Attachment I.2. Final Local Stakeholder Interview Protocol

OMB No. 0584-[NEW]

*Best Practices in Disaster Supplemental Nutrition Assistance Program (D-SNAP) Operations and Planning*

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Final Local Stakeholder Interview Protocol

**OMB Number: 0584-XXXX**

**Expiration Date: XX/XX/XXXX**

*[Facilitator note: Relevant stakeholders will be identified during the site visit planning call with the State SNAP office. Not all stakeholder types in this interview protocol will be applicable for each D-SNAP. Not every stakeholder interviewee will be interviewed with every section, and no stakeholder interviewee will receive all sections.]*

My name is *[name],* and I’m a researcher at Insight Policy Research*.* As you may know, Insight is conducting a study for the U.S. Department of Agriculture’s Food and Nutrition Service (FNS) to identify and document D-SNAP best practices. This study will equip FNS and States with data demonstrating how to best plan for and implement D-SNAP programs across different disaster types, administrative contexts, and geographic settings.

My colleagues and I are currently visiting [*State*] and four other States to collect information from a wide range of stakeholders involved in planning and implementing a D-SNAP program. I want to start by thanking you for taking the time to speak with us today. Your perspective and insights will be very helpful to the study.

Your participation in this interview is voluntary, and your responses will be kept private, except as otherwise required by law. Be assured that there will be no penalties if you decide not to respond. The information you provide us today will be summarized and combined with information gathered from other people we interview into a report that will be shared with FNS and the public. You will not be named in this report or any other project deliverables; however, the specific disasters and States we are studying will be identified. Data collected from the study will also be shared with USDA research and administrative staff, but your name will not be included in the information shared. You may refuse to answer any question, and you may stop the interview at any time.

Before we continue, can you please read the following Privacy Act Statement?

*[Facilitator note: Provide the respondent(s) with a copy of the statement from page 2 of this protocol.]*

I expect our conversation will take up to 60 minutes. Do you have any questions for me about the project in general or what we will be discussing today?

Do I have your permission to record the conversation? You may stop the recording at any time.

*[Confirm permission before recording starts.]*

*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 1 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.*

Privacy Act Statement

This information is being collected under the authority of The Food and Nutrition Act of 2008, as amended through Pub. L. 113–128, enacted July 22, 2014 [7 U.S.C. 2026], which provides the legislative authority for the U.S. Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) to administer the Supplemental Nutrition Assistance Program (SNAP) and Disaster SNAP (D-SNAP). Section 17 of the Food and Nutrition Act of 2008 provides the authority to FNS to conduct research to help improve the administration and effectiveness of SNAP. Disclosure of the information is voluntary. The information collected from States and interview participants will enable FNS to identify best practices in administering D-SNAP. Under the Privacy Act of 1974 and the System of Record Notice FNS-8 USDA/FNS Studies and Reports, any personally identifiable information collected will be kept confidential to the extent of the law. The information may be shared with SNAP contract researchers and USDA SNAP research and administrative staff with identifying information removed.

1. Introduction and Background (All Stakeholders)

First, I’d like to learn about you and your role and responsibilities at *[organization/company].*

1. Tell me about *[organization/company]*.
2. What is your current job title or position?
	1. How long have you been in this position?
	2. What are your primary responsibilities in this role/position?
3. Tell me about *[organization/company]*’s work with SNAP.
	1. How long has your organization been working with SNAP?
	2. Has this relationship changed over time? If so, how?
4. What was *[organization/company]*’s role in *[selected D-SNAP(s)]*?
	1. What was your position at *[organization/company]* during *[selected D-SNAP(s)]*?
	2. Has your *[organization/company]* supported other D-SNAPs? If so, which ones?
5. What other entities, if any, did you coordinate with for *[selected D-SNAP(s)]*? Please describe your relationship.
6. The disaster occurred on *[Date]* and the D-SNAP began on *[Date]*. Do you think that the D-SNAP was launched in an appropriate amount of time after the disaster to best serve the needs of D-SNAP clients? *[Probe for: enough time for outreach, site selection, food channels reestablished, clear roads]*

*[Facilitator note: As relevant, repeat disaster-specific questions for multiple disasters or probe for differences between separate disaster implementations/operations. Skip to relevant sections B, C, D, E, or F for continuation of the interview depending on the type of stakeholder.]*

1. Community-Based Organizations

Let’s talk more specifically about your organization and D-SNAP during *[selected D-SNAP]*.

1. During *[selected D-SNAP]*, was your organization’s support for D-SNAP official and formalized, or was it an informal working relationship?
	1. *[If it is formalized]* Tell me more about that process. What agreements or documentation was in place to formalize that relationship?
2. Is your organization typically involved with helping to prepare for D-SNAP before disasters happen? Or is involvement limited to once a disaster has occurred and D-SNAP is approved?
3. I would like to know more about what aspects of D-SNAP your organization was involved with. I will ask for your confirmation on specific aspects of D-SNAP your organization supported, and then we’ll revisit the applicable areas and address follow-up questions. Was your organization involved with—
* Planning (*such as contributing to the State D-SNAP plan*)?
* Providing information for the D-SNAP request?
* Conducting outreach or promotion for D-SNAP?
* Supporting D-SNAP operations (*such as presence at the D-SNAP site*)?
* Any other D-SNAP activities?

Planning (skip if not applicable)

* 1. What was your organization’s role in providing support for the D-SNAP planning process, such as contributing to the State D-SNAP plan?
		1. Were there any challenges associated with D-SNAP planning? If so, what were they?
		2. What seemed to work well in D-SNAP’s planning efforts?

D-SNAP Request (skip if not applicable)

* 1. Please describe your organization’s role in helping the SNAP agency complete the D-SNAP request.
		1. Were there any challenges associated with completing the D-SNAP request? If so, what challenges did SNAP or your organization face?
		2. What seemed to work well with the D-SNAP request?

Outreach (skip if not applicable)

* 1. What was your organization’s role in D-SNAP outreach efforts?
		1. Were there any challenges associated with outreach and informing affected households about D-SNAP benefits? If so, please describe these challenges.
		2. What about the State’s outreach strategy worked well? How did your organization help facilitate that success?

Operations (skip if not applicable)

3d. What kind of support or information did your organization provide for D-SNAP operations?

3e. Was anyone from your organization involved at the D-SNAP site? If so, please describe this involvement.

* + 1. Were there any challenges associated with the D-SNAP operations your organization was aware of? How did these challenges affect the site or the participants served?
		2. What worked particularly well for D-SNAP operations during [*selected D-SNAP*]?
1. *[If applicable]* What worked well at the D-SNAP site?

Other (Skip if not applicable)

3f. Please describe any other ways your organization was involved in the *[selected D-SNAP].* *[Facilitator note: Probe as needed depending on the response received. For example, probe about further details, what worked well with their involvement or if there were any challenges.]*

*[Facilitator note: Resume questioning for all respondents below.]*

1. Who were the main points of contact at SNAP that your organization worked with during *[selected D-SNAP]*?
2. Who from your organization was involved in the coordination process with the D-SNAP lead(s) for *[selected D-SNAP]*?
3. How frequently was your organization in contact with SNAP and the D-SNAP lead(s) before, during, and after *[selected D-SNAP]*?
	1. What were the main modes of communication? How was information about the D-SNAP shared with your organization?
	2. Did you feel it was an appropriate level of communication? Please describe why or why not.
		1. How could the State agency improve its communication with organizations such as yours?

Now I want to ask you about the challenges and successes your organization experienced in providing support for *[selected D-SNAP]*.

1. What challenges, if any, did your organization encounter in providing support for *[selected D-SNAP]*?
	1. How were these challenges addressed, if at all? By whom (SNAP or your organization)?
2. What do you think worked particularly well in the support your organization provided for *[selected D-SNAP]*?
	1. What do you think helped facilitate this success?

Let’s shift to talking about your experience with D-SNAP for *[selected D-SNAP]* overall.

1. What do you think went particularly well in terms of both planning and operations for *[selected D-SNAP]* overall?
	1. What do you think helped facilitate this success?
2. In your view, what aspects of the overall D-SNAP operation did not go well?
	1. What do you think led to these challenges? *[Probe for: coordination challenges, site challenges, disaster/weather-related challenges]*
3. Are there other ways *[company/organization]* could support the State’s D-SNAP efforts in future disasters? If so, please describe.
	1. What factors, if any, have prevented this kind of collaboration previously?
	2. What factors would facilitate this collaboration in the future?
4. What could *[company/organization]* do differently in a future D-SNAP collaboration?
5. *[If not already answered]* What do you think the State SNAP agency should do differently in a future D-SNAP?
6. Retailers: Grocery Stores and Restaurants

Let’s talk more specifically about *[store/restaurant]* and D-SNAP during *[selected D-SNAP]*.

1. Tell me more about how *[selected D-SNAP]* affected *[store/restaurant]*.
	1. How long after the disaster did business return to normal levels? *[Probe for: low levels of stock, supply-chain issues, road access]*
	2. Based on previous experiences, does the impact on *[store/restaurant]* vary by disaster type or scope?
2. *[Grocery stores only, unless State received the hot foods waiver]* Did you receive feedback from customers about their D-SNAP benefits, either formally or anecdotally? If yes, please describe.
	1. Did your store/restaurant have any challenges or problems with D-SNAP benefits during checkout?
		1. If so, what were the issues? How did you handle or resolve these issues?
	2. *[If the State requested and received the hot foods waiver]* Did your store have any difficulties implementing the waiver that allowed D-SNAP participants to use their benefits to purchase hot foods?
		1. From your recollections, did many participants purchase hot foods? Do you think individuals knew they were allowed to purchase hot foods with their D-SNAP benefits for a brief time because of the disaster?
3. What do you think went particularly well for *[selected D-SNAP]*?
4. What challenges, if any, did your store/restaurant experience or observe with D-SNAP during *[selected D-SNAP]*?
	1. How might these challenges vary by disaster type or scope?
5. What do you think went particularly well for *[selected D-SNAP]*?
6. What impact do you think the D-SNAP benefits had on *[store/restaurant]*? *[Probe for: financial impact, increase in business, return customers]*
7. Based on your store/restaurant’s experience with *[selected D-SNAP]*, were there any key lessons learned for both your business and D-SNAP? If so, please describe.
8. What could *[store/restaurant]* do differently, if anything, in a future D-SNAP?
9. *[If not already answered]* What do you think the State SNAP agency should do differently in a future D-SNAP?
10. Wrap-Up (all stakeholders)

Thank you for answering our questions so far. We have just a few final questions before we conclude our discussion today.

1. Is there anything else you would like to share about D-SNAP that we haven’t already talked about?
2. Is there anything we should have asked you about these topics but didn’t?
3. May we follow up with you by email or phone if we have further questions?

That completes our questions for you. Thank you very much for speaking with us.