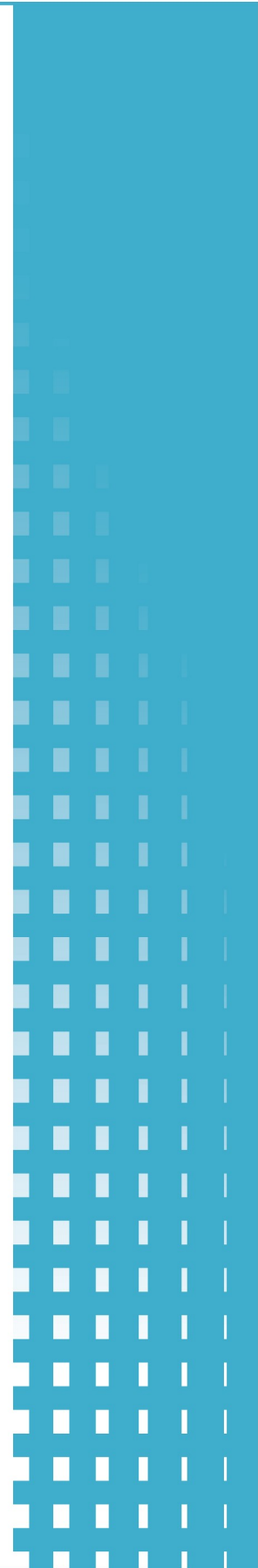


Appendix E7

Newly Participating Store Survey



Newly Participating Store, Follow-up



Abt Associates Inc.

OMB Control No: 0584-xxxx
Expiration Date: xx/xx/20xx

****Note to Reviewers:** A newly participating store that is also selected for the Participating Independent Store Survey or the Participating Chain Store Survey will only receive one cover letter.

[RESPONDENT NAME AND ADDRESS]

[DATE]

Dear _____,

Thank you for being part of the Evaluation of the Healthy Incentives Pilot (HIP). You are one of a few retailers chosen to provide feedback about HIP. By responding to this survey, you are helping us learn how to make HIP better for retailers and Supplemental Nutrition Assistance Program (SNAP)/Food Stamp customers. We are especially interested to learn why you initially did not agree to participate in HIP, but later decided to participate in HIP.

As an incentive, HIP pays back SNAP/Food Stamp customers in Hampden County a portion of their fruit and vegetable purchases in the form of a credit. The Massachusetts Department of Transitional Assistance (DTA) is running HIP, with funding from the Food and Nutrition Service (FNS) of the USDA. We are studying how HIP affects SNAP/Food Stamp customers and the community on behalf of FNS.

There are 2 sections to this survey:

- **Section A: Joining the Healthy Incentives Pilot (HIP)** (estimated to take 5 to 10 minutes) should be completed by all retailers.
- **Section B: About the Local Store** (estimated to take 5 minutes) should NOT be completed if your store was selected for the *Participating Chain Store Survey* or the *Participating Independent Store Survey*. If you represent a chain store, you may need to consult the manager of the selected local store in Hampden County to answer some of the survey questions. The address of this store is provided on the next page.

Please call our toll-free number 1-800-xxx-xxxx if you need help filling out the survey. When you have finished the survey, please return it to us using the pre-paid business reply envelope provided.

Thank you,

Susan Bartlett
Abt Associates Inc.

Newly Participating Store, Follow-up

Public reporting burden for this collection of information is estimated to average 5-10 minutes for Section A, and 5 minutes for Section B 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: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Newly Participating Store, Follow-up

OMB Control No: 0584-xxxx
Expiration Date: xx/xx/20xx

HEALTHY INCENTIVES PILOT (HIP) EVALUATION

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the survey. We will try to reach you at this phone number provided below if we have any follow-up questions.

Corporate Contact Name: _____	Job Title: _____	
Address: _____		
Email: _____	Fax: _____	Daytime Phone: _____

Store: (STORE NAME/ ID)	Store Manager/Owner Name: _____	
Address: _____		Daytime Phone: _____
Date Survey Completed: ___/___/___	Email: _____	

All information in this survey will be kept secure and private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 5-10 minutes for Section A, and 5 minutes for Section B 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: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Newly Participating Store, Follow-up

SECTION A. JOINING THE HEALTHY INCENTIVES PILOT (HIP)

If you represent a chain store, please answer the questions below from the perspective of your company.

We would like to learn why your store/company did not join Healthy Incentives Pilot (HIP) initially, but joined later.

1. Why did your store/company not join HIP when it started in Fall 2011? *[check all that apply]*
 - I/We didn't know that the store could be part of HIP
 - Joining HIP would have been too difficult
 - I/We did not get enough support
 - There was not enough time for the store to get ready before the deadline
 - I/We did not want to be part of a demonstration
 - I/We knew other retailers who decided not to join HIP
 - The company that supports the store's terminals for EBT was not participating in HIP
 - The store would need to stock more fruits and vegetables
 - I/We thought that HIP would not increase the store's sales of fruits and vegetables
 - I/We thought that HIP would increase costs for the store
 - Other reason *Please specify:*

2. Your store/company did not join HIP when it started last year. Why did your store/company join HIP this year? *[check all that apply]*
 - New manager or owner
 - This year we had time to sign up and get ready to participate
 - It was easier to do than before
 - The State DTA or another organization asked us to join
 - I/We talked to other retailers who are participating in HIP
 - My store was losing sales to stores that are participating in HIP
 - HIP could increase my store's sales of fruits and vegetables
 - HIP could increase my store's sales of other items
 - Other reason *Please specify:*

Newly Participating Store, Follow-up

3. How did you learn about HIP? Which **information source** was the *most useful* in deciding whether or not to join HIP?

	How did you learn about HIP? (check all that apply)	Which was the <i>most useful</i> ? (check <u>one</u> in this column)
News media (newspaper, TV, magazine)	<input type="checkbox"/>	<input type="checkbox"/>
Flier in the mail	<input type="checkbox"/>	<input type="checkbox"/>
Someone called me	<input type="checkbox"/>	<input type="checkbox"/>
Conference call	<input type="checkbox"/>	<input type="checkbox"/>
Informational meeting	<input type="checkbox"/>	<input type="checkbox"/>
Someone visited the store or my company's office	<input type="checkbox"/>	<input type="checkbox"/>
Other source <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Which **organization** provided you with information about joining HIP? Of these, which was the *most important* in your decision about whether or not to join HIP?

	Which provided information? (check all that apply)	Which was the <i>most important</i> ? (check <u>one</u> in this column)
Department of Transitional Assistance (DTA/State Welfare Department —Eddie Gomez or others)	<input type="checkbox"/>	<input type="checkbox"/>
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/>	<input type="checkbox"/>
FNS/USDA office	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/>	<input type="checkbox"/>
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/>	<input type="checkbox"/>
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/>	<input type="checkbox"/>
Community Organization (American Farmland Trust, Federation of Mass Farmers Markets, Nuestras Raices, MA Farmers Association, Western MA Food Bank, community health center)	<input type="checkbox"/>	<input type="checkbox"/>
Trade or Business Organization (Massachusetts Food Association, New England Convenience Store Association, New England Small Farm Institute)	<input type="checkbox"/>	<input type="checkbox"/>
Other organization <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No one communicated with me		

Newly Participating Store, Follow-up

5. Did you have all the information you needed when you decided to join HIP? (*check one*)
- Yes
 No
6. Overall, how satisfied are you with how you were asked to join HIP? (*check one*)
- Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very dissatisfied

You have completed Section A!

- **Please continue to Section B on the next page if you have NOT been asked to complete the *Participating Independent Store Survey* or the *Participating Chain Store Survey*.**
- **If you have been asked to complete the *Participating Independent Store Survey* or the *Participating Chain Store Survey* please check the box below:**
 - I was asked to complete another survey**

Please mail Section A back to us as soon as you can using the postage-paid business reply envelope provided.

- **Call toll-free 1-800-xxx-xxxx if you have any questions.**

Newly Participating Store, Follow-up

Newly Participating Store, Follow-up

SECTION B. ABOUT THE STORE

If you represent a chain store, please answer these questions about the local store noted on the coversheet for all questions unless otherwise noted.

7. When is the store open?

For each day of the week, mark if the store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

8. How many working cash registers are there in the store? _____

8a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

9. On average, what share of the store's **total food sales** is made with SNAP/Food Stamps?
(check the answer that best fits the store)

- Less than 10%
- 10% to less than 25%
- 25% to less than 50%
- 50% to less than 75%
- 75% or more

Newly Participating Store, Follow-up

Now we would like to learn about what you/ your company thinks about how HIP has affected the store.

If you represent a chain store, please answer the question below from the perspective of your company.

10. How much do you agree or disagree with each of the statements below?

Check one box per row:	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I/We understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/We understand how HIP is supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP has been a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases have been hard to process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The store is paid on time for HIP purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments to the store for HIP purchases are accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next Steps:

- YOU HAVE COMPLETED THE SURVEY!
- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID BUSINESS REPLY ENVELOPE PROVIDED.
- PLEASE CALL TOLL-FREE 1-800-XXX-XXXX IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!