

A.2 NAP Participant Focus Group Protocol

PURPOSE: Assess NAP participants' experiences with the cash and non-cash portion of their Family Card¹ benefit, and explore potential impacts of eliminating the cash portion of the benefit.

I. Introduction

a. Ground Rules

- Please speak one at a time.
- We are recording this session to be sure we can accurately remember what everyone says. Only people working on the project will have access to the recordings. The Department of the Family will not have access to the recordings, nor the identity of the participants.
 - Since we are recording, please speak in a voice as loud as mine and avoid side conversations.
- I'd like to introduce my colleague _____ who will be taking notes today in the event that the recordings are not clear. Again, these notes will be kept private and will not identify anyone by name. We need to hear from everyone today, but you don't have to answer every question.
- There may be times in the discussion where you feel differently from other people and we want to hear about that. There are no wrong answers.
- Please turn off your cell phones or turn to silent.
- If you need to leave the room for some reason, please leave so that only one person is up and out of the room at one time- this will keep our group from getting too small.
- I have a lot of questions to cover and therefore may need to interrupt you to keep conversation moving.
- This session is confidential; your names will not be associated with anything you say.

Do you have any questions before we get started? [TURN ON RECORDER]

b. Icebreaker

Let's start by getting to know each other a little bit. Please go around the table and tell us:

- Your first name

¹ Note, for OMB review, the Family Card is the EBT card referred to in Puerto Rico as the Tarjeta de la Familia.

- Your favorite food
- [MODERATOR INTRODUCE SELF AT END]

I want to tell you why we are all here today and why you were selected to participate in this discussion. Everyone here is a beneficiary of Puerto Rico's NAP. This is the program that provides residents like you with benefits to purchase food [SHOW Family card]. Today we want to talk to you about how you typically use your NAP benefit (Family Card) each month. I want to reiterate that I do not work for the government, and I am not involved in running the NAP program. We are doing a lot of group discussions like this across Puerto Rico and your input will help the government understand how real people, like you, use NAP. I also want to make it clear that while we will be sharing your feedback with the government, we will in no way tell the government who said what and your name will not be connected to any of the information that you share with us.

II. Awareness of NAP, and of cash versus non-cash benefit

Let's start today by talking about NAP in general.

1. In your mind, what is the purpose of NAP?
PROBE: What is the goal of the program? Why does the government run this program?
2. Are there different types of benefits within NAP?
PROBE: When you go to the store, are there different types of payment options using your Family Card?
3. How do you know which stores in your area accept NAP?
PROBE: Is there a sign? Word of mouth?
4. Is there any way to use your benefits at a store that does not accept NAP?
PROBE: Would you have to withdraw money at an ATM? Have you ever had to get cash back from a retailer that accepts your Family Card to buy things at a store that does not accept your Family Card?
5. At this point, I want to make sure we all understand the difference between the different types of benefit portions that NAP recipients receive each month. Each NAP recipient or family receives a certain amount of money each month, and this amount is different for different people and different size families. Despite the amount that you get, everyone can access 25% of their benefits in cash- either from an ATM or from "cash back" from a retailer. The other 75% can only be used by presenting your Family Card. So to make it simple, if you get \$100 in benefits each month, you can access up to \$25 each month as cash. Does this sound familiar to you? [SHOW OF HANDS]
6. **[IF APPLICABLE]** Some of you mentioned before that you get cash back from a retailer or use an ATM to get cash from your Family Card. Can you tell me a little bit more about how you get your cash?
 - a. How easy or hard is this transaction for you? [SHOW OF HANDS FOR EASY VS DIFFICULT]
 - b. Do you usually go to an ATM or get cash back from a store? [SHOW OF HANDS ATM VS CASH BACK]
 - c. Are there ATMs near where you live? [SHOW OF HANDS]

- d. Do you ever have trouble getting cash back at a retailer using your Family Card?
- e. Do you have to pay a fee to get cash from an ATM using your Family Card? **PROBE:** How much? Does that impact your decision about using an ATM to access your cash benefit?

III. Current purchasing practices

Now let's talk about when, where, and how you purchase food for yourself and your families.

7. Walk me through your typical food shopping experience.

PROBE: Do you do all your shopping at once? Do you get everything from the same store? How frequently do you go food shopping (daily, weekly, biweekly, once a month)?

 - a. How far do you have to travel (can you walk to the store; do you have to drive or use public transportation; do you have to ask someone for a ride)?
 - b. For how many people are you typically shopping to feed?
 - c. Do you usually go to 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?
 - d. During your regular food shopping, how frequently are you using your Family Card (rarely, sometimes, always [SHOW OF HANDS])?

8. What are some things that factor into your decision of where to shop?

PROBE: stores that accept my Family Card? Prices? Accessibility? Easy to get to?

9. How easy or difficult would you say it is to get to stores that accept your Family Card?

PROBE: Would you say it is easy or difficult?

 - a. What are some of the factors that make it easy or difficult (e.g., number of stores in neighborhood that accept the Family Card, transportation)?
 - b. Have you ever had benefits you wanted to use but couldn't because of the difficulty getting to a store that accepts your Family Card?

10. How far do you have to travel to get to stores that accept your Family Card?

PROBE: minutes/ miles? Do you rely on public transportation?

PROBE for those who travel far: Does this impact how you do your shopping (e.g. frequency of shopping, where you go)?

 - a. Do you rely on other people for help getting to the store (e.g., from friends, neighbors family, retailers, community agencies)?

11. Do you ever shop for food at stores that do not accept your Family Card? How easy or difficult it is for you to get to them?
 - a. How often do you shop at stores that do not accept your Family Card?
 - b. How far do you have to travel to stores that do not accept your Family Card?

12. Now let's think about the two different portions of your NAP benefit: the 75% non-cash portion and the 25% cash portion. Do you make purchases differently for each of these segments?
PROBE IF NEEDED: Do you have certain things you purchase with the cash and certain things you purchase with the non-cash portion?
13. Let's start with talking about your non-cash benefit (i.e., your Family Card). What are some of the things you use it for?
- Perishable food (e.g., fresh fruits and vegetables, dairy products, bread, meat, poultry)?
 - Prepared food (e.g., sandwiches, salad bar)
 - Non-perishable food (e.g., canned foods, tomato sauce, dried beans)
14. And what about your cash benefit- where do you usually spend your cash portion?
PROBE: what types of stores?
- Do you usually spend your cash portion at stores that do not accept the Family Card, or stores that do accept the Family Card?
15. What are some of the things you use the cash to pay for?
- Perishable food (e.g., fresh fruits and vegetables, dairy products, bread, meat, poultry)?
 - Prepared food (e.g., sandwiches, salad bar)
 - Non-perishable food (e.g., canned foods, dried beans)
 - Items other than food? **PROBE for items other than food:** What are some of the non-food items you use the cash to pay for? (e.g., detergent, medicine, diapers, gasoline, rent, utility bills, alcohol, cigarettes, personal hygiene items)
16. What amount of your cash benefit do you spend on food?
PROBE: All on food, some on food, none on food?
17. Do other people you know use their cash benefit for things other than food?
PROBE IF YES: What types of things do they use their cash benefit to pay for? (e.g., detergent, medicine, diapers, gasoline, rent, utility bills, alcohol, cigarettes, personal hygiene items)

IV. Impact of removal of cash benefit

Now I want to give you a scenario to think about. Imagine that next month, your benefit is *the same amount it is normally is*, but that *there is no longer a portion that you could use as cash*. In other words, it would all have to be used to purchase food from NAP certified retailers, and none could be redeemed in cash.

18. What are some of the ways that would impact you?
PROBE: No impact? It would have an impact on you? [SHOW OF HANDS]
- How would it affect you?

PROBE: Wouldn't be able to purchase certain items? Could no longer shop at stores that don't accept your Family Card?

- b. Would it be harder to get food?
 - c. Would your regular shopping patterns change? (e.g., types of stores visited and frequency)
19. What about other people you know who receive NAP benefits, do you think removing the cash portion would impact them?
PROBE: in what ways?

20. **[IF PARTICIPANTS DESCRIBED PURCHASING NON-FOOD ITEMS WITH CASH EARLIER]:** For those of you who said that you use the cash portion of your benefit to pay for non-food items or services (give examples), would you have a way to pay for those if there was no longer a way to get cash from your Family Card?
PROBE: Tell me how you would handle that situation.

V. Awareness of regulations

21. Are there certain things you are allowed and not allowed to buy with your NAP benefits?
PROBE: What about the cash portion compared to the non-cash portion? Are different things allowed for those two segments?

22. Conclusion

To wrap up, we have one final activity. [DISTRIBUTE BLANK POSTCARDS]. Please write a few sentences explaining why you believe the cash portion of the NAP benefit should or should not be removed. Remember that you would still get the same amount of benefit each month. Please only put your first name on the card.

Thank you for your time today. Your participation is greatly appreciated.

[DISTRIBUTE INCENTIVE, COLLECT SIGNED INCENTIVE RECEIPT FROM EACH PARTICIPANT]

A.2.2.1 NAP PARTICIPANT FOCUS GROUP SCREENER: DISABLED OR CHRONIC HEALTH CONDITION

1. Do you currently receive NAP benefits?
 - a. Yes [SKIP TO Q2]
 - b. No [CONTINUE]

[IF NO] Have you received NAP benefits within the last 6 months?

- a. Yes
 - b. No. [THANK AND TERMINATE]
2. Do you do the food shopping for your household?
 - a. Yes, always.
 - b. Yes, most of the time.
 - c. Sometimes
 - d. No, someone else does this for me. [THANK AND TERMINATE]

3. How many people are a part of your NAP household (by this I mean, how many people did you put on your NAP application and that you purchase and prepare food with)?
[ENTER NUMBER]

4. I'm going to read a quick list of different types of people and families that receive NAP benefits. Please tell me if any of these descriptions apply to you: [Select all that apply]

- a. Single mother with children under age 5
- b. Single mother with children under 18
- c. Grandparent raising a grandchild or grandchildren under age 5
- d. Grandparent raising a grandchild or grandchildren under 18
- e. Living without a permanent place to stay, for example homeless or in a shelter
- f. Disabled or living with a chronic health condition
- g. Unemployed
- h. Living in a group home with other adults
- i. Living alone
- j. Living with other people who earn money to support your household
- k. You are age 60 or older

IF NO TO: 4. F, THANK AND TERMINATE (i.e., participant must be disabled or living with a chronic health condition to be eligible)

A.2.2.2 NAP PARTICIPANT FOCUS GROUP SCREENER: FEMALE HEAD OF HOUSEHOLD

1. Do you currently receive NAP benefits?
 - a. Yes [SKIP TO Q2]
 - b. No [CONTINUE]

[IF NO] Have you received NAP benefits within the last 6 months?

- a. Yes
- b. No. [THANK AND TERMINATE]

2. Do you do the food shopping for your household?
 - a. Yes, always.
 - b. Yes, most of the time.
 - c. Sometimes
 - d. No, someone else does this for me. [THANK AND TERMINATE]

3. How many people are a part of your NAP household (by this I mean, how many people did you put on your NAP application and that you purchase and prepare food with)?
[ENTER NUMBER]

4. I'm going to read a quick list of different types of people and families that receive NAP benefits. Please tell me if any of these descriptions apply to you: [Select all that apply]

- a. Single mother with children under age 5
- b. Single mother with children under 18
- c. Grandparent raising a grandchild or grandchildren under age 5
- d. Grandparent raising a grandchild or grandchildren under 18
- e. Living without a permanent place to stay, for example homeless or in a shelter
- f. Disabled or living with a chronic health condition
- g. Unemployed
- h. Living in a group home with other adults
- i. Living alone
- j. Living with other people who earn money to support your household
- k. You are age 60 or older

IF NO TO: 4. A and 4.B, THANK AND TERMINATE (i.e., participant must be a single mother with a child under age 18 to be eligible)
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A.2.2.3 NAP PARTICIPANT FOCUS GROUP SCREENER: HOMELESS OR UNEMPLOYED

1. Do you currently receive NAP benefits?
 - a. Yes [SKIP TO Q2]
 - b. No [CONTINUE]

[IF NO] Have you received NAP benefits within the last 6 months?

- a. Yes
- b. No. [THANK AND TERMINATE]

2. Do you do the food shopping for your household?
 - a. Yes, always.
 - b. Yes, most of the time.
 - c. Sometimes
 - d. No, someone else does this for me. [THANK AND TERMINATE]

3. How many people are a part of your NAP household (by this I mean, how many people did you put on your NAP application and that you purchase and prepare food with)?
[ENTER NUMBER]

4. I'm going to read a quick list of different types of people and families that receive NAP benefits. Please tell me if any of these descriptions apply to you: [Select all that apply]

- a. Single mother with children under age 5
- b. Single mother with children under 18
- c. Grandparent raising a grandchild or grandchildren under age 5
- d. Grandparent raising a grandchild or grandchildren under 18
- e. Living without a permanent place to stay, for example homeless or in a shelter
- f. Disabled or living with a chronic health condition
- g. Unemployed
- h. Living in a group home with other adults
- i. Living alone
- j. Living with other people who earn money to support your household
- k. You are age 60 or older

IF NO TO: 4. E AND 4. G, THANK AND TERMINATE (i.e., participant must be homeless or unemployed to be eligible)
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A.2.2.4 NAP PARTICIPANT FOCUS GROUP SCREENER: SENIORS

1. Do you currently receive NAP benefits?

a. Yes [SKIP TO Q2]

b. No [CONTINUE]

[IF NO] Have you received NAP benefits within the last 6 months?

a. Yes

b. No. [THANK AND TERMINATE]

2. Do you do the food shopping for your household?

a. Yes, always.

b. Yes, most of the time.

c. Sometimes

d. No, someone else does this for me. [THANK AND TERMINATE]

3. How many people are a part of your NAP household (by this I mean, how many people did you put on your NAP application and that you purchase and prepare food with)?

[ENTER NUMBER]

4. I'm going to read a quick list of different types of people and families that receive NAP benefits. Please tell me if any of these descriptions apply to you: [Select all that apply]

a. Single mother with children under age 5

b. Single mother with children under 18

c. Grandparent raising a grandchild or grandchildren under age 5

d. Grandparent raising a grandchild or grandchildren under 18

e. Living without a permanent place to stay, for example homeless or in a shelter

f. Disabled or living with a chronic health condition

g. Unemployed

h. Living in a group home with other adults

i. Living alone

j. Living with other people who earn money to support your household

k. You are age 60 or older

IF NO TO: 4. K, THANK AND TERMINATE (i.e., participant must be age 60 or older to be eligible)

A.2.2.5 NAP PARTICIPANT FOCUS GROUP SCREENER: SENIORS

1. Do you currently receive NAP benefits?

a. Yes [SKIP TO Q2]

b. No [CONTINUE]

[IF NO] Have you received NAP benefits within the last 6 months?

a. Yes

b. No. [THANK AND TERMINATE]

2. Do you do the food shopping for your household?

a. Yes, always.

b. Yes, most of the time.

c. Sometimes

d. No, someone else does this for me. [THANK AND TERMINATE]

3. How many people are a part of your NAP household (by this I mean, how many people did you put on your NAP application and that you purchase and prepare food with)?

[ENTER NUMBER]

4. I'm going to read a quick list of different types of people and families that receive NAP benefits. Please tell me if any of these descriptions apply to you: [Select all that apply]

a. Single mother with children under age 5

b. Single mother with children under 18

c. Grandparent raising a grandchild or grandchildren under age 5

d. Grandparent raising a grandchild or grandchildren under 18

e. Living without a permanent place to stay, for example homeless or in a shelter

f. Disabled or living with a chronic health condition

g. Unemployed

h. Living in a group home with other adults

i. Living alone

j. Living with other people who earn money to support your household

k. You are age 60 or older

IF NO TO: 4. K, THANK AND TERMINATE (i.e., participant must be age 60 or older to be eligible)

A.2.3 NAP PARTICIPANT FOCUS GROUP DEMOGRAPHIC QUESTIONNAIRE

1. How old are you? _____
2. What is your gender?
 - Male
 - Female
 - Transgender
3. How many people are part of your NAP household? By this I mean, how many people does your NAP benefit cover? _____
4. Including you, how many people currently live or stay in your house, apartment or mobile home? _____
5. Did you work for pay at all in the past 12 months?
 - a. Yes
 - b. No
6. Are you a single mother with children under age 18?
 - a. Yes
 - b. No
7. Are you a grandparent currently responsible for most of the basic needs of any grand children under the age of 18?
 - a. Yes
 - b. No
8. Are you living without a permanent place to stay, for example, are you homeless or living in a shelter?
 - a. Yes
 - b. No
9. Do you have a physical, mental, sensory, or emotional disability?
 - a. Yes
 - b. No
10. Which municipality do you live in? _____

11. In addition to your NAP benefits, do you receive cash from any of the following sources?

a. Working, includes "odd jobs" that may not supply consistent payment

Yes

No

b. General assistance such as a welfare program (for example TANF)

Yes

No

c. Financial help from a community organization such as a church

Yes

No

d. Financial help from family or friends

Yes

No

e. Retirement pension (private or government agency)

Yes

No

f. Child support

Yes

No

g. Social Security Benefits (NOT including disability)

Yes

No

h. Social Security for Disability

Yes

No

i. Any other source

Yes : _____

No