# Appendix C: School Nutrition Manager Process Study Year 2 Interview

*BACKGROUND (DO NOT READ TO THE PARTICIPANT):*

*Semi-structured phone interviews will take place with school nutrition managers (SNMs) at the end of the first year (Spring 2022) and at the end of the second year (Spring 2023) of E-STAR implementation. Targeted length for each interview is 45 minutes. Interviews are intended to be semi-structured and conversational to provide additional insight into school nutrition managers’ participation in E-STAR, beyond the information gathered in surveys. This protocol will be used to guide the conversation, and the suggested probes may be used as necessary, but we do not expect all probes to be asked of all interviewees. Note that this year 2 protocol focuses on the second year of E-STAR implementation (School Year 2022-2023).*

Introduction

**My name is [NAME], and I’m a researcher at Abt Associates. Thank you for speaking with me today.**

**As you may remember, our team is evaluating the E-STAR Training Program. E-STAR stands for the Enhanced Strategies, Training, Action Plans, and Resources Program, and you started this program in Summer 2021 when you attended the 2.5-day workshop in East Lansing, Michigan.**

**Our team is talking with all the school nutrition managers who are participating in E-STAR to get input about their experiences with the E-STAR workshops, virtual trainings, mentoring, and Action Plan implementation.**

**Today, I have a series of questions I’d like to ask you, and it will take about 45 minutes to get through these questions. If there are questions that you cannot answer or do not wish to answer, feel free to say you would like to skip the question. Please know that your participation in this interview is voluntary and you may choose to end the interview at any time. As a thank-you for your time today, we will send you a $20 gift card. After this interview, we will summarize your responses with those provided by other school nutrition managers, in a final report for US Department of Agriculture’s Food and Nutrition Service, the agency that funds E-STAR. We will not use names in the report or identify individual respondents.**

**With your permission, I would like to record our call to ensure that our notes accurately reflect your responses. Do I have your permission to record our conversation?**

* Yes
* No

**Great, thank you for speaking with me, [SNM NAME]. Do you have any questions for me about the project in general or what we will be discussing today?**

Questions

1. **Action Plan**

**First, let’s talk about the Action Plan you developed and have been implementing for E-STAR. Remember, this is the plan you initially created when you attended the 2.5-day E-STAR workshop in Summer 2021. I’ll also ask you about the trainings you conducted for food service staff as part of this Action Plan.**

1. **Over the past year, have you been able to implement your Action Plan as you planned? Why or why not?**
   1. *Probe with specific actions/SMART goals in plan.*
   2. *Probe on how $2,500 sub-grant funds were used.*
   3. *Probe on whether they felt like they had the ability to make changes*
   4. *Probe on progress towards SMART goals, if they are ahead or behind schedule, and the reasons why.*
   5. *Probe on interactions with Director and their support for the goals in the Action Plan. Also ask if there has been a change in Director over the past year and if that turnover affected support.*
   6. *Probe: Who has been supportive, who has been opposed or resistant to the implementation of the Action Plan?*
   7. *Probe: Did you partner or collaborate with anyone to implement the SMART goals in your plan? What were the facilitators/barriers to this collaboration? Was the collaboration helpful?*
2. **Have you had to make changes to your Action Plan in the past year? Why or why not?** 
   1. *Probe for any changes due to food service staff or Director turnover.*
   2. *Probe: Which SMART goals were changed? Did you discuss these changes with your mentor? With your Director?*
3. **Our records show that you have planned and delivered [X] Manager’s Corner trainings to your food service staff over the past year. Is this correct?**

*[NOTE TO INTERVIEWERS – IF THE SNM IS CONFUSED ABOUT THE MANAGER’S CORNERS HE/SHE DELIVERED, MAY NEED TO OFFER SOME EXAMPLES OF ONES HE/SHE DELIVERED. IF THE SNM DOESN’T THINK THE NUMBER IS CORRECT, PLEASE RECORD WHAT THE SNM SAYS.]*

1. **Did you deliver the trainings you had initially planned to deliver as described in your Action Plan?** 
   1. *Probe: If yes, probe for facilitators.*
   2. *Probe: If no, probe for barriers (why are you behind schedule?).*
2. **How do you feel the trainings went? What do you think made them go well? What challenges did you encounter in delivering the trainings?**

*[NOTE TO INTERVIEWERS – PROBE FOR FACILITATORS AND BARRIERS TO DELIVERING THE MANAGERS CORNER TRAININGS – SEE PROBES BELOW FOR EXAMPLES.]*

* 1. *Probe: Did you follow the Manager’s Corner training curricula exactly as prescribed without variation? Why or why not? If changes were made, what was the nature of the changes?*
  2. *Probe: Were the curricula lessons easy or hard to use? Why? What would improve them?*
  3. *Probe: How engaged or interested were your food service staff in the training and material presented? Do you think the food service staff are open to new ideas and ways of doing things? Or would you say they are resistant to changes?*

1. **Mentoring Sessions**

**We’re going to turn our attention to the mentoring part of E-STAR. Next, I’ll ask you some questions about your experiences with your mentor, [INSERT NAME OF MENTOR] over the past year. Please remember that your responses are confidential and we will not use your name, your mentor’s name, or any other potentially identifying information in the final report. It sounds like you’ve completed [XX] sessions with your mentor this year, is that correct?**

***[****NOTE TO INTERVIEWERS – IF NOT CORRECT, DOCUMENT THE NUMBER THE SNM STATES.]*

1. **Can you start by providing a brief description of a typical mentoring session?** 
   1. *Probe: What information do the sessions include? How are they structured? How long are they? Are they typically in person or virtual (by video conference, phone)? Are they always scheduled or do you ever have impromptu sessions?*
   2. *Probe on effectiveness of virtual and in-person mentoring sessions.*
   3. *Probe: Can you describe your relationship with your mentor?*
2. **Have you been able to have all of your meetings with your mentor? Why or why not?**
3. *Probe: What has made it easier to attend mentoring sessions? What has motivated you to attend?*
   1. *Probe for both logistical and other motivating factors. Some possibilities are convenience of scheduling, convenience of location or technology used, ability to find coverage for work responsibilities, need to learn, meetings are helpful/interesting/engaging.*
4. *Probe: What has made it more difficult to attend mentoring sessions? What has made you more resistant to attend?*
   1. *Probe for both logistical and other factors that may have made them more resistant to participate. Some possibilities are inconvenience of scheduling, inconvenience of location, technology difficulties (for virtual meetings), inability to find coverage for work responsibilities, did not find sessions useful or necessary to implement Action Plans, meetings were not interesting/engaging.*
5. **Please describe how the mentoring sessions have or have not been helpful to you.** 
   1. *Probe: In what areas has mentoring been most helpful to you?*
   2. *Probe: In what areas could mentoring have been more helpful to you?*
   3. *Probe: Has your mentor been a good listener? Have they been able to help you with questions or solve problems that have come up?*
6. **What role has your mentor played in your Action Plans?**
   1. *Probe for: help with developing, getting approval, making changes, helping to identify strategies to overcome any challenges in implementing Action Plans.*
   2. *Probe: Do you think you could have accomplished your Action Plan without the guidance of your mentor?*
   3. *Probe: Do your experiences with your mentor motivate you to continue implementing your E-STAR Action Plan, even after the two-year E-STAR training period has ended? Why or why not?*
7. **Virtual Instructor-Led Trainings**

*[NOTE TO INTERVIEWERS – IF LESS THAN 7 MINUTES IS REMAINING, PLEASE SKIP THESE QUESTIONS AND MOVE TO SECTION D.]*

**Now, let’s talk about your experiences with the Virtual Instructor-Led Trainings or VILTs. This past year, it sounds like you’ve completed [XX] VILTs.**

1. **What things made it easier or harder to participate in the VILTS?** 
   1. *Probe for both logistical and other motivational factors. Some possibilities are convenience of scheduling, ease of technology, ability to find coverage for work responsibilities, found material helpful/interesting/engaging.*
   2. *Probe for both logistical and other factors that may have made them more resistant to participate. Some possibilities are inconvenience of scheduling, technical difficulties (online structure of the training), inability to find coverage for work responsibilities, already knew the material, did not find them interesting or engaging.*

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1. **How helpful were the VILTs? Does participating in them motivate you to continue with E-STAR and implement your Action Plan?** 
   1. *Probe: Which VILTs were the most/least helpful? Why?*
   2. *Probe: How were they useful? How did you incorporate what you learned into your work? Did they provide new information?*
   3. *Probe: How did the VILTs help you with carrying out your Action Plan?*
   4. *Probe: How did the VILTs help you with training your food service staff?*
2. **Conclusion**

**Finally, I have a couple of closing questions for you.**

1. **Thinking about E-STAR as a whole, which part of the E-STAR training have you found to be most useful? Why?**
   1. *Probe: Which of the three main elements of E-STAR were most useful: the workshop, VILTS, or mentoring sessions?*
2. **Which part of the E-STAR training have you found to be least useful? Why?**
   1. *Probe: Which of the three main elements of E-STAR were least useful: the workshop, VILTS, or mentoring sessions?*
3. **What has helped you stay engaged in the E-STAR Program?** 
   1. *Probe: What motivated you to continue participating in E-STAR?*
   2. *Probe: What kept you committed to implementing your Action Plan?*
4. **What things have made it difficult to continue to participate in E-STAR?**
   1. *Probe: What discouraged your participation (e.g., training format, content, competing job priorities, receptiveness of food service staff)?*
5. **What else about E-STAR do you want to share with me today?** 
   1. *Probe: Did you feel that participating in E-STAR helped you improve meal service or meal quality at your school?*
   2. *Probe: Did you feel that participating in E-STAR helped you increase the amount and quality of training you provide to your food service staff?*
   3. *Probe: Do you think that you will maintain or continue working towards the goals in your Action Plan after the two-year ESTAR training period has ended? Why or Why not?*

Closing

**Thanks for all your help today. It’s been a pleasure speaking to you and learning about your experience with E-STAR. We appreciate your insights and wish you continued success in your work!**

**Before we end the conversation, can you provide me with your full name and e-mail address, so we can send you a gift card to thank you for your time?**

*[COLLECT INFORMATION]*

**Great, thanks again and enjoy your day!**

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| This information is being collected to assist the Food and Nutrition Service in understanding the E-STAR training program as implemented. This is a voluntary collection and FNS will use the information to inform future iterations of E-STAR. This collection does not request any personally identifiable information under the Privacy Act of 1974. 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 complete this information collection is estimated to average 45 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0524). Do not return the completed form to this address. |