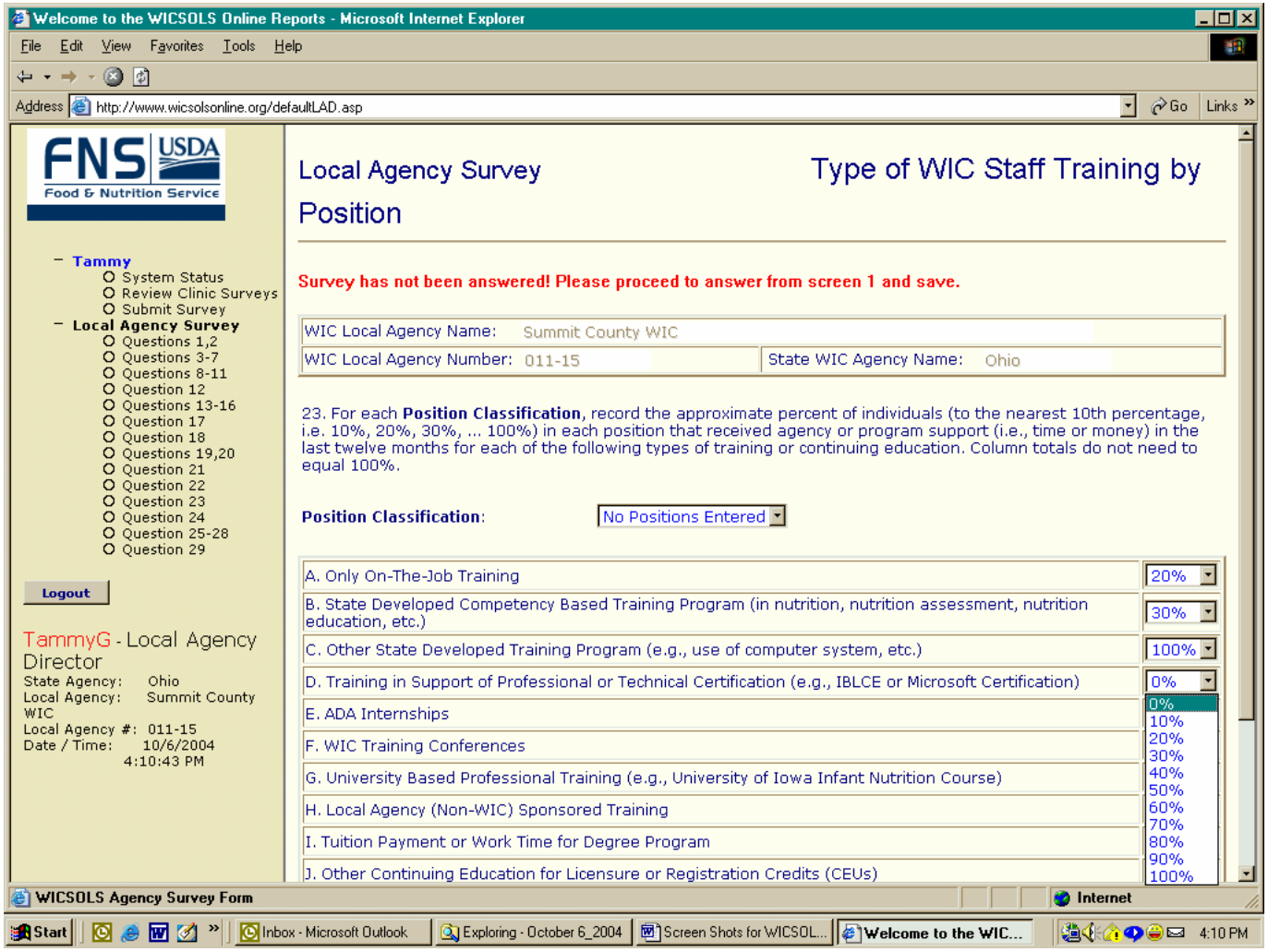
Local Agency Director – Q21 – Change in Number of Positions



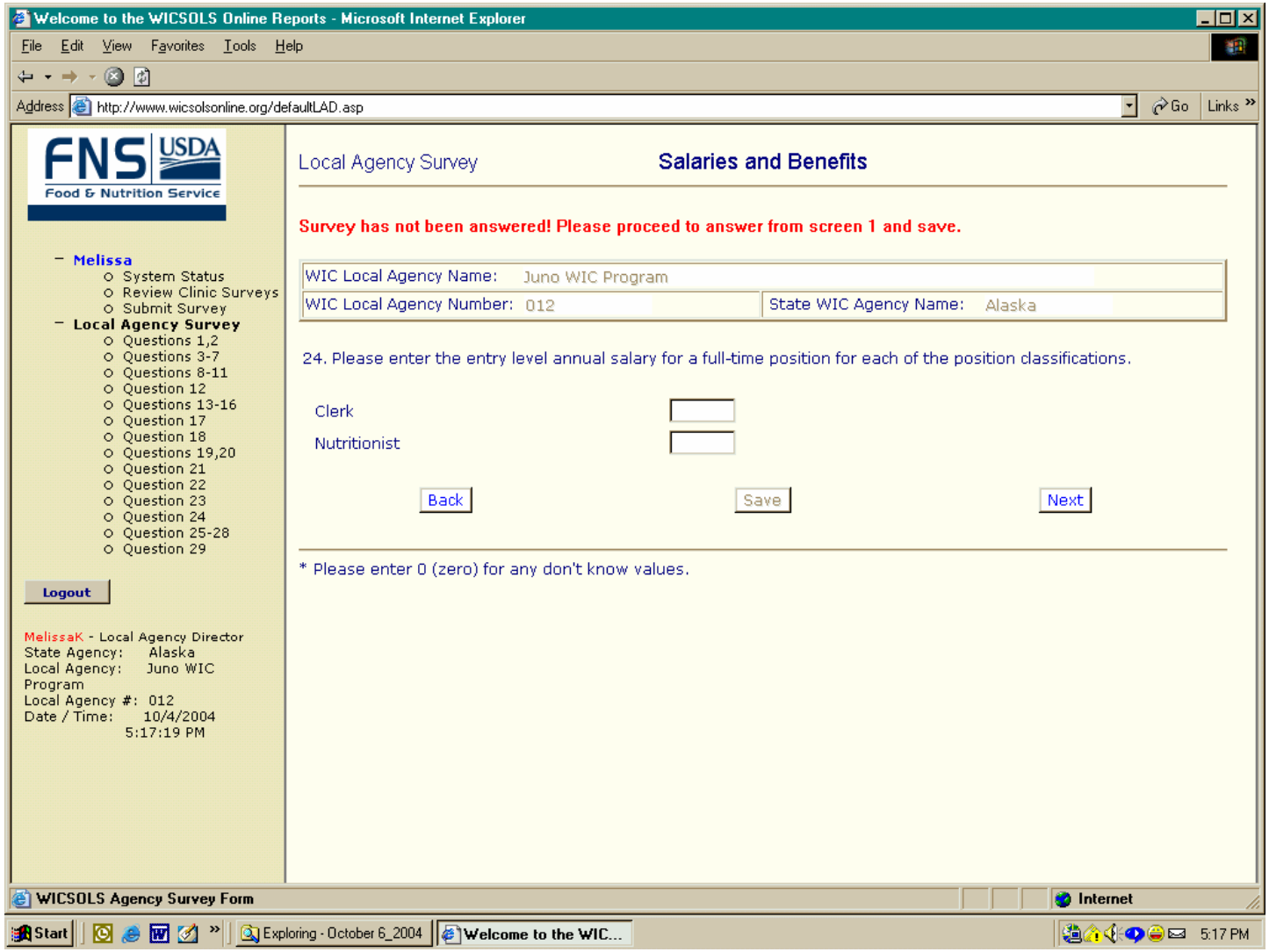
Local Agency Director – Q22 – Career Advancement



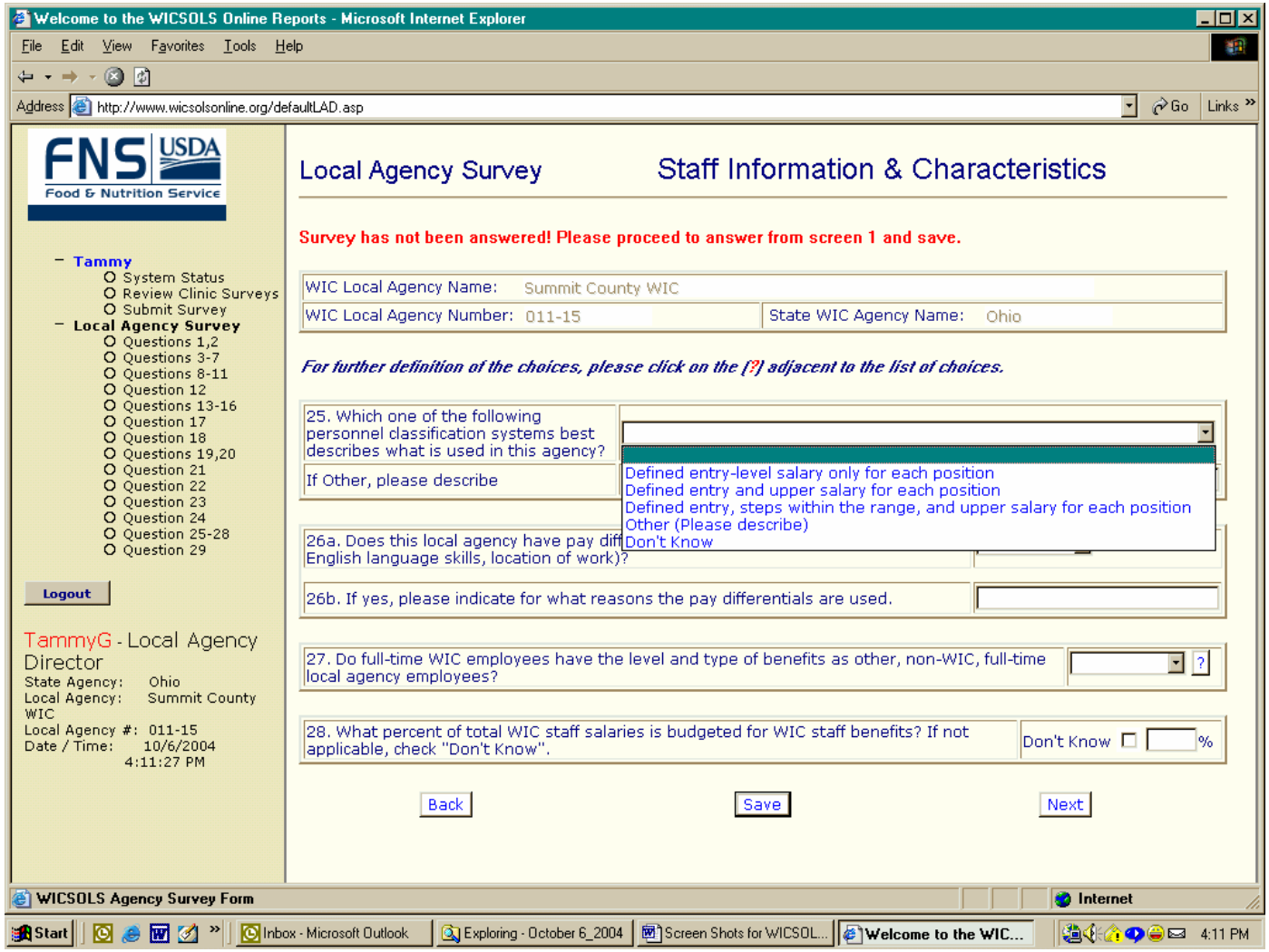
Local Agency Director – Q23 - Type of WIC Staffing by Position



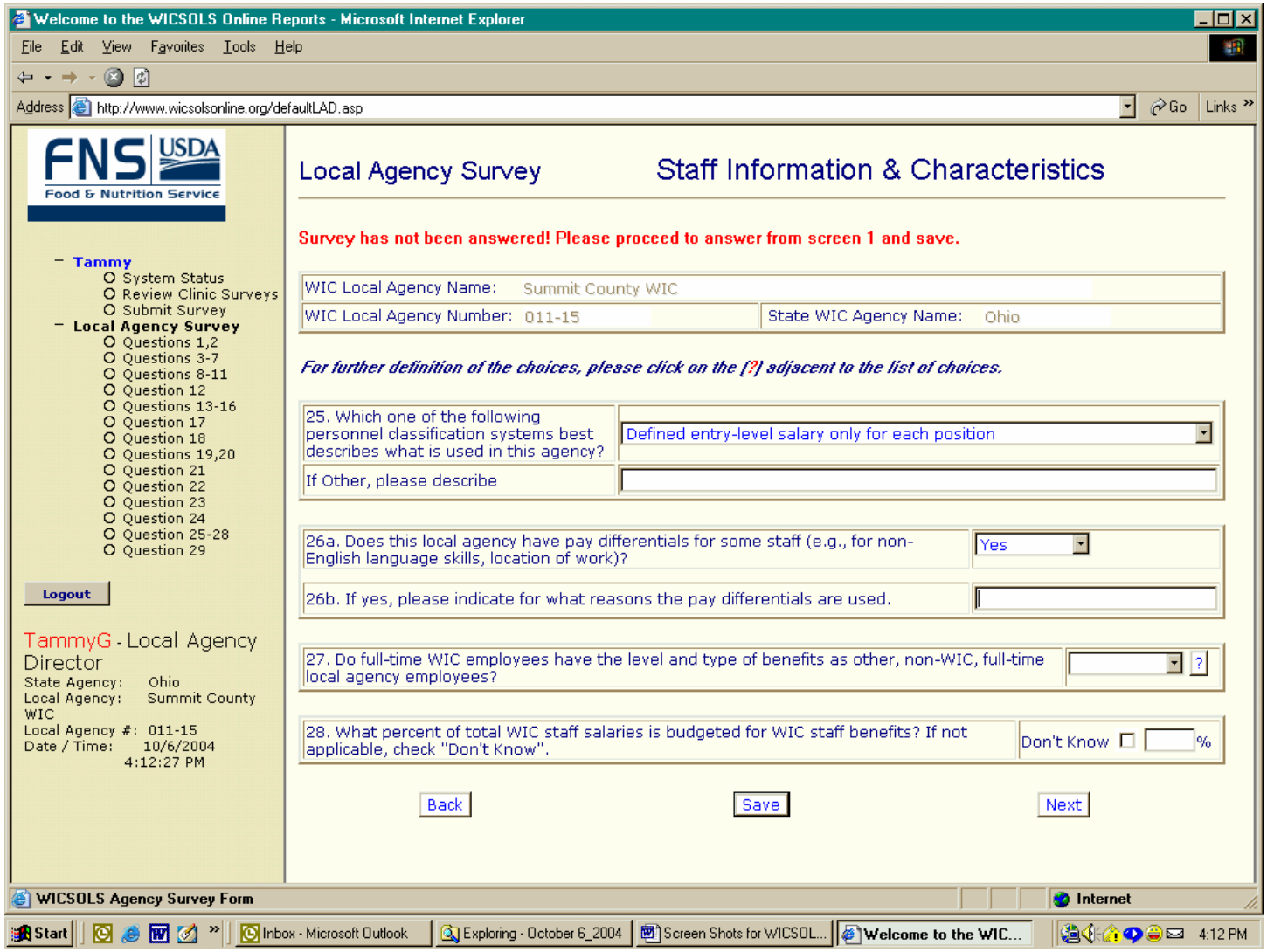
Local Agency Director – Q24 – Salaries and Benefits



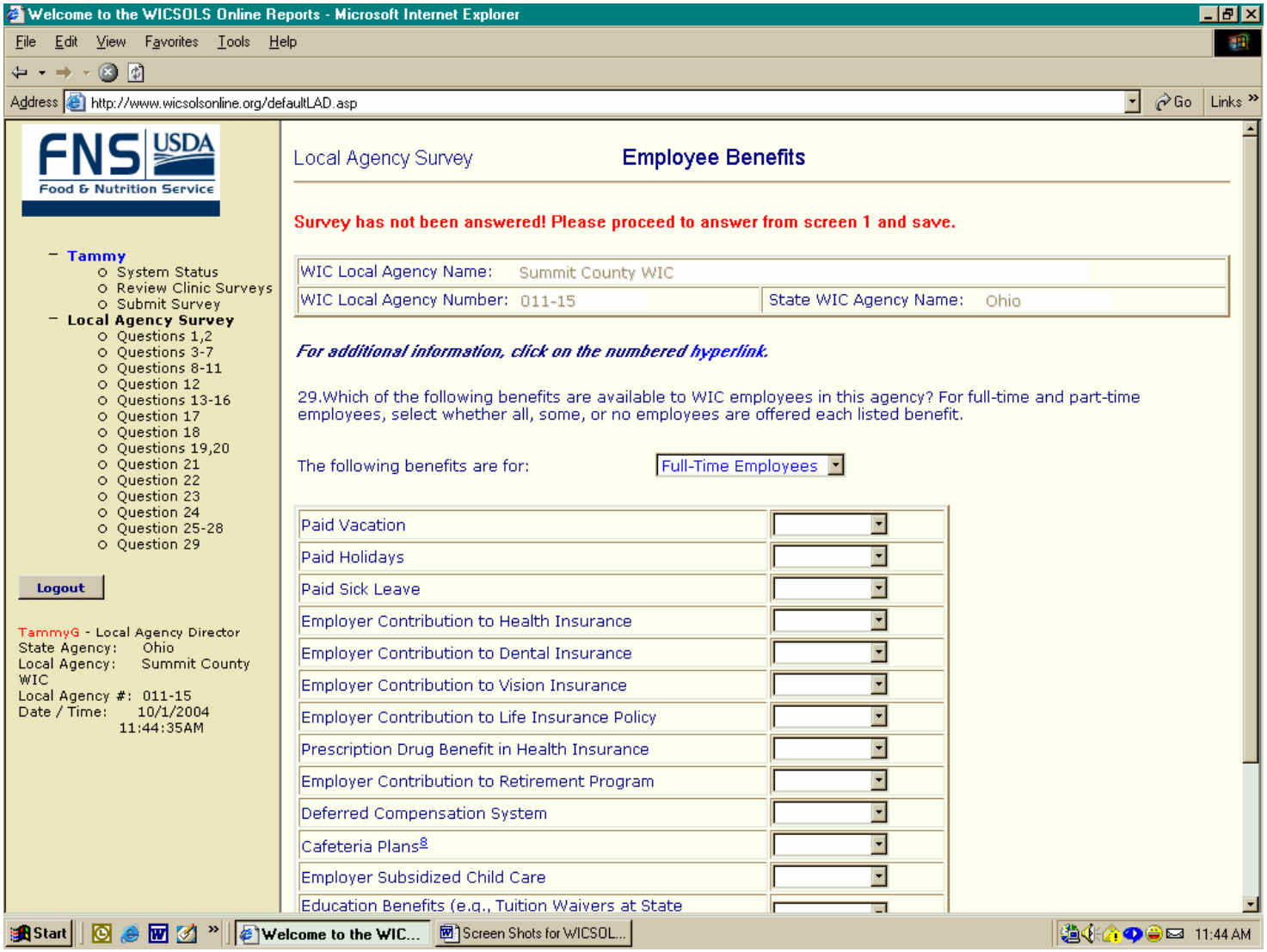
Local Agency Director – Q25-28 – Staff Information and Characteristics Drop Down Box



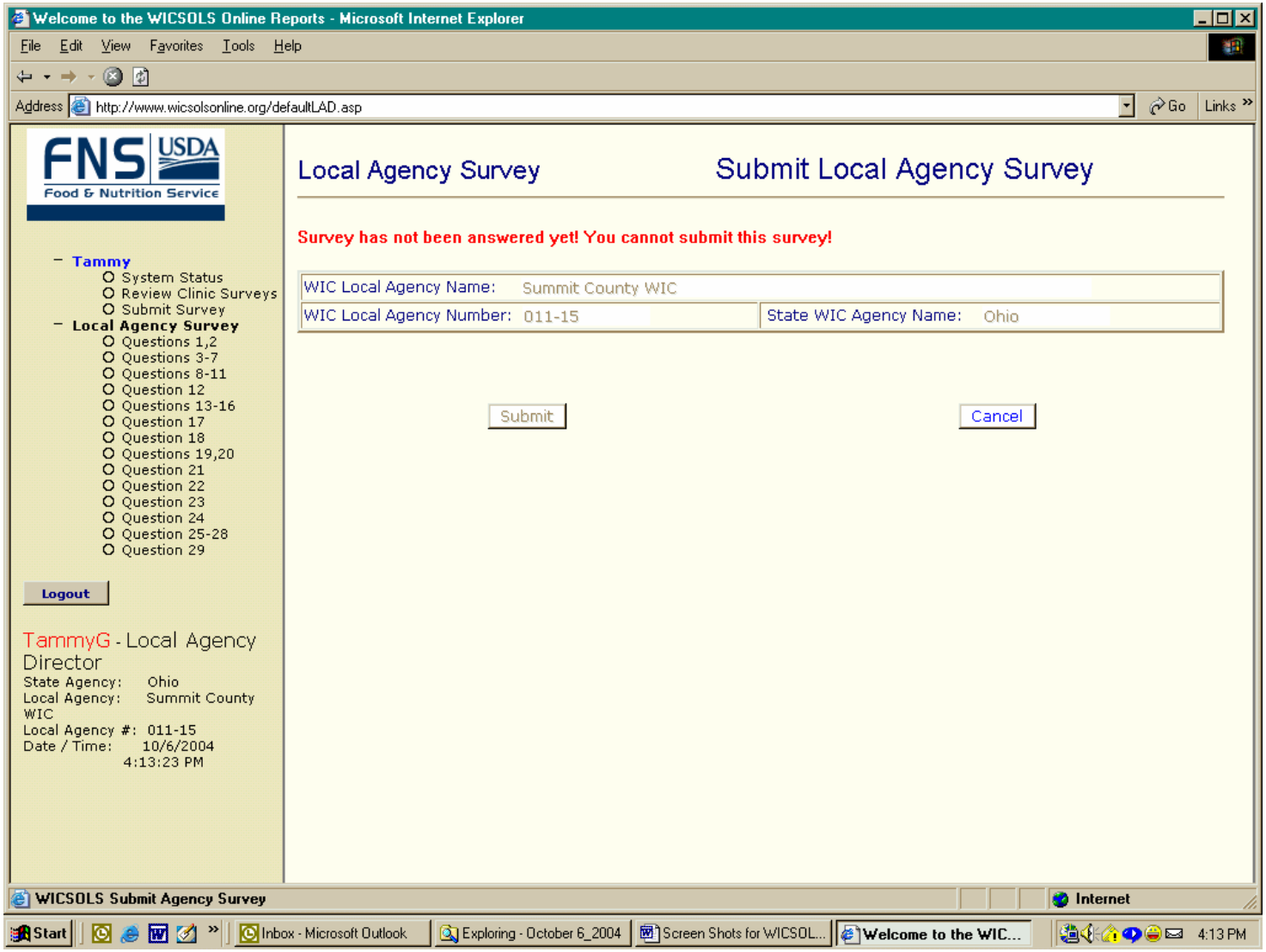
Local Agency Director – Q25-28 – Staff Information and Characteristics



Local Agency Director – Q29 – Employee Benefits



Local Agency Director – Submit Survey



ATTACHMENT 4
Local Agency Staffing Reported by WIC Pilot Agencies
Summary of All WIC Duties Reported
by Educational Qualification

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
APPOINTMENT SCHEDULING													
All other WIC staff	383	78	96	50	10	42	15	3	21	42	9	31	490
Minimum of a bachelor's degree in human nutrition	15	9	4	42	24	35	46	27	65	69	40	51	172
Other specified health and human service degrees	1	2	0	27	44	23	10	16	14	23	38	17	61
Total	399			119			71			134			723
INTAKE													
All other WIC staff	358	73	90	64	13	56	10	2	17	58	12	38	490
Minimum of a bachelor's degree in human nutrition	17	10	4	38	22	33	48	28	81	69	40	45	172
Other specified health and human service degrees	21	34	5	13	21	11	1	2	2	26	43	17	61
Total	396			115			59			153			723

[31]Interpreted as, for example, "the percent of all other WIC staff (or other staff category) for whom appointment scheduling is a primary (or secondary, etc) responsibility

[32] Interpreted as, for example, the percent of individuals with primary (or secondary, etc) responsibility from the associated staff category.

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
COLLECT HEIGHTS/WEIGHTS													
All other WIC staff	291	59	75	50	10	51	14	3	22	135	28	79	490
Minimum of a bachelor's degree in human nutrition	69	40	18	34	20	34	47	27	73	22	13	13	172
Other specified health and human service degrees	29	48	7	15	25	15	3	5	5	14	23	8	61
Total	389			99			64			171			723
COLLECT BLOOD WORK													
All other WIC staff	272	56	76	26	5	44	7	1	12	185	38	75	490
Minimum of a bachelor's degree in human nutrition	53	31	15	24	14	41	49	28	84	46	27	19	172
Other specified health and human service degrees	34	56	9	9	15	15	2	3	3	16	26	6	61
Total	359			59			58			247			723
OBTAIN HEALTH HISTORY													
All other WIC staff	177	36	55	142	29	89	10	2	17	161	33	88	490
Minimum of a bachelor's degree in human nutrition	107	62	33	11	6	7	46	27	79	8	5	4	172
Other specified health and human service degrees	39	64	12	7	11	4	2	3	3	13	21	7	61
Total	323			160			58			182			723

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
CONDUCT RISK SCREENING													
All other WIC staff	138	28	51	167	34	88	25	5	36	160	33	82	490
Minimum of a bachelor's degree in human nutrition	93	54	35	15	9	8	44	26	63	20	12	10	172
Other specified health and human service degrees	37	61	14	8	13	4	1	2	1	15	25	8	61
Total	268			190			70			195			723
ASSESS NUTRITION RISK													
All other WIC staff	124	25	44	14	3	30	5	1	18	347	71	95	490
Minimum of a bachelor's degree in human nutrition	121	70	43	25	15	54	23	13	82	3	2	1	172
Other specified health and human service degrees	39	64	14	7	11	15	0	0	0	15	25	4	61
Total	284			46			28			365			723
MAKE REFERRALS													
All other WIC staff	165	34	51	248	51	87	11	2	32	66	13	81	490
Minimum of a bachelor's degree in human nutrition	115	67	36	32	19	11	23	13	68	2	1	2	172
Other specified health and human service degrees	43	70	13	5	8	2	0	0	0	13	21	16	61
Total	323			285			34			81			723

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
COMPLETE DIETARY RECALL OR EQUIVALENT													
All other WIC staff	59	12	30	216	44	90	9	2	24	206	42	84	490
Minimum of a bachelor's degree in human nutrition	127	74	64	21	12	9	19	11	50	5	3	2	172
Other specified health and human service degrees	14	23	7	4	7	2	10	16	26	33	54	14	61
Total	200			241			38			244			723
SPECIAL PRESCRIPTION FOLLOW UP													
All other WIC staff	12	2	6	120	24	91	244	50	96	114	23	80	490
Minimum of a bachelor's degree in human nutrition	148	86	76	6	3	5	10	6	4	8	5	6	172
Other specified health and human service degrees	34	56	18	6	10	5	1	2	0	20	33	14	61
Total	194			132			255			142			723
THERAPEUTIC COUNSELING													
All other WIC staff	124	25	52	0	0	0	4	1	20	362	74	82	490
Minimum of a bachelor's degree in human nutrition	104	60	44	21	12	88	15	9	75	32	19	7	172
Other specified health and human service degrees	10	16	4	3	5	13	1	2	5	47	77	11	61
Total	238			24			20			441			723

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
HIGH-RISK COUNSELING													
All other WIC staff	0	0	0	17	3	31	3	1	14	470	96	88	490
Minimum of a bachelor's degree in human nutrition	103	60	92	37	22	67	12	7	57	20	12	4	172
Other specified health and human service degrees	9	15	8	1	2	2	6	10	29	45	74	8	61
Total	112			55			21			535			723
ASSIGN FOOD PACKAGE													
All other WIC staff	124	25	44	40	8	59	6	1	21	320	65	94	490
Minimum of a bachelor's degree in human nutrition	121	70	42	26	15	38	22	13	79	3	2	1	172
Other specified health and human service degrees	40	66	14	2	3	3	0	0	0	19	31	6	61
Total	285			68			28			342			723
FOOD INSTRUMENT ISSUANCE													
All other WIC staff	360	73	93	40	8	49	12	2	15	78	16	45	490
Minimum of a bachelor's degree in human nutrition	23	13	6	32	19	39	59	34	73	58	34	34	172
Other specified health and human service degrees	4	7	1	10	16	12	10	16	12	37	61	21	61
Total	387			82			81			173			723
NUTRITION EDUCATION													
All other WIC staff	237	48	59	16	3	44	5	1	17	232	47	91	490

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
Minimum of a bachelor's degree in human nutrition	128	74	32	17	10	47	24	14	83	3	2	1	172
Other specified health and human service degrees	38	62	9	3	5	8	0	0	0	20	33	8	61
Total	403			36			29			255			723
PROVIDE GROUP NUTRITION EDUCATION CLINIC													
All other WIC staff	152	31	54	39	8	57	115	23	75	184	38	84	490
Minimum of a bachelor's degree in human nutrition	101	59	36	27	16	39	34	20	22	10	6	5	172
Other specified health and human service degrees	28	46	10	3	5	4	4	7	3	26	43	12	61
Total	281			69			153			220			723
BREASTFEEDING SUPPORT													
All other WIC staff	186	38	53	170	35	78	10	2	53	124	25	91	490
Minimum of a bachelor's degree in human nutrition	123	72	35	37	22	17	9	5	47	3	2	2	172
Other specified health and human service degrees	40	66	11	11	18	5	0	0	0	10	16	7	61
Total	349			218			19			137			723
OTHER NUTRITION EDUCATION ACTIVITIES													
All other WIC staff	132	27	51	83	17	56	109	22	89	166	34	86	490

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
Minimum of a bachelor's degree in human nutrition	109	63	42	45	26	30	14	8	11	4	2	2	172
Other specified health and human service degrees	18	30	7	21	34	14	0	0	0	22	36	11	61
Total	259			149			123			192			723
PROVIDE STAFF TRAINING													
All other WIC staff	12	2	16	82	17	54	15	3	56	381	78	82	490
Minimum of a bachelor's degree in human nutrition	62	36	81	55	32	36	9	5	33	46	27	10	172
Other specified health and human service degrees	3	5	4	16	26	10	3	5	11	39	64	8	61
Total	77			153			27			466			723
OUTREACH ACTIVITIES													
All other WIC staff	59	12	42	50	10	54	56	11	58	325	66	83	490
Minimum of a bachelor's degree in human nutrition	70	41	49	38	22	41	27	16	28	37	22	9	172
Other specified health and human service degrees	13	21	9	4	7	4	13	21	14	31	51	8	61
Total	142			92			96			393			723
VENDOR MANAGEMENT													
All other WIC staff	19	4	76	8	2	31	2	0	17	461	94	70	490

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
Minimum of a bachelor's degree in human nutrition	6	3	24	13	8	50	10	6	83	143	83	22	172
Other specified health and human service degrees	0	0	0	5	8	19	0	0	0	56	92	8	61
Total	25			26			12			660			723
PERSONNEL SUPERVISION													
All other WIC staff	13	3	15	2	0	4	4	1	14	471	96	85	490
Minimum of a bachelor's degree in human nutrition	66	38	76	49	28	92	6	3	21	51	30	9	172
Other specified health and human service degrees	8	13	9	2	3	4	18	30	64	33	54	6	61
Total	87			53			28			555			723
PROGRAM PLANNING AND MANAGEMENT													
All other WIC staff	12	2	32	3	1	11	0	0	0	475	97	73	490
Minimum of a bachelor's degree in human nutrition	20	12	54	25	15	89	9	5	90	118	69	18	172
Other specified health and human service degrees	5	8	14	0	0	0	1	2	10	55	90	8	61
Total	37			28			10			648			723
CLINIC MANAGEMENT													
All other WIC staff	4	1	7	3	1	14	3	1	7	480	98	80	490

	All Reported WIC Duties of Staff by Educational Qualification												
	Among 12 WIC Local Pilot Agencies												
	Primary			Secondary			Emergency			Never			Total
	n	% row[32]	% column[33]	n	% row	% column	n	% row	% column	n	% row	% column	N
Minimum of a bachelor's degree in human nutrition	48	28	80	16	9	76	22	13	51	86	50	14	172
Other specified health and human service degrees	8	13	13	2	3	10	18	30	42	33	54	6	61
Total	60			21			43			599			723

ATTACHMENT 5
Detailed Information on Pilot Implementation Activities

I. DETAILED PILOT PROJECT ACTIVITIES

Pilot implementation of the reports was conducted with twelve volunteer local WIC agencies. These twelve agencies either approached BCA about being a pilot site or were contacted and asked if they would be interested in volunteering. A variety in the size of agencies was sought based on the number of staff employed in their WIC Program. They generally fell into three groups 1-20 staff members;, 21-70 staff members; or over 70 staff members. Within each group, two agencies piloted the paper report and two piloted the electronic report.

1.1. OBJECTIVES FOR THE PILOT

The pilot test was intended to achieve multiple objectives. These objectives included:

- Determining how much time is required for local WIC agencies to complete the instrument, and how this time varies by the size of agency,
- Identifying items on the instrument that agencies did not understand or had difficulty providing the information for, so that these items could be re-written or deleted from the instrument,
- Documenting whether the information reported by agencies is valid and reliable.

It is recognized that the agencies in the pilot represent too small a sample for the actual data collected in the pilot to be reflective of local WIC agencies nationwide. However, their experiences in completing the instrument may be relevant to a wider population. In sponsoring this project, FNS was keenly aware that imposing a new annual or bi-annual reporting requirement on all local agencies could be controversial. It is important that the benefits of the data collected be viewed as worthwhile and that the amount of time required by agencies is reasonable. The pilot project was designed to help address both of these issues.

I.2. PROCESS/CRITERIA FOR SELECTING PILOT AGENCIES

To allow involvement of different types of agencies in national set local WIC agencies, it was important to ensure varied geographic locations, sizes, and types of agencies (private nonprofit, government sub-unit, etc.). For the initial step, it was decided that a geographic balance would be achieved by having each of the seven FNS regions represented. Five of the regions would contain two pilot sites and the remaining two regions would have one site each. In the Federal Register Notice agencies were described as falling into small, medium, or large groups based on the number of staff. The pilot would contain four agencies from each of the three groups. Two agencies from each size group would test the paper instrument and two would test the electronic version. No predetermined, ideal mix of agency types was identified; however, the type of agency was considered to ensure as much variety as possible.

During the development of the instrument, BCA presented information on the project at two national WIC conferences and invited interested local agencies to volunteer for the pilot phase. Several agencies expressed interest in participating following these presentations. These agencies became the initial set of pilot agencies. BCA then contacted State WIC directors from States in regions that needed one or more additional pilot sites and asked for recommendations. The agencies that the State WIC directors suggested were then called and the project was explained to them. During the course of these calls, agencies were asked for basic information including the size of their caseload and the number of staff. Interestingly, some agencies were able to provide the number of positions and others were more comfortable providing the number of FTEs. We accepted either. If they fit the criteria needed, they were asked if they would volunteer to participate in the pilot. All of the agencies that were called volunteered to participate.

Once the preliminary list of agencies was compiled, it was submitted to the FNS Technical Representative for the project. The list was shared with each regional office, which in turn contacted the State director in each State to inquire whether he or she had any objection to the local agency participating. One of the original agencies met with objection by their State WIC office due to some ongoing problems. That State director suggested an alternate agency in the same State, and that agency was selected. One other agency that had originally volunteered notified BCA shortly before the beginning of the pilot that it would no longer be able to participate due to departure of the local WIC director. The State was unable to suggest a suitable replacement, and another State in the same region was then called for suggestions. A replacement agency in that State was selected. Other than these two substitutions, all of the agencies in the pilot were the ones originally identified.

Once the list was finalized, agencies were randomly assigned to test either the paper or electronic version of the instrument. Table 1, below identifies the pilot agencies, the criteria used to determine their selection, and their assignment to either the paper or electronic version.

Table 1
Pilot-Testing Sites

Agency Name and Address	FNS Region	Type of Agency	Version of Report Completed
North Central Organized Regionally for Total Health Philadelphia, PA	Mid-Atlantic	Private Nonprofit	Electronic
Metro Health Columbus, OH	Midwest	County Owned Hospital	Paper
San Antonio Metropolitan Health	Southwest	City Health	

Table 1 Pilot-Testing Sites			
Agency Name and Address	**FNS Region**	**Type of Agency**	**Version of Report Completed**
San Antonio, TX		Dept.	Electronic
Maricopa County Dept. of Public Health Phoenix, AZ	Western	County Government	Paper
Utah County Health Department Provo, UT	Mountain Plains	County Government	Electronic
Mecklenburg County WIC Program Charlotte, NC	Southeast	Private Nonprofit	Electronic
New Mexico Dept. of Health District I, Service Area 1 Albuquerque, NM	Southwest	Sub-Unit of State Government	Paper
Alameda County Health Care Services Alameda, CA	Western	County Government	Paper
Countryside Public Health Nursing Service Benson, MN	Midwest	County Government	Paper
Washington County WIC Program Hudson Falls, NY	Northeast	County Government	Paper
Edgarton Women's Health Center Davenport, IA	Mountain Plains	Private Nonprofit	Electronic
City of Plainfield WIC Program Plainfield, NJ	Mid-Atlantic	City Health Dept.	Electronic

II. PROCESS FOR CONDUCTING PILOT

The pilot test consisted of the following set of activities once the agencies were identified and confirmed. Each item is explained in more detail following the list.

- Emails proposing dates for an organizational conference call
- Organizational conference calls
- Mailing of training packets to each agency
- Training conference calls
- Instrument completion period
- Submission of completed instrument
- BCA on-site visits

All of the contact with the pilot agencies prior to their beginning completion of the instrument was through telephone conference calls, emails, and mailing of materials. There was no face-to-face contact. Given the short period of time available to organize and initiate the pilot, every effort was made to accommodate the needs of the agencies. This resulted in some additional, unexpected activities by BCA.

Following the initial email, two organizational calls were scheduled, one for the agencies testing the paper instrument and one for the agencies testing the electronic instrument. The purpose of these calls was to remind participants of their responsibilities for the pilot phase, identify the appropriate staff to participate in the training conference calls, and schedule a date for the calls. It was envisioned that, especially for medium and large agencies completing the electronic version, multiple staff members would complete portions of the instrument, and the local WIC agency director would then review the information entered by her staff.

Following the initial conference call, a training packet was mailed to each local agency for use during the training. For those agencies that indicated they would involve multiple staff in completion of the instrument (e.g. clinic supervisors), separate packets were mailed to each staff member at their individual work addresses.

The original intent was to conduct two separate four-hour training conference calls, one for each group (paper and electronic) of agencies. Separate trainings were needed because the approach to completing the instrument is different for each group, and because the training for the electronic agencies needed to include information on setting up users. In order to accommodate agencies' availability, BCA ended up conducting four conference calls (two each for sub-groups of each main group), plus providing individual training for two agencies that were not available for any of the group sessions.

As it happened, the initial training for the electronic version included only one small and one medium agency, so there were only three staff members on the call. This provided a

"trial run" before training the second group of electronic agencies, which included over thirty participants.

Agencies piloting the paper report were advised that they could begin completing it as the training was completed. The instrument did not need to be completed all at one time. They could work on it as they had time over the pilot period. Agencies were given approximately three weeks to complete and submit the instrument. Two deadlines were established based on when the training was provided.

Once each agency completed their report, they either mailed the paper version to our home office or submitted the electronic version on the web site. Data was exported from the SQL Server database to Excel workbook and data from the paper version was manually entered so that we could summarize some key variables.

Following the training conference calls, each agency was contacted individually to ask if they had any additional questions and to schedule a date for a follow up visit. One day was scheduled for the small agencies, and two days were scheduled for the large agencies. For the medium agencies, one day, with the possibility of additional time, was scheduled. Additional detail regarding the follow up visits is provided in section V.5 below.

II.1. TECHNICAL SUPPORT DURING PILOT

Primary and secondary points of contact among the BCA project staff were identified for each group of agencies in case they had questions or problems during the pilot period. In addition, for the electronic group of agencies a senior technical analyst was available for assistance with issues related to the web site. Following the training call for these agencies, they faxed a list of user names to BCA, and we established the initial user accounts for them.

Eight of the twelve pilot States contacted BCA for assistance and support on the WIC SOLS report during the pilot period. These contacts were from three agencies piloting the paper version and five piloting the electronic version.

The questions from the "paper sites" regarded calculation of FTEs, counting IT staff directly supported by WIC and a request from a medium State called to see if she could just turn in all of her worksheets instead of completing the survey.

The questions from the "electronic sites" were largely about initially setting up the system in preparation of completing the report or logging onto the web site. Some of the other issues included confusion about the roles (what you could do signed on as a LAD versus a CS). Two significant observations were made, first that electronic sites could not delete a clinic or a staff member once it was entered in their set-up. This was distracting to them in being able to view this irrelevant information. Secondly, one agency experienced a serious technical problem where a clinic supervisor report showed as being "submitted" in the system, when its status should have been "working". This was a technical problem that was corrected within a day. However, that agency and another

one that had not yet submitted the survey had to be contacted while the system was not available for this short period of time. A fix was completed and installed to correct this problem. Finally, there was a minor bug in the system that had been addressed in training. Apparently they did not recall the work-around presented and this had to be readdressed during pilot activities.

II.2. ON-SITE FOLLOW UP VISITS

Each site was visited after submission of the report by the local WIC agency. The purpose of the visits was to obtain information about the experience of completing the report and to determine the reliability and validity of the data submitted. A standard approved protocol for the visits was used to ensure that consistent information was obtained from each visit. A copy of the protocols can be found in Attachment 6. The visits included interviews with staff that completed portions of the survey, a review of reports and other documentation for their data, and observation of one or more clinic sites. Whenever possible, copies of supporting reports and other printed materials were obtained. Five project staff assisted in conducting the site visits. One project team member visited each pilot site, and each staff member visited from one to three agencies. One agency was late in submitting their instrument and, as a result, the site visit has not yet been conducted. Table 2 summarizes the dates for the site visits.

Table 2: Date of Agency Visits

Agency	Date of Visit
North Central Organized Regionally for Total Health Philadelphia, PA	November 9-10, 2004
Metro Health Columbus, OH	October 29, 2004
San Antonio Metropolitan Health San Antonio, TX	October 25-27, 2004
Maricopa County Dept. of Public Health Phoenix, AZ	November 18, 2004
Utah County Health Department Provo, UT	October 28, 2004
Mecklenburg County WIC Program Charlotte, NC	December 1-2, 2004
New Mexico Dept. of Health District I, Service Area 1 Albuquerque, NM	November 3, 2004
Alameda County Health Care Services	November 5, 2004

Agency	Date of Visit
Alameda, CA	
Countryside Public Health Nursing Service Benson, MN	October 22, 2004
Washington County WIC Program Hudson Falls, NY	November 18, 2004
Edgarton Women's Health Center Davenport, IA	October 28, 2004
City of Plainfield WIC Program Plainfield, NJ	November 8, 2004

ATTACHMENT 6
Protocol Formats for Pilot Site Visits
Local Agency Staffing Paper Reporting System

PILOT SITE EVALUATION PROTOCOL
Paper Version

Agency Name:_____

Location of Visit:_____

Date of On-Site Visit:_____

Interviewer:_____

Good afternoon. The set of interviews I will be conducting are to find out about the experience you had in completing the WIC SOLS report, to replicate some of the reported information and to verify the accuracy of some of the data reported. This is not a test of you or your agency, rather a test of the WIC SOLS report itself.

I will need to speak with the local agency director (LAD) to determine overall how the report was completed. Then, depending on the information provided by the LAD, I will speak with other individuals who assisted in completing the report. After we collect the overall report completion data, we will discuss all of the WIC SOLS report, a section at a time.

Overall Report Completion

Local Agency Director, or Designee, Name: _____

Local Agency Director, or Designee, Title: _____

1. How many people were involved in completing the WIC SOLS report?

_____

2. Who were they, and what did they do?

Name	Title	Role in Completing WIC SOLS Report

3. How many hours did it take for you and your staff to read the instructions, collect the information and complete the report forms?

_____ Hours

4. What is the number of days it took to complete the report, i.e., the number of days from the day you started to the day you submitted the report

_____ Days

5. Which approach to completing the instrument did you use, did you...

Collect all necessary information first and then completed report, _____

Collect information for answers as needed while completing report, or _____

Complete the report in another way? (explain) _____

_____
_____
_____
_____
_____

6. Where was the source of the information reported? Pick the answer that most closely approximates your situation.

All information was available in WIC office records or by asking WIC staff. _____

Most information was available in WIC office records or by asking WIC staff, but some information had to be obtained from other sources such as the parent agency administration. _____

Other (please explain) _____

_____
_____
_____
_____
_____
_____

7. How did you compile the information to complete the instrument? Pick the answer that mostly closely approximates your approach.

One person collected the information and completed the instrument. _____

Two or more people in the WIC administrative office collected the information and completed the instrument. _____

Regional supervisors or clinic staff were assigned responsibility for collecting information from their staff or clinics, which was then compiled in the WIC administrative office. _____

Other. Please explain

_____
_____
_____
_____
_____
_____

8. Were there any items on the report that you didn't understand?

Yes _____

No _____ *(skip to question 10)*

9. What items on the report didn't you understand?

Item Number	Question About Item	Was Answer Provided On Report (Y or N)?

10. Were there items for which you had difficulty, or were unable, to get the needed information?

Yes _____

No _____ *(skip to question 12)*

11. For what items on the report did you have difficulty, or were unable, to get the needed information?

Item Number	Information Respondent Was Not Able to Get	Was Answer Provided On Report (Y or N)?

12. Were there other items on the report that you were not sure how to answer?

Yes _____

No _____ *(skip to question 14)*

13. What other items on the report were you not sure how to answer?

Item Number	Question About Item	Was Answer Provided On Report (Y or N)?

14. Did you develop any internal tools or aids to help you collect and compile the information? (Indicate the answer that best describes this agency's process).

No other tools were needed. _____

Yes, manually completed “tally sheets” _____

Yes, created an electronic spreadsheet or similar tool. _____

Yes, other (Briefly explain) _____

_____
_____
_____
_____
_____
_____

15. In your opinion, is the information collected for this report useful enough for this agency to collect it on a regular basis?

Yes _____

No _____

16. How could this reporting format be improved?

_____
_____
_____

Local Agency Information and Clinic Characteristics (Questions 1-17)

17. How did you determine agency participation reported? (Attach copies of any reports or other documentation referenced) (*Question 1*)

_____
_____
_____
_____

18. BCA staff to verify the type of agency reported with another source of information - i.e., business manager or administrator type.

_____
_____
_____
_____
_____

19. Who completed the Clinic Characteristics questions of the report (e.g. WIC Director or clinic supervisors) (*Question 3- 8)*?

_____
_____
_____
_____

20. How did you determine the information regarding the numbers and types of clinics for questions 3-8? *(Attach copies of any reports or other documentation referenced; verify to the degree possible the information reported in those questions based on obtaining information on a small number of clinics through observations/interviews (see Attachment 1 - see question 21) and identifying any inconsistencies with the reported data. Note any discrepancies)*

_____
_____
_____
_____
_____
_____
_____

21. Interviewer: Perform validation of Clinic Characteristics questions of the report for a subset of clinics (randomly selected) by completing the attached clinic characteristics worksheet.

22. How did you determine the percentages regarding frequency of food instrument issuance? *(Describe and attach copies of any reports or other documentation referenced.) (Question 9)*

_____
_____
_____
_____

23. How did you determine the amount of time required by staff to travel to and set up temporary clinics? *(Describe and attach copies of any reports or other documentation referenced.)* (*Question 10)*

_____
_____
_____
_____
_____

24. How did you determine the percent of caseload that are considered high risk? *(Describe and attach copies of any reports or other documentation referenced.)* (*Question 11)*

_____
_____
_____
_____

25. How did you determine the percent of caseload that is non-English speaking? *(Describe and attach copies of any reports or other documentation referenced. Note: We have reason to believe some will be reporting other measures of this type of information, such as participants indicating a preference for non-English communication. Please note here.)* (*Question 12)*

_____
_____
_____
_____

26. What was the basis for your determination of whether you have individuals with adequate language skills to serve non-English speaking participants? *(Describe and attach copies of any reports or other documentation referenced.)* (*Question13)*

_____
_____
_____

27. What was the source of information regarding additional financial support, including in-kind contributions? *(Describe and attach copies of any reports or other documentation referenced.)* (*Questions 14-15)*

_____
_____
_____
_____
_____

28. How did you determine the information regarding indirect rate or overhead costs? *(Describe and attach copies of any reports or other documentation referenced.)* (*Question 16a & 16b)*

_____
_____
_____
_____
_____

29. How did you determine the source of funding for management costs in your agency? *(Describe and attach copies of any reports or other documentation referenced.)* (*Question17)*

_____
_____
_____
_____
_____

Staff Information and Characteristics (Educational Qualifications and Staff Duties, Recruitment Difficulties - Questions18-25)

30. Who completed this portion of the instrument (e.g. WIC Director or clinic supervisors)? (*Questions 18-25)*

_____
_____
_____
_____
_____

31. How did you determine the information regarding the numbers and FTEs of staff by educational qualification? (Check one line below in each column. Indicate whether the worksheets in the instruction packet were used, if yes, obtain a copy of the worksheets and ask a few individual's their educational background and match it against their name on the worksheets - report findings below). (*Questions 18A, 18B, & 18C)*

	Staff	FTEs
Asked supervisors of employees	_____	_____
Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain	_____	_____

_____
_____
_____
_____
_____

32. How did you determine the information regarding the numbers and FTEs of staff who are IBLCE certified? (Check one line below in each column.) (*Questions 19-20)*

	Staff	FTEs
Asked supervisors of employees	_____	_____

Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain	_____	_____

_____
_____
_____
_____
_____

33. How did you determine the information regarding the numbers and FTEs of breastfeeding peer counselors? (Check one line below in each column). (*Questions 21 & 22)*

	Staff	FTEs
Asked supervisors of employees	_____	_____
Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain	_____	_____

_____
_____
_____
_____
_____

34. How did you determine the information regarding the numbers and FTEs of volunteers? (Check one line below in each column.) (*Questions 23-24)*

	Staff	FTEs
Asked supervisors of employees	_____	_____
Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain)	_____	_____

_____
_____
_____
_____
_____

35. How did you determine the information regarding duties for each category of staff? (Check one below. Indicate whether the worksheets in the instruction packet were used, if yes, obtain a copy of the worksheets and ask a few individual's their duties and match it against their name on the worksheets - report findings below). (*Question 25)*

Asked supervisors of employees _____

Asked employees individually _____

Knew from individual experience _____

Referred to job descriptions _____

Other (please explain) _____

_____
_____
_____
_____
_____

36. Interviewer: Perform validation of the nutritionist group by completing the attached personnel qualifications and duties worksheet.

37. How did you determine the difficulty in recruiting staff by educational qualifications? *(Describe and attach copies of any reports or other documentation referenced.)* (*Question 26)*

_____
_____
_____
_____
_____

Position Classifications (Question 27)

38. How did you determine the information regarding position classifications and their qualifications? *(Describe and attach copies of position classifications (whether or not used by respondent) or other documentation)*

_____
_____
_____
_____
_____

Position FTEs, Vacancies, Length of Vacancies, Reasons for Vacancies, Changes in Number of Positions, Career Advancement and Staff Training (Question 28-32)

39. How did you determine the information regarding the number of FTEs, vacancies and length of vacancies? *(Describe and attach copies of job descriptions or other documentation)* (*Question 28)*

_____
_____
_____
_____
_____

40. How did you determine the information regarding the reasons for vacancies? *(Describe and attach copies of reports or other documentation)* (*Question 29)*

_____
_____
_____
_____
_____

41. How did you determine the information regarding the changes in the number of positions? *(Describe and attach copies of job descriptions or other documentation)* (*Question 30)*

_____
_____
_____
_____
_____

42. How did you determine the information regarding career advancement? *(Describe and attach copies of reports or other documentation)* (*Question 31)*

_____
_____
_____
_____
_____

43. How did you determine the information regarding staff training? *(Describe and attach copies of reports or other documentation)(* (*Question 32)*

_____
_____
_____
_____
_____

Salaries and Benefits (Questions 33-38)

44. How did you determine the information regarding salaries and pay differentials? *(Describe and attach copies of reports or other documentation; determine if this agency has written personnel manuals and review for consistency with report responses.)* (*Questions 33-35)*

_____
_____
_____
_____
_____

45. How did you determine the information regarding what benefits were offered full and part-time employees; and WIC employees versus other local agency employees? *(Describe and attach copies of reports or other documentation; determine if this agency has written personnel manuals and review for consistency with report responses.) (Question 36 and 37)*

_____
_____
_____
_____
_____

46. BCA staff verify percent of salaries budgeted for WIC staff benefits with administrative staff or agency business manager. *(Question 38)*

_____
_____

Continuation Page for Responses:

Question #___

Question #____

Question #____

Question #____

Question #____

Question #____

ATTACHMENT 7
Protocol Formats for Pilot Site Visits
Local Agency Staffing Electronic Reporting System

PILOT SITE EVALUATION PROTOCOL
Electronic Version

Agency Name:_____

Location of Visit:_____

Date of On-Site Visit:_____

Interviewer:_____

Good afternoon. The set of interviews I will be conducting are to find out about the experience you had in completing the WIC SOLS Online report, to replicate some of the reported information and to verify the accuracy of some of the data reported. This is not a test of you or your agency, rather a test of the WIC SOLS Online report itself.

I will need to speak with the local agency director (LAD) to determine overall how the report was completed. Then, depending on the information provided by the LAD, I will speak with other individuals who assisted in completing the report. After we collect the overall report completion data, we will discuss all of the WIC SOLS report, a section at a time.

Overall Report Completion

Local Agency Director, or Designee, Name: _____

Local Agency Director, or Designee, Title: _____

1. How many people were involved in completing the WIC SOLS report?

_____

2. Who were they, and what did they do?

Name	Title	Role in Completing WIC SOLS Report (Describe)	LAD	LAA	CS	Other

Name	Title	Role in Completing WIC SOLS Report (Describe)	LAD	LAA	CS	Other

3. How many hours did it take for you and your staff to understand the system, collect the information and complete the report forms?

_____ Hours

4. What is the number of days it took to complete the report, i.e., the number of days from the day you started to the day you submitted the report

_____ Days

5. Did you have any difficulty logging onto the web site or creating an account?

Yes _____

No _____

If yes, please explain

_____
_____
_____
_____

6. Which of the following best describes your experience with the on-line application at the WIC SOLS Online web site? (Check one)

I had no difficulty at all navigating through the application. _____

I thought it was somewhat difficult at first but I figured it out _____

I thought it was very difficult to figure out how to use. _____

It was so difficult I gave up and asked someone else for help. _____

7. Which of the following best describes your experience with the Help and pop-up messages on the WIC SOLS Online report? (Check all that apply)

They were an annoying distraction. _____

They were moderately helpful. _____

They were very helpful. _____

8. Which approach to completing the instrument did you use, did you...

Collect all necessary information first and then completed report, _____

Collect information for answers as needed while completing report, or _____

Complete the report in another way? (Explain) _____

_____
_____
_____
_____
_____

9. Where was the source of the information reported? Pick the answer that most closely approximates your situation.

All information was available in WIC office records or by asking WIC staff. _____

Most information was available in WIC office records or by asking WIC staff, but some information had to be obtained from other sources such as the parent agency administration. _____

Other (please explain) _____

_____
_____
_____
_____
_____
_____

10. How did you collect the information to complete the instrument? Pick the answer that mostly closely approximates your approach.

One person collected the information and completed the instrument. _____

Two or more people in the WIC administrative office collected the information and completed the instrument. _____

Regional supervisors or clinic staff were assigned responsibility for collecting information from their staff or clinics, which was then entered into WIC SOLS ONLINE by the supervisors_____

Regional supervisors or clinic staff were assigned responsibility for collecting information from their staff or clinics, which was then compiled in the WIC administrative office. _____

Other. Please explain

_____
_____
_____
_____
_____
_____

11. Were there any items on the report that you didn't understand?

Yes _____

No _____ *(skip to question 13)*

12. What items on the report didn't you understand?

Item Number	Question About Item	Was Answer Provided On Report (Y or N)?

13. Were there items for which you had difficulty, or were unable, to get the needed information?

Yes _____

No _____ *(skip to question 15)*

14. For what items on the report did you have difficulty, or were unable, to get the needed information?

Item Number	Information Respondent Was Not Able to Get	Was Answer Provided On Report (Y or N)?

15. Were there other items on the report that you were not sure how to answer?

Yes _____

No _____ *(skip to question 14)*

13. What other items on the report were you not sure how to answer?

Item Number	Question About Item	Was Answer Provided On Report (Y or N)?

Item Number	Question About Item	Was Answer Provided On Report (Y or N)?

14. Did you develop any internal tools or aids to help you collect and compile the information? (Indicate the answer that best describes this agency's process).

a. No other tools were needed. _____

b. Yes, manually completed "tally sheets" _____

c. Yes, created an electronic spreadsheet or similar tool. _____

d. Yes, other (Briefly explain) _____

_____
_____
_____
_____
_____
_____

15. In your opinion, is the information collected for this report useful enough for this agency to collect it on a regular basis?

Yes _____

No _____

16. What changes could be made to make the web site more user-friendly?

_____
_____
_____
_____

Local Agency Information and Clinic Characteristics

17. How did you determine agency and clinic participation reported? (Attach copies of any reports or other documentation referenced)

_____
_____
_____
_____

18. BCA staff to verify the type of agency reported with another source of information - i.e., business manager or administrator type.

_____
_____
_____
_____

19. Who completed questions Clinic Characteristics questions of the report (e.g. WIC Director or clinic supervisors)?

_____
_____
_____
_____

20. How did you determine the information regarding the numbers and types of clinics for questions 3-8? *(Attach copies of any reports or other documentation referenced; verify that you can produce the same totals by completing the attached clinic worksheet; observe a clinic to determine if the information provided appears to be consistent with that report. Note any discrepancies)*

_____
_____
_____
_____
_____

21. Interviewer: Perform validation of Clinic Characteristics questions of the report for a subset of clinics (randomly selected) by completing the attached clinic characteristics worksheet.

22. How did you determine the percentages regarding frequency of food instrument issuance? *(Describe and attach copies of any reports or other documentation referenced.)*

23. How did you determine the amount of time required by staff to travel to and set up temporary clinics? *(Describe and attach copies of any reports or other documentation referenced.)*

24. How did you determine the percent of caseload that are considered high risk? *(Describe and attach copies of any reports or other documentation referenced.)*

25. How did you determine the percent of caseload that is non-English speaking caseload you serve? *(Describe and attach copies of any reports or other documentation referenced. . Note: We have reason to believe some will be reporting other measures of this type of information, such as participants indicating a preference for non-English communication. Please note here.).*

26. What was the basis for your determination of whether you have individuals with adequate language skills to serve non-English speaking participants? *(Describe and attach copies of any reports or other documentation referenced.)*

27. What was the source of information regarding additional financial support, including in-kind contributions? *(Describe and attach copies of any reports or other documentation referenced.)*

_____
_____
_____
_____
_____

28. How did you determine the information regarding indirect rate or overhead costs? *(Describe and attach copies of any reports or other documentation referenced.)*

_____
_____
_____
_____
_____

29. How did you determine the source of funding for management costs in your agency? *(Describe and attach copies of any reports or other documentation referenced.)*

_____
_____
_____
_____
_____

Staff Information and Characteristics (Educational Qualifications and Staff Duties, Recruitment Difficulties

30. Who completed this portion of the instrument (e.g. WIC Director or clinic supervisors)?

_____
_____
_____
_____
_____

31. How did you determine the information regarding the numbers and FTEs of staff by educational qualification? (Check one line below in each column. Indicate whether the worksheets in the instruction packet were used, if yes, obtain a copy of the worksheets and ask a few individual's their educational background and match it against their name on the worksheets - report findings below).

	Staff	FTEs
Asked supervisors of employees	_____	_____
Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain	_____	_____

_____
_____
_____
_____
_____

32. How did you determine the information regarding the numbers and FTEs of staff who are IBLCE certified? (Check one line below in each column.)

	Staff	FTEs
Asked supervisors of employees	_____	_____
Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain	_____	_____

_____
_____
_____
_____
_____

33. How did you determine the information regarding the numbers and FTEs of breastfeeding peer counselors? (Check one line below in each column).

	Staff	FTEs
Asked supervisors of employees	_____	_____
Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain	_____	_____

_____
_____
_____
_____
_____

34. How did you determine the information regarding the numbers and FTEs of volunteers? (Check one line below in each column.)

	Staff	FTEs
Asked supervisors of employees	_____	_____
Asked employees individually	_____	_____
Looked in personnel records	_____	_____
Knew from personal knowledge of employees	_____	_____
Recalled the information from the hiring interviews	_____	_____
Other (please explain	_____	_____

_____
_____
_____
_____
_____

35. How did you determine the information regarding duties for each category of staff? (Check one below. Indicate whether the worksheets in the instruction packet were used, if yes, obtain a copy of the worksheets and ask a few individual's their duties and match it against their name on the worksheets - report findings below).

Asked supervisors of employees _____

Asked employees individually _____

Knew from individual experience _____

Referred to job descriptions _____

Other (please explain) _____

_____
_____
_____
_____
_____

36. Interviewer: Perform validation of the nutritionist group by completing the attached personnel qualifications and duties worksheet.

37. How did you determine the difficulty in recruiting staff by educational qualifications? *(Describe and attach copies of any reports or other documentation referenced.)*

_____
_____
_____
_____
_____

Position Classifications

38. How did you determine the information regarding position classifications and their qualifications? *(Describe and attach copies of job descriptions (whether or not used by respondent) or other documentation)*

_____
_____
_____
_____
_____

Position FTEs, Vacancies, Length of Vacancies, Reasons for Vacancies, Changes in Number of Positions, Career Advancement and Staff Training

39. How did you determine the information regarding the number of FTEs, vacancies and length of vacancies? *(Describe and attach copies of job descriptions or other documentation)*

_____
_____
_____
_____
_____

40. How did you determine the information regarding the reasons for vacancies? *(Describe and attach copies of reports or other documentation)*

_____
_____
_____
_____
_____

41. How did you determine the information regarding the changes in the number of positions? *(Describe and attach copies of job descriptions or other documentation)*

_____
_____
_____
_____
_____

42. How did you determine the information regarding career advancement? *(Describe and attach copies of reports or other documentation)*

_____
_____
_____
_____
_____

43. How did you determine the information regarding staff training? *(Describe and attach copies of reports or other documentation)*

_____
_____
_____
_____
_____

Salaries and Benefits

44. How did you determine the information regarding salaries and pay differentials? *(Describe and attach copies of reports or other documentation; determine if this agency has written personnel manuals and review for consistency with report responses.)*

_____
_____
_____
_____
_____

45. How did you determine the information regarding what benefits were offered full and part-time employees; and WIC employees versus other local agency employees? (Describe and attach copies of reports or other documentation; determine if this agency has written personnel manuals and review for consistency with report responses.) (Question 36 and 37)

_____
_____
_____
_____
_____

46. BCA staff verify percent of salaries budgeted for WIC staff benefits with administrative staff or agency business manager. (Question 38)

_____
_____

Continuation Page for Responses:

Question #___

Question #____

Question #____

Question #____

Question #____

Question #____

Clinic Characteristics Worksheet

Clinic Number			
Current Monthly Caseload			
Clinic Name			
Type of Clinic (check one below):			
Permanent Facility (Owned, Rented or Occupied Full-Time by WIC Program)			
Temporary Facility (Used or Rented Just for Clinic Days by WIC Program)			
Mobile Clinic			
Hours of Operation (check one below):			
Open Full-Time, at least 35 hours/week			
Open Part-Time, less than 35 hours/week			
Other, please describe:			
Don't Know			
Extended Hours (Check if Yes):			
Some services provided at times when extraordinary costs are incurred such as differential pay, security, or other unusual expenses			

Clinic Number			
Integration With Other Health Services (check one below):			
No integration. Stand alone or co-located WIC clinic with little or no integration of services and WIC services are provided entirely by WIC-dedicated staff.			
Integrated services, no shared staff with WIC. WIC clinics integrated with other health services but all WIC services provided by WIC-dedicated staff.			
Integrated services, shared staff with WIC. WIC clinics are integrated with other health services and there is some use of shared staff between programs.			
Other, please describe:			
Don't Know			
Anthropometric and Blood Work Measures			
All performed by WIC staff. All or most anthropometric measures (*e.g.*, heights/weights) and blood work are conducted by WIC staff in the WIC clinic.			
Anthropometric measures only performed by WIC staff. All or most anthropometric measures (*e.g.*, heights/weights) are conducted by WIC staff in the WIC clinic; but all or most blood work is conducted by other provider(s).			
Neither performed by WIC staff. All or most anthropometric measures (*e.g.*, heights/weights) and blood work are conducted by other provider(s).			
Other, please describe:			
Don't Know			

Clinic Number			
Services Provided and Population Served (check one below):			
All services provided to all participant categories. Clinic routinely certifies and provides ongoing services to all categories of participants.			
All services offered to selected categories of participants or selected special populations. Clinic routinely certifies and provides ongoing services to selected categories of participants or special populations only (*e.g.*, prenatal women, migrants or non-English speaking populations, special clinics at schools for pregnant teens, *etc.*)			
Limited services offered to select categories or populations. Clinic routinely certifies only selected categories of participants or special populations (*e.g.*, postpartum women and newborn infants, migrants or non-English speaking participants) and refers them to another clinic for future ongoing services.			
Other, please describe:			
Don't Know			
Level of Automation of Participant Records (check one below):			
Recorded directly into computer. Clinic staff record all or most participant information directly into a computer located in the clinic.			
Recorded on paper, then entered into computer in clinic. Clinic staff record all or most participant information on paper first and then transcribe the information into a computer located in the clinic.			
Recorded on paper, then entered into computer outside clinic. Clinic staff record all participant information on paper and the data is entered into a computer system somewhere other than the clinic.			
No automated participant information records.			
Other, please describe:			
Don't Know			

Clinic Number			
Financial Instrument (FI) Distribution (check one below):			
FIs printed and issued on demand. Clinic staff print food instruments "on demand" in the clinic using the automation system.			
FIs printed in advance of issuance. Clinic staff issue food instruments that are centrally printed in advance of the clinic (either by the State agency or the local agency).			
FIs manually issued. Clinic staff manually prepare and issue food instruments in the clinic.			
EBT card issuance. Clinic staff issue EBT cards in the clinic using the automated system.			
Other, please describe:			
Don't Know			

Personnel Qualifications and Duties Worksheet

Staff Name or Code	Other		Educational Qualifications					Job Responsibilities																								
	Hours Worked per Week	IBCLE Certified (check if Yes)	Bachelor's Degree in Nutrition (not RD)	Master's or Doctor Degree in Nutrition (not RD)	RD - Bachelor's Degree in Nutrition	RD - Bachelor's Degree in Nutrition	RD - Master's or Doctorate Degree in Nutrition or Public Health	Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, etc.)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	FI Issuance	Provide Individual Nutrition Education	Provide Group NE	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management

Staff Name or Code	Other		Educational Qualifications					Job Responsibilities																								
	Hours Worked per Week	IBCLE Certified (check if Yes)	Registered Nurse, including BSN and MSN	Licensed Vocational Nurse; Licensed Practical Nurse or Equivalent	Bachelor's Degree or Higher in Other Specified Fields (not nutrition or nursing) with 15 or More College Credits in Nutrition	Bachelor's Degree or Higher in Other Specified Fields with Less than 15 College Credits in Nutrition.		Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, etc.)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	FI Issuance	Provide Individual Nutrition Education	Provide Group NE	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management	

Staff Name or Code	Other		Educational Qualifications						Job Responsibilities																							
	Hours Worked per Week	IBCLE Certified (check if Yes)	Bachelor's Degree or Higher in non-Health Related Fields	Registered Dietetic Technician (Associate's Degree)	Associate's Degree in Any Other Field (not nursing)	Completion of State Competency Based Training Program (CBT) in Nutrition, Nutrition Assessment or Nutrition Education, etc., is (or will be) Only Academic Preparation	High School or Other Education or Training Qualification (e.g., position required driver's license) Only	All Others Not Included Above (no education or training qualifications)	Appointment Scheduling	Intake (Income, Residence, & Motor Voter)	Collect Heights & Weights	Collect Blood work	Obtain Health History	Conduct Health Screening (Immunizations, Lead, etc.)	Assess Nutrition Risk, Determine Eligibility	Assign Food Package	Make Referrals to Other Services	Complete Dietary Recall or Equivalent	Special Formula Prescription and Follow-Up	Therapeutic Nutrition Counseling and Care Plans	Provide high-risk counseling and nutrition care plans	FI Issuance	Provide Individual Nutrition Education	Provide Group NE	Breastfeeding Promotion & Support with Individuals or Groups	All Other Nutrition Education Activities	Developing or Providing Staff Training	Outreach Activities	Vendor Management	Personnel Supervision	Program Planning and Management, including Budgeting	Clinic Management

ATTACHMENT 8
Local Agency Staffing Reporting System
Results Matrices from Site Visit Protocols
Paper and Electronic Instrumentation

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
Number of People Completing WIC SOLS Report	NA	NA	2	1	One primarily, with input from ten others	3 primarily, with input from 37 others	2	1
Who were they? (LAD = local agency director LAA = local agency administrator CS = clinic supervisor(s))			LAD, Manager of Operations	Special Projects Superintendent	State and local agency staff	Primarily LAD, Administrative Specialist, Support; also Supervisors and clinic staff	LAD; Office Manager	WIC coordinator
What did they do?			Training; LAD completed all questions on the survey; Mgr assisted	Gathered information and completed entire report	LAD 99%, secretary helped with data collection, others answered questions	Director - oversight, local agency questions and report completion; Administrative Specialist – collected data for table 25 and 18; Support – Collated table 25/18 Supervisors – qualifications;	LAD compiled, tabulated; Office Manager assisted	Everything

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
						Clinic staff – duties		
3. (How long to complete the form, including all related activities?)			4 hours	20 hours	20 hours	80 hours	30 minutes once sat down to complete the report	Estimated 14-15 hours
4. (Number of days to complete report)			2	12 days	day of training until day due	23 days		Off and on from time of training to when due
5. Approach to completing the instrument			Collect information first and then completed report	Collect info as needed while completing report	Collect information first and then completed report	Reviewed survey, identified data that wouldn't be available and planned to get. Did section by section – some on training call – noted clarifications.	Collect information first and then completed report	Collected all clinic info first and then completed report; collect some agency info as needed while completing report

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
6. Source of information			All in WIC office records or by asking WIC staff	All in WIC office records or by asking WIC staff	All in WIC records or asking WIC staff	All in WIC office records or by asking WIC staff	All in WIC office records or by asking WIC staff	Most in WIC records, but some from parent agency
7. How compile information?			Two or more people in WIC administrative office collected information, completed instrument	One person collected and completed instrument	One person collected and completed instrument	Regional supervisors or clinic staff were assigned responsibility for collecting information from their staff or clinics, which was then compiled in administrative office	Two or more people in WIC admin office collected information, completed instrument	One person collected and completed
8. Items you didn't understand?			No	Yes	No	Yes	No	Yes

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
9. Which ones?			NA	Table 32A, on-the-job training; indicated 100% for everyone with other training listed; wording was confusing.	NA	Table 25 initially answered based on FTE; corrected before submitted.	NA	Table 27 - Staff Qualifications confusing at first but figured it out. FTE comparisons because they work 35 hour weeks.
10. Items difficult or unable to get information?			Yes	Yes	No	Yes	No	Yes

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
11. Which items unable to get?			Percent caseload high risk; estimated at 8%; no high risk report; estimated by summing incidence of high risk factors. Also unable to get percent of agency's caseload issued monthly, etc.; State couldn't give this to her; estimated her response.	Table 18A, confusion over where to put non-health related advanced degrees; IBLCE not best one to list. Table 25, difficult because had to track on paper. #12 Non English (answer probably not accurate). #11 High Risk codes.	NA	Question 12 - proportion of caseload non-English speaking, could report only English preference. Table 32 (training), just estimated; was a "weak" response. Question #38 – percent of salaries as benefit, question needs a time frame on it; answered based on 11 month's actual costs; annual varies by vacancies and types of staff.	Item 34 took a lot of work but finally got information.	Number of high risk; had to ask WIC State office; not sure how they determined it or whether accurate.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
12. Other items unsure to answer?			No	No	No	Yes	Yes	Yes
13. Which items unsure?			NA		NA	20 and 21 are weird questions could be more clear	#38, had to ask financial person; also not sure of high risk #	Recruitment of staff, because haven't had any vacancies
14. Internal aids developed?			Yes, manual tally sheets	Yes, manual tally sheets	Yes, manual tally sheets	Yes, manual and electronic tally sheets	No	No
15. Information useful to collect regularly?			Yes	Yes	No	Parts of this yes, parts needed less than annually. Consider the amount of time to get the information. Value is not to local agency directly, but indirectly; most information already known	No for them, but yes for USDA and district.	Yes, all very relevant to what she does regularly.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
						locally, although did make a few discoveries (e.g., minimum qualifications for administrative positions). Viewed as more useful on state or national level – "would love to get realistic staffing standards and then be funded accordingly".		

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
16. Improvements?			Make electronic; organize duties by category. Ask for more types of BF certification, not just IBLCE. Also, State uses licensed dieticians.	Easier if electronic. Harmful to have instructions separate from report. Survey had clear instructions about 80% of time.	Electronic but non-Web format, sent by email.	None mentioned	Fine, easy to complete	Instructions were confusing and didn't use them much. Tough time of year to do it because of other commitments.
17. How determine participation?	1	1	Report from State	Queried the AIM system	State reports	Extranet query	State report from computer system	Copy of report from WIC automation system
18. Type of Agency	2		Observation	Verified with two clinic supervisors	Only able to ask LAD	Director only source, serves as WIC business manager	Personal knowledge	Copy of contract with State office and employee handbook
19. Who completed questions on clinics?	3, 4, 5, 6, 7, 8	3, 4, 5, 6, 7, 8	LAD; Mgr of Operations	Special Projects Superintendent	LAD	WIC local agency director "just knows"	Both people	WIC coordinator

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
20. How determine number and types of clinic?	3, 4, 5, 6, 7, 8	3, 4, 5, 6, 7, 8	Used a worksheet for full or part-time; other knew off top of head.	Answered based on personal knowledge of coordinator and person completing report. Verified information with two clinic supervisors.	Personal Knowledge. LAD in position for 20 years.	Knew characteristic of each clinic; did calculations in excel (assignment of clinic characteristics in excel spreadsheets).	From memory	Supervises all of them. One full-time and other satellite clinics staffed by central office staff.
21. Validation of Clinics			Marked don't have extended hours. Do have extended hours and "often" have to pay overtime for people to cover these.	Visited two clinic sites; verified information with two clinic supervisors, observed certain job classifications.	Answered for one clinic.		Answered for one clinic.	Saw names on clinic report, observed one, interviewed staff.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
22. How determine frequency of food instrument issuance?	9	9	Estimated based on percent of high risk clients; all else receive tri-monthly.	Queried the AIM system	Personal knowledge - Most are one month issue.	Extranet query	"3 months for everyone"; didn't say what evidence.	Policy is everyone gets three months. Saw infant issued three months of FIs.
23. How determine travel time?	10	10	N/A	N/A	Personal knowledge	NA	30-45 minutes. One of people doing survey does the travel.	Average travel to each clinic. Got same answer from one of the nutritionists.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
24. Percent caseload high risk?	11	11	No high risk report. Extrapolated from another report, but possibly over counted.	Ran query on high risk codes. May count individuals more than once. Staff do not always enter this data.	Answered don't know. Had to ask State for special report.	State criteria, level 3 & 4; generated by ISIS (state data system)	Didn't know total; expecting new report with information.	Called State office to get number; not sure how they got it. Risks are flagged if make someone high risk, but no report to count them.
25. Percent caseload non-English speaking?	12	12	Estimated based on Hispanic percent on report so reflects Spanish only.	Ran query on primary language code, which does not answer the question.	Answered don't know. Had to ask State for special report.	Got “non-English preferred” that is available from Extranet reporting system.	Guessed 5% based on how often used interpreter.	Have one Chinese family and a few migrant families; counted those; very small %.
26. Basis for ability to serve non-English?	13	13	Answered "no", but use language line.	Personal knowledge of staff; also knows who gets incentive pay	Personal knowledge	Personal knowledge; agency recruits specifically; has designated	Experience; list of interpreters	Answered yes. Have staff with some Spanish skills; language line; translators

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
				for speaking second language.		positions for bi or tri lingual skills.		from hospital.
27. Source info on financial support?	14, 15	14, 15	No documentation, but get free rent at all but one clinic.	Asked WIC Manager	Asked State WIC Director	WIC is the source for this financial information; provides it to the business office. Due to state vs. federal fiscal year, they never match exactly.	Amount varies so hard to answer. Have monthly county fiscal report.	Coordinator does budget, knows what is in it. Said no financial support. However, does get some accounting support from agency; just doesn't track it or count it.
28. How determine indirect or overhead?	16a, 16b	16a, 16b	State doesn't allow indirect. Hospital covers all their overhead costs.	Asked WIC Manager	Asked State WIC Director	Memo from business officer	Have expenditure plan; says rate is 12%.	Doesn't pay anything in budget.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
29. How determine source management?	17	17	Provided as in-kind. Viewed copy of agency budget.	Asked WIC manager	Asked State WIC Director	Personal knowledge; has 7 years specific budget experience.	Didn't answer item. Expenditure plan shows it is from indirect.	Said "indirect"; somewhat contradicts earlier answer about no support.
30. Who completed staff info and characteristics?	18-25	18-25	Both people	Special Projects Superintendent	LAD from personal knowledge	Director and assistant	Both people	WIC coordinator
31. Info on # and FTE's of staff by education?	18a, 18b, 18c	18a, 18b, 18c	For both, personal knowledge.	For both, asked supervisors of employees.	For both, secretary called people and asked.	For number, asked employees individually. For FTEs calculated; went through extensive process with each person filling out 18 and 25 individually, sorted papers by staff qualifications,	Staff - personal knowledge. FTEs - fiscal reports to LA.	Personal knowledge. Also looked in personnel records.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
						noted percent full time on each paper copy and added them up and recorded.		
32. Info on # and FTEs IBLCE certified?	19, 20	19, 20	For both, looked at resumes.	Don't have any.	NA - none	For both, personal knowledge.	Don't have any.	Don't have any. However, do have some with CLC certification.
33. Info on # and FTEs of peer counselors?	21, 22	21, 22	Personal knowledge of people. Has list showing everyone. Human resources also has info.	Don't have any.	For both, asked supervisors of employees.	For both, personal knowledge.	Don't have any.	Don't have any.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
34. Info on # and FTEs of volunteers?	23, 24	23, 24	Don't have any.	Don't have any.	For both, asked supervisors of employees.	For both, personal knowledge.	For both, personal knowledge. Answer questionable	Don't have any.
35. How determine info on duties by category?	25	25	"Other", based on what portions of system employees have access to.	Personal knowledge	Clinics differ; used two as example and answered based on those; doesn't reflect all.	Asked employees individually. Created excel spreadsheet; following numbering scheme of staff qualifications, initially attempted to report as FTEs; definitions provided were very important. Supervisors felt they should have filled out duties, would have been	Personal knowledge	Personal knowledge; small staff and supervises all of them.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
						more accurate as related to job descriptions; duties should be defined in writing.		
36. Validation of Nutrition Group			Verified five nutrition staff.	Validated information with two clinic supervisors in two different clinics.	Most clinics, all staff do all duties.	NA		Interviewed all but two staff and compared with description on table; observed clinic; matched each employee to tables in instrument.
37. Difficulty in recruiting by educational qualifications.	26	26	Has tool that shows seniority, vacancies by classification.	HR lead; has personal knowledge of recruiting difficulties.	Personal knowledge	Thought about last two year period; had difficult time recruiting bilingual staff.	So few, not problem. Answered "no attempt"; should be "no need."	Said "No attempt to recruit" because haven't had vacancies.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
38. Info on position classifications & qualifications?	27	27	Used hospital job descriptions.	Used job description for some, personal knowledge for others.	Personal knowledge	Used job specifications for job classification; looked at minimum qualifications and specialty designations made and approved by division or civil service.	Personal knowledge. Item was confusing because LAD has never recruited. They "hire from within".	Have civil service descriptions on file and reviewed them. Found an error in the one for nutritionists.
39. Info on # FTEs, vacancies, length?	28	28	Used seniority listing worksheet.	HR lead. Has white board with all staff listed by location; uses for tracking.	Personal knowledge	Have sheets budgeted. Went to contract, adjusted with new information, stated that it isn't so easy to define number of positions; some ambiguity exists (if you set up budget you may inflate	No vacancies for two years.	They work 35 hours/week as full-time; had to convert to our definition of FTE. Info is in budget.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
						positions knowing you aren't going to fill them).		
40. Info on reasons for vacancies?	29	29	Departing employees complete form describing reasons.	Personal knowledge	Personal knowledge. They "use part-time staff, people who do not need personnel control (like a temp) to hire" when a position is vacant until a permanent position is filled.	Personal knowledge	NA	No vacancies; nothing to report.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
41. Info on changes in # of positions?	30	30	Used seniority listing worksheet, but reported on # of people rather than budgeted positions.	Personal knowledge; HR and budget records.	Personal knowledge	Two possible definitions of vacancies; went back and forth a bit (again, confusion with staff versus FTE).	Answered stable because no changes. Had some two years ago.	Only one position changed; very minor increase.
42. Info on career advancement?	31	31	Completed report based on personal knowledge. Usually talks to people who intend to leave.	Personal knowledge	Personal knowledge	Using job specifications, named the same thing.	No levels so no advancement.	Correctly answered no for three of their classifications and yes for the other two.
43. Info regarding staff training?	32	32	Two forms for some types; known training by classification for other types.	Access to training audit records and sees them as part of her job.	Personal knowledge	Subjective assessment	Didn't explain source of answer. Incorrect because misread "only on-the-job training" and	Do lots of training. Keep log of most of it. Some is annual and mandatory.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
							checked that for everyone.	
44. Info on salaries & pay differentials?	33, 34, 35	33, 34, 35	Salary range worksheet for most positions. Human resources dept. spreadsheet had the rest of them.	Has access to HR records and keeps spreadsheet of salaries and increases.	State Personnel job descriptions, but most start above entry level.	Came off public web site of salary schedules.	Used Appendix A of personnel contract. This union contract states the salary of each position and person.	Obtained copy of pay grid for county, showing annual increases. County has pay differential (overtime) but WIC tries real hard not to use it.
45. Info on benefits for full & part-time?	36, 37	36, 37	Personal knowledge. Hospital also has employee manual.	HR records and personal knowledge.	Personal knowledge	Personal knowledge	Personal knowledge	Knows from experience and doing budget. Confirmed by employee handbook.

			Sites Piloting Paper Report Form					
Protocol Question	**Paper Version Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
46. Verify % staff salaries budgeted for benefits.	38	38	Budget worksheet.	Verified with WIC manager. He explained fixed and variable costs and percentage for each.		Demonstrated calculation; confirmed.	Used county fiscal reports; showed 27%.	Reviewed budget. Found difference between that and what is reported on instrument. Used previous year's number. Also complications between estimated for budget and end of year actual.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
Number of People Completing WIC SOLS Report	NA	NA	17	22	3	4	1	1
Who were they? (LAD = local agency director LAA = local agency administrator CS = clinic supervisor(s))			LAD, LAA, and 15 CS	LAD, LAA (HR director), and 20 CS	LAD and 2 CS	LAA and 3 CS	LAD	LAD
What did they do?			Roles described in training packet	LAD did agency and clinic info; LAA did all the CS entry, as decided not to ask CS to do it themselves	Each CS completed info for two clinics; LAD did the rest	LAD served as the LAA, reviewed clinic questions, answering some, and answered all local agency questions; each CS completed clinic questions and staff questions for their staff	Used LAD and LAA roles, not CS role	All of it, using LAA and LAD role; didn't need CS role

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
3. (How long to complete the form, including all related activities?)			LAD estimated 1.5-2 hours per CS, much more for herself; one CS estimated 4 hours for herself, another only 30 min; BCA estimated 28-30+ hours	3 hours	4 hours	16 hours, not including training	3 and one half hours, not including training	2 hours
4. (Number of days to complete report)			From training to Friday before site visit.	Two days	One day	Five days	One day	Two days
5. Difficulty logging into web site?			No	No	Yes; misspelled Web address	No	No	Yes; misunderstand-ing about password

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
6. Best describes experience with Web?			No difficulty navigating, but 2 CS couldn't figure it out and LAA had to help them	Difficult at first, but figured it out	Difficult at first, but figured it out	Difficult at first, but figured it out	No difficulty navigating at all	No difficulty navigating at all
7. Best describes experience with help & pop-ups?			Moderately helpful	Didn't use them at all	Very helpful	Moderately helpful	Very helpful	Very helpful
5. Approach to completing the instrument			Collect information as needed while completing report, but would do it differently next time	Collect all clinic info first and then completed report; collect some agency info as needed while completing report	Collect info as needed while completing report	Collect info as needed while completing report	Collect info first and then completed report	Collect info as need while completing report

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
6. Source of information			All info in WIC records or by asking WIC staff	All info in WIC records or by asking WIC staff	Most info in WIC records or by asking WIC staff, but some from parent agency	All info in WIC records or by asking WIC staff	All info in WIC records or by asking WIC staff	All info in WIC records or by asking WIC staff
7. How compile information?			CS were assigned responsibility to collect information for their clinics and they entered it	Two or more people in WIC administrative office collected and entered the information	CS were assigned responsibility to collect information for their clinics and they entered it	CS were assigned responsibility to collect information for their clinics and they entered it	One person collected and entered info	One person collected and entered info
8. Items you didn't understand?			Yes	No	Yes	No	No	No

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
9. Which ones?			23, Training, long and convoluted. #12, duties had duplicate names and lots of blanks from CS; often missed box for qualifications and got many listed incorrectly as having a BA.	NA	The # of hours a person works; staff have varied hours.	NA	NA	NA
10. Items difficult or unable to get information?			No	No, however, strong comment about collecting job duties by classification rather than individual; thought survey too detailed, redundant; system unforgiving	Yes	Yes	Answered no, but see following item	No

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
11. Which items unable to get?			NA	NA	The # of high risk; used number from data system but don't agree with how defined.	High risk caseload; answer was not provided on report. Percent of FI issuance; answer was provided on report.	Used enrollment report with % Hispanic to determine non-English speaking; reported enrollment instead of participation for consistency.	NA
12. Other items unsure to answer?			Yes	No	Yes	No	No	No
13. Which items unsure?			#23 on training	NA	Info regarding people on staff; their info is by position, not people	NA	NA	NA

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
14. Internal aids developed?			Yes, manual tally sheets	Created spreadsheet or tool; used for recording staff responsibilities; didn't need it for qualifications	Yes, manual tally sheets	No other tools were needed	No other tools were needed	No other tools were needed
15. Information useful to collect regularly?			Yes, especially duties table	No	Yes	No	Yes	No
16. Improvements?			Menu strip at side confusing. Need reminder to submit survey after save it the last time; didn't realize was separate step.	Should not be case sensitive. Can't delete employee once entered. Also several comments that sound like bugs in system.	Have print capability and be able to see data entered.	Use only one password per user that will cover all appropriate user roles.	At end, need prompt to submit as separate step after save.	Make questions simpler and Yes/No answers.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
17. How determine participation?	1	1	Generate report out of WIC data system	Ran system query	State report for May, 2004	Participation report	Used State report; however, reported enrollment, not participation	Computer generated report
18. Type of Agency	2		City government; obvious from signs, literature, reports, etc.	Verified it with LAA	Personal knowledge	Administrative offices are located in the Health Department	Definition of agency complicated; technically county government, but pass through to private nonprofit	Asked another employee who employer is
19. Who completed questions on clinics?	3, 4, 5, 6, 7, 8	3, 4, 5, 6, 7, 8	Each CS for their clinic	LAA	LAD	WIC Director and CS	LAD	LAD

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
20. How determine number and types of clinic?	3, 4, 5, 6, 7, 8	3, 4, 5, 6, 7, 8	LAD knows how many clinics she has and type. Report of operations has a list. Two of mobile sites were included with one other clinic.	Used master list of all clinics. Don't have any integration, so easier to answer.	Personal knowledge	Personal knowledge of clinic activity.	Two physical sites, LAD supervises both.	Has only one clinic.
21. Validation of Clinics			Observed two clinic sites	Verified one clinic	Verified one clinic	Observed two clinic sites	Observed both clinic sites; don't agree with their answer to "integration" item for either site	

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
22. How determine frequency of food instrument issuance?	9	9	Difficult, wanted to estimate and enter .5% for monthly, 99% for Tri-monthly; WIC SOLS would only accept 100% for one answer; could have generated ad hoc report to get actual %; didn't because such a small amount.	Ran system query.	Said this question was hard to answer because they are transitioning from bi-monthly to tri-monthly and also high risk that get monthly issuance; and don't know exactly how many that is.	All clients get three months of FIs unless they have lost/stolen checks (monthly issuance) or if they only have two months left in their certification period (bi-monthly issuance).	Use only monthly issue.	Entire clinic is triple issued; then said rare exceptions for high risk pregnant women.
23. How determine travel time?	10	10	LAD estimated time for mobile clinics. Also include time for set up at health fairs. (We used "facilities" in question instead of "clinics".)	Have one travel team; consulted them.	Doesn't have any	No temporary clinics. Travel time is for base clinic to evening clinics where equipment is already set up.	Reported don't have any satellite clinic so no travel time. However, do have one, intending to close in a couple of months.	Don't have any

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
24. Percent caseload high risk?	11	11	Ran ad hoc report by risk codes, but still an estimate. LA has more restrictive definition than State because State's covers too many people.	Ran system query. State defines by risk codes.	State report by clinic.	No available report to provide this information, so response was don't know.	State report. Use Priority One, not by risk code.	Computer generated report based on State definition.
25. Percent caseload non-English speaking?	12	12	Ad hoc report. System allows participants to self ID as non-English speaking.	System captures primary language spoken; ran query; may not be accurate, because people may also speak English.	New State report by family. Didn't explain what report defines.	Taken from participation report, but only considers Hispanic population since only Hispanics broken out on the report. Does not consider Hispanics that speak English.	State Report of Hispanic. Assumed all non-English speaking. Assumed number reported is too high.	Used ethnic background report. Knows that not accurate. No other way to determine.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
26. Basis for ability to serve non-English?	13	13	Answered yes because have Spanish speaking staff in every clinic; primary non-English language need. Also use language line and printed materials for other languages.	Many staff speak many languages. Also use language line. Always have access to phone.	"Personal knowledge;" have clinics for Spanish speaking families and bilingual staff.	Have access to language line and there is a Spanish interpreter in three of the clinics.	Said no, because no interpreters.	Knowledge of staff skills; half are bi-lingual.
27. Source info on financial support?	14, 15	14, 15	Don't receive any.	Talked to agency fiscal director.	Don't receive any.	Report that displays overhead costs; only pay rent for one clinic location.	Talked to business manager. Riverboat gambling $ but only for special, one time purchases. Said didn't know if changed from previous year.	LAD manages budget, knows all the details. Asked for copy of budget; have not received yet.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
28. How determine indirect or overhead?	16a, 16b	16a, 16b	City-specified rate is line item in budget (10%).	Fiscal director had just compiled for year end close out.	"Knows" the indirect rate to health dept. Also pay part of director's salary directly.	Information is available to LAD on a report.	Info from business manager. Responses to item 10.b based on federal indirect rate. They charge % of rent/utilities based on square footage.	LAD manages budget, knows all the details. Asked for copy of budget but didn't get it.
29. How determine source management?	17	17	Paid through indirect rate	Fiscal director had just compiled for year end close out.	Paid through indirect rate.	The budget provides this information.	Direct cost. Business manager handles budget; line item for management salaries	LAD manages budget, knows all the details. Asked for copy of budget but didn't get it.
30. Who completed staff info and characteristics?	18-25	18-25	CS for their clinics, LAD for all other staff	LAA	LAD	LAD	LAD	LAD

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
31. Info on # and FTE's of staff by education?	18a, 18b, 18c	18a, 18b, 18c	For both, recalled from hiring interviews. Works for this agency because very few educational backgrounds (basically 3 for all staff).	For both, personal knowledge. Also available in personnel budget. Based FTEs on 37.5 hours, not 40.	For both, used personnel records and county report.	For both, asked supervisors of employees.	For staff, personal knowledge and info from hiring interviews (LAD hired most of them herself). For FTEs, looked at payroll records.	For both, personal knowledge.
32. Info on # and FTEs IBLCE certified?	19, 20	19, 20	For both, personal knowledge; have only one person.	Doesn't have any.	Don't have any. Strongly disagree with using only this certification.	For both, asked supervisors of employees.	Don't have any.	For both, personal knowledge.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
33. Info on # and FTEs of peer counselors?	21, 22	21, 22	For both, personal knowledge; have only one person.	For both, personal knowledge. HR also has census of employees, including these.	Don't have any.	For both, asked employees individually.	Don't have any.	For both, personal knowledge.
34. Info on # and FTEs of volunteers?	23, 24	23, 24	Don't have any.	Don't have any.	Don't have any regular volunteers (sporadic).	For both, personal knowledge.	Don't have any.	Don't have any.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
35. How determine info on duties by category?	25	25	Knew from Individual experience of each CS and LAD. Several differences between clinics, LAD changed many of the answers. Thought distinction between primary and secondary not clear. Several differences in 6 of 8 staff interviewed between their answers and what LAD reported.	Referred to job descriptions	Referred to job descriptions	Knew from individual experience.	Knew from personal experience. Have detailed State policies governing role of each position. Most people in a category have same duties. Some exceptions, which were noted on table. One incorrectly recorded as secondary instead of primary; believes system changed it when she moved her mouse to scroll down screen.	Knew from individual experience.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
36. Validation of Nutrition Group			Only have approximately 10 nutritionists; found one and interviewed. Also interviewed 7 other staff.	Verified one nutritionist. Education matched, but nutritionist disagreed with LAD's primary/secondary/emergency answer to five items. Nutritionist's answers seem more appropriate for 4 of the 5.	Verified one person, "Health Aide" with BA, RD.	Five nutritionists were questioned at two clinics.	Talked to five of the eight nutritionists, plus two nurses.	Verified one nutritionist. Education matched, disagreed on two duties; LAD's answers sound more appropriate to position.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
37. Difficulty in recruiting by educational qualifications.	26	26	Only use a few of the categories, don't recruit much. Very few vacancies.	Personal knowledge of HR director.	Doesn't use traditional means to recruit professionals. LAD director helps RDs in the State get jobs, recruits before there is a vacant position.	Personal knowledge of the interview and hiring process. Based on number of applicants, qualifications and experience.	Haven't had any problems recruiting; however, answered question opposite of way intended.	LAD does all the hiring but has had to hire only two clerks in last year. No difficulty last time hired a nutritionist.
38. Info on position classifications & qualifications?	27	27	Use city job descriptions, avail on city web site. Some employees have a WIC title and a city title.	HR director used job descriptions and personal knowledge	Job descriptions and personal knowledge.	Personal knowledge.	Referred to State policy and procedure requirements.	Personal knowledge. City employees and have to follow State minimum quals.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
39. Info on # FTEs, vacancies, length?	28	28	LAD's memory. Interviews LVNs and nutritionists herself, but have to approve.	Personal knowledge of HR director. "Fill in CPA vacancies with nutrition students, so aware of when and how long."	Based on staff plan (budget process); personal knowledge.	Personal knowledge; based on when an individual left a position and when the position was filled.	No vacancies.	Personal knowledge. No documentation to see that info is correct. However, talked to a nutritionist who agreed with answers. Small staff, so no reason to assume not correct.
40. Info on reasons for vacancies?	29	29	From LAD experience. Low turnover, generally tell her why.	Personal knowledge. Sets up and participates in interviews.	LAD knows info regarding positions so reported by personal knowledge. They "use part-time staff, people who do not need personnel control (like a temp) to hire" when a position	Ask each employee why they are leaving; HR department keeps a database of this information and can tell WIC what its vacancy rate is at any give time.	NA	Personal knowledge. Same explanation as previous item.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
					is vacant until a permanent position is filled.			
41. Info on changes in # of positions?	30	30	Stable from previous year. Number is on budget detail.	From budget director.	Personal knowledge in budget process.	Verified the number by reviewing the budget from last year and this year.	No change. Knew answer because was LAD last year.	Personal knowledge. Same explanation as previous item.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
42. Info on career advancement?	31	31	Had difficulty completing. Said yes for everyone. For nutritionists, no path.	Personal knowledge of Org chart and career path. Knowledge of educational requirement for each position. Some have no opportunity.	Answered yes to all based on personal knowledge.	There are no advancement levels within WIC.	Reported no opportunities.	Personal knowledge. Same explanation as previous item.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
43. Info regarding staff training?	32	32	Estimated. Would take too long to look up everyone's records.	Answered on-the-job training for 100%, even though have other types of training. Said item should be worded differently. Track training in personnel files.	"Looked at last year". Suggested list civil rights separately since required annually.	Based on training offered by various State resources. Guesstimated this information.	Keep records for dieticians; checked those. Relied on memory for other positions. Know what classes positions usually go to.	Personal knowledge. State offers quarterly training for all professional staff. Can track it in her head.

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
44. Info on salaries & pay differentials?	33, 34, 35	33, 34, 35	Spreadsheet with salaries for those still at entry level. City book for others. Pay time and a half for Saturdays.	Have salary schedule with entry level. Don't have differentials.	Look at county reports. (Thinks should ask for range rather than starting.)	Based on incumbent position summary report. Pay differentials were determined based on personal knowledge.	Don't have defined entry level salaries, so used beginning salary for last person hired.	Have city union compensation plan.
45. Info on benefits for full & part-time?	36, 37	36, 37	Standard city benefits for WIC employees. Can look at city web site for details.	HR director administers benefits program, so knows details.	WIC employees are county employees. Same benefits. Also have temp staff with no benefits; not sure how to record them.	Full-time based on State benefits manual. Part-time info was not gathered.	Have standard benefits described in employee handbook. Pretty general, but business manager provided specifics.	Standard city benefits for FT and PT (>21 wk).

			Electronic Based Agencies					
Protocol Question	**Paper Question Number**	**Electronic Version Question Number**	**Large**	**Large**	**Medium**	**Medium**	**Small**	**Small**
46. Verify % staff salaries budgeted for benefits.	38	38	Got copy of line item budget.	From budget sheet.	Use county report.	Budget showed 25%, whereas agency reported 77%.	Got copy of line item budget, performed calculation. Got 53%. Agency reported 31%.	No independent verification. LAD does budget, worked there 25 yrs. Knows answer.