

**Attachment 2b - Telephone Interview Instrument for Type 2 Organization
Program Director**

FNS Farmers' Market SNAP Incentive Program Telephone Interview

**Type 2 Organizations: Person with Day-To-Day
Responsibility for Incentive-Related
Programs/Activities**

This is a semi-structured interview instrument. It is designed to ensure coverage of important topics while leaving space for interviewees to contribute their perspectives and for unanticipated information to emerge.

There are two kinds of items:

Questions: To be asked directly of the interviewee. Use exact wording.

Probes: Information about the questions that we need. If the individual incorporates this information into his/her response, don't ask them. If he/she does not, ask them. The wording you use to ask will depend on what the person has already told you. Use whatever wording works.

You do not have to ask these questions in the order presented if it doesn't seem appropriate (for example, if the person launches immediately into a litany of problems) but try to cover all of the questions.

Record everything the interviewee says after the completion of verbal consent. Don't make judgments about what is relevant. That's a job for analysis.

DO NOT HESITATE TO FOLLOW UP ON LEADS THAT MAY LEAD TO NEW INFORMATION. If you don't understand completely something the interviewee says, ask until you do understand. If it is something new or different, follow up ("Can you tell me more about that?").

Directions specific to this interview: Responses to this instrument will be highly varied as will the organizations to which it is directed. Normally these organizations work with incentives as part of a larger mission. This should be about a 30 minute interview.

Public reporting burden for this collection of information is estimated to average 20 minutes for organization leader response and 60 minutes for other staff response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research, Nutrition and Analysis, Room 1014, (0584-XXXX), Alexandria, VA 22302. Do not return the completed form to this address.

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Introduction:

INTRO A: Hi, my name is ____, and I'm calling from Westat . I would like to speak to [respondent].

- 1 - RESPONDENT ON PHONE ➔ GO TO **INTRO B**.
- 2 - IS NOT RESPONDENT, BUT RESPONDENT IS AVAILABLE ➔ GO TO INTRO A
- 3 - RESPONDENT NO LONGER ASOCIATED WITH THIS NUMBER ➔ CHECK TO SEE IF ADDITIONAL INFORMATION IS AVAILABLE, CALL ALTERNATE PHONE NUMBER IF AVAILABLE.
THANK AND TERMINATE
- 4- RESPONDENT NOT AVAILABLE ➔ THANK AND TERMINATE; CALL BACK OTHER TIMES.

INTRO B:

Q1. My appointment log shows that we have a telephone interview scheduled with you at this time. Are you ready to begin this interview?

- 1 -Yes ➔ GO TO **VERBAL CONSENT SECTION**
- 2 - No
- 3 - REFUSED ➔ THANK AND TERMINATE

Q2: When is a good time for us to talk? [ESTABLISH CONVENIENT TIME TO TALK AND CONFIRM THE PHONE NUMBER]

DATE: _____ TIME: _____

NOTE: IF RESPONDENT WANTS TO END THE INTERVIEW BEFORE IT IS COMPLETED AND WISHES TO CONTINUE THE INTERVIEW AT ANOTHER TIME, SCHEDULE AN APPOINTMENT TO CALL BACK.

DATE _____ TIME _____
THANK AND TERMINATE

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Verbal Consent:

All the information I receive from you today will be secured to the extent permitted by law. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study. All of the information in any report or presentation will be based on analysis summaries and will not identify individual participants. For some analyses, the organization's name for which you represent may be used in reports, presentations, or publications that result from this research.

There are no expected risks to you for helping me with this study. The only risk to you might be if your identity was ever revealed.

Do you have any questions about this research study specifically?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have any questions or concerns about your rights as a research subject you may contact the Institutional Review Board at <Phone Number>.

Do you consent to participate in this study?

Yes, I voluntarily agree to participate in this research survey. (COMPLETE THE SECTION BELOW AND GO TO ORGANIZATIONAL DEMOGRAPHICS)

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No → THANK AND TERMINATE

Subject Name: _____

Date Verbal Consent Obtained: _____

Signature of Person Obtaining Verbal Consent: _____

Date: _____

Permission to Record the Interview:

Before we begin, I would like your permission to record this conversation. I am recording this conversation for quality assurance purposes only. This recording will be destroyed at the end of the study. Do I have your permission to record this conversation?

1 YES
2 NO → Thank you, we will continue without recording this call. [GO TO
ORGANIZATIONAL DEMOGRAPHICS]

I am now turning the tape recorder on. [TURN ON RECORDER.] Now that the tape recorder is on, can you please state again that you have given me permission to record this call? [SECURE PERMISSION FROM RESPONDENT.] Thank you.

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Introduction and organizational demographics:

*To start, please tell me about your organization, its mission, and the role you play in your organization's operation, with particular focus on SNAP-based incentive programs. (COMPLETE/CONFIRM
ORGANIZATIONAL DEMOGRAPHICS BASED ON PARTICIPANT'S RESPONSE.)*

ORGANIZATIONAL DEMOGRAPHICS: Fill in as much of this information as possible prior to the interview. Complete and confirm based on participant's response.

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Name: _____

Primary Mission: _____

Year Established: _____

Number of Employees: _____

Service Area: _____

**Method of incentive redemption
(e.g. coupons, matched value vouchers, market credit):** _____

Question 1: What is the role of your organization in the implementation of SNAP-based incentive programs?

Probe: What SNAP-based incentive program operations does your organization have in place?

Probe: What other organizations do you work with on SNAP-based incentive programs? Please describe working, funding, or reporting relationships with other organizations in the community who are also working with FM SNAP-based incentive programs.

Probe: What (if any) informal working connections does your organization have with other organizations relative to the implementation of SNAP-based incentive programs?

Probe: Does your organization work with other FNS programs? Which ones and how?

Question 2: How long has your organization worked with SNAP? Can you tell me more about this?

Probe: Why did you choose to become involved in the SNAP incentive program?

Probe: Was this organization formed specifically to provide FM SNAP-based incentives?

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Question 3: *What kinds of support does this organization provide to FM SNAP-based incentive programs?*

Probe: About how many Farmers Markets received benefit from this organization in 2012?

Probe: What operational assistance did the SNAP-based incentive programs receive from other organizations that your organization helped in some way?

Question 4: *What measures do you have in place to prevent misuse of farmers' market SNAP-based incentives?*

Probe: Examples of misuse might be selling or buying of benefits, counterfeiting, or misrepresentation of beneficiary identity.

Probe: In the context of the farmers markets or markets you work with what are your thoughts about this issue?

Probe: If needed, reiterate safeguards. Probe for as much information as you can.

Probe: Which parts of the purchasing chain do you think is most vulnerable to misuse?

Probe: Are there any specific steps that can be taken to reduce this risk?

Question 5: *Looking overall at the SNAP-based incentive program, what challenges have you encountered?*

Question 6: *What factors do you think are most important in a successful SNAP-based incentive programs?*

Question 7: *FNS is very interested in whether organizations participating in SNAP-based incentive programs self-evaluate the incentive programs in any way. How do you measure the impact of your SNAP-based incentive programs?*

Probe: do you collect information on program performance? Vouchers redeemed? Vendor satisfaction? Customer satisfaction?

Probe: What do you use this information for?

Probe: Is it feasible for us to access that data?

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<p>Question 8: <i>Is information collected about the impact of FM SNAP-based incentives on market sales and SNAP market redemptions?</i></p> <p><u>Probe:</u> What is it?</p> <p><u>Probe:</u> Is it feasible for us to access that data?</p>
<p>Question 9: <i>Do you work closely or have any formal or informal partnerships with other organizations? We are particularly interested in organizations you work with regarding to farmers markets and SNAP-based incentive programs.</i></p> <p><input type="checkbox"/> Yes → IF YES, Question 9a: <i>Who are these organizations and/or partners? (Collect Names, City, and State for each organization/partnership)</i></p> <p style="text-align: center;">Question 9b: <i>What role or functions do these organizations play in this partnership?</i></p> <p><input type="checkbox"/> No</p>
<p>Question 10: <i>The purpose of this study is to understand the FM SNAP-based incentive programs from many perspectives. Do you have suggestions for other people or representatives of other organizations that we should contact?</i></p> <p><u>Probe:</u> Names and organizations of partners that we can contact?</p> <p><u>Probe:</u> Who are the best organizations for us to include?</p> <p><u>Probe:</u> Who is the person in this organization responsible for day-to-day operations of SNAP-based incentive programs?</p>

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