

Evaluation of Demonstration Projects to End Childhood Hunger (EDECH)  
ATTACHMENT B.3.a. PARTICIPANT FOCUS GROUP DISCUSSION GUIDE (ENGLISH)

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## EVALUATION OF DEMONSTRATIONS TO END CHILDHOOD HUNGER (EDECH)

### FOCUS GROUP DISCUSSION GUIDE FOR PARENTS/CAREGIVERS *[POST-IMPLEMENTATION VISIT ONLY]*

Date of discussion: \_\_\_\_\_

Location: \_\_\_\_\_

Number of participants: \_\_\_\_\_

Facilitator: \_\_\_\_\_ Note Taker: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Thank you for agreeing to come to this discussion group today. My name is [NAME], and my co-worker is [NAME], and we work for Mathematica Policy Research/Gabor & Associates, an independent research organization. We are located in Washington, DC and are not from [NAME OF STATE AGENCY/ITO ADMINISTERING DEMONSTRATION PROJECT] or any other agency involved with [IDENTIFIABLE NAME OF STATE/ITO DEMONSTRATION PROJECT].

This group discussion is part of a larger study that we are doing for the United States Department of Agriculture, Food and Nutrition Service. This study will provide information on how [IDENTIFIABLE NAME OF STATE/ITO DEMONSTRATION PROJECT] and other efforts like it in other States and on Indian Tribal lands are working and how they have affected the families and children they were designed to help. As part of the study, we want to learn about your impressions of [IDENTIFIABLE NAME OF STATE/ITO DEMONSTRATION PROJECT or local SNAP name].

Before we start, we have a few basic rules that will help make the group run well.

- First, it's important for you to know that being a part of this discussion is up to you, and you can choose to not answer a question if you wish. **Participating in this discussion will not affect any of the services and benefits you receive, including SNAP, WIC, or school meals.**
- I am going to lead the discussion by asking the group several questions. It's really important for everyone to speak up and to give everyone a chance to talk. Whenever possible, let's try to share talking time so that people talk about the same amount of time. If, however, some of you are shy or we really want to know what you think about a particular question, we may ask you what you think.

- Please speak one at a time and as loudly as I am speaking and avoid any side conversation with your neighbors. Also, if two people talk at once, we can't understand what either person is saying. We may remind you of this during the group discussion.

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 90 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.

- Please respect each other's point of view. There are no right or wrong answers. We just want to learn from you and your experiences, so just say exactly what you think, whether it's positive or negative.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything. If I interrupt you, it's not personal. I just want to get to everything on our list that we want to get your views on.
- We also ask that you not repeat any of the discussion you've heard after you leave today in order to respect each other's privacy.
- I would like to use a recorder during our discussion. This is so I can listen to it later when I write up my notes. We don't care *who* said what, but we do want to make sure we accurately record *what* you said. If you want to say something that you don't want recorded, please let me know, and I will be glad to pause the machine. Does anybody have any objections to participating or to my recording our discussion?
- Everything you say here is private to the extent permitted by law. No one besides our study team at Mathematica, Gabor & Associates, and the Food and Nutrition Service will listen to the recording. Your names will not be included in our report, and we will not share what someone says with anyone outside of this room.
- The session will last about 1½ hours, and we will not take any formal breaks. But please feel free to get up at any time to stretch, use the restroom, or help yourselves to something to eat or drink.
- At the end of the session, you will receive a \$50 gift card as a thank you for coming today and sharing your opinions.

Are there any questions before we get started?

Okay. Let's get started.

**A. Introductions/Icebreaker**

Let's go around the room for this first one: Please introduce yourself, tell us your first name, how many children you have, their ages, and something you find rewarding about parenting.

[MODERATOR NOTE: it is helpful to go in order of how the group is sitting. This will allow the transcriptionist to label responses by person. Also for note taking you can then label person1, person2, person3, etc. to be able to write comments.]

**B. Community Context**

Before we talk about [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] I would like to begin the discussion by asking you a bit about obtaining food in your community.

1. Where do you and people in your neighborhood get groceries?
2. Are these places easy or hard to get to from home and work?
  - How far are these places from where you live?
  - Do you have a reliable car?
  - Is there public transportation in the community? How reliable is it? How convenient is it? How far does it go?
3. What do you think about the quality and selection of foods at these places?

**C. Initial Experience with Demonstration**

I would like to talk now about your first experiences with [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT].

1. How did you first learn about [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]?

*[PROBE AS RELEVANT FOR PROJECT: flyers or brochures, advertisements, information from the school, community organizations, SNAP/WIC/other program staff, family/friends/neighbors]*

2. What did you most like about what you heard or saw about [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]?
3. What did you have to do to start receiving assistance from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]?

*[PROBE AS RELEVANT FOR PROJECT: sign forms, provide information about your family to the program, attend a meeting]*

4. How easy or difficult was it for your family [OR YOUR CHILDREN] to start receiving assistance from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]?
5. What, if anything, would have made it easier to get started with [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]?

**D. Receipt of, Satisfaction with, and Recommendations for Improvements in Demonstration Project Benefits and Services**

Now, I would like to hear about the kinds of help you receive/have received from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT], what you have liked about that assistance, and what you think could be done better.

1. First, how many of you are currently receiving assistance from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] for you or your children?

For those not currently receiving assistance, when did you last receive assistance from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] and why did you stop getting this assistance?

2. What kinds of assistance does/did your family [OR DO/DID YOUR CHILDREN] receive from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]?

*[PROBE AS RELEVANT FOR PROJECT: meals, additional SNAP benefits, food, education about nutrition, referrals to food assistance programs, referrals to other social welfare programs to help pay your bills (like energy assistance programs or a health or a program that helps with medical and prescription drug costs), other food assistance benefits/services]*

Tell me more about that. [PROBE AS RELEVANT FOR PROJECT: When and how often do/did you get (benefit/service)? Where do/did you get (benefit/service)? How much (benefit/service) do/did you get?]

3. What do/did you like about the [MEALS, ADDITIONAL SNAP BENEFITS, FOOD, EDUCATION ABOUT NUTRITION, REFERRALS TO FOOD ASSISTANCE PROGRAMS, OTHER FOOD ASSISTANCE BENEFITS/SERVICES] that this program provides to your family [OR YOUR CHILD]?

*[PROBE for feedback on quality, quantity, method of delivery]*

4. What would you like to change about the [MEALS, ADDITIONAL SNAP BENEFITS, FOOD, EDUCATION ABOUT NUTRITION, REFERRALS TO FOOD ASSISTANCE PROGRAMS, OTHER FOOD ASSISTANCE BENEFITS/SERVICES] that this program provides?

*[PROBE for feedback on quality, quantity, method of delivery]*

5. What other kinds of assistance does/did your family [OR DO/DID YOUR CHILDREN] receive from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]?

*[PROBE for particular types of services that were not already mentioned and are supposed to be offered by the demonstration]*

*MODERATOR: REPEAT QUESTIONS 3 - 4, AS NECESSARY*

6. In what ways has [[IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] changed your family routines and how do you feel about those changes?

*[PROBE: family meals, shopping patterns]*

7. [ASK FOR DEMONSTRATION PROJECTS THAT CHANGE EXISTING FOOD ASSISTANCE PROGRAM DESIGN OR BENEFITS]

How is the assistance you receive from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] different from the assistance you were receiving before from [SNAP OR SCHOOL MEALS PROGRAMS]?

*[PROBE AS RELEVANT FOR PROJECT: amount of benefit and how it is calculated; the way in which the assistance is distributed, etc.]*

8. Is assistance similar to what you get/got from [IDENTIFIABLE NAME OF STATE/ITO DEMONSTRATION PROJECT] available anywhere else in the community? If so, from where? Have you tried to access that assistance? Why not/what happened? How does the assistance you receive/received from [IDENTIFIABLE NAME OF STATE/ITO DEMONSTRATION PROJECT] compare to the assistance you have received from these other sources?

*[PROBE: Summer Food Service Program, WIC, SNAP]*

9. Did you ever experience any problems getting assistance/services from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]? What happened and how, if at all, was the problem resolved?
10. Are there benefits or services available from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] that you wanted but couldn't get? What prevented you from getting these benefits/services?

*[PROBE: lack of transportation, when/where services were offered, childcare problems]*

### **E. Interactions with Demonstration Project Staff/Systems**

Now I would like to hear your opinions about the staff you have interacted with from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] and the kinds of information they have provided to you.

1. Could you describe your interactions with staff from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]? Who do you typically talk to or see? How often? Where? For what purpose?
2. How satisfied are you with the communication you have with these staff?

*[PROBE for quality and quantity of interactions]*

3. How well do you think the people who work in [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] communicate with you and others like you?
4. In what other ways did you receive information from [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT]? For example, on the internet or through mailings, flyers, or classes? What kinds of information has the program provided to you in this way? How useful has that been?

### **F. Interactions with Demonstration Project Website/ On-Line Systems [WHERE RELEVANT]**

Now, I would like to ask you a few questions about the [WEBSITE OR ON-LINE SYSTEM] for [NAME OF INTERVENTION]

1. Have you used the [WEBSITE OR ON-LINE SYSTEM]? Why or why not? For what purpose?
2. How easy or difficult is it to read and understand the information on the [WEBSITE OR ON-LINE SYSTEM]? Why?

3. How many of you have had any difficulties or problems using the [WEBSITE OR ON-LINE SYSTEM] for [NAME OF INTERVENTION]? What difficulties or problems have you had?

*[PROBES: difficulties accessing the website or system, difficulties moving around the website or system, difficulties entering information into the system]*

4. Were you able to get help using the [WEBSITE OR ON-LINE SYSTEM] if you needed help? How/from where? How useful was that help and why/why not?

#### G. Perceptions and Recommendations for the Demonstration Project

1. Overall, on a scale of 1 to 10, with 10 being the best, how helpful has [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] been to your family?

What has been most helpful? What has been least helpful?

*[PROBES: amount, type or quality of benefits; staff; management; communication processes, website or on-line system]*

What would it take for you to give the [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] a higher (or better) score?

2. What other information or assistance do you wish [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] would offer to help you feed your family and make ends meet?

*[PROBE for particular types of services that are NOT offered by the demonstration]*

What would [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] need to do for you to be able to take advantage of those services if they were available?

*[PROBE: provide transportation, offer services at certain hours, help with childcare]*

3. What other suggestions do you have for improving [IDENTIFIABLE NAME OR DESCRIPTOR OF STATE/ITO DEMONSTRATION PROJECT] if it continues here or if new projects like it start in other communities?

H. Wrap-up and Closing

1. Is there anything else that you would like to add about your experiences, or are there other thoughts you had during our discussion that you would like to mention before we finish?

Thank you for taking the time to share your thoughts and ideas. This discussion has been very useful in helping us learn more about [IDENTIFIABLE NAME OF STATE/ITO DEMONSTRATION] in [LOCATION].

Before you leave, please make sure you have received your thank you payment. Thank you again for taking out time from your busy lives to come here and contribute today.