**OMB Control No: 0584-0524**

**Expiration Date: 02/28/2026**

**Attachment B - Survey**

**USDA FNS Summer Nutrition Programs**

**Campaign Concept Testing Survey**

**Parents/Guardians and Stakeholders**

**Purpose:** To test the campaign concepts to underpin the development of a public awareness campaign to increase familiarity with and interest in participation in USDA FNS Summer Nutrition Programs. We will test three (3) distinct campaign concepts that connect to the new Summer Nutrition program brand with the goal of ultimately selecting one final concept.

**Methodology:** A digital survey distributed to approximately 350 survey respondents: 300 parents/guardians and 50 stakeholders. The sample size ensures the ability to detect significant differences among groups and reasonable timing for rapid testing.

The survey will be distributed to 300 parents/guardians who participate in online panels (have agreed in advance to participate in surveys and recruited in advance via multiple channels including flyers, ads, subscription lists, social media, text/email recruiting, marketing lists, etc.) and who meet the screening criteria. Team Crosby has used testing approach effectively for other FNS programs. We will establish the following quotas for the 300 parents/guardians:

* 50 Hispanic/Latino, including immigrant/mixed status
* 50 Hispanic/Latino in English
* 50 Black
* 50 White
* 50 American Indian/Alaska Native
* 50 Asian/Asian American/Native Hawaiian/Pacific Islander

**Screening Criteria for Parents**

* Parents/guardians/caregivers of children, ages 18 years and younger (will ensure they are a decision-maker for their children’s nutrition during summer months)
* Mix of participation in nutrition benefits programs (free/reduced school lunch, SNAP, WIC, and those likely eligible based on household income)
* Mix of rural and urban locations across the U.S.
* For immigrant/mixed status – at least one parent born outside the U.S.

Also, we will distribute the survey to 50 state, tribal, or local representatives who will be involved in implementing or promoting the programs, **provided FNS can provide us contact lists for these audiences**. We estimate the following breakout of stakeholder respondents:

* 25 state/tribal agency representatives who will be involved in the day-to-day implementation
* 25 organization representatives who will play a role in building awareness and/or that are site sponsors of the program (e.g., schools, libraries, community-based organizations)

**Orange text is for the research team and will not be displayed to survey respondents.**

**SCREEN 1: PRIVACY ACT STATEMENT**

Legal Authority: USDA is authorized to collect this information under 42 USC 12651d (b)(13), (14), and (c)(11).

Purpose: This information will be used to inform an awareness and recruitment campaign to increase familiarity with and eventual interest in participation in USDA programs.

Routine Use: Information may be disclosed for any use permitted under law. Information will only be used in aggregate without personally identifiable information and is thus not subject to the Privacy Act.

Disclosure: All information collected will be collected privately and only reported anonymously, without any association with your information or personal information. Any information which would permit identification of the individual will be safeguarded and will be used only by persons engaged in and for the purpose of the survey, except as otherwise required by law.

Participation in this research is voluntary and there are no penalties for refusing to answer any question. However, your cooperation in obtaining this much needed information is extremely important in order to ensure the completeness of the results.

To continue, click NEXT.

**SCREEN 2: OMB BURDEN STATEMENT**

**OMB BURDEN STATEMENT:** This information is being collected to assist the Food and Nutrition Service in developing a National Outreach Campaign to increase awareness of the health and nutrition benefits associated with specific programs. This is a voluntary collection and FNS will use the information to meet the needs and understand the mindsets of current program participants, as well as those individuals who are eligible but do not participate. 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 19 minutes per response, including the time for reviewing instructions, the Privacy Act Statement, Consent Form, 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.

To continue, click **NEXT**.

**SCREEN 3: SCREENING QUESTIONS**

**Screening Questions for Parents/Guardians**

*Please answer a few questions to see if you qualify for the survey.*

1. **Will you have a child or children 18 years old or younger living with you during one or more of the summer months in 2024: June, July, August?** *(Select one)*

Yes

No [Screen out]

1. **Do you help play a key role in feeding the child or children living with you during one or more of the summer months: June, July, August? (This includes meal planning, shopping for food, preparing meals, and/or signing them up and taking them to meal programs.)** *(Select one)*

Yes

No [Screen out]

**Questions for Monitoring Quotas and Representation of Parents/Guardians**

1. **What state do you live in?** *(Select one)* [Drop-down list of states; ensure some respondents are from states rolling out Summer EBT in 2024 by ensuring our panel provider includes respondents from those states]
2. **Are you Spanish, Hispanic, or Latino?** *(Select one)* [Monitor quotas]

Yes

No

1. **What racial/ethnic group best describes you?** *(Select all that apply)* [Monitor quotas]

American Indian or Alaska Native

Asian or Asian American

Black or African American

Native Hawaiian or Pacific Islander

White, Caucasian American

1. **Which best describes the place where you now live?** *(Select one)* [Ensure a mix]

Rural area (less than 2,500 people)

Small city or town (2,500 people to less than 10,000 people)

Suburb near a large city (10,000 to less than 50,000 people)

Large city (50,000 people or more)

1. **Where were you born?** *(Select one)* [Ensure people born outside the U.S., (those who respond “Other”) are represented]

United States

Other (specify)

1. **Select all of the programs you or the child or children living with you currently participate in.** *(Select all the apply)* [Ensure a mix]

Supplemental Nutrition Assistance Program (SNAP) or a similar program (Foodshare/Food Stamp/Food Assistance/Nutrition Assistance)

Temporary Aid for Needy Families (TANF) cash assistance program

WIC (Also known as the Special Supplemental Nutrition Program for Women, Infants, and Children)

Free school meals

Summer meal programs

Other programs/places that provide free food/meals (e.g., church programs, food pantries, etc.)

None of these

1. **What is the combined income of all members living with you for the past 12 months (before taxes and from all sources)?** *(Select one)* [80% of sample is <$60,000; Limit higher income levels]

No income

>$0 but less than $15,000

$15,000 to less than $30,000

$30,000 to less than $45,000

$45,000 to less than $60,000

$60,000 to less than $75,000

$75,000 or more

**Messages for Non-Eligible Individuals:**

We are sorry you do not qualify for the survey, but we greatly appreciate your time and interest.

**Messages for Eligible Individuals:**

You have qualified for the survey. Thank you for participating. Next, you will review and provide consent to start the survey.

**SCREEN 4: CONSENT**

You are being invited to participate in a research study on behalf of the United States Department of Agriculture (USDA) Food and Nutrition Service to inform a National Outreach Campaign. If you agree to take part in this study, you will be asked to complete an online survey. This survey will take you approximately 10 minutes to complete.

You may not directly benefit from this research; however, we hope that your participation in the study may help the Food and Nutrition Service determine how to best communicate with the general public about specific programs.

You agree to ask questions about the study if you don't understand something. If you have questions once the study is over, you can contact Alex Glembin at 414-644-0262.

By clicking “I agree” below, you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study. Please print a copy of this page for your records.

I Agree

I Do Not Agree

**SCREEN 5: SURVEY**

**Concept Testing Questions**

*In this section, you will review some ideas for ads about food programs for children during the summer months. These ideas are not fully developed and some programs may not be offered in your community. Please answer the following questions about the sample ads.*

[The question set 1-4 are repeated for a total of 3 concepts presented in random order]

1. **Focus on the ideas/themes in the ad. Do not focus on the actual pictures (they will likely change). How strongly do you agree with each of the following statements about the ad?**

**(1-Completely disagree, 2-Disagree somewhat, 3-Neutral, 4-Agree somewhat, 5-Completely agree)** [Statements and concepts presented in random order]

**Question for parents:**

**The ad…  *(Select all that apply)***

Is easy to understand.

Makes me want to know more about the programs.

Is relevant to my family.

Grabs my attention.

**Question for stakeholders:**

**The concept…**

Is easy to understand.

Will make families in my community/state want to know more about the programs.

Is relevant to families in my community/state.

Will grab the attention of families in my community/state.

Would be helpful for my organization to promote the programs in my community/state.

1. **What do you like about the ad?** *(Open-end)*
2. **Would you change anything about the ad?** (*Select one)*

Yes

No

1. [If Yes] **What would you change about the ad?** *(Open-end)*
2. **Question for parents:**

**Which one of these ads would make you want to learn more about the summer food programs the MOST?** *(Select one)* [Random order]

Sample A

Sample B

Sample C

**Question for stakeholders:**

**Which one of these ads would help your organization promote the summer nutrition programs to families in your states/communities the MOST?** *(Select one)* [Random order]

Sample A

Sample B

Sample C

1. **Question for parents:**

**What other information would you like to know about the summer food programs?** *(Open-end)*

**Question for stakeholders:**

**What is the most important information families in your state/community would need to know about the summer nutrition programs?** *(Open-end)*

1. **Questions for parents:**

**a. Which one of these designs for the program names do you like the MOST?** *(Select one)*[Random order]

Sample A

Sample B

Sample C

**b. Which one of these designs for the program names do you like the LEAST?** *(Select one)*[Random order]

Sample A

Sample B

Sample C

**Questions for stakeholders:**

1. **Which one of these designs for program names do you like the MOST?**

*(Select one)* [Random order]

Sample A

Sample B

Sample C

**b. Which one of these designs for the program names do you like the LEAST?** *(Select one)*[Random order]

Sample A

Sample B

Sample C

1. **Question for parents:**

**If you were interested in learning more about summer food programs for a child or children living with you, what is the best way to give you that information?** *(Select your top 3)* [Random order]

Digital/online ads (social media, online searches, websites, etc.)

Billboards

Radio

Audio streaming services (Spotify, Pandora, podcasts, etc.)

Locally in my community (for example, grocery stores, schools, bus stops, etc.)

TV

Newspaper

Other (specify)

|  |
| --- |
|  |

1. **Question for parents:**

[If Digital is selected in previous question] **Where would you like to see information online about the summer food programs?** *(Select your top 3)* [Random order]

Meta/Facebook

Instagram

LinkedIn

X/Twitter

Snapchat

Reddit

Tik Tok

Threads

Google search

YouTube

A website

Other (specify)

1. **Question for parents:**

**Who do you trust the most to give you information about summer food programs for children?** *(Select your top 3)* [Random order]

Doctor or nurse

Religious leader

Community leader

People who work for state or local benefits programs (WIC, SNAP, TANF)

School staff (principal, teacher, support staff)

Staff at summer programs (summer camp, summer activities, etc.)

Other (specify)

**Demographic Questions for Parents**

*These questions help us combine responses of similar groups. Your responses are private.*

1. **What zip code do you live in?** *(Select one)*
2. **What best describes your relationship with the child or children living with you:** *(Select one)*

Mother

Father

Grandparent

Foster parent

Guardian

Stepparent

Adoptive parent

Aunt/Uncle

Other (specify)

1. **Are you:** *(Select all that apply)*

Female

Male

Transgender, non-binary, or another gender

1. **How old are you?** *(Select one)*

18-24

25-34

35-44

45-54

55-59

60 or older

**Demographic Questions for Stakeholders**

*These questions help us combine responses of similar groups. Your individual responses are private.*

1. **Where is your organization located?** *(Select one)* [Drop-down list of states including an option “In multiple states;” We will ensure some respondents are from states rolling out Summer EBT in 2024 by ensuring our panel provider includes respondents from those states]
2. **How do you describe the organization you work for?** *(Select one)*

State agency

Tribe

Site Sponsor/Service Provider for summer nutrition programs

Other (specify)

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