

Appendix E-1

Farmers' Market Vendor Survey Instrument

Subject ID: _____

Form Approved
OMB No.: 0920-xxxx
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**NYC HEALTH BUCKS EVALUATION
FARMERS' MARKET VENDOR/FARMER SURVEY**

Dear Farmer,

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 who operate stands or stalls in farmers' markets 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 450 other farmers 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 your stand or stall for assistance with particular questions, if necessary.

The name of the farmers' market where we handed out this survey is: **[FARMERS' MARKET NAME]**

1. Date survey filled out: _____

Public reporting burden of this collection of information is estimated to average 7 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 Farm or Business

First, please provide some information about yourself and the farm or business that operates the stand or stall at the farmers' market listed above where we handed out this survey.

2. Name of the farm or business that operates your stand or stall at this farmers' market:

3. Are you an owner (or part-owner) of the farm or business that operates this stand or stall?
 Yes
 No
4. Do you ever work at a New York City farmers' market stand or stall operated by a *different* farm or business than the one that operates this stand or stall?
 Yes
 No
5. Besides this stand or stall, does this farm or business operate a stand or stall at any other farmers' markets in New York City? If so, please fill in the number of other farmers' markets (*not including the market named above*) where this farm or business operates a stand or stall.
 Yes. (Number of other New York City farmers' markets: _____)
 No, this farm or business does not operate a stand or stall at any other New York City farmers' markets.
 Don't know/ not sure
6. Is this the first year that this farm or business has operated a stand or stall at this farmers' market where we handed out this survey?
 Yes
 No
 Don't know/ not sure
7. Is this the first year that this farm or business has operated a stand or stall at any farmers' market?
 Yes
 No
 Don't know/ not sure

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8. We are interested in knowing how you decide whether or not to participate in a farmers' market. How does each of the following characteristics influence your decision to work at or operate a stand or stall at a specific farmers' market?

Farmers' market characteristic	1 Less likely to sell/ operate	2 Neither more nor less likely	3 More likely to sell/ operate	Not sure/ don't know
Operates on weekdays.				
Operates on weekends.				
Large number of stands/vendors.				
Lots of vendor rules & regulations.				
New market established this year.				
Engages in active outreach or promotion in community.				
High fees to sell at market.				
Conducts cooking demonstrations or other nutrition education activities.				
Located in upscale/high-income neighborhood.				
Accepts Food Stamps/EBT benefits.				
Participates in Health Bucks program.				

II. About Your Stand or Stall at This Market

9. Please check all months in which your stand or stall has been or will be in operation at this farmers' market during the current 2010 farmers' market season.

€ January	€ April	€ July	€ October
€ February	€ May	€ August	€ November
€ March	€ June	€ September	€ December

10. What types of products do you sell at your stand or stall at this farmers' market? Please check off all types of products that you have sold or plan to sell at any time during the current 2010 farmers' market season – even if you are not selling this type of product at your stand or stall today.

- € Fruits
- € Vegetables
- € Jams/Juices
- € Bread
- € Cheese
- € Meats/Fish
- € Baked Goods
- € Other Type of Product (Please specify:_____)

III. Paying for Items at Your Stand or Stall

11. 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 this list, please indicate all forms of payment that customers can currently use to pay at your stand or stall at this particular 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:_____)
12. If you did NOT check "Health Bucks" in question 10, please indicate why you do not accept Health Bucks at your stand or stall at this market. (Please check all reasons that apply.)
- € I do not know about the Health Bucks program.
 - € This farmers' market does not participate in the Health Bucks program.
 - € I do not sell fresh fruits or vegetables at my stand or stall.
 - € Too much trouble to get reimbursed for Health Bucks.
 - € Some other reason (Please specify:_____)
13. If you did NOT check "Health Bucks" in question 10, do you accept Health Bucks at any farmers' market where you work or operate a stand or stall?
- € Yes (Please proceed to next section.)
 - € No (Please STOP filling out the survey here. Thank you for your time!)

IV. About Health Bucks

14. Please tell us more about how accepting Health Bucks influences your sales and operations.
For each of the following statements, indicate the extent to which you agree or disagree.

Because I accept Health Bucks...	1 Strongly disagree	2 Somewhat disagree	3 Neither agree nor disagree	4 Somewhat disagree	5 Strongly agree	Don't know/ not sure
...I sell more fresh fruits or vegetables.						
...I make more money at the market.						
...my stand or stall has a greater variety of items to sell.						
...new customers shop at my stand or stall more often.						
...my stand or stall at this market has expanded.						
...my customers are more likely to make cash purchases.						
...customer traffic at my stand or stall moves slower.						
...I need more staff to help operate my stand or stall.						
...I have more repeat customers.						
...I am able to participate in more farmers' markets.						
...my customers buy more new or unfamiliar foods.						

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15. Lastly, we'd like to know more about your experiences in accepting and getting reimbursed for Health Bucks this year. How much do you agree or disagree with each of the following statements?

	1	2	3	4	5	
	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat disagree	Strongly agree	Don't know/ not sure
The rules about what customers can purchase with Health Bucks are confusing.						
It is easy to get reimbursed for Health Bucks.						
If I have a question about Health Bucks, I know who to ask.						
I get reimbursed for Health Bucks in a timely fashion.						

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