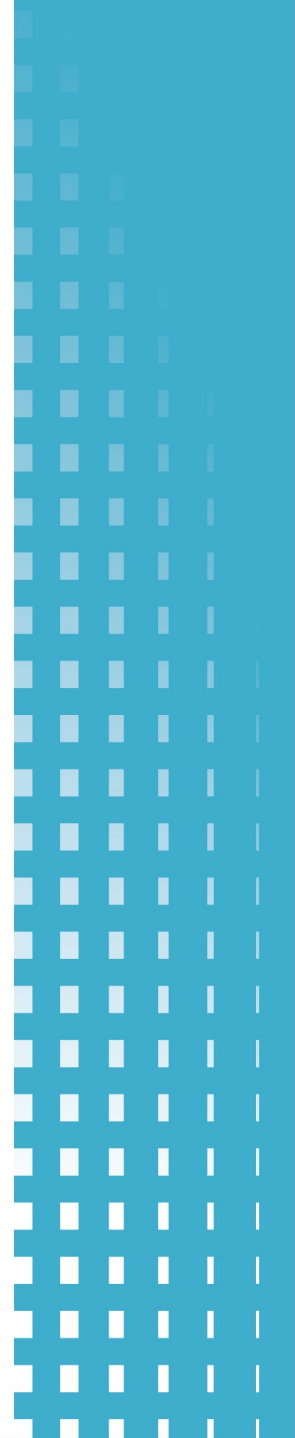


Appendix E6

Withdrawn Store Survey



Withdrawn Store Survey, Follow-up



Abt Associates Inc.

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

[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 about why your store withdrew from HIP.

As you may recall, 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 the behalf of FNS.

We estimate that it will take 20 to 25 minutes to complete the survey. If you represent a chain store, you may need to consult other corporate personnel from the Marketing or IT departments, or 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. We will send you a check for \$40 after we have received your completed survey.

Thank you,

Susan Bartlett
Abt Associates Inc.

Withdrawn Store Survey, Follow-up

Public reporting burden for this collection of information is estimated to average 20-25 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: 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.

Withdrawn Store Survey, 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 the 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 20-25 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: 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.

Withdrawn Store Survey, Follow-up

SECTION A. INTRODUCTION

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 initially joined the Healthy Incentives Pilot (HIP), and why your store/company withdrew from HIP.

1. Why did you/your company join HIP when it started in Fall 2011? *(check all that apply)*

- I/We thought that our customers would benefit from it
- I/We wanted to be part of something new
- The State DTA or another organization asked me/us to join
- I/We knew other retailers who joined
- I/We thought that HIP could increase our store's sales of fruits and vegetables
- I/We thought that HIP could increase our store's sales of other items
- Other reason *Please specify:*

2. Why did you/your company drop out of HIP? *[check all that apply]*

- I/We did not get enough support
- The store needed to stock more fruits and vegetables
- HIP did not increase the store's sales of fruits and vegetables
- HIP increased costs for the store
- There were many problems at checkout
- It was hard to know what fruits and vegetables were eligible for the incentive
- Other reason *Please specify:*

Withdrawn Store Survey, Follow-up

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

<i>Check one box per row:</i>	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 was a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases were hard to process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The store was 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 were accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You have completed Section A of the survey!
Please continue to Section B on the next page.**

Withdrawn Store Survey, Follow-up

SECTION B. HOW HIP AFFECTED THE STORE

If you represent a chain store, provide responses ONLY for the local store noted on the coversheet for the rest of this section.

Now we would like to learn about how HIP affected the store. We will first ask you about any operational problems with HIP.

4. Did the store have any problems knowing what food items are eligible for HIP? (check one)

- Yes
- No → (Go to question 5)

4a. How often did the store have problems?

- Once
- A few times
- Frequently

4b. Were the problems resolved?

- Yes
- No

→ 5. Did the store have any problems having a current list of HIP eligible items in cash registers? (check one)

- Yes
- No → (Go to question 6 on the next page)

5a. How often did you have problems?

- Once
- A few times
- Frequently

5b. Were the problems resolved?

- Yes
- No

(Go to question 6 on the next page)

Withdrawn Store Survey, Follow-up

6. Did the store have any problems separating HIP-eligible food items from non-HIP food items? (check one)

- Yes
- No → (Go to question 7)

6a. How often did the store have problems?

- Once
- A few times
- Frequently

6b. Were the problems resolved?

- Yes
- No

7. Did the store have any problems identifying HIP customers? (check one)

- Yes
- No → (Go to question 8)

7a. How often did the store have problems? (check one)

- Once
- A few times
- Frequently

7b. Were the problems resolved? (check one)

- Yes
- No

8. Did the store have any problems computing the purchase amount for HIP items? (check one)

- Yes
- No → (Go to question 9 on the next page)

8a. How often did the store have problems? (check one)

- Once
- A few times
- Frequently

8b. Were the problems resolved? (check one)

- Yes
- No

(Go to question 9 on the next page)

Withdrawn Store Survey, Follow-up

9. Did the store have any problems processing sales of HIP items? (*check one*)

- Yes
- No → (*Go to question 10*)

9a. How often did the store have problems? (*check one*)

- Once
- A few times
- Frequently

9b. Were the problems resolved? (*check one*)

- Yes
- No

→10. Did the store have any problems processing returns with HIP items? (*check one*)

- Yes
- No → (*Go to question 11*)

10a. How often did the store have problems? (*check one*)

- Once
- A few times
- Frequently

10b. Were the problems resolved? (*check one*)

- Yes
- No

→11. Did the store have any problems processing manual vouchers with HIP items? (*check one*)

- Yes
 - No
 - Not applicable
- (
- Go to question 12 on the next*
-)

11a. How often did the store have problems? (*check one*)

- Once
- A few times
- Frequently

11b. Were the problems resolved? (*check one*)

- Yes
- No

Withdrawn Store Survey, Follow-up

(Go to question 12 on the next page)

Withdrawn Store Survey, Follow-up

12. Did the store have any problems getting information about SNAP/EBT sales and settlement? (check one)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

- Yes
 No
 Don't know
- (Go to question 13)

- 12a. How often did the store have problems? (check one)

- Once
 A few times
 Frequently

- 12b. Were the problems resolved? (check one)

- Yes
 No

- 13. Did the store have any problems responding to customer questions about HIP? (check one)

- Yes
 No → (Go to question 14)

- 13a. How often did the store have problems? (check one)

- Once
 A few times
 Frequently

- 13b. Were the problems resolved? (check one)

- Yes
 No

- 14. Please describe any **major problems** the store had with HIP in the space below.

- The store did not have any major problems with HIP → (Go to question 16)

Withdrawn Store Survey, Follow-up

15. From the list below, who helped you fix any **major problems** in the store? How helpful were they?

- For each organization in Column (1), mark “yes” in Column (2) if you asked them for help or “no” if you did not ask them for help.
- If you marked “N” (no), move to the next row. If you marked “yes”, mark how helpful they were in Column (3).

(1) Organization	(2) Did you Ask for Help?	(3) How Helpful Were They? (check one)		
		Not Helpful	Helpful	Very Helpful
Department of Transitional Assistance (DTA/State Welfare Department— Eddie Gomez or others)	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<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"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNS/USDA office	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other organization <i>Please specify:</i> _____	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Withdrawn Store Survey, Follow-up

16. Overall, how satisfied are you with how HIP worked in the store? (*check one*)

- Very satisfied
- Somewhat satisfied
- Neither satisfied or dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

17. Do you have any suggestions for how HIP operations could be improved?

Withdrawn Store Survey, Follow-up

Now we want to learn if HIP affected the amount of time and effort the store's employees spent on checkout transactions.

18. Did HIP affect average checkout time in the store? (check one)

- Yes
- No → (Go to question 19)

18a. How much was it affected? (check one)

- Large increase
- Small increase
- Small decrease
- Large decrease

→ 19. Did HIP affect the time and effort employees spent on settlement in the store? (check one)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

- Yes
- No → (Go to question 20)

19a. How much was it affected? (check one)

- Large increase
- Small increase
- Small decrease
- Large decrease

→ 20. Did HIP affect the time and effort employees spent on reconciliation? (check one)

Reconciliation is when you compare the EBT purchases recorded in the cash register to what is reported by the EBT terminal and what is deposited in the bank account.

- Yes
- No → (Go to question 21)

20a. How much was it affected? (check one)

- Large increase
- Small increase
- Small decrease
- Large decrease

→ 21. Did HIP affect the time and effort employees spent on store returns? (check one)

- Yes
- No → (Go to question 22 on the next page)

21a. How much was it affected? (check one)

- Large increase
- Small increase
- Small decrease
- Large decrease

↓
(Go to question 22 on the next page)

Withdrawn Store Survey, Follow-up

Next, we would like to learn about how HIP affected the store's sales and profits.

22. How did HIP affect the store's sales of fruits and vegetables? (*check one*)
- Large increase in sales of fruits and vegetables
 - Small increase in sales of fruits and vegetables
 - No change in sales of fruits and vegetables
 - Small decrease in sales of fruits and vegetables
 - Large decrease in sales of fruits and vegetables
23. Thinking of how HIP affected the store's costs and sales, how did HIP affect the store's profits (sales minus costs)? (*check one*)
- HIP increased profits
 - HIP decreased profits
 - No difference
 - Don't know

Withdrawn Store Survey, Follow-up

SECTION C. ABOUT THE LOCAL STORE

****Note to Reviewers:** Stores that completed the Participating Independent Store Survey or the Participating Chain Store Survey as baseline will not be asked to complete Section C.

If you represent a chain store, provide responses ONLY for the local store noted above for the rest of this section.

These questions are about what your store is like. This will help us compare your experiences with stores that are like yours.

24. 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"/>

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

25a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

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

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

Withdrawn Store Survey, Follow-up

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.
- CALL TOLL-FREE 1-800-XXX-XXXX IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!