

Over the next six months, California WIC Association will be working on a community-based research effort that explores how various stakeholders participate in the WIC Program and how we can increase the level of engagement of different ethnic and racial groups. We are especially interested in finding out what helps and what prevents African-American eligible women from participating in the WIC Program. This survey is just one component of our Action Research Project.

Please note that all responses are confidential and will be used only for research purposes and to inform a report with recommendations for outreach, service, and engagement of WIC eligible African Americans.

It should take you 20-30 minutes to answer these questions. Thank you for your participation!

*** 1. Are you employed by the WIC Program?**

- Yes, I am a Local Agency WIC staff member
- Yes, I am a California Department of Public Health/State WIC staff member
- No, I am not employed by the WIC Program

***2. Please describe your position in the WIC Program. (Check all that apply.)**

- WIC Nutrition Assistant (WNA)
- Registered Dietitian/Degreed nutritionist
- Lactation consultant (IBCLC)
- Lactation educator (CLE, CLC)
- Peer counselor (BFPC)
- Other (please describe in box below):

***3. Please check all that apply. I am a:**

- WIC Participant-current
- WIC Participant – past, but no longer receiving WIC benefits
- WIC Vendor - Current
- WIC Vendor - Past, but no longer participating in program
- Community Member/I live in the community
- Community Advocate/I work on community issues
- Staff member of a non-profit or community organization
- Professional/Para-professional
- None of the above
- Other (please specify in box below):

Program Involvement

***4. What role, if any, do you play with other organizations that support women, infants and children? (Please check all that apply.)**

- Black Infant Health Program staff member
- Adolescent Family Life Program staff member
- Maternal, Child and Adolescent Health Program staff member
- CalFresh staff member
- Nutrition Education Obesity Prevention Programs staff member
- Community Non-profit organization
- I am not affiliated with any of the above programs
- Member of another organization that supports women, infants and children (please specify in box below):

***5. Please check all that apply. I am a current or past participant in the:**

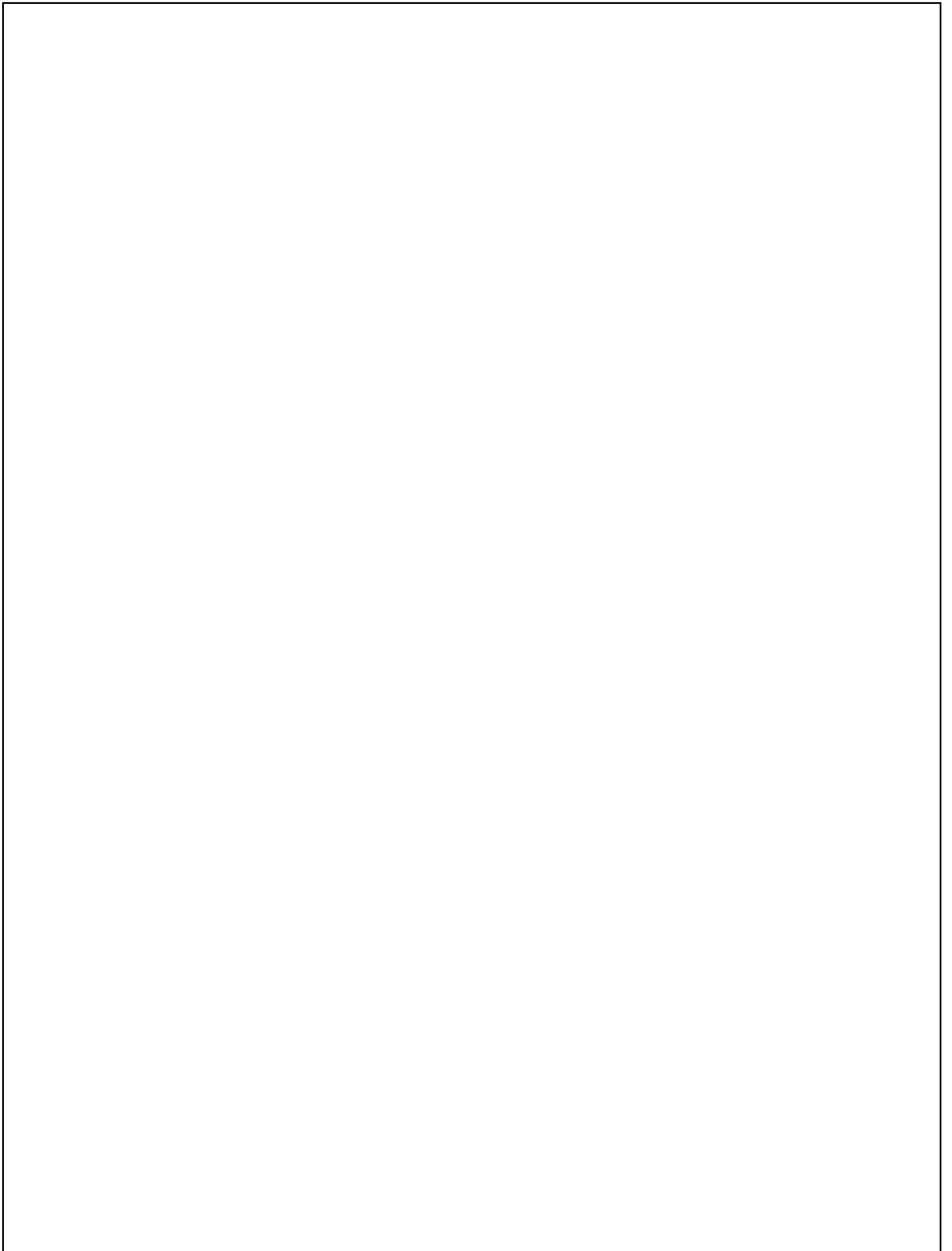
- CalFresh Program
- Black Infant Health Program
- Adolescent Family Life Program
- I am not a current or past participant in any of the above programs

***6. If you are/have been employed by WIC, how long have you been employed? (If there were breaks, provide an estimate of total time employed.)**

- I have not been employed by WIC
- Less than six months
- 6 months to 1 year
- 1+ to 2 years
- 2+ to 3 years
- 3+ to 5 years
- 5+ years

***7. If you are/have been a participant in WIC, how long have you participated in the WIC Program? (If there have been breaks, provide an estimate of total participation time.)**

- I have not been a participant in WIC
- Less than six months
- 6 months to 1 year
- 1+ to 2 years
- 2+ to 3 years
- 3+ to 5 years
- 5+ years



Demographic Information

*8. Are you Hispanic/Latino/a?

- Yes
- No
- Prefer not to answer

*9. What is your race? (Please check all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Bi-racial
- I prefer not to answer
- I consider myself some other race (please specify in box below):

10. What is your gender?

- Female
- Male
- Intersex
- Transgender
- I prefer not to answer

*11. How well do you speak English?

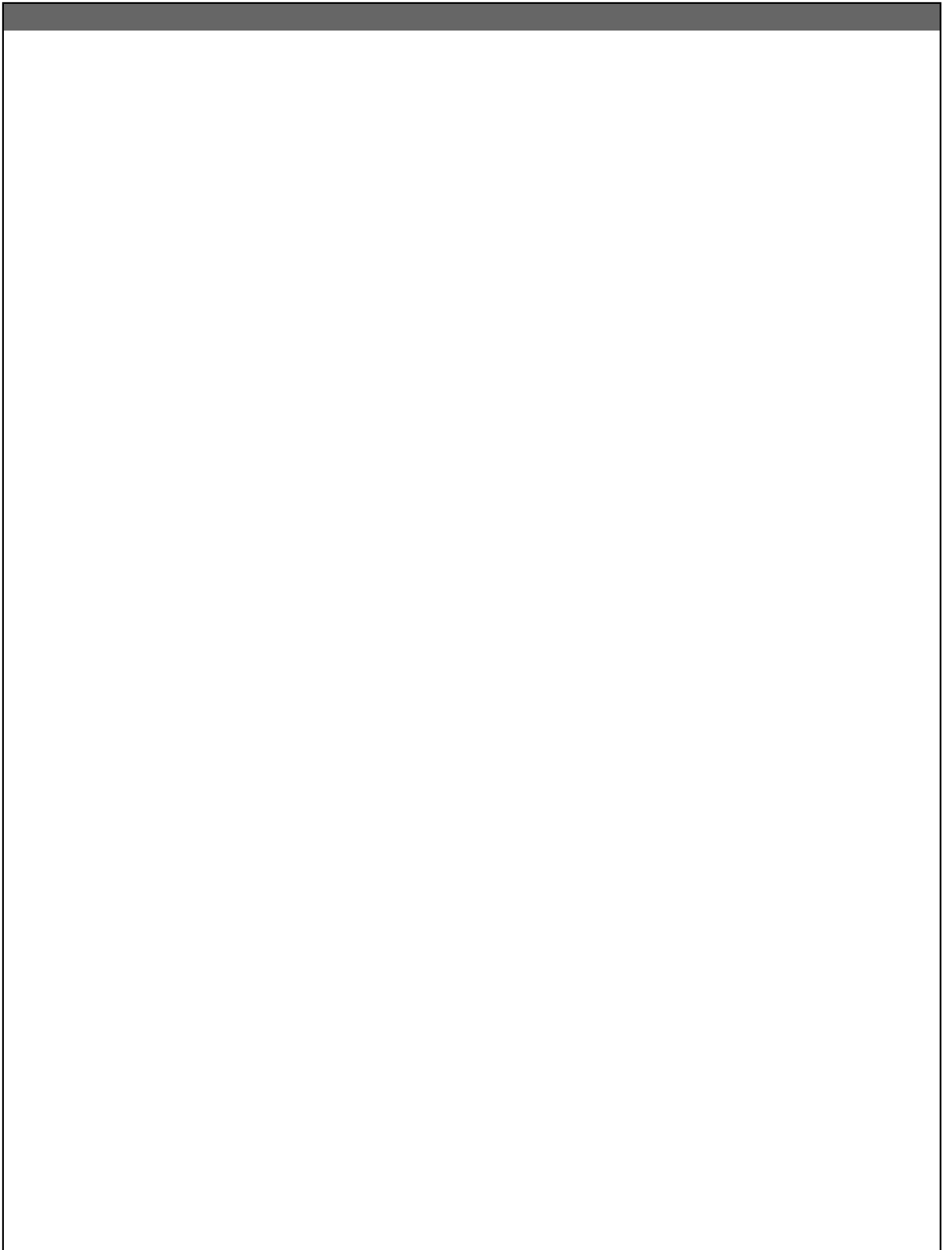
- Very well
- Well
- Somewhat well
- Not very well
- Not at all
- Prefer not to answer

12. Please indicate whether you agree or disagree with the following statements about the diversity and culture of your organizational workforce. Mark 'agree,' 'disagree,' or 'not sure.'

	Agree	Disagree	Not sure/Not applicable
I think the ethnic/racial diversity of staff reflects the diversity in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think African Americans are underrepresented among our staff, as related to the African American population in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is tension among our staff between African-Americans and other racial and ethnic groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our staff embraces our diversity and supports each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 13. Do you think there are barriers that prevent WIC from being more inclusive of African Americans?**

- Yes
- No
- Prefer not to answer



14. Please indicate which of the following items that you think prevent WIC from being more inclusive of African Americans.

	Yes, this is a barrier	No, this is not a barrier	Not sure
Lack of African American staff at local WIC clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of African American staff at State WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC staff not addressing the "taboos" and cultural messages about using WIC benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability of WIC to conduct effective outreach into the African-American community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation to WIC clinics or WIC clinics are not well located for the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of information or knowledge about the WIC Program in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of information or knowledge on where to go to get WIC Program benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not feeling comfortable participating in the WIC Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling ashamed or shy to be seen going to a WIC Program clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inconvenient hours/days that the WIC clinic is open	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting for and getting services takes too much time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting space at the WIC clinic is limited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care is not offered at WIC clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barriers or immigration concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties qualifying for benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC food stores are not well located for the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC foods are hard to find on the shelves in stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of paper checks, rather than debit/EBT cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough use of technology or convenient options (like cell phone reminders/text messages, or online class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Yes, this is a barrier

No, this is not a barrier

Not sure

options).

*** 15. Please indicate whether you think the following suggestions would help WIC to be more accepting, respectful and/or inclusive of African-Americans.**

	Yes	No	Not sure
More staff who are African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posters and materials at WIC clinics that include images of African American mothers and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of sites near to neighborhoods where African Americans live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food selections and recipes that are familiar to African Americans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastfeeding peer counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusion of fathers and other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with local churches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of debit cards or EBT in place of paper checks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of texting for reminders or messages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option for online classes, in addition to classes in the clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

You have now completed the survey. Thank you so much for your participation!