

MEMORANDUM

ACTION MEMO #15-11

TO: District Nutrition Services Directors

FROM: Shameyrae Miller, MPA 
Deputy Director
Georgia WIC Program Office of Integrity and Strategy

DATE: September 9, 2015

RE: Georgia WIC 2015 Public Comments Period

The Georgia Department of Public Health's (DPH) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) will conduct its annual Georgia WIC 2015 Public Comments Period from **September 21, 2015** through **December 17, 2015**. During this period, Georgia WIC stakeholders, defined as participants, vendors, and advocates, are invited to provide feedback on the program's services. This year's Participant Satisfaction Survey process is slightly different in that WIC staff will be administering the Survey at designated clinics on designated days.

We are asking District Nutrition Services Directors to support this effort as follows:

1. Please administer the survey (**English or Spanish**) in accordance to the Georgia WIC Participant Satisfaction Survey Administration Guidance (see attached).
2. Distribute the Georgia WIC 2015 Participant Survey to all WIC participants that come into the sample WIC clinics from **September 21, 2015** through **December 17, 2015** on the designated days assigned (see attached).
3. Provide clip boards and black/blue pens to facilitate completion of the paper surveys.
4. Provide a box labeled marked "**2015 Participant Surveys**", so that WIC participants may submit their completed surveys anonymously.
5. If a Survey participant is interested in giving a follow-up interview or participating in a focus group to discuss the results of the survey, please provide them with the attached **Georgia WIC 2015 Participant Satisfaction Survey Follow-up Sheet** for contact information.
6. **Forward all completed surveys at the end of each month to Joan Cummings, Georgia WIC Program, 2 Peachtree Street NW, Suite 10-476, Atlanta, GA 30303.**



7. Upon completion of the 2015 Public Comments Survey Period, please submit all surveys to the State WIC Office by **December 31, 2015**.

Should you have any questions regarding this process, please contact Joan Cummings at 404-297-2919 or joan.cummings@dph.ga.gov.

Attachments

c: Debra L. Keyes, MA, RD
District Health Directors
District Administrators
District Program Managers
WIC Deputy Directors
WIC Managers

Georgia WIC Participant Satisfaction Survey Administration Guidance

Survey Distribution: The District and Clinic number and Date of Survey administration must be entered in the space provided by clinic staff for each survey. Clinic staff is to give a survey to each client entering the clinic on designated survey administration days. Clinic staff are also required to ask the client to complete the survey and return it when completed or at the end of the clinic visit. Clinic staff may tell clients that the purpose of the survey is to get their feedback on the program. However, see specific “do’s and don’ts” in survey instructions.

Survey Instructions: Clinic staff is to remain neutral and refrain from assisting clients in completing the survey. Clinic staff may tell clients, “The purpose of the survey is to get feedback about the program.” However, clinic staff **CAN NOT** tell clients how to answer or persuade their responses in any manner that may be perceived by the client as discriminatory, threatening, or leading.

Informed Consent: Clinic staff **MUST** verbally inform each client that survey completion is voluntary and anonymous. If a client chooses to provide contact information for follow-up, her/his names and personal information will remain anonymous to the general public and no identifying information will be used in reports. Only de-identified summary findings at the aggregate (State) level will be reported. Also, only those staff with need to know status for survey follow-up will have access to clients’ contact information.

Most importantly, clinic staff **MUST** inform each client that survey completion **WILL NOT** in any way qualify or disqualify them from receiving WIC services for which they are eligible. Clinic staff must help clients who request language assistance through the Language Help line or other appropriate service, including TDD for deaf clients, if language interpretation services are needed.

Survey Administration: Clinics closed on a sampling day shall administer the survey within the same week. Clinics closed on a Monday through Thursday sampling day shall administer the survey the next day. Clinics closed on a Friday sampling day shall administer the survey the Thursday before the sampling day. **TO MAINTAIN THE INTEGRITY OF THE STRATIFIED RANDOM SAMPLE THAT ALLOWS FOR GENERALIZATION OF RESULTS TO THE ENTIRE GEORGIA WIC POPULATION, THE SURVEY HAS TO BE ADMINISTERED ON DAYS WITHIN THE SAME WEEK.**

Designated Day

Monday, September 21, 2015

Monday, September 28, 2015

Monday, October 5, 2015

Tuesday, October 13, 2015

Monday, October 19, 2015

Friday, October 30, 2015

Monday, November 2, 2015

Friday, November 13, 2015

Wednesday, November 18, 2015

Friday, December 4, 2015

Tuesday, December 8, 2015

Thursday, December 17, 2015

Survey Return Submission: Districts should collect all surveys from the sample clinic sites and return them via mail to the state WIC office within two weeks after completing survey administration to the attention of the Office of Strategy & Performance.

Georgia WIC Participant Satisfaction Survey
District & Clinic Sample List

Georgia WIC Participant Satisfaction Survey
District & Clinic Sample

1-1 Northwest (Rome) Health District

023 Catoosa County Health Department
110 Paulding County Health Department

1-2 North Georgia (Dalton) Health District

286 Cherokee County Health Department
287 Cherokee County Health Department

2 North (Gainesville) Health District

042 Dawson County Health Department
069 Hall County Health Department

3-1 Cobb-Douglas Health District

332 South Cobb WIC Clinic
333 Marietta WIC Clinic

3-2 Fulton Health District

602 North Fulton Regional Health Center
613 College Park Regional Health Center

3-3 Clayton (Morrow) Health District

310 District/Unit 03-3 Clayton County Health District

3-4 East Metro (Lawrenceville) Health District

107 Newton County Health Department
671 Gwinnett County Public Health Services Center
672 Lilburn Square WIC Clinic
673 Buford Health Center

3-5 DeKalb Health District

442 Central DeKalb Health Center
443 North DeKalb Health Center
445 South DeKalb Health Center

4 LaGrange Health District

085 Lamar County WIC & Nutrition Center
126 Griffin WIC & Nutrition Center
141 Troup County WIC & Nutrition Center

5-1 South Central (Dublin) Health District

087 Laurens County Health Department

5-2 North Central (Macon) Health District

005 Baldwin County Health Department
861 Family Advocacy WIC Office

6-0 East Central (Augusta) Health District

017 Burke County Health Department
131 Taliaferro County Health Department

7-0 West Central (Columbus) Health District

106 Columbus Health Department
806 Ft. Benning WIC Office

8-1 South (Valdosta) Health District

137 Tift County Health Department

8-2 Southwest (Albany) Health District

047 Dougherty County Health Department
125 Seminole County Health Department

9-1 Coastal (Savannah) Health District

269 Camden County Health Department
271 Glynn County Health Department
273 Fort Stewart WIC Clinic

9-2 Southeast (Waycross) Health District

003 Bacon County Health Department
016 Bulloch County Health Department

10-0 Northeast (Athens) Health District

294 East Athens WIC Clinic
782 Jackson County Health Department

12-0 Grady Maternal WIC Program Health District

699 Maternal WIC Clinic



District Number _____

Date _____

Clinic Code _____

GEORGIA WIC 2015 PARTICIPANT SATISFACTION SURVEY

Please take a few minutes to complete this survey about the Georgia WIC Program. The survey is **anonymous (meaning no one will know you)**. Refusal to take this survey **WILL NOT** affect your eligibility for or receipt of Georgia WIC services. If a question does not apply to you or if you do not know the answer, please select "Does Not Apply" or "Do Not Know."

DEMOGRAPHICS

1. What is the name of the County where you currently live? _____
2. Please identify your WIC status. (Select all that apply.) Pregnant Breastfeeding Not Breastfeeding
 Parent/Caregiver of an Infant on WIC Parent/Caregiver of a Child on WIC Family Member/Friend
 Other (Please describe.) _____
3. How many infants (younger than 1 year) in your household receive WIC services? _____
4. How many children (1 to 5 years old) in your household receive WIC services? _____
5. Please choose the primary race of the WIC participant. African-American/Black American Indian or Alaskan Native
 Asian or Pacific Islander Caucasian/White Other (Please describe.) _____
6. Please identify the ethnicity of the WIC participant. Hispanic Non-Hispanic

NUTRITION EDUCATION

7. I believe my nutrition counselor is knowledgeable about health and diet. Yes No
8. The nutrition counselor takes time to explain things in ways that I understand. Yes No
9. Please tell us how you would prefer to learn about nutrition. (Select all that apply.)
 One-on-One with my Nutrition Counselor Complete a class on the internet
 Attend a class with other WIC clients Attend a support group at a place away from the WIC clinic
 With my partner/significant other/family Phone contact with a Nutrition Counselor on my own time schedule
 Attend a support group at the WIC clinic Other (Please describe.) _____
10. What are the changes that you and your family have made because you started coming to WIC? (Select all that apply.)
 Tried breastfeeding my baby at delivery Provided my baby only breastmilk for 6 months or more (No Infant Formula)
 Eat more fruits and vegetables Eat more iron rich foods
 Eat more low fat foods Eat more whole grains
 Drink less soda/sugary drinks Talk/Read/Sing to My Baby
 Quit smoking or smoke Less Immunize my infants/children
 Do physical activities like walking for about 30 minutes a day a few times a week No changes
 Other (Please describe.) _____

BREASTFEEDING

11. My nutrition counselor or WIC staff encouraged me to breastfeed. Yes No
12. Is the information about breastfeeding such as posters or flyers in the WIC clinic easy to understand? Yes No
13. Please identify what influenced you most to start breastfeeding your current or most recent infant/child. (Select all that apply.) Family/friends Doctor/Nurse/Midwife Previously breastfed WIC clinic staff I wanted to breastfeed
 TV, radio, billboards Books, pamphlets, flyers Other (Please describe.) _____ Does Not Apply
14. If you are/were interested in breastfeeding, what reason/s would prevent you from breastfeeding. (Select all that apply.)
 I don't feel I can do it. My partner doesn't want me to breastfeed.
 I don't have a place to pump my milk at my job when I go back to work. I'm worried my baby will not get enough food.
 I would feel uncomfortable breastfeeding my baby in public. I think breastfeeding is illegal in public.
 I'm worried about how my breasts/body will change. My doctor/nurse told me formula was okay.
 My family/friends told me formula was okay. It takes too much time.
 I'm scared it will hurt. I have to go back to work.
 I have a medical condition that prevents me. Other (Please describe.) _____



District Number _____

Date _____

Clinic Code _____

GEORGIA WIC 2015 PARTICIPANT SATISFACTION SURVEY

VENDORS & VOUCHERS

15. Please tell us about the problems you have redeeming/cashing your WIC vouchers. (Select all that apply.)

- Standing in line too long.
- Need them before the "first day to use" date.
- Lack of fresh WIC allowed foods in stock at store.
- Having to redeem vouchers without getting all the foods.
- I have had **No** problems.
- Cannot find the right WIC foods at the store.
- I do not know which foods are WIC allowed.
- The cashiers do not know which foods are WIC allowed.
- The store doesn't let me get the WIC brands on voucher.
- Other (Please describe.) _____

TECHNOLOGY

16. Please tell us if you would like to receive text or email about the Georgia WIC Program (select all that apply.)

- Email Text Both (Email and Text) Neither (E-mail nor Text) Other (Please describe.) _____

17. Have you ever visited the Georgia WIC Program website (WIC.ga.gov)? Yes No

18. What type of information do you find helpful on WIC.ga.gov? (Select all that apply.)

- Online application Location of WIC clinics Available WIC Foods & Infant Formula Breastfeeding WIC eligibility
- List of stores to buy WIC allowed foods Healthcare providers

OVERALL WIC SERVICES

19a. Do you plan to continue receiving WIC services for your baby after he/she turns 1? (If "No" or "Do Not Know," please answer 19b.) Yes No Do Not Know Does Not Apply

19b. If you Do Not plan to, or Do Not Know if you will continue receiving WIC services for your baby after he/she turns 1, please tell us why? _____

20. The WIC clinic staff treats me with respect. Yes No

21. I am comfortable asking WIC clinic staff questions. Yes No

22. How much time does it usually take in the clinic to finish your WIC appointment?

- 15 Minutes or Less 16 to 30 Minutes More than 30 Minutes, but less than 1 Hour 1 to 2 Hours More than 2 Hours

23. How did you learn about the WIC program. (Select all that apply.)

- Doctor/Nurse/Midwife Family/Friend Community Organization (Head Start, Daycare, Church) Flyer, Radio, Billboard
- Health Fair Local Health Department Staff WIC Staff Other (Please describe.) _____

24. Please select all the services you believe WIC provides. Breastfeeding Education Breastfeeding Peer Counselor

- Breast pumps Employment assistance GED classes Housing Immunizations Nutrition Education
- Nutritious Foods & Infant Formula Referrals Other (Please describe.) _____

25. The WIC clinic staff refers me to the services I need. Yes No

26. I am happy with the quality of services I receive at the WIC clinic. Yes No

27. WIC clinic staff works with my schedule to make it easy to schedule appointments. Yes No

28. The WIC clinic reminds me of my upcoming appointments. Yes No

29. Please identify what you find most difficult about attending a WIC appointment. (Select all that apply.)

- English is not my first language Clinic is too far from where I live Clinic hours of operation Walk-in only clinic
- Waiting too long to be seen Takes too long to finish Clinic staff are rude Not difficult to attend
- Needing an appointment Other (Please describe.) _____



District Number _____

Date _____

Clinic Code _____

GEORGIA WIC 2015 PARTICIPANT SATISFACTION SURVEY

OVERALL WIC SERVICES (continued)

30. Please describe things you LIKE BEST about the WIC program and services.

31. Please describe things you DO NOT LIKE about the WIC program and services.

32. The Georgia WIC Program wants to provide participants with healthy foods. Would being able to use your WIC vouchers to purchase the foods listed below encourage you to continue receiving services?

- Fresh, frozen or canned vegetables Yes No Do Not Know Does Not Apply
- 2% Milk Yes No Do Not Know Does Not Apply
- Halal, Kosher or other religious foods Yes No Do Not Know Does Not Apply
- Vegan or Vegetarian foods Yes No Do Not Know Does Not Apply
- Organic Baby Food Yes No Do Not Know Does Not Apply

Other (Please describe.) _____

33a. Did your WIC Nurse/Nutritionist work with you to set a goal to improve your health (ex. physical activity, exercise, diet)?

Yes No (If Yes, please answer 33b.)

33b. Do you feel you can achieve the goal/s you set? Yes No Do Not Know Does Not Apply

If you are interested in giving a follow-up interview or participating in a focus group to discuss the results of the survey, please provide your name and contact information on the follow-up sheet available at the front desk.

Non-Discrimination Statement: There is no obligation to take the survey. Regardless if you take or decline to take the survey, you and your child or children will continue to receive the same care normally provided during WIC clinic visits. Also, WIC benefits for you and your child or children are not affected by your decision to take or not to take the survey. The U.S Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).



Número de Distrito _____

Fecha _____

Código de la clínica _____

ENCUESTA DE OPINIÓN PÚBLICA DEL 2015 PARA LOS PARTICIPANTES DEL PROGRAMA WIC DE GEORGIA

Tómese unos minutos para llenar esta encuesta sobre el programa WIC de Georgia. Esta encuesta es **anónima (esto significa que nadie lo reconocerá)**. Negarse a tomar esta encuesta **NO** afectará si califica para participar en o para recibir los servicios de WIC de Georgia. Si alguna pregunta no aplica a su situación o si no sabe la respuesta, escoja "No aplica" o "No sé la respuesta".

SECTOR DEMOGRÁFICO

- 1. ¿Cómo se llama el condado en el que vive actualmente? _____
- 2. Identifique su estatus con WIC. (Seleccione todas las que apliquen.) Embarazada Madre lactante Madre no lactante
 Padre (madre)/cuidador de un infante que recibe WIC Padre (madre)/cuidador de un niño que recibe WIC Familia/Amigo
 Otro (describa) _____
- 3. ¿Cuántos infantes (menores de un año de edad) en su hogar reciben servicios de WIC? _____
- 4. ¿Cuántos niños (entre 1 y 5 años de edad) en su hogar reciben servicios de WIC? _____
- 5. Escoja la raza principal del participante de WIC. Afroamericano/negro Indio americano o nativo de Alaska
 Asiático o de las islas del Pacífico Caucásico/blanco Otro (describa) _____
- 6. Identifique la etnia del participante de WIC. Hispano No Hispano

EDUCACIÓN NUTRICIONAL

- 7. Pienso que mi consejero nutricional tiene conocimientos sobre la salud y la dieta. Sí No
- 8. El consejero nutricional se toma el tiempo para explicar las cosas de manera en que yo entienda. Sí No
- 9. Díganos cómo prefiere aprender sobre la nutrición. (Seleccione todas las que apliquen.)
 En una reunión individual con mi consejero nutricional Completar una clase por internet
 Asistir a una clase con otros participantes de WIC Asistir a un grupo de apoyo en otro lugar que no sea la clínica de WIC
 Con mi pareja/familia Comunicación telefónica con un consejero nutricional cuando mi horario lo permita
 Asistir a un grupo de apoyo en la clínica de WIC Otro (describa) _____
- 10. ¿Cuáles han sido los cambios que usted y su familia han hecho al empezar a asistir a WIC? (Seleccione todas las que apliquen.)
 Intenté lactar a mi bebé después del parto Le proporcioné a mi bebé sólo leche materna por 6 meses o más (sin usar fórmula de infantes)
 Comer más frutas y vegetales Comer más alimentos ricos en hierro
 Comer más alimentos bajos en grasas Comer más granos enteros
 Tomar menos sodas/bebidas azucaradas Hablar/leer/cantarle a mi bebé
 Dejar de fumar o fumar menos Vacunar a mis infantes/niños
 Hacer actividades físicas, como caminar Ningún cambio
 30 minutos al día, varias veces por semana Otro (describa) _____

LACTANCIA

- 11. Mi consejero nutricional o el personal de WIC me animó para que lactara. Sí No
- 12. ¿Se entiende fácilmente la información sobre la lactancia en afiches o volantes disponibles en la clínica de WIC? Sí No
- 13. Identifique qué fue lo que más la influenció para que comenzara a lactar a su infante/hijo actual o más reciente. (Seleccione todas las apliquen.)
 Familiares/amigos Médico/enfermero(a)/partera Haber lactado anteriormente Personal de la clínica de WIC
 Yo quería lactar TV, radio, valla publicitaria Libros, folletos, volantes
 Otro (describa) _____ No aplica
- 14. Si está/estaba interesada en lactar, ¿qué razón se lo impide? (Seleccione todas las apliquen.)
 Siento que no puedo hacerlo. Mi pareja no quiere que lacte.
 No tengo un lugar en mi trabajo para sacarme leche cuando regrese a trabajar Me preocupa de que mi bebé no tendrá suficiente comida.
 Estoy preocupada de cómo mis senos/mi cuerpo cambiará. Mi médico/enfermera me ha dicho que está bien que mi bebé tome fórmula.
 Me sentiría incómoda al lactar a mi bebé en público. Pienso que lactar en público es ilegal.
 Mi familia/amigos me han dicho que está bien que mi bebé tome fórmula. Toma mucho tiempo.
 Me da miedo de que duela. Tengo que regresar al trabajo.
 Tengo una condición médica que me lo impide. Otro (describa) _____



Número de Distrito _____

Fecha _____

Código de la clínica _____

ENCUESTA DE OPINIÓN PÚBLICA DEL 2015 PARA LOS PARTICIPANTES DEL PROGRAMA WIC DE GEORGIA

TIENDAS Y CUPONES

15. Déjenos saber sobre los problemas que ha tenido al canjear sus cupones de WIC. (Seleccione todas las que apliquen.)

- Colas muy largas.
- Los necesito antes de la fecha del "primer día de uso".
- Falta de alimentos frescos permitidos por WIC disponibles en la tienda.
- Tener que canjear los cupones sin obtener todos los alimentos.
- No he tenido problemas.
- No puedo encontrar las comidas WIC adecuadas en la tienda.
- No sé qué alimentos están permitidos por WIC.
- Los cajeros no saben qué alimentos permite WIC.
- La tienda no me permite obtener las marcas de WIC con los cupones.
- Otro (describa) _____

TECNOLOGÍA

16. Déjenos saber si quiere recibir textos o correos electrónicos sobre el Programa WIC de Georgia (seleccione todas las que apliquen.)

- Correo electrónico
- Texto
- Ambos (correo electrónico y texto)
- Ninguno (ni correo electrónico ni texto)
- Otro (describa) _____

17. ¿Ha visitado alguna vez el sitio web de Georgia WIC (WIC.ga.gov)? Sí No

18. ¿Qué tipo de información útil ha encontrado en WIC.ga.gov? (Seleccione todas las que apliquen.)

- Solicitud en línea
- Ubicación de las clínicas de WIC
- Alimentos de WIC disponibles y fórmula para infantes
- Lactancia
- Requisitos para WIC
- Lista de tiendas en donde se pueden comprar alimentos WIC
- Proveedores de la salud

SERVICIOS WIC EN GENERAL

19a. ¿Planifica continuar recibiendo servicios de WIC para su bebé después de que éste cumpla 1 año de edad? (Si contesta "No" o "No sé", conteste la pregunta 19b). Sí No No sé No aplica

19b. Si no planifica, o no sabe si continuará recibiendo los servicios de WIC para su bebé después de que éste cumpla 1 año de edad, díganos por qué _____

20. El personal de la clínica de WIC me trata con respeto. Sí No

21. Me siento cómoda haciendo preguntas al personal de la clínica de WIC Sí No

22. ¿Cuánto tiempo le toma usualmente para completar su cita de WIC? 15 minutos o menos 16 a 30 minutos

- Más de 30 minutos, pero menos de una hora
- De 1 a 2 horas
- Más de 2 horas

23. Díganos como supo del programa WIC. (Seleccione todas las que apliquen.)

- Médico/enfermero(a)/partera
- Familiares/amigos
- Organización comunitaria (Head Start, cuidado infantil, iglesia)
- Volante, radio, valla publicitaria
- Feria de la salud
- Departamento de salud local
- Personal de la clínica de WIC
- Otro (describa) _____

24. Seleccione todos los servicios que piensa que WIC proporciona. Educación de la lactancia

- Consejera de mi propia generación sobre la lactancia
- Máquina sacaleches
- Asistencia de empleo
- Clases para obtener el GED (Diploma de Equivalencia General)
- Vivienda
- Inmunizaciones
- Educación nutricional
- Alimentos nutritivos y fórmula para infantes
- Remisiones
- Otro (describa) _____

25. El personal de la clínica de WIC me remite a los servicios que necesito. Sí No

26. Estoy contenta con la calidad de los servicios que recibo en la clínica de WIC. Sí No

27. El personal de la clínica trabaja con mi horario para que sea más fácil programar las citas. Sí No

28. La clínica de WIC me recuerda de mis próximas citas. Sí No

29. Identifique lo que encuentra más difícil sobre asistir a las citas de WIC. (Seleccione todas las que apliquen.)

- El inglés no es mi lengua nativa
- Esperar mucho para ser atendida
- Necesitar una cita
- La clínica queda muy lejos de donde vivo
- Se toma mucho en terminar
- Otro (describa) _____
- El horario de operación de la clínica
- El personal de la clínica es grosero
- Clínica ambulatoria solamente
- No es difícil asistir



Número de Distrito _____

Fecha _____

Código de la clínica _____

ENCUESTA DE OPINIÓN PÚBLICA DEL 2015 PARA LOS PARTICIPANTES DEL PROGRAMA WIC DE GEORGIA

SERVICIOS WIC EN GENERAL (continuación)

30. Describa las cosas que MÁS LE GUSTAN sobre el programa y los servicios de WIC.

31. Describa las cosas que MENOS LE GUSTAN sobre el programa y los servicios de WIC.

32. El programa WIC quiere proporcionarle a los participantes con alimentos saludables. Usar sus cupones de WIC para comprar los alimentos enumerados abajo, ¿le animaría a continuar recibiendo los servicios?

- | | | | | |
|--|-----------------------------|-----------------------------|--------------------------------|------------------------------------|
| Alimentos frescos, congelados o vegetales enlatados | <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No sé | <input type="checkbox"/> No aplica |
| Leche con 2% de grasa | <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No sé | <input type="checkbox"/> No aplica |
| Alimentos de acuerdo a la ley judía (kosher),
islámica (halal) u otros alimentos religiosos | <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No sé | <input type="checkbox"/> No aplica |
| Comidas vegetarianas o veganas | <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No sé | <input type="checkbox"/> No aplica |
| Comida orgánica para bebé | <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No sé | <input type="checkbox"/> No aplica |
| Otro (describa) _____ | | | | |

33a. ¿Trabajó con usted su enfermero(a)/nutricionista de WIC para establecer objetivos para mejorar su salud (ej. actividad física, ejercicio, dieta)? Sí No (Si responde sí, conteste la pregunta 33b.)

33b. ¿Siente que puede lograr la(s) meta(s) que se propuso? Sí No No sé No aplica

Si está interesada en proporcionar una entrevista de seguimiento o participar en un grupo representativo para discutir los resultados de esta encuesta, proporcione su nombre e información de contacto en la hoja de seguimiento disponible en la recepción.

Declaración antidiscriminación: No está obligada a participar de esta encuesta. Usted y su niño(a) o niños continuarán recibiendo el mismo cuidado que reciben normalmente durante sus visitas a la clínica WIC, sin importar si participa o no de esta encuesta. Además, los beneficios WIC para usted y su niño(a) o niños no se verán afectados por su decisión de participar o no de esta encuesta. El Departamento de Agricultura de los EE.UU. (USDA, por sus siglas en inglés) prohíbe discriminar a sus clientes, empleados y solicitantes de empleo por razones de raza, color de piel, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalia, y cuando aplique, por creencias políticas, estado civil, estado familiar o paternal, orientación sexual, o de si todos o parte de los ingresos de una persona se derivan de algún programa de asistencia pública, o por información genética protegida en cuanto a empleos o a cualquier programa o actividad realizada o financiada por el Departamento. (No todas las razones se aplicarán a todos los programas y actividades de empleo).

Si desea presentar una queja de discriminación al programa de Derechos Civiles, llene el Formulario de Queja por Discriminación del Programa de USDA (USDA Program Discrimination Complaint Form), que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para pedir el formulario. También puede escribir una carta que contenga toda la información que se pide en el formulario. Envíe su formulario de queja completo o carta al U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, o por fax al (202) 690-7442 o por correo electrónico a: program.intake@usda.gov.

Las personas sordas, que tengan dificultad para oír, o discapacidades del habla pueden ponerse en contacto con el USDA por medio del Servicio Federal de Transmisión de Información (Federal Relay Service) al (800) 877-8339 o al (800) 845-6136 (en español).