

A.4 CBO Interview Protocol

PURPOSE: Assess CBO understanding of how NAP participants use the cash and non-cash portion of the Family Card, explore the populations they serve and unique barriers facing each population, as well as the CBO's perceptions of and potential effects of eliminating the cash portion of the benefit.

I. Introduction

As you reviewed in the consent form, we are conducting a research study to better understand some of the unique challenges and characteristics of the low-income population in Puerto Rico, specifically individuals receiving NAP benefits. As a community based organization, we are hoping you can provide some insight on the populations you serve.

Since we are talking to several community based organization across Puerto Rico, audio recordings help us remember who said what so I don't need to worry about taking notes. Only people working on this study will have access to the recordings.

Would it be ok if I record our discussion?

First let's start with some background about your organization.

II. Background on organization

1. Please tell me about your role at [ORGANIZATION NAME] and how long you've been here.
2. Can you tell me about the history and mission of your organization?
 - a. When was it founded?
 - b. What are your primary funding sources?
 - c. Are there multiple sites/locations?
 - d. What are some of the key programs you offer?
3. Can you tell me about the population(s) you serve?
 - a. How large (geographically) is your service area? **PROBE:** do you serve people from across Puerto Rico or only your specific municipality?
 - b. How many people do you serve? **PROBE:** each year? Each month? By program?

III. Background on population

4. Thinking of the population(s) you serve, what are some of the things that make it difficult for them to have their basic needs met (e.g., accessing healthy food, medical care, housing, etc)?

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 60 minutes per 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.

PROBE: low or lack of income, disabilities – mental, physical, emotional –, lack of transportation, substance abuse, health conditions, etc.?

5. Are your clients primarily living in urban, suburban, or rural areas?
 - a. What are some of the specific challenges clients face that relate to where they live?
PROBE: access to services, economic factors?

IV. Barriers to redemption of NAP benefits

Now lets talk about your clients' use of NAP benefits.

6. What proportion of your clients are NAP beneficiaries? **PROBE:** All, most, some, none?
7. Are your NAP clients generally able to do their own food shopping?
 - a. **IF NO:** What are some of the things that make it hard for them to shop for themselves?
8. How easy or difficult is it for your clients to redeem their NAP benefits?
 - a. What barriers do they face?
 - b. Which subgroups of the populations you serve experience more barriers to redeeming their benefits than others?
9. Do you know where your clients typically redeem their NAP benefits?
 - a. **IF YES:** what types of stores do they usually go to? **PROBE:** superstores (e.g., Sams, Costco, Walmart), supermarket (e.g., Amigo, Pueblo, Econo, Plaza Loiza,), small grocery or convenience stores (e.g., gas station food stores, Mom and Pop shops), specialty stores (e.g., baker, butcher) or farmers markets?
 - b. **IF YES:** how frequently do they shop to redeem their NAP benefits?
 - c. **IF YES:** How far do clients typically have to travel to redeem their NAP benefits?
10. Have you ever heard about clients delaying getting food because of difficulty accessing a store where they can redeem their benefit?
11. Does your organization provide assistance to help your NAP clients do their food shopping?
 - a. **IF YES:** Please describe
 - b. Are you aware of any such services available in your area to help people do their food shopping?

V. Current Purchasing Practices

12. How familiar are you with your clients' food purchasing practices?

NAP beneficiaries receive a benefit every month, as you know. Seventy-five percent of the benefit is to be spent at certified retailers by using their Family Card and twenty-five percent can be spent on cash. Given what you know/understand about your client's food shopping:

13. What types of things do you think your clients use the cash portion of their benefit to buy?
 - a. Food? **PROBE:** any specific types of food?
 - b. Non-food items? **PROBE:** what types of non-food items?
14. Do you think your clients are aware of the regulations regarding what can and can not be purchased with their Family Card?

VI. Impact of removal of cash benefit

Now I want to give you a scenario to think about. Imagine that next month, NAP benefits were the same amount they normally are, but there was no longer a portion that could be used as cash. In other words, it would all need to be used to purchase food from certified retailers and none could be redeemed as cash.

15. What are some of the ways that would impact your clients?
 - a. Would it change where they shop?
 - b. Would any of your clients have difficulty purchasing certain items without the cash benefit? **IF YES:** what items in particular?
 - c. Would any subgroups be impacted more than others? **PROBE:** Female heads of household? Grandparent heads of household? People who are homeless? People with disabilities or other health conditions?
16. For clients who use the cash portion to purchase food items, would this impact their ability to access food?
17. For clients who use the cash portion to purchase non-food items, would this impact their ability to purchase these items?
 - a. How do you think your clients will obtain these items? **PROBE:** help from community organizations? Friends? Family? Other government assistance?

VII. Other sources of assistance/ income

18. What are some of the other places your clients get cash (such as a retirement pension, child support, or assistance programs)?
 - a. Do they participate in any other Federal or local assistance programs? (**PROBE IF YES:** which ones?)

VIII. Conclusion and Wrap Up

19. In conclusion, what are some reasons you think the cash portion should or should not be removed?

20. Is there anything else you'd like to tell us?

Those are all of the questions we have for you today. Thank you for your time, your assistance is greatly appreciated.