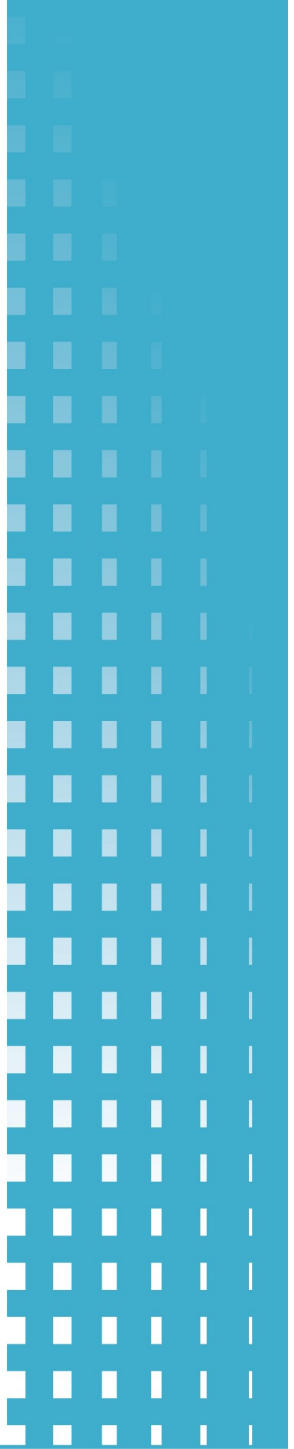


Appendix E5

Non-Participating Store Survey



Non-Participating Store, Baseline



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 you did not agree to participate in HIP.

As an incentive, HIP will pay 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.

We estimate that it will take 15 to 20 minutes to complete the survey. If you represent a chain store, you may need to consult the manager of your company's selected store in Hampden County to answer some of the questions in the survey. 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.

Non-Participating Store, Baseline

Public reporting burden for this collection of information is estimated to average 15-20 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.

Non-Participating Store, Baseline

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: _____		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 15-20 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.

Non-Participating Store, Baseline

Non-Participating Store, Baseline

SECTION A. DECIDING ABOUT THE HEALTHY INCENTIVES PILOT (HIP)

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

1. Before this survey, had you heard about the Healthy Incentives Pilot (HIP)? *(check one)*

- No → *(Go to question 2 on the next page)*
- Yes

1a. 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? <i>(check all that apply)</i>	Which was the <u>most useful</u> ? <i>(check <u>one</u> in this column)</i>
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"/>

(Go to question 2 on the next page)

Non-Participating Store, Baseline

2. 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? <i>(check all that apply)</i>	Which was the <u>most important</u>? <i>(check <u>one</u> in this column)</i>
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		

Non-Participating Store, Baseline

3. Did you have all the information you needed when you decided not to join HIP? (*check one*)

- Yes → (*Go to question 4*)
- No

3a. Please tell us what information you needed and did not have when you decided not to join HIP.

4. Overall, how satisfied are you with how you were asked to join HIP? (*check one*)

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

5. Why did you/your company not join HIP? (*check all that apply*)

- I/We didn't know that the store could be part of HIP
- Joining HIP would be 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 know other retailers who decided not to join HIP
- The company that supports the store's terminals for EBT is not participating in HIP
- The store would need to stock more fruits and vegetables
- HIP would not increase the store's sales of fruits and vegetables
- HIP would increase costs for the store
- Other reason *Please specify:*

Non-Participating Store, Baseline

Now we would like to learn about what you/your company thinks about the purpose of HIP and how it would have affected the store.

6. How much do you/your company 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"/>
The schedule for starting HIP was rushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP would be a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases would be hard to process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The store would be 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 would be 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.**

Non-Participating Store, Baseline

SECTION B. ABOUT THE LOCAL STORE

If you represent a chain store, provide responses ONLY for the local store noted on the cover sheet for the rest of the survey.

7. When is the store open?

For each day of the week, mark if the store you manage 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)?

Non-Participating Store, Baseline

9. How often does the store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	The store does this activity less than once a month	The store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fliers/ads in newspaper or direct mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 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

Non-Participating Store, Baseline

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!