
Survey of Food Assistance Information Systems

State WIC Directors

Responding Agency

[Affix label here]

If necessary, make corrections to the contact information appearing above by crossing out incorrect information and writing in corrections.

Introduction

This is a survey of state WIC directors. The information from this survey is for a study being conducted by Abt Associates Inc. for the United States Department of Agriculture, Economic Research Service.

The survey collects general information about the computer information systems that maintain client certification data for the WIC Program. The survey is part of a larger study to compile data on information system capabilities of all major USDA programs, including the Child Nutrition Programs (school meals) and the Food Stamp Program (FSP).

The goal of the study is to determine the availability of program administrative data that could be used by USDA to study program operations and for research examining rates of multiple program participation.

Questions about the content of the survey may be directed to:

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55 Wheeler Street
Cambridge, MA 02138

617-520-3061 (*voice*)
617-520-2954 (*fax*)
jesse_valente@abtassoc.com (*email*)

Please return the completed survey in the envelope provided by the date indicated in the cover letter. If you lose the envelope, please return the survey to Mr. Jesse Valente at the above address. You may also fax the completed survey.

Instructions

All of the questions on this survey are about the client certification database for the WIC Program, maintained by the state WIC agency. These questions refer only to the WIC client certification database, and do not pertain to the WIC voucher issuance and redemption system, which may or may not operate on the same system as the certification data.

We understand that data systems may be in a period of development. For all questions, you should report the current status of your system.

Please respond to all questions. The responses do not need to be typed. Please feel free to add explanatory notes in the margins, if needed. If you need clarification of the meaning or intent of survey questions, you may phone or email the contact person designated on the cover page. Abt Associates will follow up with you after we receive the instrument to obtain information for any questions that are left blank.

Office of Management and Budget (OMB)

The Paperwork Reduction Act of 1995 requires that all persons who respond to this collection of information be informed that they are not required to respond unless it displays a currently valid OMB control number. (See 5 CFR 1320.5(b)(i)). The time required to complete this collection of information is estimated to average 67 minutes per response, including the time to review instructions and complete the information collection. Comments on the burden or content of this collection of information may be sent to the U.S. Department of Agriculture, Economic Research Service, Food Assistance and Nutrition Research Program, Attn: Parke Wilde, 1800 M Street, Room S2092, N.W. Washington, DC 20036.

Question Format

All questions require a single-response, unless **(CHECK ALL THAT APPLY)** appears above response categories. The survey contains three types of questions:

Type of Question	Sample Question
<ul style="list-style-type: none">Questions with pre-specified response categories. → Answer question by placing an X in the box next to the correct response.	1. During what year did you receive this survey? <input type="checkbox"/> 1. 2000 <input checked="" type="checkbox"/> 2. 2001 <input type="checkbox"/> 3. 2002
<ul style="list-style-type: none">Questions requiring numeric open-end response. → Answer question by providing response in specified format.	2. During what calendar month did you receive this survey? MONTH (ENTER 1-12): <input type="text" value="0"/> <input type="text" value="9"/>
<ul style="list-style-type: none">Questions requiring open-end response. → Answer question by writing response in space provided.	4. Provide respondent name. <u>Jane Doe</u>

A. Information System Architecture

These questions are about the hardware and software used by the state WIC agency to maintain the central client database for the WIC program.

A1. Does the client certification database for the WIC program reside on a mainframe, UNIX minicomputer, PC server, or some other computer hardware?

(CHECK ONE)

- 1. Mainframe
- 2. Unix minicomputer
- 3. PC server
- 4. Other, specify below:

A2. What type of software is used to maintain the client database?

(CHECK ALL THAT APPLY)

- 1. DB2
- 2. Legacy System
- 3. ORACLE
- 4. SAS
- 5. SYBASE
- 6. Other, specify below:

A3. Is the file structure for the client database best described as a relational database, a flat file, a hierarchical file, or something else?

(CHECK ONE)

- 1. Relational database
- 2. Flat file
- 3. Hierarchical file
- 4. Other, specify below:

A4. Is your client database maintained by the state or by an outside contractor?

- 1. State
- 2. Contractor
- 3. Both
- 4. Other, specify: _____

A5. Is the state planning any significant **hardware** upgrades or replacements to the WIC client database or system during the next two years?

- 1. Yes
- 2. No

A6. Is the state planning any significant **software** upgrades or replacements to the WIC client database or system during the next two years?

- 1. Yes
- 2. No

B. Record Retention and Archival

B1. With your current computer system, do you ever take client records offline for archival? We are not concerned with regular archiving for backup purposes. We'd like to know about archiving that moves data offline to free up online resources.

- 1. Yes, archive
- 2. No, never archive → **GO TO PAGE 3**

B2. What triggers the archival of client records? For example, is archival triggered by the number of months a client has been out of active status, the date that their participation started or ended, or something else?

- 1. Number of months inactive
- 2. Start date of participation
- 3. End date of participation
- 4. Other, specify below:

ANSWER FOLLOW-UP QUESTION INDICATED BY ARROW, THEN GO TO PAGE 3

B2a. How many months of inactive status triggers archival? MONTHS

GO TO PAGE 3

B2b. How is the participation start date used as a trigger for archiving records?

GO TO PAGE 3

B2c. How is the participation end date used as a trigger for archiving records?

GO TO PAGE 3

C. Enrollment History

C1. The WIC program usually reports caseload in terms of monthly enrollment or participation. If you had to recalculate past monthly caseload totals from individual case records, could you do this with online data?

- 1. Yes
- 2. No → **GO TO QUESTION C3**

C2. How far back in time could you recalculate monthly caseload using **online data**? What would be the first month and year?

MONTHS: |_|_|_|_| OR
DATE (MM/YYYY): |_|_|/|_|_|_|_|

C3. How far back in time have you retained records of program participants **for active cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records.

MONTHS: |_|_|_|_| OR
DATE (MM/YYYY): |_|_|/|_|_|_|_|

C4. How far back in time have you retained records of program participants **for inactive cases** — either online or in archives? What is the earliest month and year of participation for which you have participant records.

MONTHS: |_|_|_|_| OR
DATE (MM/YYYY): |_|_|/|_|_|_|_|

C5. In terms of the file structure for certification records, if you want to determine the participation of clients prior to their current certification period, is this information found on their current record, in a separate history file, or only available through special programming to link records from different time periods?

(CHECK ONE)

- 1. On current record
- 2. In history file
- 3. Need special programming

D. Integration with Other Programs

D1. Is the WIC client database integrated with any other public assistance client database such as Medicaid, TANF,¹ Child Support Enforcement, Foster Care, or others? Integration with a program means that either the program shares the same computer system with WIC, or that WIC has real-time access to the records of the other program.

- 1. Yes
- 2. No → **GO TO PAGE 4**

D2. With what other public assistance client databases is WIC integrated?

(CHECK ALL THAT APPLY)

- 1. Child Abuse System
- 2. Child Support Enforcement
- 3. Child Protective Services
- 4. Child Welfare
- 5. Children's Health Insurance (CHIP or SCHIP)
- 6. Commodity Supplemental Food Program (CSFP)
- 7. Employment Security Commission wage records
- 8. Food Distribution Program on Indian Reservations (FDPIR)
- 9. Food Stamp Program
- 10. Foster Care
- 11. Head Start
- 12. JOBS
- 13. Low Income Home Energy Assistance (LIHEAP)
- 14. Medicaid eligibility
- 15. Medicare
- 16. Refugee assistance program
- 17. TANF¹
- 18. Other, specify below:

¹ TANF may be known by another name in your state. Please see the cover letter.

E. State Master Index of Public Assistance Recipients

E1. To your knowledge, does any agency in your state maintain a master file or index of clients from multiple public assistance programs?

- 1. Yes
- 2. No → **GO TO PAGE 5**

E2. What is the name of the master file or index?

E3. What agency maintains the master file or client index?

E4. What programs are represented in this master file or client index?

(CHECK ALL THAT APPLY)

- 1. Child Abuse System
- 2. Child Support Enforcement
- 3. Child Protective Services
- 4. Child Welfare
- 5. Children's Health Insurance (CHIP)
- 6. Commodity Supplemental Food Program (CSFP)
- 7. Employment Security Commission wage records
- 8. Food Distribution Program on Indian Reservations (FDPIR)
- 9. Foster Care
- 10. Head Start
- 11. JOBS
- 12. Low Income Home Energy Assistance
- 13. Medicaid eligibility
- 14. Medicare
- 15. Refugee assistance program
- 16. TANF
- 17. WIC
- 18. Food stamps
- 19. Other, specify: _____

E5. Is the WIC program represented in this client index?

- 1. Yes
- 2. No → **GO TO PAGE 5**

E6. When the WIC program transfers data to this index database, what method of transfer is used?

(CHECK ALL THAT APPLY)

- 1. Electronic transfer over internet (email or web-based file upload)
- 2. Electronic transfer over dedicated network (email or other file transfer)
- 3. Mail data on tapes
- 4. Mail data on CD-ROM or diskettes
- 5. Other, specify below:

E7. How often are data transferred?

(CHECK ONE)

- 1. Daily
- 2. Weekly
- 3. Every two weeks
- 4. Monthly
- 5. Quarterly
- 6. Other, specify: _____

F. Primary Identifiers

F1. What is the primary identifier (ID) for individuals in the WIC certification database?

- 1. Social Security Number
- 2. System-generated ID unique to WIC
- 3. System-generated ID shared with other programs
- 4. Other, specify: _____

F2. Does this ID follow the participant through multiple spells of participation, even if there is a break in participation?

- 1. Yes, same ID used
- 2. Same ID is used only if client re-enrolls through same local agency
- 3. No, same ID is used only if spells are continuous
- 4. No, new ID assigned at each certification
- 5. Other, specify below:

F3. When applicants apply to the WIC program, is the system searched for a current or past record for that client?

- 1. Yes
- 2. No → **GO TO QUESTION 6**

F4. What information may be used to search for a current or past record for an applicant?

(CHECK ALL THAT APPLY)

- 1. Name
- 2. SSN
- 3. WIC ID number
- 4. Date of birth
- 5. Other, specify: _____

F5. How far back in time is the system searched?

- 1. All available data
- 2. Limited number months =
- 3. Limited number years =
- 4. Other, specify below:

F6. For the following list of data items, indicate whether your client certification database contains a data field for the item.

Indicate separately if the database contains the field for certified women (pregnant, breastfeeding, post-partum) and for certified infants and children. Place an "X" in the box if your database contains the field, regardless of whether you require the field be filled.

<u>Identifier</u>	<u>Women</u>	<u>Infant/Child</u>
a. First name	<input type="checkbox"/>	<input type="checkbox"/>
b. Last name	<input type="checkbox"/>	<input type="checkbox"/>
c. Residence address	<input type="checkbox"/>	<input type="checkbox"/>
d. Mailing address	<input type="checkbox"/>	<input type="checkbox"/>
e. Phone number	<input type="checkbox"/>	<input type="checkbox"/>
f. County	<input type="checkbox"/>	<input type="checkbox"/>
g. Date of birth	<input type="checkbox"/>	<input type="checkbox"/>
h. Social Security Number	<input type="checkbox"/>	<input type="checkbox"/>
i. Gender	<input type="checkbox"/>	<input type="checkbox"/>
j. Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
k. Primary language	<input type="checkbox"/>	<input type="checkbox"/>
l. First date of certification	<input type="checkbox"/>	<input type="checkbox"/>
m. Start and end dates of each certification period	<input type="checkbox"/>	<input type="checkbox"/>
n. Indicators of each month of participation	<input type="checkbox"/>	<input type="checkbox"/>
o. Food Stamp case number	<input type="checkbox"/>	<input type="checkbox"/>
p. Medicaid case number	<input type="checkbox"/>	<input type="checkbox"/>
q. TANF ¹ case number	<input type="checkbox"/>	<input type="checkbox"/>

¹ TANF may be known by another name in your state. Please see the cover letter.

F. Primary Identifiers (cont.)

F7. For the same data fields, indicate if the information is REQUIRED.

<u>Required Data Field</u>	<u>Women</u>	<u>Infant/ Child</u>
a. First name	<input type="checkbox"/>	<input type="checkbox"/>
b. Last name	<input type="checkbox"/>	<input type="checkbox"/>
c. Residence address	<input type="checkbox"/>	<input type="checkbox"/>
d. Mailing address	<input type="checkbox"/>	<input type="checkbox"/>
e. Phone number	<input type="checkbox"/>	<input type="checkbox"/>
f. County	<input type="checkbox"/>	<input type="checkbox"/>
g. Date of birth	<input type="checkbox"/>	<input type="checkbox"/>
h. Social Security Number	<input type="checkbox"/>	<input type="checkbox"/>
i. Gender	<input type="checkbox"/>	<input type="checkbox"/>
j. Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
k. Primary language	<input type="checkbox"/>	<input type="checkbox"/>
l. First date of certification	<input type="checkbox"/>	<input type="checkbox"/>
m. Start and end dates of each certification period	<input type="checkbox"/>	<input type="checkbox"/>
n. Indicators of each month of participation	<input type="checkbox"/>	<input type="checkbox"/>
o. Food Stamp case number	<input type="checkbox"/>	<input type="checkbox"/>
p. Medicaid case number	<input type="checkbox"/>	<input type="checkbox"/>
q. TANF ¹ case number	<input type="checkbox"/>	<input type="checkbox"/>

¹ TANF may be known by another name in your state. Please see the cover letter.

F8. When identifying information changes — for example due to a name change or change in address — are the old data overwritten or retained in a separate data field? Please indicate for each of the following data fields.

<u>Data Field</u>	<u>Overwrite</u>	<u>Retained</u>
a. Participant's name?	<input type="checkbox"/>	<input type="checkbox"/>
b. Address?	<input type="checkbox"/>	<input type="checkbox"/>
c. Phone number?	<input type="checkbox"/>	<input type="checkbox"/>
d. Date of birth?	<input type="checkbox"/>	<input type="checkbox"/>
e. Social Security Number?	<input type="checkbox"/>	<input type="checkbox"/>

F9. Does your system assign a family ID to individual WIC participants?

- 1. Yes
- 2. No → **GO TO PAGE 7**

F10. Indicate, yes or no, if the family ID is used for each of the following functions.

<u>Function</u>	<u>Yes</u>	<u>No</u>
a. Coordinate appointment scheduling for multiple family members	<input type="checkbox"/>	<input type="checkbox"/>
b. Coordinate voucher issuance for multiple family members	<input type="checkbox"/>	<input type="checkbox"/>
c. Coordinate certification for multiple family members	<input type="checkbox"/>	<input type="checkbox"/>
d. Report the number families participating in the program?	<input type="checkbox"/>	<input type="checkbox"/>
e. Any other functions? If YES, specify below:	<input type="checkbox"/>	<input type="checkbox"/>

F11. For most families, would the family ID provide a reliable link between all currently participating family members, some currently participating family members, or all family members who ever participated in the program?

(CHECK ONE)

- 1. All currently participating family members
- 2. Some currently participating family members
- 3. All family members who ever participated
- 4. Family ID is not a reliable link between family members

G. Data Verification/ Standardization

G1. Are Social Security numbers verified by your system for authenticity?

- 1. Yes
- 2. No → **GO TO QUESTION G3**

G2. What method is used to verify Social Security numbers?

(CHECK ALL THAT APPLY)

- 1. Computer look-up
- 2. Batch search of SSN database
- 3. Other, specify: _____

G3. Address information is sometimes standardized during data entry with data entry screens that permit entry of only valid or properly spelled information. Please indicate the types of address data that are standardized by your system during data entry.

(CHECK ALL THAT APPLY)

- 1. Street address
- 2. City
- 3. County
- 4. ZIP code
- 5. None

G4. Does your system validate phone numbers during data entry to confirm that area codes are valid and/or to confirm the validity of local exchanges within area codes?

- 1. Yes, both area code and local exchange are validated
- 2. Only area code validated
- 3. Only local exchange validated
- 4. Neither validated

H. Local Office Connections

H1. Do local offices send certification information to the central facility via a wide-area network, internet connection, periodic file submission, or some other method?

(CHECK ALL THAT APPLY)

- 1. Wide-area network
- 2. Internet connection
- 2. File submissions
- 3. Other, specify: _____

IF WIDE-AREA NETWORK IS THE ONLY RESPONSE, GO TO PAGE 8

H2. What percent of offices send records to the state via file submission?

_____%

H3. For local offices sending records to the state via file submission, approximately what percent of offices upload data nightly, what percent upload less frequently than nightly but at least once per week, and what percent upload data less often than once per week?

Nightly: ____%

Weekly: ____%

Less than weekly: ____%

I. Adjunct Eligibility

11. Does the WIC information system contain fields for entering an applicant's case number for TANF, food stamps, and Medicaid?

WIC data contains

<u>Case Number for:</u>	<u>Yes</u>	<u>No</u>
a. TANF ¹	<input type="checkbox"/>	<input type="checkbox"/>
b. Food Distribution Program on Indian Reservations (FDPIR)	<input type="checkbox"/>	<input type="checkbox"/>
c. Food Stamp Program (FSP)	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>

¹ **TANF may be known by another name in your state. Please see the cover letter.**

12. For the following methods of verifying adjunct program participation, please indicate with a checkmark whether your program uses that method to verify TANF, food stamp, or Medicaid participation.

<u>Verification Method</u>	<u>TANF</u>	<u>FSP</u>	<u>Medicaid</u>
a. Require documentation from applicants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Phone link to adjunct program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Real-time computer link with adjunct program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Batch computer matching with adjunct program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other, specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. Record Linkage Activities

J1. Does your state WIC agency match WIC certification records with other state agencies to detect dual participation?

- 1. Yes
- 2. No → **GO TO QUESTION J4**

J2. How many other state WIC agencies do you collaborate with to match records to detect dual participation?

Number states:

J3. When matching WIC records to detect dual WIC participation across states, which data fields are used to determine a match?

Data Field

- a. First name
- b. Last name
- c. Residence address
- d. Mailing address
- e. Phone number
- f. County
- g. Date of birth
- h. Social Security Number
- i. Gender
- j. Race/ethnicity
- k. Primary language
- l. Food Stamp case number
- m. Medicaid case number
- n. TANF¹ case number

¹ TANF may be known by another name in your state. Please see the cover letter.

J4. Does your state WIC agency match WIC certification records with the Commodity Supplemental Food Program (CSFP) to detect dual participation?

- 1. Yes
- 2. No → **GO TO PAGE 10**

J5. When matching WIC records to CSFP records to detect dual participation, which data fields are used to determine a match?

Data Field

- a. First name
- b. Last name
- c. Residence address
- d. Mailing address
- e. Phone number
- f. County
- g. Date of birth
- h. Social Security Number
- i. Gender
- j. Race/ethnicity
- k. Primary language
- l. Food Stamp case number
- m. Medicaid case number
- n. TANF¹ case number

K. Research Uses of Administrative Data

K1. Are you aware of whether the state, or any other public or private agencies, have used WIC administrative data from your state for the following research purposes?

<u>Research Purpose</u>	<u>Yes</u>	<u>No</u>
a. To examine the duration of participation.	<input type="checkbox"/>	<input type="checkbox"/>
b. To examine rates of re-certification or re-enrollment.	<input type="checkbox"/>	<input type="checkbox"/>
c. To examine rates of enrollment by WIC participants in other public assistance programs using linked administrative data?	<input type="checkbox"/>	<input type="checkbox"/>
d. To examine rates of enrollment by multiple members of the same family?	<input type="checkbox"/>	<input type="checkbox"/>

IF NO TO a, b, AND c THEN SKIP TO K3

K2. What types of organizations have used WIC administrative data from your state for the research purposes indicated above?

(CHECK ALL THAT APPLY)

- 1. State WIC agency
- 2. Other state agency
- 3. University
- 4. Research organization
- 5. Other, specify below:

K3. Does your agency maintain relationships, such as research partnerships, with universities or other organizations who conduct research using the WIC program's administrative data?

- 1. Yes
- 2. No → **GO TO PAGE 11**

K4. What type of organization is that?

(CHECK ALL THAT APPLY)

- 1. Other state agency
- 2. University
- 3. Research organization
- 4. Other, specify: _____

K5. What are the names of those organizations?

L. Confidentiality and Release of Records

L1. Federal government agencies, such as USDA, often use administrative records to study program operations and patterns of client participation. Are there any special procedural requirements that must be met when government agencies request copies of administrative data from your department?

- 1. Yes, specify below
- 2. No → **GO TO QUESTION L2**

Specification of requirements:

L2. Did the state WIC director answer these questions or designate someone else to answer?

- 1. Answering himself/herself → Please provide email address for follow-up purposes:

Email: _____

- 2. Someone else → Please provide respondent's name and contact information for follow-up purposes.

Respondent: _____

Phone number: _____

Email address: _____

This completes our survey. Thank you very much for your cooperation!