

Appendix D-1

Farmers' Market Manager Survey Instrument

Subject ID: _____

Form Approved
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**NYC HEALTH BUCKS EVALUATION
FARMERS' MARKET MANAGER SURVEY**

Dear Market Manager,

Health Bucks is a program of the New York City Department of Health designed to improve access to fresh fruits and vegetables in underserved neighborhoods while supporting local growers by providing \$2 coupons good for the purchase of fruits and vegetables at participating farmers' markets. Abt Associates Inc., a research consulting firm, and its subsidiary Abt SRBI, are carrying out the evaluation of the Health Bucks program, which is sponsored by the Centers for Disease Control and Prevention (CDC).

As part of this evaluation, we are surveying farmers' market managers throughout New York City, regardless of participation in the Health Bucks program, in order to better understand how accepting different forms of payment, including Health Bucks, may affect market sales and operations. You have been selected to participate in this evaluation.

Thank you for taking the time to complete this survey. Please be assured that information collected as part of this survey will be maintained in a secure manner. Your individual responses will be viewed only by researchers at Abt and Abt SRBI; only summary reports combining your responses with those of about 90 other market managers will be shared with the CDC, the NYC Department of Health, or the Farmers' Market Federation of New York (FMFNY).

Throughout this survey, please feel free to confer with others who have a role in operating this market for assistance with particular questions, if necessary.

Public reporting burden of this collection of information is estimated to average 8 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

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I. About You and Your Market

First, we would like to collect some basic information about you and the market you manage.

1. Your name: _____
2. Name of the farmers' market you manage: **[FARMERS' MARKET NAME/ID]**
3. Date survey filled out: _____
4. Please fill in the name of the organization that **sponsors** this market: _____
5. We'd like to know more about the **mission** of this sponsoring organization. Which of the following goals are included in the organization's mission? (Please check all that apply.)
 - € Improving access to nutritious foods in underserved neighborhoods or populations.
 - € Supporting local growers and agricultural producers.
 - € Educating consumers about the benefits of locally-grown foods.
 - € Fostering opportunities for social gathering and interaction.
 - € Boosting the local economy.
 - € Other goal (Please specify: _____)

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6. On an average day, about how many different vendors operate stands or stalls at this market? If you are not sure, please fill in your best guess.
Average number of vendors on *weekends*: _____
(Or check here if market does not operate on weekends)
Average number of vendors on *weekdays*: _____
(Or check here if market does not operate on weekends)
7. On an average day, about how many customers would you say shop at this farmers' market? Again, if you are not sure, please fill in your best guess.
Average number of customers on weekends: _____
(Or check here if market does not operate on weekends).
Average number of customers on weekdays: _____
(Or check here if market does not operate on weekends).
8. Does this farmers' market offer any of the following nutrition activities or materials?
€ Cooking demonstrations
€ Educational handouts
€ Flyers or brochures
€ Taste test/samples
€ Recipes
€ Other activities or materials (Please specify: _____)
9. The pictures on the attached sheet show some common forms of payment that customers can use to pay at New York City farmers' markets. Looking at the list below, please check all forms of payment that customers can currently use to pay at this farmers' market.
€ Cash
€ Debit or credit card (like MasterCard, Visa)
€ Food Stamps (a.k.a. SNAP or EBT benefits or EBT tokens)
€ WIC or Senior FMNP Coupons
€ WIC Vouchers (a.k.a. WIC vegetable and fruit checks)
€ Health Bucks
€ Other form of payment (Please specify: _____)
10. If you did NOT check "Food Stamps" in question 7, please indicate why you do not accept Food Stamps at this farmers' market. (Please check all reasons that apply.)
€ Wireless EBT terminal is too expensive.
€ Not enough staff to operate EBT terminal and/or distribute EBT tokens.
€ Not enough Food Stamp/EBT customers in this neighborhood.
€ Vendors at this farmers' market do not wish to accept Food Stamps.
€ Other reason (Please specify: _____)

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11. If you did NOT check “Health Bucks” in question 7, please indicate why you do not accept Food Stamps at this farmers’ market. (Please check all reasons that apply.)

- € I do not know about the Health Bucks program.
- € The Health Bucks program is not available in neighborhood where this market is located.
- € Vendors at this farmers’ market do not wish to accept Health Bucks.
- € Some other reason (Please specify: _____)

II. Food Stamps/ EBT Benefits at Your Market

Please fill out this section only if you indicated in question 7 that this farmers’ market accepts Food Stamps (a.k.a. SNAP or EBT benefits or EBT tokens). *If this farmers’ market does NOT accept Food Stamps, please skip to the next section.*

12. Are you responsible for managing or coordinating the EBT program (a.k.a. Food Stamps/SNAP benefits) for this market?

- Yes
- No

13. How does your market promote your EBT program to Food Stamp participants in your community? (Please check all that apply.)

- Flyers, brochures, or other promotional handouts
- Posters at the farmers’ market
- Subway/bus advertisements
- Newspaper ads or articles
- Website or online ads
- Mailings to neighborhood residents
- Partnerships with organizations in the community
- In-person outreach at community locations
- Other activities or materials (Please specify: _____)

14. Please tell us more about how accepting Food Stamps or EBT Benefits influences sales and operations at your farmers’ market. For each of the following statements, indicate the extent to which you agree or disagree.

Because this farmers’ market accepts Food Stamps...	1	2	3	4	5	Don’t know/ not sure
	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat disagree	Strongly agree	
...more vendors want to operate stands or stalls at this market.						
...dealing with market customers is more time-consuming.						
...I do not have enough staff to help the market run efficiently.						
...new customers shop at this market more often.						
...customers at this market are more likely to make cash purchases.						
...market traffic moves less smoothly.						
... more repeat customers come to this market.						

III. Health Bucks Participation

Please fill out this section only if you indicated in question 7 that this farmers’ market accepts Health Bucks from customers as a form of payment. *If this farmers’ market does NOT accept Health Bucks, you are finished! Thank you for completing this survey.*

15. How does your market promote the Health Bucks program in your community? (Please check all that apply.)

- € Flyers, brochures, or other promotional handouts
- € Posters at the farmers’ market
- € Subway/bus advertisements
- € Newspaper ads or articles
- € Website or online ads
- € Mailings to neighborhood residents
- € Partnerships with organizations in the community
- € In-person outreach at community locations
- € Other activities or materials (Please specify: _____)

16. Please tell us more about how participating in the Health Bucks program influences sales and operations at your farmers’ market. For each of the following statements, indicate the extent to which you agree or disagree.

Because this farmers’ market participates in the Health Bucks program...	1 Strongly disagree	2 Somewhat disagree	3 Neither agree nor disagree	4 Somewhat disagree	5 Strongly agree	Don’t know/ not sure
...more vendors want to operate stands or stalls at this market.						
...dealing with market customers is more time-consuming.						
...I do not have enough staff to help the market run efficiently.						
...new customers shop at this market more often.						
...customers at this market are more likely to make purchases using their Food Stamp/EBT benefits.						
...customers at this market are more likely to make cash purchases.						
...market traffic moves less smoothly.						
... more repeat customers come to this market.						

17. You indicated above that your market accepts Health Bucks as a form of payment for fresh fruits and vegetables. Is this market also currently distributing Health Bucks to customers using their EBT benefits at the market?

- € Yes

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No

18. If this market is NOT currently distributing Health Bucks to customers, please indicate why not. (Please check all reasons that apply.)

- This market does not have an EBT machine.
- Too much trouble to distribute Health Bucks.
- Not enough staff to distribute Health Bucks.
- Ran out of Health Bucks.
- Not enough Food Stamp/EBT customers in this neighborhood.
- Some other reason (Please specify:_____)

19. Is there anything else you'd like to share with us about your experiences with the Health Bucks program?
