

Attachment H: Retailer Interview Protocol

**Evaluation of 2019-2022 Summer EBT Project
Interview with Retailers**

[Note to site visitors:] Unless otherwise noted, all questions will be asked of a single respondent only.

INTRODUCTION

My name is [X], from Abt Associates.

As you may know, Abt is working to evaluate the Summer EBT Projects for the Food and Nutrition Service (FNS) of USDA. Summer EBT provides nutrition assistance during the summer months to families with children who are eligible for free and reduced price meals during the school year.

My colleagues and I are contacting each of this year's participating state agencies or Indian Tribal Organizations and collecting information from a wide range of stakeholders involved in the project's service area, including a number of retailers, to learn more about Summer EBT as a whole.

I want to start by thanking you for taking time to speak with us today. The interview includes questions on changes made to inventories or other practices in response to Summer EBT, training for staff on how to accept Summer EBT benefits, retailer satisfaction with the Summer EBT, how the project could be improved, and guidance or technical assistance received from the State. Your perspective and insights on these issues are very helpful. Our reports to FNS will describe the range of responses expressed by interview respondents and may list the types of retailers who contributed information, but we will not quote you or anyone by name or title. I expect our conversation will take approximately 30 minutes.

Do you agree to participate in the interview as described? Please respond with "yes" or "no."

YES Great, thank you

NO Do you have questions about the evaluation or the interview that I can answer?

Permission to Record: In order to ensure that we fully and accurately capture the points raised during today's discussion, we would like to digitally record this conversation. Please note that the interviews will remain private. There is a small risk of loss of privacy, but the research team has taken many steps to reduce this risk. Your identity and any information attributable to you will not be released to anyone outside of the research team except as otherwise required by law. The recording will NOT be shared with FNS, or anyone outside the research team, unless you give us permission to do so. We will only use the recording to ensure accuracy of the transcription. Any identifying information, such as your name or anyone else's name that may be mentioned, will be omitted from the final transcript. No names will appear in the final report given to FNS. The recording of your interview will be deleted at the end of the study, after all data have been analyzed.

The Food and Nutrition Service (FNS) is conducting this study to obtain information about the experiences of the Summer Electronic Benefit Transfer (EBT) Project by grantees, retailers, school districts and participants. Participation in this study is voluntary and the information collected will be used to understand how Summer EBT projects are implemented in varying settings. This study does not collect personally identifiable information. Information collected in this study will be kept private to the full extent permitted by law. 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 0584-0524. The time required to provide this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review 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: USDA/Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0524).

Do we have your permission to participate in this interview?

YES Thank you. Do you have any questions before we begin?

NO Okay. Thank you for your time.

Do we have your permission to record this interview?

YES Thank you. Do you have any questions before we begin?

NO Okay. That is not a problem at all. We would like to ask for your patience, as we will need to take a little more time to note your responses by hand to ensure we accurately capture your insights.

First, do you have any questions for me about the project in general or what we will be discussing today?

A. BACKGROUND ON RESPONDENT

I'd like to start with just a couple questions about your background and role with Summer EBT.

A.1 What is your title and role at *[insert retailer name]*?

A.2 What are your responsibilities specifically related to the Summer EBT project?

A.3 How did business increase during the summer months, if at all?

A.4 What share of your customers would you estimate participate in Summer EBT?

B. IMPLEMENTATION EXPERIENCE

Now I'd like to ask a few questions about how you adapted your practices to the Summer EBT project.

Adapting to the Summer EBT Project

B.1 From your perspective, is the [Summer EBT NAME] very similar to [SNAP/WIC], or do you see a distinction between them?

B.2 To participate in the [Summer EBT NAME], did you have to become a [SNAP/WIC] authorized retailer, or were you already authorized?

[If retailer became authorized, ask B.3. Otherwise, skip to B.4]

B.3 What kinds of challenges did you experience with becoming an authorized retailer?

B.4 How did you train your staff on accepting Summer EBT benefits or assisting customers with shopping using Summer EBT benefits?

B.5 How have you changed your food inventories in response to the Summer EBT project?

- Probe for:*
- a) *Should they have changed their food inventories, if no changes made*
 - b) *Customers asking for more of certain food items.*

B.6 Which other changes have you made to your usual practices to accommodate Summer EBT? Please describe.

- Probe for:*
- a) *Adapting card readers or other systems related to using EBT cards*
 - b) *Rearranging stock*

B.7 What types of challenges did you experience with adapting your practices to Summer EBT? How did you address these challenges?

B.8 Do you operate more than one store in the Summer EBT service area? If so, how did these challenges differ across your store locations?

- Probe for:*
- a) *Varied by service area*
 - b) *Differences for tribal/non-tribal area locations*
 - c) *Varied by large or small localities*

Training from the State/Tribal Nation for Retailers

B.9 What kinds of training or informational materials did your store and/or staff need in order to participate in the Summer EBT project?

B.10 ***[If attended training]*** From your store, who attended any training on the Summer EBT project? Who delivered the training, and what was the focus of the content?

- Probe for:*
- a) *Information about the [Summer EBT NAME]*
 - b) *The look of the EBT card*
 - c) *Use of the EBT card*
 - d) *The new WIC package*

B.11 How was the training delivered?

- Probe for:*
- a) *Via Information packets*
 - b) *Via one-on-one or group trainings*

- c) *Via computer/web-based*
- d) *At your location or a separate location*

B.12 How long did the training last? How often was it available?

B.13 What would you say was the most effective type of training or assistance you got from the State/Tribal Nation? How well did the training prepare you for Summer EBT?

B.14 **[For Food Package sites]** What types of communication did you receive about the Summer EBT food package for [Summer EBT NAME] households ?

Probe for: Details about how they received the information, from whom and with what frequency

B.15 What other assistance on Summer EBT implementation did you receive from the State/Tribal Nation?

Probe for: Retailer service number for customer support

Communicating with Participants

B.16 What kinds of assistance do your customers who participate in Summer EBT require? How frequently do you provide this assistance?

B.17 What types of information do you share with your customers about Summer EBT?

Probe for:

- a) *Included in flyers or other marketing materials*
- b) *Posted notices in the store about the project*
- c) *Tags that identify Summer EBT-eligible foods*
- d) *Customer support when requested by customers*
- e) *Other*

B.18 **[For Food Package sites]** Summer EBT food package item sizes may be different than sizes of items for the WIC food package. What kinds of challenges does this present for customers purchasing Summer EBT foods? How did you address these challenges? If Summer EBT were to become a permanent program, what suggestions would you make for food item sizes?

B.19 **[All sites]** Purchases of fresh fruits and vegetables by Summer EBT customers is often low. How do you think fruit and vegetable purchases could be improved? What can retailers do to help improve customer purchases of fruits and vegetables through Summer EBT?

Satisfaction with Summer EBT

B.20 Overall, how satisfied are you with Summer EBT?

B.21 What do you like most about the project?

B.22 What would you change about Summer EBT to make improvements if you could?

B.23 Right now, Summer EBT is a project that is designed to try out options for feeding children in the summer. If Summer EBT became a permanent national program, what would change in how you implement it?

B.24 What do you see as the benefits of having Summer EBT be a permanent program?

CLOSING

Is there anything you think is important for FNS to know about the [STATE/Tribal Nation]'s [Summer EBT NAME] that we did not ask about?

Thank you for your time and helpful feedback. The information you have shared will be valuable to our team as we look across states and localities for themes and ideas that we can share with FNS.

Are there any questions you have for me before we finish?

END OF INTERVIEW