

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 0584-0611. The time required to complete this information collection is estimated to average .25 hours 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 (0584-0611). Do not return the completed form to this address.

Attachment A-1 Focus Group Screener (English) (WIC Participants)

- **GROUP 1:** WIC Participant (Q11), Pregnant or Mom of child 0 to <12 mos. (Q2a-q2b), English-speaking (Q12-Q13), Black adult (Q4), Ages 18-34 (Q5), Mix of locality (Q17)
- **GROUP 2:** WIC Participant (Q11), Mom of child 1 to <5 yrs. (Q2a-q2b), English-speaking (Q12-Q13), Black adult (Q4), Ages 18-34 (Q5), Mix of locality (Q17)
- **GROUP 3:** WIC Participant (Q11), Pregnant or Mom of child 0 to <12 mos. (Q2a-q2b), Spanish-preferring (Q12-Q13), Hispanic/Latina (Q3), Ages 18-34 (Q5), Mix of locality (Q17)
- **GROUP 4:** WIC Participant (Q11), Mom of child 1 to <5 yrs. (Q2a-q2b), Spanish-preferring (Q12-Q13), Hispanic/Latina (Q3), Ages 18-34 (Q5), Mix of locality (Q17)
- **GROUP 5:** WIC Participant (Q11), Pregnant or Mom of child 0 to <12 mos. (Q2a-q2b), English-speaking (Q12-Q13), Hispanic/Latina (Q3), Ages 18-34 (Q5), Mix of locality (Q17)
- **GROUP 6:** WIC Participant (Q11), Mom of child 1 to <5 yrs. (Q2a-q2b), English-speaking (Q12-Q13), Hispanic/Latina (Q3), Ages 18-34 (Q5), Mix of locality (Q17)
- **GROUP 7:** WIC Participant (Q11), Mix of Pregnant or Mom of child 0 to <5 yrs. (Q2a-q2b), English-speaking (Q12-Q13), White (Q4), Ages 18-34 (Q5), Rural/Small town (Q17)
- **GROUP 8:** WIC Participant (Q11), Mix of Pregnant or Mom of child 0 to <5 yrs. (Q2a-q2b), English-speaking (Q12-Q13), White (Q4), Ages 18-34 (Q5), Non-Rural/Small town (Q17)
- **GROUP 9:** WIC Participant (Q11), Mix of Pregnant or Mom of child 0 to <5 yrs. (Q2a-q2b), English-speaking (Q12-Q13), Native American (from Tribal Communities) (Q4), Ages 18-34 (Q5), Mix of locality (Q17)

All groups recruit 10 to seat six.

Hello, My name is _____, and I am calling from Edge Research, a research company in CITY/LOCATION. We are calling on behalf of the United States Department of Agriculture (USDA FNS) Food and Nutrition Service (FNS) to ask for your participation in a discussion about how USDA can best communicate nutrition information to people like you. Your participation is voluntary and as a token of our appreciation, we will provide \$75 as an incentive for your participation in a 2-hour discussion on this subject. There are no penalties if you chose not to participate. This feedback session will be private, which means that nothing that you say will be seen by anyone other than qualified researchers working on this project, except as otherwise required by law. Your responses will be combined with others and you will never be personally identified.

Are you interested in participating?

IF NO: Thank you and have a great day/evening.

IF YES: Great! First, I need to ask you a few questions to find out if your background meets the needs of this study.

Before the questions, I need to inform you about the process.

It will take approximately 15 minutes to complete the questions. In accordance with the Paperwork Reduction Act of 1995, the valid OMB control number for this information collection is 0584-0611. If you have comments on any aspect of this information collection, there is a mailing address to send comment to USDA. Would you like that address? [IF YES: U.S. Department of Agriculture, Food and Nutrition Services, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-0611).]

1. Are you: *Mark all that apply.*
 - 1) Female
 - 2) Male [MUST SELECT FOR ALL GROUPS]
 - 3) Transgender, non-binary, or another gender

2. Are you the parent or legal guardian of a child 4 years old or younger who lives with you, even part-time?
 - 1) Yes, parent/legal guardian [MUST SELECT TO CONTINUE FOR GROUPS 2, 4, 6]
 - 2) No [HOLD FOR GROUPS 1, 3, 5, 7-9]

- 2a. How old is the child (are the children) who lives (live) with you? *Select all that apply*

RECRUIT A MIX WITHIN GROUPS

 - 1) 0 to less than 3 months [HOLD FOR GROUPS 1, 3, 5]
 - 2) 3 to less than 6 months [HOLD FOR GROUPS 1, 3, 5]
 - 3) 6 months to less than 9 months [HOLD FOR GROUPS 1, 3, 5]

- 4) 9 months to less than 1 year [HOLD FOR GROUPS 1, 3, 5]
- 5) 1 year to less than 2 years [MUST SELECT TO CONTINUE FOR GROUPS 2, 4, 6]
- 6) 2 years to less than 3 years [MUST SELECT TO CONTINUE FOR GROUPS 2, 4, 6]
- 7) 3 years to less than 5 years [MUST SELECT TO CONTINUE FOR GROUPS 2, 4, 6]

_____ Record number of children under 18 years of age in household.

**FOR GROUPS 7-9, RECRUIT A MIX OF ALL AGES NOTED ABOVE
RECRUIT A MIX OF NUMBER OF CHILDREN IN HOUSEHOLD**

ASK IF Q2 = 1 AND Q1 DOES NOT EQUAL 1

- 2b. Are you currently pregnant or trying to become pregnant within the next year?
- 1) Trying to become pregnant within next year
 - 2) Currently pregnant [HOLD FOR GROUPS 1, 3, 5]
 - 3) No, none of these

**FOR GROUPS 1, 3, 5 RECRUIT ½ CHILD UNDER 1 YEAR OLD & ½ CURRENTLY PREGNANT
FOR GROUPS 7, 8, 9 RECRUIT AT LEAST 3 PER GROUP WHO ARE CURRENTLY PREGNANT**

3. Are you Hispanic, Latino or of Spanish descent?
- 1) Yes, Hispanic or Latino [CONTINUE SCREEN FOR ALL GROUPS; MUST SELECT FOR GROUPS 3, 4, 5, 6]
 - 2) No, not Hispanic or Latino
 - 3) Prefer not to answer
4. Which of the following best describes your race? Select all that apply. [ACCEPT MULTIPLE RESPONSES]
- 1) American Indian or Alaska Native [MUST SELECT TO CONTINUE FOR GROUP 9]
 - 2) Asian
 - 3) Black or African American [MUST SELECT TO CONTINUE FOR GROUPS 1, 2]
 - 4) Native Hawaiian or Other Pacific Islander
 - 5) White [MUST SELECT TO CONTINUE FOR GROUPS 7, 8]
 - 6) Other
 - 7) Prefer not to answer [EXCLUSIVE; **THANK AND TERMINATE:** *Based on the requirements of the study, it looks like we can't include you at this time. It is possible we will be calling you in the future for other studies.*]

GROUPS 1 AND 2 - BLACK ADULTS ONLY (Q4=3)

GROUPS 3, 4, 5, 6 - HISPANIC/LATINO ADULTS ONLY (Q3 =1)

GROUPS 7 AND 8 - WHITE ADULTS ONLY (Q3=2 AND Q4=5)

GROUP 9 - NATIVE AMERICAN ADULTS ONLY (Q4=1)

5. Please stop me when I come to the category that includes your age.

- 1) Under 18 [THANK AND TERMINATE: *Based on the requirements of the study, it looks like we can't include you at this time. It is possible we will be calling you in the future for other studies.*]
 - 2) 18 - 24
 - 3) 25 - 29
 - 4) 30 - 34
 - 5) 35 - 49
 - 6) 50 - 64
 - 7) 65 - 74
 - 8) 75 or older [THANK AND TERMINATE]
- GROUPS 1 - 9 MUST BE 18-34 YEARS OF AGE (Q5 = 2,3,4; RECRUIT A MIX)

6. Please select the category that best represents your living situation:
 - 1) Live in parent/guardian's home
 - 2) Live in dorm/group home
 - 3) Live with spouse/significant other
 - 4) Live with children/other family members [CHECK AGAINST PARENT Q2]
7. In your household, who is responsible for making choices regarding the food you and your household eats?
 - 1) I am primarily responsible for making choices regarding the food I/my household eats
 - 2) I share responsibility for making choices regarding the food I/my household eats
 - 3) Someone else is primarily responsible for making choices regarding the food I/my household eats [THANK AND TERMINATE]
8. How many people live with you regularly and make up your "household" including yourself? Please exclude any roommates/boarders/etc. ___ [NUMERIC 1-99; REQUIRED]
9. What was your approximate annual household income for 2022, before taxes, from all sources? This includes salaries, Social Security, pension, interest, and investment earnings. _____

185% of poverty guidelines

Household size	Annual Income
1	\$25,142
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266

<https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf>

ALL MUST BE <= 185% of poverty guidelines. IF RESPONDENT PARTICIPATES IN WIC BUT HHI IS ABOVE 185% OF POVERTY GUIDELINES, HOLD FOR REVIEW

10. How familiar are you with each of the following programs?

- 1) Very familiar
- 2) Somewhat familiar
- 3) Not too familiar
- 4) Never heard of/don't know

[RANDOMIZE]

- a) "SNAP" or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as "Food Stamps"
- b) "WIC" or the Special Supplemental Nutrition Program for Women, Infants, and Children
- c) "TANF" or Temporary Assistance for Needy Families
- d) The National School Lunch Program
- e) Medicaid
- f) "CHIP" or the Children's Health Insurance Program

11. Do you currently participate in any of the following programs? *Select all that apply.*

[RANDOMIZE]

- 1) "SNAP" or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as "Food Stamps"
- 2) "WIC" or the Special Supplemental Nutrition Program for Women, Infants, and Children **MUST SELECT WIC TO QUALIFY FOR ALL GROUPS**
- 3) "TANF" or Temporary Assistance for Needy Families
- 4) Medicaid
- 5) "CHIP" or the Children's Health Insurance Program
- 6) None of these

MAX 4 PER GROUP WHO SELECT SNAP, TANF, AND/OR MEDICAID IN ADDITION TO WIC

[ADDITIONAL SCREEN FOR HISPANIC PARTICIPANTS]

12. What language do you usually speak at home?

- 1) Only Spanish
- 2) Mostly Spanish
- 3) Spanish and English equally
- 4) Mostly English
- 5) Only English [SKIP TO RESUME ALL QUESTION]

13. Thinking of your media habits, including television, the internet, social media, radio, and print newspapers and magazines, would you say you use ...

- 1) Only Spanish language media
- 2) Mostly Spanish language media
- 3) Spanish and English language media equally
- 4) Mostly English language media
- 5) Only English language media

MUST BE MOSTLY SPANISH IN MEDIA AND AT HOME (Q12 AND Q13 = 1,2) TO QUALIFY FOR SPANISH-PREFERRING GROUPS 3, 4. IF EQUAL OR MOSTLY ENGLISH ON BOTH (Q12 and Q13=3-5), MAY QUALIFY FOR ENGLISH-SPEAKING HISPANIC GROUPS 5, 6.

ASK IF Q2a = 1, 2, 3, 4, 5

14. How do you currently feed your child who is 2 years of age or younger? Select all that apply.

- 1) Breastfeeding (including pumping)
- 2) Formula/Breast-milk substitutes
- 3) Pureed food
- 4) Solid food
- 5) Other, please describe: _____ [HOLD FOR EDGE REVIEW]

RECRUIT A MIX OF BREASTFEEDING AND NOT BREASTFEEDING

[ASK IF Q14 DOES NOT EQUAL 1]

15. Have you ever breastfed your child who is 24 months of age or younger?

- 1) Yes
- 2) No

RECRUIT A MIX OF BREASTFEEDING AND NOT BREASTFEEDING

RESUME ASKING ALL

16. For each statement, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Somewhat disagree
- 4) Strongly disagree
- 5) Don't know/Not sure

[RANDOMIZE]

- a) I am confident in my ability to make nutritious eating choices
- b) I know where to find/purchase nutritious foods near me
- c) I eat whatever I want, whenever I want
- d) I wish I knew more about healthy eating

RECRUIT FOR A MIX OF ATTITUDES/LIFESTYLE

TERMINATE IF Q16C = 1 AND Q16D = 4

17. In what type of community do you live? [CONFIRM AGAINST ZIP CODE. RECRUIT A MIX]

- 1) Urban, which is inside a city
- 2) Suburban, which is just outside of a city [RECRUIT NO MORE THAN 3 PER GROUP]
- 3) Small town or Rural, which is farther outside of a city, like in the country [MUST SELECT TO CONTINUE FOR GROUP 7]

GROUP 8, Q17 = 1 OR 2

RECRUIT A MIX FOR GROUPS 1, 2, 3, 4, 5, 6, 9 TO EXTENT POSSIBLE

18. In what state do you live? [DROPDOWN LIST]

RECRUIT MIX ACROSS STATES TO EXTENT POSSIBLE

19. What is your zip code? _ _ _ _ _ [NUMERIC, RECORD]

The discussion we are recruiting for is virtual, meaning that you can participate from the comfort of your own home, but you would need to be in front of a device with internet access, in a quiet place. Please make sure and confirm that you can be in a quiet place and can commit to the full 2 hours without many interruptions. [IF BREASTFEED: It is okay to breastfeed or pump, if needed, during this time.] To better simulate a discussion, you would also need to be visible to the interviewer via a web camera. Someone will call you before the group to help you get set up the webcam and make sure all the technology needed for the discussion is working properly.

This is for research purposes only, and all of your feedback during the group would be anonymous and confidential, and the remote connection is safe and secure. To thank you for participating in this study, we will give you **\$75** at the end of the group.

20. Is this something you are interested in and comfortable with?

1) Yes

2) No

THANK AND TERMINATE

Now, just a couple of questions about your technology usage.

21. How would you describe your comfort level with using the internet?

1) Very comfortable

2) Somewhat comfortable

3) Neutral

4) Not that comfortable

THANK AND TERMINATE

5) Not comfortable at all

THANK AND TERMINATE

6) Not sure

THANK AND TERMINATE

22. What type of device will you be using to participate?

1) Computer/laptop

2) Tablet

3) Phone

IF Q22=1 OR 2 (USING COMPUTER OR TABLET)

23. Do you have a high-speed internet connection that you can use while participating in this research?

1) Yes

CONTINUE

- 2) No **OPTION FOR RESPONDENT TO USE PHONE INSEAD, OTHERWISE
THANK AND TERMINATE**

24. Do you have a webcam on your computer, laptop, tablet, or smartphone that you can use for the discussion?

- 1) Yes **CONTINUE**
2) No **PLEASE HOLD FOR EDGE REVIEW, IDEALLY ALL RESPONDENTS HAVE
WEBCAMS**

What is the best time to reach you for a Technology Check?

RECORD: _____

Thank you for completing the screening questions. As I mentioned previously, you have been invited to participate in a small discussion group regarding how USDA can best communicate about nutrition information to people like you. Your participation means that you would participate in the 2-hour discussion that will be held on DATE/TIME/LOCATION. As a token of our appreciation, you will receive a \$75 gift card upon completion of the group. Would you still like to participate?

[If Respondent seems uncomfortable, explain, "This information will be used only to send you a confirmation and details for the group." Record contact information.]