

# Health Bucks Evaluation Toolkit



April, 2012

# Health Bucks Evaluation Tool Kit

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## About the Health Bucks Evaluation Tool Kit

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### Purpose of the Health Bucks Evaluation Tool Kit

This tool kit was created to assist farmers' market incentive programs in designing and implementing evaluations. The provided tools can be adapted for incentive programs of various sizes, and can be scaled to guide both small and large evaluations. This tool kit uses the New York City Health Bucks program as an example, providing evaluation tools, sample evaluation questions, and recommendations/lessons learned.

In response to the growing prevalence of obesity in the United States, the Division of Nutrition, Physical Activity, and Obesity (DNPAO) at the Centers for Disease Control and Prevention (CDC) is working to reduce obesity and its related health conditions via a multi-pronged approach including active identification of promising local programs and policies designed to prevent obesity. Priority is being given to those programs and policies targeting improved eating habits and physical activity levels in low-income communities (CDC 2009).

In keeping with this broad set of objectives, the CDC contracted with Abt Associates Inc. in 2009 to perform an evaluation of the NYC Health Bucks Program. The New York City Health Bucks program distributes coupons good for the purchase of fresh fruits and vegetables at farmers' markets to Food Stamp/ Supplemental Nutrition Assistance Programs (SNAP) participants and other low-income residents of underserved New York City neighborhoods. During the final stage of the NYC Health Bucks evaluation, findings from this evaluation were used to develop a how-to-manual/tool kit that provides practical guidelines on program evaluation.

For more information on the New York City Health Bucks program, visit the Center of Excellence for Training and Research Translation [website](#).

### How to Use the Health Bucks Evaluation Tool Kit

This tool kit provides a step-by-step guide to conducting a sound evaluation, with a particular focus on evaluation of farmers' market incentive programs. The first section, "**Checklist of Basic Evaluation Steps**," serves as an introduction to evaluation and presents a framework for evaluating incentive programs. Section two provides a "**Summary of the Health Bucks Program Evaluation**," and focuses specifically on the Health Bucks program and details process and outcome evaluation measures. The third section, "**Program Evaluation: Techniques and Tools**," outlines best practices for data collection, and includes a library of tools used in the Health Bucks evaluation such as sample surveys, interview guides, and consent protocols. The fourth and final section, "**Dissemination of Findings: How to Share Results**," describes general dissemination guidelines and details lessons learned<sup>1</sup> for program evaluation implementation.

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<sup>1</sup> A list of web addresses for links supplied in this document can be found on **page 26**.

## Preferred Citation

All materials in this tool kit are available for public use with appropriate citation:

**L Olsho, Baronberg S, Y Abel, C Austin, C Booker, J Greece, J Levin, L Staub-DeLong, DK Walker, Abrami A, Holloway K, Jernigan J, Payne G . “Health Bucks Evaluation Tool Kit,” CDC , 2012.**

## Checklist of Basic Evaluation Steps

This section provides a basic step-by-step guide to conducting an evaluation of a farmers' market incentive program. The **Centers for Disease Control and Prevention (CDC) Framework for Program Evaluation in Public Health (1999)** was employed to a) identify barriers and facilitators to implementation of the NYC Health Bucks program and b) to assess overall effectiveness of the program at the community and individual level, in order to improve on the existing program model and to inform other organizations wishing to implement similar interventions.

The following evaluation checklist, adapted from the CDC Framework<sup>i</sup> (*Exhibit 1*), will assist you and your evaluation team in following the essential steps for program evaluation in public health systems.

### ✓ Step 1: Engage Stakeholders

At the beginning of your evaluation make sure to include those involved in program operations, those served or affected by the program, and primary users of the evaluation.<sup>ii</sup>

#### Why Should You Engage Stakeholders in Your Evaluation?

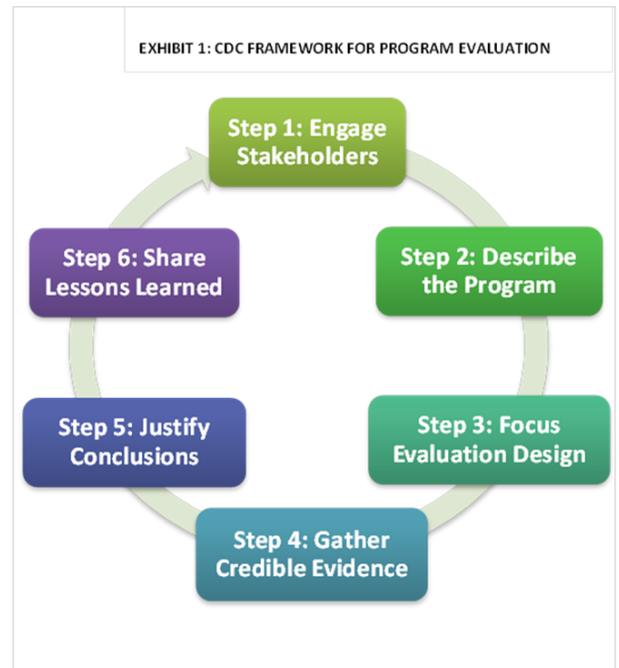
- To understand how the program works from a variety of perspectives
- To ensure your evaluation accurately assesses goals and expected outcomes of the program, and addresses the interests and concerns of all involved parties
- To obtain input on your proposed design and evaluation strategy
- To assist with data gathering and refinement of data collection approaches
- To support you and your evaluation team in analyzing, interpreting, and disseminating your findings

#### How Should You Engage Stakeholders in Your Evaluation?

The level and type of engagement will vary depending on the specific goals of your evaluation. Examples of soliciting input and feedback from key stakeholders may include informal communications such as email or phone conversations, formal in-person or telephone interviews, self-administered web and/or written surveys, or focus group discussions.

Ideally, stakeholders engaged may include:

- Staff involved in program administration and implementation
- National, State and/or local officials



- Participating community organizations
- Researchers and organizations with experience conducting similar evaluations
- Farmers' market owner/operators, managers, farmers, and vendors
- Those served or affected by the program (i.e., farmers' market shoppers, residents of neighborhoods near farmers' markets, participants in WIC (Women, Infants, and Children), SNAP (Supplemental Nutrition Assistance Program) and other nutrition/food programs, and other groups.

—*Evaluation Tip*—

Engage stakeholders at all levels. Building partnerships with multiple stakeholders is critical for program success. Needed partners will vary but may include vendors, health clinics, community residents, community-based organizations, universities, local policy makers, and other organizations.

## ✓ Step 2: Describe the Program

Describing components of the program such as its context, mission, resources, target populations, expected activities and outcomes, and success criteria will prepare you for designing the evaluation (described in Step 3). It might be helpful to describe the following program characteristics:



- Summarize the problem or issue that the program addresses and describe the broad environmental context in which the program operates. For example, in neighborhoods targeted by the Health Bucks program, poor nutritional knowledge and behaviors are coupled with significant financial and geographical barriers to accessing healthful foods such as fruits and vegetables, contributing to high overall obesity rates and health disparities among area children and adolescents. Understanding the setting and environmental context of the program will ultimately influence your evaluation design, data collection methods and tools, and assist you and your team in interpreting your findings. Using a social ecological approach that considers all the factors (e.g., levels of nutritional knowledge, geographic barriers, cost of food, etc.) that are associated with obesity rates and health disparities is important in designing the program and the evaluation.
- Describe the program's mission and goals.
- Outline program activities and create a timeline for each activity.

- Program activities might include recruiting farmers’ markets and community organizations to distribute incentives, community outreach/promotional activities, collecting and reimbursing farmers’ markets for redeemed incentive coupons, nutrition education for consumers.
- Identify community resources (i.e., financial, staff expertise, technology, tools) that are needed to conduct program activities.
- Detail program outcomes.
  - Think about outcomes at both the *individual* and *community* level. For example:
    - An individual-level outcome would be an increase in frequency or number of people shopping at local farmers’ markets.
    - A community-level outcome would be an increase in the number of farmers’ markets in underserved areas.
  - Also consider varying timeframes; your program might target *short-term*, *intermediate*, and *long-term* outcomes.
    - Short-term outcomes might include: Increasing the number of farmers’ markets and vendors participating in your program, accepting SNAP benefits, or using wireless EBT technology, and increasing awareness of the program among local residents.
    - Intermediate outcomes might include: Increasing the number of farmers’ markets operating in local neighborhoods, improving the amount, quality, and variety of produce offered by vendors at farmers’ markets, and increasing nutritional knowledge, purchase, and consumption of fresh fruits and vegetables among targeted populations.
    - Long-term outcomes might include: Improving overall dietary quality, reducing child and adult obesity rates, and reducing nutritional disparities.
- Use your program description to develop a program logic model (see **page 27** for an example of the Health Bucks Logic Model) as a tool for planning and evaluation of ongoing activities. A **logic model** describes program inputs (e.g., resources), outputs (e.g., activities), expected outcomes (short, intermediate and long-term) and assumptions or external factors that may influence program results. Developing a comprehensive logic model can help you to identify key process and outcome questions for your evaluation. There are many good tips for creating a useful logic model posted online; [CDC’s Healthier Workplace Initiative Logic Model page](#) or CDC’s Developing and Using a Logic Model Evaluation Guide page are good places to start.

—Evaluation Tip—

Ensure comprehensive understanding of program operations before designing and implementing your evaluation. The activities in Steps 2 and 3 will help you accomplish this.

### ✓ Step 3: Focus Evaluation Design

A comprehensive and systematic evaluation design is beneficial to both stakeholders and the evaluation team. CDC states that a thorough evaluation plan “creates an evaluation strategy with the greatest chance of being useful, feasible, ethical, and accurate.” The following are recommended steps in designing your evaluation:

- Think about the goals of your evaluation: what are you trying to achieve? Possible motivations might be program improvement, stakeholder engagement, or demonstration of program success for potential funders or others who may wish to expand or implement similar programs. An evaluation may serve any or all of these purposes, but clearly defining your goals from the start will help to guide your overall design.
- Obtain information on other similar evaluations already conducted or in process, and consider whether any components of their evaluation design may be incorporated into your own.
- Identify evaluation questions and methods (see Program Evaluation: Techniques and Tools for additional information about research methods).
- Identify appropriate respondent groups for the evaluation.
  - Individuals, groups, or organizations involved in *program implementation*
  - Individuals, groups, or organizations *targeted by the intervention*
  - Other program *stakeholders* as identified in Step 1 above as appropriate
  - Consider whether there is a group of respondents not associated with or targeted by the program who could serve as a *comparison* or *control* group
- Determine what is feasible within the time and resources available for conducting the evaluation.
- Identify with whom the evaluation findings will be shared, as this may help determine the format of your dissemination products (see Step 6 for details).

#### —Evaluation Tip—

Engagement of all stakeholders during the evaluation design process will ensure that evaluation questions and the evaluation design are appropriate for the target audience(s) and feasible within the allotted resources..

## ✓ Step 4: Gather Credible Evidence

Once the evaluation design has been determined, the data collection tools and processes can be developed. Initial formative conversations with key stakeholders will help guide the development of data collection instruments and evaluation activities (e.g., interviews, surveys, etc.), which will be used to gather substantive information about the program.

Choose data collection methods that will generate different types of information, (e.g., qualitative and quantitative), and allow for input from various sources. For more information about the benefits and drawbacks of different types of data collection methods, refer to the Program Evaluation: Techniques and Tools section.

- Identify existing data sources
  - Administrative data or records already collected by the program
  - Local survey data collected on an ongoing basis for outcomes of interest
- Develop data collection protocols and instruments
  - Consent forms, interview and moderator guides, training materials
  - Protocols for interviews, focus groups, and observations and site visits
  - Surveys and observation forms
- Develop an analysis plan summarizing how you will use the data you collect to answer evaluation questions. Engage key stakeholders in analysis plan development to ensure the approach meets their needs and to obtain sign-off on all aspects of design and analysis.
- If needed, obtain necessary approvals for data collection, such as IRB approval
- Collect your data
  - Identify the appropriate time frame for data collection from each group. (Which groups should be surveyed first? Will there be a baseline data collection phase? At what points during and after the program should data be collected?)
  - Consider resources, including recruitment and training of data collection staff, as well as analytic capabilities
  - Develop recruitment strategies
  - Recruit participants or respondents
- Analyze the data collected from a variety of sources
  - Specific analysis methods will depend on the type of data and the needs of the evaluation
    - Relatively simple analytic approaches may be appropriate if results are primarily intended for internal use and/or for non-technical audiences.

- If findings will be disseminated more widely, particularly to more technical audiences like academics or policymakers who require rigorous evidence of impacts on outcomes, more sophisticated analytic techniques may be required.
  - Keep your analytic goals and capabilities in mind from the outset when designing data collection instruments and tools. This will prevent wasting limited resources on data that will not ultimately be useful in the analysis phase.
- Qualitative analysis methods may include summarizing key themes or findings from interviews or focus groups, or more sophisticated analysis techniques using qualitative analysis software such as Nvivo or ATLAS.ti.
  - Quantitative analysis methods may include simple descriptive tables and charts with results from surveys or observations, or more complex statistical analyses to make comparisons between different subpopulations and/or over time using statistical software such as SAS, Stata, or SPSS.
  - Consider whether a partnership or contract with an external entity, such as a university or state department/ agency with expertise in complex data analysis, may be helpful.

*—Evaluation Tip—*

Do not underestimate time and level of effort for human subjects research (i.e., Institutional Review Board -IRB) paperwork, evaluation plan clearance), or other review requirements specific to your organization. The level and type of review needed will depend on the evaluation funding source, objectives (e.g., program improvement vs. generalizable research), publication plans, and data sources. Be sure to comply with all local review requirements, and build flexibility into the data collection timeline in case of unanticipated holdups.

## Step 5: Justify Your Conclusions

After data collection and analysis is complete, interpret your findings into meaningful results for your target audience(s). The following tips may help translate the findings into practical recommendations.

- Work towards a consensus of all key stakeholders concerning their expectations:
  - Will everyone apply the same criteria for assessing a program’s performance? Be aware that not everyone defines “success” in the same way.
  - Does everyone agree on how to examine, summarize, and interpret evaluation data?

- Formulate conclusions based on evidence gathered and judged against agreed-upon standards set by stakeholders. It's best to agree on this in advance, and write up an analysis plan that everyone agrees you will stick to later on (see Step 4).
- If the evaluation shows meaningful results, create recommendations based on the findings *and* the broader context in which the program operates. The broader context could include different target audiences, fiscal considerations, the physical environment, program operations, and policy issues. Results do not necessarily need to show a program was successful for the results to be meaningful. For example, redirecting program implementation efforts can provide valuable information to program staff and key stakeholders, and can ultimately lead to programmatic and evaluation improvements.
- See Step 6 for examples of how to formulate recommendations appropriate for a variety of target audiences.

—*Evaluation Tip*—

Ensuring the independence of evaluators can help to avoid bias or the appearance of bias in your results. When possible, evaluation teams should be led by and/or include individuals who would not be affected by evaluation results to support the credibility of the results.

## ✓ **Step 6: Share Lessons Learned**

Sharing all the details about the evaluation (e.g., design, processes, findings, and recommendations) helps to assure that the evaluation findings are used, disseminated appropriately and adapted to similar programs. Strategies for sharing lessons learned include the following:

- Communicate your findings with the community and stakeholder organizations.
- Inform program funders about evaluation and policy implications of evaluation results.
- Consider wider dissemination—who else might benefit from your lessons learned?

—*Evaluation Tip*—

Close the feedback loop—make sure to share your evaluation results with all respondent groups and stakeholders.

## Summary of Health Bucks Program Evaluation

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Abt Associates, Inc., a research company, was contracted by the Centers for Disease Control and Prevention (CDC) to evaluate the New York City Health Bucks program, a farmers' market incentive program that provides \$2 coupons for low-income individuals and families in three District Public Health Offices (DPHO) areas to purchase fresh fruits and vegetables at farmers' markets. To learn more about the Health Bucks program, [click here](#) to visit the Health Bucks Overview page on the Center of Excellence for Training and Research Translation website.

The evaluation design was derived from the [CDC Framework for Program Evaluation for Public Health](#), and incorporated CDC's four groups of standards: *utility, feasibility, propriety, and accuracy*.<sup>iii</sup> It was highly collaborative and consisted of two separate components serving distinct purposes: a *process evaluation* and an *outcome evaluation*. Both components used qualitative and quantitative methods (focus groups, key informant interviews, and surveys) to collect data from farmers' market consumers, market vendors and managers, participating community organizations, and program administrators.

### Process Evaluation

The purpose of the process evaluation was two-fold: (1) to identify barriers and facilitators to implementation of the Health Bucks program, in order to improve on the existing program model, and (2) to collect information for organizations wishing to implement similar interventions. The process evaluation included a formative phase to assist the evaluation team in understanding the Health Bucks program and an evaluative phase to assess lessons learned. It also documented the evolution of the program, including early lessons learned, and documented facilitators and barriers to program implementation.

Stakeholder participation from the initial phases of the evaluation was key to its success as it helped foster engagement and investment, contributing to a fuller understanding of the program among the evaluation team. See Exhibit 2, below, for a list of the Health Bucks evaluation team and key stakeholders.



## EXHIBIT 2: CORE HEALTH BUCKS EVALUATION TEAM AND KEY STAKEHOLDERS

Health Bucks Evaluation Team	Key Stakeholders
<ul style="list-style-type: none"><li>• CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO)</li><li>• NYC Department of Health and Mental Hygiene (NYC DOHMH)</li><li>• Abt Associates, Inc.</li></ul>	<ul style="list-style-type: none"><li>• Representatives from the Farmers’ Market Federation of New York</li><li>• Staff from each of the three NYC District of Public Health Offices (DPHOs)</li><li>• Program coordinators from local community-based organizations (CBOs)</li><li>• Farmers’ market operators, managers and vendors (ex: Greenmarket)</li><li>• Farmers’ market incentive program representatives and evaluators (ex: Boston Bounty Bucks and Prescriptions for Health)</li><li>• SNAP participants and other high-risk individuals targeted by the NYC Health Bucks program</li></ul>

A summary of the questions addressed through the process evaluation is below. For a full list of **process evaluation questions and data sources**, see **page 28**.

## EXHIBIT 3: PROCESS EVALUATION QUESTIONS

Process Evaluation Questions
<p>What are the differences across District Public Health Offices, changes over time, barriers and facilitators to...</p> <ul style="list-style-type: none"><li>• Program funding?</li><li>• Program implementation? Ex: promotion/outreach; recruitment of markets and community based organizations; distribution methods and redemption; reimbursements to farmers</li><li>• Roles of stakeholder organizations (and adherence to intended roles)?</li><li>• Program monitoring and evaluation to track operations and inform program improvement?</li></ul>

## Outcome Evaluation

The purpose of the outcome evaluation was to assess the effectiveness of the Health Bucks program in increasing fresh fruit and vegetable access, purchase, and consumption in targeted low-income populations. The outcome evaluation used both qualitative and quantitative methods to meet this objective. Data from the New York City Community Health Survey were analyzed to see if changes in fruit and vegetable consumption over time were different after Health Bucks started in neighborhoods where the program operated. Surveys and focus groups were also conducted with farmers’ market shoppers and people who lived in Health Bucks neighborhoods to find out their perspectives on how Health Bucks changed their eating and food shopping habits. Surveys and interviews of farmers, vendors, and market managers asked about how Health Bucks changed the way farmers and markets operated. A summary of the questions addressed through the outcome evaluation is below. For a full list of **outcome evaluation questions and data sources**, see **page 29**.

## EXHIBIT 4: OUTCOME EVALUATION QUESTIONS

### Outcome Evaluation Questions

#### Community-Level Outcomes

Does the Health Bucks program increase the numbers of farmers' markets and individual farmers' market vendors who...

- Operate in DPHOs; Accept SNAP benefits via wireless EBT scanners?
- Distribute and accept Health Bucks?
- Offer a greater amount and/or variety of fresh fruits and vegetables?

#### Individual-Level Outcomes

Are there differences in perceived accessibility, purchases, and consumption of fresh fruits and vegetables by level of exposure to and participation in the Health Bucks program?

## Key Standards for Effective Evaluation

All steps in the NYC Health Bucks evaluation were continually assessed to ensure adherence to CDC's four key standards for effective evaluation: *utility*, *feasibility*, *propriety*, and *accuracy*.

- Regular input and feedback from the CDC and key program stakeholders ensured *utility* of the evaluation by identifying the information needs of evaluation users.
- Stakeholder involvement coupled with extensive Abt program evaluation expertise also ensured the *feasibility* of the evaluation given existing resource constraints and logistical concerns.
- To ensure *propriety*, all study protocols (e.g., surveys, focus group guides) and evaluation materials (e.g., process and outcome evaluation plans) approved by the Abt Associates Institutional Review Board (IRB), which assures that projects follow ethical guidelines and standards. In addition, our study was approved by the U.S. Office of Management and Budget (OMB); OMB clearance is a requirement for all federally-funded evaluations involving extensive data collection. In designing your own evaluation, be sure to build time for all obtaining all required approvals into your study timeline.
- *Accuracy* was addressed throughout the evaluation, through careful evaluation design, tool development, and data analysis.



## Findings

Evaluation findings can be found in the **Health Bucks Evaluation Final Report**, coming soon.

## Program Evaluation: Techniques and Tools

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This section includes a description of the types of techniques and tools you and your evaluation team might use for data collection, in addition to a selection of tools used in the Health Bucks Evaluation. The Health Bucks Evaluation tools were developed through an iterative process based on process and outcome evaluation questions. Individuals consulted during tool development included Health Bucks program administrators, other Health Bucks stakeholders, experts with experience evaluating similar programs, and survey experts. These tools may be adapted for evaluation of farmers' market incentive programs of any scale.



### Respondent Groups

Ideally, an evaluation will collect information from several key groups, since each respondent group offers a unique perspective on program implementation and outcomes. Collecting data from a variety of groups allows for a comprehensive program assessment that incorporates multiple viewpoints and experiences. The Health Bucks Evaluation team collected data from the following respondent groups:

- Farmers' market shoppers
- Residents of Health Bucks neighborhoods
- Farmers' Market Farmers and Vendors
- Farmers' Market Managers
- Community Organizations
- Program Administrators

The evaluation team also developed a market observation form to assess the physical environment of farmers' markets. In addition to primary data sources, the evaluation team used secondary data from the [New York City Community Health Survey](#) to assess changes in the target population over time. The full list of evaluation questions indicates data sources or respondent groups used to answer each question.

## Data Collection Methods

A variety of data collection strategies may be used to learn about a program's implementation and impact. Each method has benefits and challenges. For this reason, it is often helpful to include more than one method in an evaluation design. A list of data collection techniques used in the Health Bucks Evaluation follows; refer to each data collection method to read about its benefits and considerations and to learn about how it was used in the Health Bucks evaluation. See **page 18** to view a list of all evaluation tools available for download. You may use or modify Health Bucks evaluation tools in your evaluation. In fact, it is often helpful to use questions that are similar to those used in other evaluations so you can compare your results to others' findings.



### *Health Bucks Evaluation Data Collection Techniques*

- Key Informant Interviews
- Surveys
- Focus Groups
- Observations

### *Key Informant Interviews*

Key Informant Interviews are structured discussions with individuals who are able to offer unique knowledge and insight about program operations and impact.

#### **Benefits of Key Informant Interviews**

- Excellent *exploratory* tool for use during the formative phase of an evaluation; can help define what evaluation questions should be, how data collection tools should be designed to answer evaluation questions, and which respondent groups the evaluation should focus on.
- May also be used as an *explanatory* tool following other data collection efforts to clarify points of confusion or provide potential explanations for surprising or unexpected results.
- Minimal logistical effort required, making this a resource-efficient way to gather information.

#### **Considerations for Key Informant Interviews**

- Opinions collected from key informant interviews will not necessarily represent the experiences and perspectives of all potential respondents. For this reason, be sure to specify the types of respondents that are being included in your evaluation, based on the topics/questions you are addressing, when you present your analysis plan and later findings.

#### **Health Bucks Evaluation Respondent Groups for Key Informant Interviews**

- Health Bucks program administrators and other stakeholders
- Community organization staff
- Farmers' market operators
- Farmers' market vendor/farmers



See **Appendix A** to view Key Informant Interview guides and informed consent documents used during the Health Bucks Evaluation.

### Surveys

Surveys are questionnaires that are administered on paper, online, or as an interview by telephone or in person to groups associated with the program being evaluated. Sometimes surveys are also given to a group that was not served by the

program for comparison purposes. In all cases, it is important to follow standard protocols and procedures before developing and administering your survey.

### Benefits of Surveys

- Provide opportunities to reach and solicit information from a large group of respondents; best way to gather responses that represent your target population.
- If done with a representative sample of sufficient size, can provide information about program effects on a population level.

### Considerations for Surveys

- Resource-intensive data collection and analysis effort required.
- Explains *what* but often does not explain *why*; surveys often do not provide information about *why* respondents answer in the ways they do.
- Informed consent for participation may be necessary.
- Other researchers or programs may have developed similar surveys; using items from existing tools can provide a valuable point of comparison for your own results.

### Health Bucks Evaluation Respondent Groups for Surveys

- Farmers' market consumers
- Farmers' market farmer/vendors
- Farmers' market managers
- Community organizations
- Residents of District Public Health Office (DPHO) neighborhoods, the primary target population for the NYC Health Bucks program.

See **Appendix B** to view Survey Protocols used during the Health Bucks Evaluation, including informed consent forms for participants and guides and tools for survey staff.

## Focus Groups

Focus groups are semi-structured group discussions that follow a carefully planned format to identify and clarify attitudes and beliefs about an issue.

### Benefits of Focus Groups

- Generate information and ideas about an issue.
- Provide evaluators with an opportunity to collect more detailed information than is possible through a survey.
- Allow for development of ideas through an interactive group process to a greater extent than is often achieved during one-on-one interviews or surveys.
- Provides information/explanation of *why* respondents answer in the ways they do (strengthens findings from survey).



### Considerations for Focus Groups

- Not appropriate for problem-solving or decision-making.
- Planning and facilitation can be labor-intensive.
- Informed consent for participation may be necessary.
- May require that an incentive for participation be provided. Incentive amounts will vary depending on the topic (e.g., sensitive information) and target audience (e.g., general public, specialized professionals).

### Health Bucks Evaluation Respondent Groups for Focus Groups

- Farmers' market consumers

See **Appendix C** to view Focus Group guides, consent forms, and recruitment materials used for the Health Bucks Evaluation.

## Observations

Observations of farmers' markets or other participating organizations are a useful process evaluation tool, and can provide a richer understanding of program implementation across markets or neighborhoods.

### Benefits of Observations

- Provide a primary data source to assess various aspects of program implementation and outcomes.
- Possible to complete with minimal resources; if observation forms are short, each market observation could require only 10–15 minutes.

## Considerations for Observations

- Provide only one-time snapshot of market environment.

## Health Bucks Evaluation Observation Settings

- Farmers' Markets

See **Appendix D** to view the Farmers' Market Observation Form used during the Health Bucks Evaluation.

## Secondary Data Sources

There may be secondary data sources that are already being collected by another organization or group that could help in evaluating the program.

For example, a local survey conducted systematically by the state or local public health department may include questions about how many servings of fruits and vegetables people eat every day, or a local advocacy group may compile information about numbers and locations of farmers' markets. Additionally, your program may already collect some form of administrative data on program operations as a part of standard procedures that could be further analyzed as part of an evaluation.

## Benefits of Using Secondary Data Sources

- Because data have already been collected by someone else, additional resources are not needed to collect the data.
- Data from large surveys may have a wider reach than can be achieved with your evaluation resources, including perhaps providing data from a period before your program began for comparison purposes.
- Large surveys often use sophisticated data collection methods and questions designed by experienced survey researchers.
- Secondary data sources can provide important comparison standards for the same questions included in the evaluation's data collection.
- Administrative data from the program being evaluated often provide the only available detailed information on how it has changed over time.

## Considerations for Using Secondary Data Sources

- When you do not collect the data yourself, there is no way to ensure that secondary sources will have the exact information you need to answer your own evaluation questions.
- Check data to assure quality is sufficient for the evaluation.
- Accessing and analyzing complicated datasets may require significant technical expertise.
- Unless a survey specifically asks about your program, you may not be able to tell which respondents are program participants.

## Health Bucks Evaluation Respondent Groups

- New York City residents surveyed as part of the Community Health Survey

[Click here](#) to access the **Community Health Survey website**.

## Health Bucks Evaluation Tools

All evaluation tools provided as part of this tool kit are available for public use with appropriate citation:

L Olsho, Baronberg S, Y Abel, C Austin, C Booker, J Greece, J Levin, L Staub-DeLong, DK Walker, Abrami A, Holloway K, Jernigan J, Payne G. "Health Bucks Evaluation Tool Kit," CDC, 2012.

### *Key Informant Interview Protocols*

- Community Organization Formative Interview
- District Public Health Office Health Bucks Coordinator Formative Interview
- Farmers' Market Federation of New York Formative Interview
- Farmer/Vendor Interview Consent Script
- Farmer/Vendor Interview
- Greenmarket Representative Formative Interview
- Health Bucks Program Coordinator Formative Interview
- Health Bucks Program Staff Post-Survey Interview
- Stellar Market Formative Interview

### *Surveys*

#### **Consumers**

- Informed Consent "Fact Sheet" – Health Bucks Market (English and Spanish)
- Informed Consent "Fact Sheet" – Non Health Bucks Market (English and Spanish)
- Survey (English)
- Survey (Spanish)
- Forms of Payment Sheet for Consumer Survey (English and Spanish)



#### **Vendors**

- Informed Consent "Fact Sheet" (English and Spanish)
- Survey (English)
- Survey (Spanish)

#### **Managers**

- Informed Consent "Fact Sheet"
- Survey Invitation Letter
- Survey

## Community Organizations

- Email Invitation to complete survey
- Informed Consent and Survey (delivered online)

## Residents of Targeted Neighborhoods

- Informed Consent and Survey (English – telephone survey)
- Informed Consent and Survey (Spanish – telephone survey)

## Focus Groups

- Consumer Focus Group Guide
- Consumer Focus Group Recruitment Poster
- Consumer Focus Group Recruitment Screening Script
- Follow-Up Thank You Communication Template

## Observations

- Farmers' Market Evaluative Observation Form



## Dissemination of Findings: How to Share Results

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Once the evaluation is completed, it is important to share the results and/or evaluation procedures with a variety of stakeholders. This process is called **dissemination**. The Centers for Disease Control and Prevention (CDC) defines this process called “dissemination” as “the process of communicating evaluation procedures or lessons learned to relevant audiences in a timely, unbiased, and consistent manner,” with the ultimate goal of achieving “full disclosure and impartial reporting.”<sup>iv</sup>

### Why Disseminate?

Disseminating evaluation results can help you to:

- 1) Ensure audiences understand the issues addressed by the program
- 2) Increase understanding and awareness about the types of support needed for successful implementation
- 3) Inform program improvements
- 4) Help to secure additional or ongoing funding
- 5) Create positive publicity
- 6) Influence and encourage changes in policies and/or practices, both within program and elsewhere.<sup>2</sup>

### How and What to Disseminate

The products developed for dissemination will vary depending on a variety of factors. The following are key questions to keep in mind when planning dissemination efforts:

#### EXHIBIT 5: KEY QUESTIONS FOR DISSEMINATION

##### Key Questions for Dissemination

- Who is/are the intended audience(s)?
- What does the audience need to know, and what are their specific interests?
- What does the evaluation team hope to gain by disseminating this information or these results?
- How will the evaluation team communicate about the program, while ongoing and upon its completion?<sup>2</sup>

Once these questions have been answered, the types of *products* (e.g., articles, oral presentations, blogs, briefs, etc.) and *mechanisms* (e.g., conferences, mass media, journals, websites, etc.) can be determined. Potential audiences, products and mechanisms are listed below.

## Target Audience

- Funders/donors
- Program stakeholders & staff (e.g., state and local health department staff and administration/farmers' market representatives)
- Organizations implementing similar programs
- Participants in program
- General public
- Policymakers
- Academic Institutions

## Dissemination Products

- Formal evaluation reports
- Press release or issue briefs
- Promotional products such as brochures, posters, billboards, flyers, or videos
- Presentation (slide or poster)
- Peer-reviewed article
- Data collection tools
- Success stories/Lessons Learned

## Dissemination Mechanisms

- Email
- Website
- Conference
- Local or national media sources
- Journal or other publication
- Special event or meeting
- Targeted location (e.g., Farmers' Market, cooking demonstration table/booth)

## Consider Your Audience

It is important to match the style, tone, education level, timing, format, and mechanism of each dissemination effort to the needs of the target audience.<sup>1</sup> For example:

- To reach **the public**, oral presentations, videos, and displays may be more memorable, effective, and therefore preferred. Slide presentations, news releases or press conferences, radio and television coverage, and public meetings help to educate and encourage discussion among attendees.



- To reach **stakeholders or program staff**, e-mail listservs and web-based resources may prove the most beneficial. Display of promotional materials at farmers' markets and in-person meetings are important for reaching program staff and key stakeholders.<sup>2</sup>
- To reach **conference/workshop participants, policymakers, and funders/donors**, consider use of print formats such as brochures, one-page descriptions, newsletters, executive summaries, or technical reports.

The following example, adapted from CDC's Framework, may help guide plans for reaching the various target audiences.<sup>v</sup>

**EXHIBIT 6: SAMPLE DISSEMINATION APPROACH AND RECOMMENDATIONS<sup>vi</sup>**

**Sample Dissemination Approach**

**Audience:** State and local health department staff/health department administration.

**Purpose of evaluation:** Demonstrate impact of program on target populations' knowledge and consumption of fresh fruits and vegetables.

**Evaluation findings:** Farmers' market incentive coupons were distributed to low-income residents of three targeted neighborhoods. In a survey of neighborhood residents, xx% or respondents were familiar with the incentive program and xx% had used the incentive coupons.

**Recommendation:** We recommend increasing funding in order to expand the program to reach new neighborhoods and farmers' markets.

## When to Disseminate

Dissemination of information can and should occur throughout all phases of program implementation to improve quality and assess progress at each state of the logical model. Special opportunities for dissemination may present at the time of special events or critical junctures for your organization such as a new achievement, recognition or an award, or as part of a fundraising campaign. Alternatively, dissemination efforts may be timed to coincide with events that relate to the issues addressed by program, i.e., start or end of the annual farmers' market season.<sup>vii</sup> Findings of the overall evaluation should be disseminated at the end of the evaluation.

### *Checklist for Effective Dissemination<sup>viii</sup>*

The following checklist developed by CDC may prove useful as you plan your dissemination and develop dissemination products.



## Effective Dissemination Checklist

-  Identify strategies to increase the likelihood that evaluation findings will be used.
-  Identify strategies to reduce the likelihood that information will be misinterpreted.
-  Provide continuous feedback to the program.
-  Prepare stakeholders for the eventual use of evaluation findings.
-  Identify training and technical assistance needs.
-  Use evaluation findings to support annual and long-range planning.
-  Use evaluation findings to promote your program.
-  Use evaluation findings to enhance the public image of your program.
-  Schedule follow-up meetings to facilitate the transfer of evaluation conclusions.
-  Disseminate procedures used and lessons learned to stakeholders.
-  Consider interim reports to key audiences.
-  Tailor evaluation reports to audience(s).
-  Revisit the purpose(s) of the evaluation when preparing recommendations.
-  Present clear and succinct findings in a timely manner.
-  Avoid jargon when preparing or presenting information to stakeholders.
-  Disseminate evaluation findings in several ways.

## Dissemination Materials

The following list provides examples of oral, poster, promotional and paper products developed to disseminate the approach to and results of Abt Associates' evaluation of New York City Health Bucks program.

### Poster Presentations:

- **Formative Activities in Support of an Evaluation of the New York City Health Bucks Program.** Poster presentation at the Annual Meeting of the American Dietetic Association, Boston, MA, November 2010 and at the American Public Health Association Annual Meeting, Denver, Colorado, November 2010.

### Papers and Panel Presentations:

- **Evaluation of a Farmers' Market Incentive Program: The New York City Health Bucks Initiative.** Panel presentation at the American Public Health Association Annual Meeting, Washington, DC. November 2011.

**Evaluation of the New York City Health Bucks Farmer's Market Incentive Program: Demonstrating the Value of Stakeholder Input for Evaluation Design, Implementation and Dissemination.** Panel presentation at the American Evaluation Association Annual Conference. November, 2011.

**Healthy Food Incentives: Their Impact Now and in the Future Workshop; Evaluating Farmers' Market Incentive Programs: the Example of Health Bucks.** Panel Presentation at the Community Food Security Coalition Food Justice Conference, Oakland, CA. November, 2011.

- **Enhancing the Quality of Evaluation through Collaboration among Funders, Programs, and Evaluators.** Panel presentation at the Evaluation 2010 Conference of the American Evaluation Association, San Antonio, TX, November 2010.

### Other Dissemination Products:

- The **New York City Department of Mental Health and Hygiene** has created press releases to share information about the Health Bucks program. See **Appendix E** to see the press release from 2010.
- **CDC** has developed a one-page information sheet to discuss the evaluation and its results (see **Appendix E**). More information sheets to come in the near future.

## References

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<sup>i</sup> Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11):1-40

<sup>ii</sup> *Ibid.*

<sup>iii</sup> *Ibid.*

<sup>iv</sup> Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006. <http://www.cdc.gov/getsmart/program-planner/Step6.pdf>

<sup>v</sup> Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006.

<sup>vi</sup> Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006.

<sup>vii</sup> Centers for Disease Control and Prevention. Disseminating Program Achievements and Evaluation Findings to Garner Support. Evaluation Briefs. Feb. 2009. Web. <<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief9.pdf>>.

<sup>viii</sup> Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006.

## Web Addresses

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### Page 1

New York City Health Bucks program, Center of Excellence for Training and Research Translation website at <http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=healthbucks&page=overview>

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### Page 5

CDC's Healthier Workplace Initiative Logic Model page at [http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm)

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### Page 10

Health Bucks program at <http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=healthbucks&page=overview>

CDC Framework for Program Evaluation for Public Health at <http://www.cdc.gov/mmwr/pdf/rr/rr4811.pdf>

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### Page 13

New York City Community Health Survey at <http://www.nyc.gov/html/doh/html/survey/survey.shtml>

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### Page 17

Community Health Survey website at <http://www.nyc.gov/html/doh/html/survey/survey.shtml>

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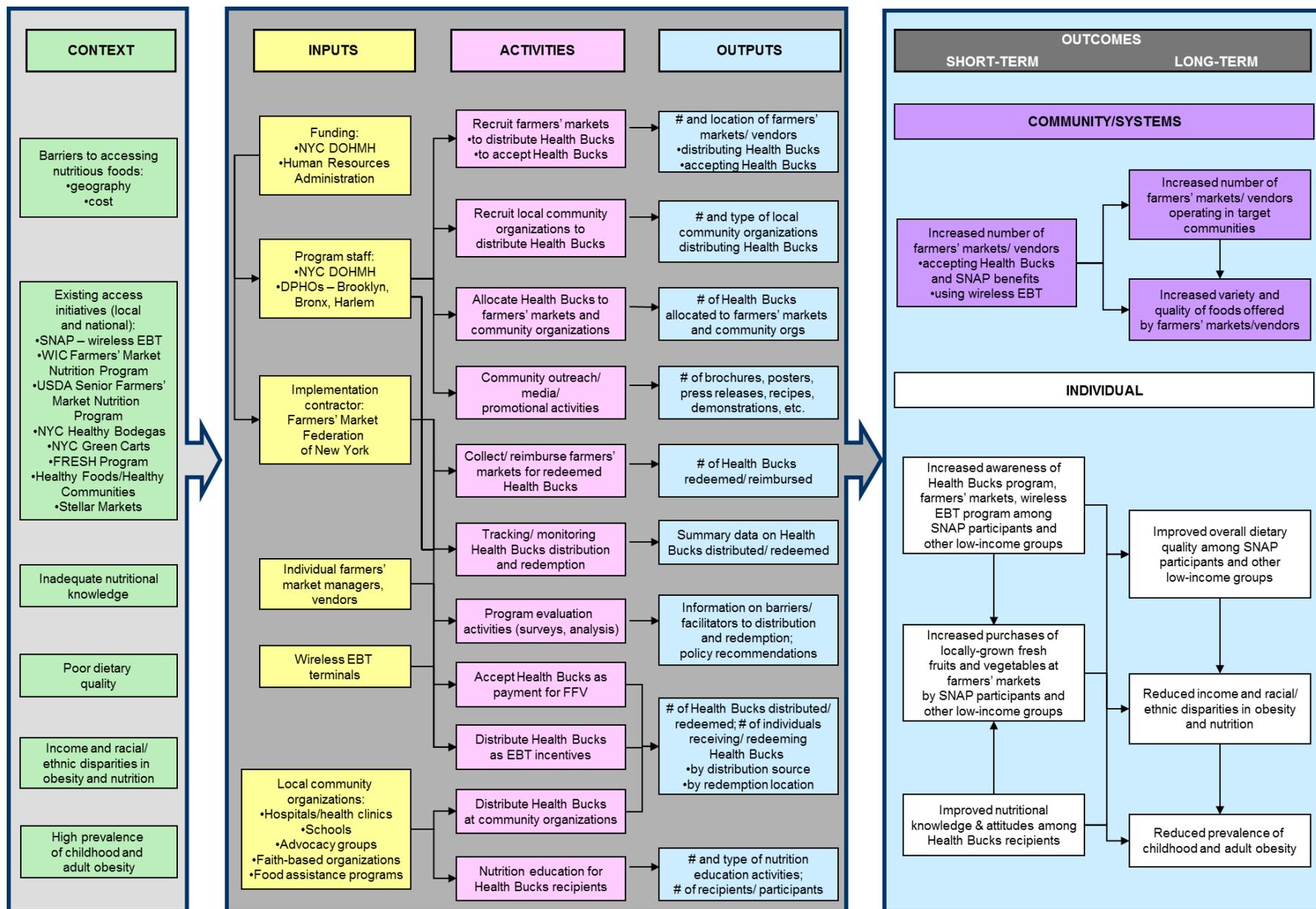
### Page 24

Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006. <http://www.cdc.gov/getsmart/program-planner/Step6.pdf>

Centers for Disease Control and Prevention. Disseminating Program Achievements and Evaluation Findings to Garner Support. *Evaluation Briefs*. Feb. 2009. Web at <http://www.cdc.gov/healthyouth/evaluation/pdf/brief9.pdf>.

Checklist for Effective Dissemination at <http://www.cdc.gov/eval/standard.htm>

## The Health Bucks Logic Model: A Tool for Planning and Evaluation of Ongoing Activities



## Health Bucks Evaluation Process Evaluation Questions

	Potential Data Sources								
	Administrative Data	Document Review	Key Informant Interviews	Local Community Organizations Surveys	Market Manager Surveys	Vendor Focus Groups	Vendor Surveys	Consumer Focus Groups	Consumer Surveys
Is program funding sufficient to achieve intended goals? Is funding sustainable in the longer term? Can alternative funding sources be identified?	x	x	x						
Does program implementation differ across the three individual DPHOs?	x	x	x						
Do key individuals and organizations adhere to intended roles in implementing the program? What are barriers and facilitators to coordination across these groups?	x	x	x	x	x	x	x		
Are existing promotional and outreach efforts sufficient for reaching targeted Health Bucks participants? How can these efforts be improved?		x						x	x
What are barriers and facilitators to recruitment of farmers' market and local community organizations to participate in the NYC Health Bucks program? How are Health Bucks allocated across these groups?	x	x	x	x	x				
What is the optimal timing for allocating Health Bucks to farmers' markets and community organizations?	x		x	x	x	x	x	x	x
What are the benefits and drawbacks to alternative Health Bucks distribution methods? Are Health Bucks distributed by each method actually reaching their intended recipients?	x		x	x	x	x	x	x	x
Do local community organizations tie Health Bucks distribution to participation in nutrition education or other wellness activities? How does this influence the number and type of recipients?				x				x	
More generally, how do local community organizations determine to whom to distribute Health Bucks, and how many Health Bucks to distribute to each individual?				x					
What factors influence redemption of Health Bucks by recipients?	x							x	x
Are all Health Bucks redeemed as intended, for the purchase of locally-grown, fresh fruits and vegetables at farmers' markets, or are some redeemed for other products or in alternative venues?						x	x	x	x
Are farmers reimbursed for Health Bucks purchases in a timely and efficient fashion? What are barriers and facilitators to this process?	x	x	x		x	x	x		
Are existing oversight, monitoring, and evaluation processes adequate to inform program administration and key stakeholders?	x	x	x						

## Health Bucks Evaluation Outcome Evaluation Questions

Evaluation Question	Data Sources						
	Administrative Data	Market Manager Surveys	Vendor Focus Groups	Vendor Surveys	Consumer Focus Groups	Consumer Surveys	Community Health Survey
<b>Community-Level Outcomes</b>							
Does the Health Bucks program increase the numbers of farmers' markets and individual farmers' market vendors who... <ul style="list-style-type: none"> <li>• operate in DPHOs?</li> <li>• accept SNAP benefits via wireless EBT scanners?</li> <li>• distribute Health Bucks?</li> <li>• accept Health Bucks?</li> </ul>	x	x	x	x			
Do farmers' markets participating in the Health Bucks program offer a greater amount and/or variety of fresh fruits and vegetables?		x	x	x			
<b>Individual-Level Outcomes</b>							
How do the following vary between SNAP participants who participate in the Health Bucks program and SNAP participants who do not? <ul style="list-style-type: none"> <li>• Knowledge and attitudes about fresh fruits and vegetables and other nutrition topics;</li> <li>• Amount and type of fresh fruits and vegetables purchased at farmers' markets;</li> <li>• Amount and type of fresh fruits and vegetables purchased from other sources (green carts, bodegas, supermarkets, etc.);</li> <li>• Perceived accessibility of fresh fruits and vegetables; and</li> <li>• Household consumption of fresh fruits and vegetables.</li> </ul>					x	x	
How do the following vary between individuals residing in neighborhoods participating in the Health Bucks program and individuals residing in neighborhoods that do not? <ul style="list-style-type: none"> <li>• Perceived accessibility of fresh fruits and vegetables; and</li> <li>• Household consumption of fresh fruits and vegetables.</li> </ul>							x

***Health Bucks Evaluation  
Formative Key Informant Interview  
Health Bucks Program Coordinator***

**Formative Key Informant Interview: NYC Health Bucks Coordinator**

Name of Respondent: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

List questions emerging from review of instruments + questions that will emerge during site visit:

1. What is the correct wording for the Health Bucks (HB) program?
2. Do you know what proportion of Health Bucks recipients receive Supplemental Nutrition Assistance Program (SNAP) or Women, Infants, and Children (WIC) benefits?
3. What is the association between Farmers' Market Federation (FMF) and Greenmarket (GM) – is GM part of FMF?
4. Please describe how community orgs are selected for participation in HB.
  - a. What is involved in the application process?
  - b. Are there requirements for participation (e.g., tracking distribution and/or redemption of HBs, etc.)?
5. What is your role/involvement in other NYC food access initiatives (e.g., Healthy Bodegas, NYC Green Carts, FRESH Program)?
  - a. Are these initiatives and HB linked to broader policy efforts?
  - b. How are these initiatives coordinated?
6. Can we get email addresses for community organization and Farmers' Market (FM) managers in order to administer web surveys?
7. To your knowledge, do any FMs have access guidelines to the FMs (e.g., allow dogs, strollers, etc.)?
8. Do you know how most customers access the FMs?
  - a. How do they get to the FM?
  - b. How do they depart from the FM?
  - c. Is there someone else we could ask for this information?
9. Do you have an organizational chart or implementation "map" for HBs and related programs?

***Health Bucks Evaluation  
Formative Key Informant Interview  
District Public Health Office (DPHO)  
Health Bucks Coordinator***

**Formative Key Informant Interview: DPHO Representative**

Name of Respondent: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Intro from us about why we are conducting interviews (to learn about the markets and how they operate and to understand factors that would facilitate our evaluation).

**Tell us about your district and the neighborhoods and populations in the district.**

1. How large is the district?
2. How many distinct neighborhoods are in the district?
3. Describe access to general nutrition and education about healthy behaviors (e.g., exercise).
  - a. What are the barriers to access?
4. More specifically, describe the access to fresh fruits and vegetables.
  - a. What are the barriers?

**We'd like to ask a few questions more specifically about the FM's operating in your district:**

5. How many FMs are there?
  - a. Has the number changed over time?
6. How would you characterize the FMs (size – geographic, # of vendors; busiest time of the season; target populations; accessibility, how long have they operated; how they have evolved or changed over time; are all Electronic Benefits Transfer (EBT); how many offer nutrition education)?
7. What is your role in administering/overseeing the FMs?
8. What kinds of vouchers/coupons are accepted at the FMs in your district?
  - b. Does this differ by FM?
9. What is your role or involvement with HB?
  - c. Who do you work most closely with to run/oversee the program?
10. Are there differences between the FMs in your district that accept HB and those that do not?

11. How many FMs participate in HB?
  - d. Has this changed over time?
12. Are there differences among the FMs that accept HB?
  - e. Has this changed over time, and if so, in what ways?
13. How did the relationship with HB come about?
14. How is the HB program administered in your district?
  - f. Has this changed over time?
15. In general (not specific to HB), what is your process, and the criteria, for selecting vendors for the FM (e.g., application process, part of an association, other)?
  - g. When does selection take place (e.g., are vendors scheduled at the beginning of the season, month, week, etc.)?
16. In general, what level of data do you collect about the vendors and booths and the produce they sell, esp., fresh fruits and vegetables?
17. What determines if a vendor participates in HB?
  - h. Has this changed over time?
18. How do you track distribution and redemption of HBs?
  - i. Has this changed over time?
  - j. Have you compiled these data and made any changes in the HB program or market operations as a result?
19. Are there barriers to distributing the HBs to
  - k. Consumers (via Community Based Organizations or EBT or Market Managers)?
  - l. Can these be overcome?
20. Are there barriers to redeeming HBs for
  - m. Consumers?
  - n. Vendors?
  - o. Can these be overcome?
21. What are the benefits of having the HB program in your district?
  - p. Any drawbacks?
22. Do you collect data about the HB program and its potential impact (e.g., vendor and/or consumer satisfaction, consumption)? How often?

- q. Have you made any changes as a result?
23. Do you think the HB program has made a difference
- r. In increasing consumption of fresh fruits and vegetables? If so, how?
  - s. In expanding access to locally grown produce at FM's in low-income neighborhoods?
24. Are there any lessons learned or important considerations for our evaluation that you can share with us about:
- t. The characteristics of your markets (environmental, structural, etc.)
  - u. The characteristics of the FM clientele
  - v. How to identify and approach HB users?
  - w. How to approach vendors?
25. Are there any advertising or marketing materials that would be helpful to have (e.g., brochures, flyers, mailings, etc.)?

**We have just a few questions about how you partner with other agencies.**

26. How do you coordinate with the Department of Health and Mental Hygiene (DOHMH) to administer HB?
27. For what purposes?
28. How often?
29. How do you coordinate with community organizations about HB?
30. How do you coordinate with the Farmer's Market Federation to administer HB?
31. For what purposes?
32. How often?
33. What are the challenges associated with administering the program?
34. What are the challenges associated with sustaining the program (e.g., financial, etc.)?
35. What parts of the HB program are most adaptable to other settings (e.g., bar codes, etc.)?
36. Are there other programs operating in your district with the purpose of increasing access to fresh fruits and vegetables and/or providing education about nutrition and physical activity?

37. What agencies do you partner with for these programs?
38. Do these programs or agencies coordinate with HB in any way?
39. As a closing question, what do you think it will take to improve education about nutrition/healthy eating and specifically to break down access barriers to fresh fruits and vegetables? (If not answered already).
  
40. Is there anything we haven't asked that might be important for us to know?

***Health Bucks Evaluation  
Formative Key Informant Interview  
Farmers' Market Federation of New York***

## **Formative Key Informant Interview: Farmers' Market Federation**

Name of Respondent: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

### **HISTORY AND ROLE OF FEDERATION (NOT RELATED TO HB)**

1. Can you tell us a little about the history of the Farmers' Market Federation?
2. What is the mission/purpose of the organization?
3. How does the Federation carry out that mission?
4. How large is the organization?
  - a. Has it grown – in staff, in catchment area, other?
5. Is the Federation a membership organization?
  - a. Do markets or individual vendors become members?
  - b. How does a FM become a member?
  - c. Are there dues or fees? Annual or other?
  - d. What benefits or services does a member receive?
6. How many members do you currently have?
  - a. Has this changed over time?
  - b. How many NYC FMs are not members/part of the Federation?
7. Is the Federation involved in the process for certifying farmers or FMs (with the NY State Dept. of Agriculture and Markets)?
  - a. Is the Federation involved in any other ways with the Dept. of Agriculture and Markets?
8. Does the Federation interact with the FM managers?
  - a. If so, in what capacity?
  - b. What is the Federation's role in administering the EBT programs?
  - c. Do FMs share EBT with one another or do proprietors who run more than one FM use the same EBT machine at more than one market?
  - d. Do consumers have to use the EBT tokens the same day they acquire them?
    - i. If not, do they have to be used within a certain timeframe?
9. Does the Federation interact directly with any vendors/farmers?
  - a. If so, in what capacity?
  - b. How do farmers get reimbursed for payments made with EBT/food stamp tokens?
    - i. How does the reimbursement/payment process work (mail in tokens, when, to whom)?
    - ii. When do farmers get paid; by whom?
10. Does the Federation get involved in deciding which vendors/farmers sell at which FMs?
  - a. If so, in what capacity?
11. Do vendors commit to a FM for an entire season or can the commitment be shorter (e.g., monthly/weekly)?
12. Does the Federation's interact with the DPHOs?
  - a. If so, in what capacity?
13. Does the Federation's interact directly with Community Based Organizations (CBOs)?
  - a. If so, in what capacity?

## **FEDERATION'S INVOLVEMENT WITH HEALTH BUCKS**

14. How did the Federation become involved with Health Bucks? When?
15. What is the Federation's role in the Health Bucks program?
  - a. Has this role changed over time?
16. Is the Federation involved in the planning process for the HB program each year (e.g., how many HBs to print; how to distribute them and to whom, etc.)?
17. Is the Federation involved with the CBO application process for HBs (e.g., reviewing or approving applications)?
18. Is the Federation involved with marketing the HBs program in any way?
19. Is the Federation involved with distributing HBs (either to CBOs or to FMs)?
20. Is the Federation involved in the redemption of HBs:
  - b. Tracking (for both CBOs and FMs; are there forms; how does this work?)
    - i. What do you track? Who gets the data (e.g., Department of Health, DPHOs, FM managers, CBOs, individual farmers/vendors)?
  - c. Payment/reimbursement to farmers for HB (what is the process; when do farmers get paid?)
21. Has the Federation conducted any kind of evaluation of HB (e.g., satisfaction surveys, other)?
  - d. Which groups have you surveyed (e.g., consumers, farmers/vendors, managers, etc.)?
  - e. How often have you surveyed each group?
  - f. What have you learned from these activities?
  - g. How has the Federation or the HB program changed in response to these findings?
22. Any lessons learned for us as we prepare for our evaluation and data collection?

## **IF WE DON'T ALREADY KNOW, ASK ANY OF THE FOLLOWING:**

23. Does the Federation interact directly with any vendors for the HB program?
  - a. If so, in what capacity?
24. Does the Federation get involved in which FMs accept HB?
  - b. If so, in what capacity?
25. Does the Federation get involved in which vendors at the FMs accept HB?
  - c. If so, in what capacity?
26. Does the Federation's interact with the DPHOs for the HB program?
  - d. If so, in what capacity?
27. Does the Federation's interact directly with CBOs for the HB program?
  - e. If so, in what capacity?

***Health Bucks Evaluation  
Formative Key Informant Interview  
Greenmarket Representative***

**Formative Key Informant Interview: Greenmarket Representative**

Name of Respondent: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Ask any additional questions from master DPHO list, as appropriate, plus:

1. Briefly describe the history of Greenmarkets?
2. How are Greenmarkets different from other FMs around the city?
3. How are Greenmarkets different
  - a. from one another?
  - b. Across boroughs?
4. How did Greenmarkets become involved with the HB program?
  - a. When did this involvement begin?
  - b. Has it changed over time?
5. Do all Greenmarkets participate in the HB program?
  - a. If not, what determines if a Greenmarket participates?
6. What is the process for participating in HB?
  - a. What is your association with DOHMH?
  - b. What is your association with FMF?
7. How are HBs distributed at your market?
8. How are HBs redeemed at your markets?
9. Do you advertise the HB program?
10. What is Greenmarket's involvement with implementing, monitoring, and/or tracking HBs?
  - a. Are you involved in this role?
  - b. Are FM managers involved in this role?
11. Do individual FM Managers manage more than one FM?
  - a. If so, any suggestions for how to minimize burden of responding to survey for each specific market?

12. What level of data do you collect about the vendors and booths and the produce they sell, esp., fresh fruits and vegetables?
13. Do your markets offer nutritional or wellness programs/education?
  - a. Please describe.
  - b. Have you implemented or expanded any programming as a result of HB?
  - c. Are HBs offered as an incentive for customers to participate in these programs?
14. Any suggestions for improving any component of the HB program or how you coordinate or are involved with the program?

***Health Bucks Evaluation  
Formative Key Informant Interview  
Stellar Market Coordinator***

**Formative Key Informant Interview: Stellar Market Representative**

Name of Respondent: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Role

1. What is your role or involvement with Health Bucks?
2. More broadly, what is your role within the health department? What else are you responsible for?
3. What, if anything else, is linked to Health Bucks?

Program description

4. What are the Stellar Markets?<sup>1</sup> (get background on when they began, who is involved with them, where are they located and why were they initiated)
5. Which of the 8 markets are Stellar Markets?
6. Do you have plans to expand to more markets?
7. Do you know which markets will be Stellar markets in 2009-2010?
8. Are the Stellar Markets different at Health Bucks sites?
9. To what extent are farmers' market managers involved in the nutrition education component?
10. To what extent are vendors/farmers involved in the nutrition education component?
11. How are the nutrition education classes advertised at the markets and prior to the markets?
12. How do you decide which markets should have the education component? Who makes this decision?
13. How do you advertise the educational activities that are offered?
14. Are there other ways through which customers become aware of these activities (posted list; mailed list, etc.)?
  - a. Is there a name or specific terminology by which customers might refer to these activities?
15. Do you have a curriculum that you follow at each market? (To see if it's standardized, or varied by "cliente")
16. What do we need to know about the people who attend the educational classes and workshops?
17. Knowing what we'll be doing, are there any considerations or need-to-know information about HB and the nutritional program?

Is there anything else we need to know about the Stellar Markets or HB that would help us with our site visit?

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<sup>1</sup> The Stellar Farmers' Market Initiative, a program of the NYC Department of Physical Activity and Nutrition Program, aims to promote the benefits of a diet rich in fruits and vegetables and encourage New Yorkers to make use of local, fresh produce when preparing meals. Stellar Farmers' Markets offer nutrition education in the form of cooking demonstrations, and utilize the "Just Say Yes to Fruits and Vegetables" curriculum, providing cooking demonstrations in both English and Spanish. Stellar Farmers' Markets operate in close cooperation with the Health Bucks program, commonly offering Health Bucks to consumers as part of on-site cooking demonstrations as an incentive and promotional activity.

***Health Bucks Evaluation  
Formative Key Informant Interview  
Community Organizations***

**Formative Key Informant Interview: Community Organization Representative**

Name of Respondent: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

***I. Health Bucks Application and Transfer to Organizations***

1. Health Bucks Application

- a. When did you become involved with Health Bucks?
- b. How did you first hear about Health Bucks?
- c. Why did you want to distribute Health Bucks?
- d. What does the application process entail?
- e. Suggestions for improvement of application process

2. Health Bucks Transfer to Organizations

- a. When did you receive Health Bucks?
  - i. Who/what organization provided you with the HB? (e.g., DPHO, other)?
- b. Were Health Bucks received at a good time?
- c. Did you receive enough Health Bucks?
- d. Suggestions for improving transfer of Health Bucks to organizations?

***II. Health Bucks Eligibility, Distribution, and Administration***

1. How do you advertise Health Bucks to clients?
2. What demographic groups are Health Bucks distributed to?
3. What other criteria is used to determine eligibility for Health Bucks?
4. Was Health Bucks distribution tied to participation in events, classes or workshops? What type of events (e.g., nutrition or wellness education)?
  - a. Were Health Bucks provided as an incentive, or just given out?
  - b. Did you implement or expand such efforts as a result of HB?
5. When did you distribute Health Bucks to clients in the month/season?
6. Which staff (how many staff members?) distribute Health Bucks?
7. Did you distribute all of the Health Bucks you received?

- a. If not, how many did you distribute? Why not (list)?
8. How many Health Bucks distributed to each recipient at a time?
9. If Health Bucks are distributed to the same recipient more than once, how often are recipients given Health Bucks?
10. What is the maximum number of Health Bucks each person may receive?
11. How did you track distribution of Health Bucks?
  - a. Do you do this yourself or does another organization do the tracking?
  - b. Are there specific forms that you use?
12. How did you track *redemption* of Health Bucks?
  - a. Do you do this yourself or does another organization do the tracking?
  - b. Are there specific forms that you use?
13. Have you used the information you track to change the HB program or any other processes or programs provided by your organization?
14. Suggestions for improving the distribution of Health Bucks and the administration of the Health Bucks program next year?

***III. Nutrition and Health Programming for Health Bucks Recipients (Note: I incorporated a few of questions into those above)***

***Health Bucks Evaluation  
Farmer/Vendor Interview Consent Script***

**INFORMED CONSENT FORM  
FARMER INTERVIEW**

**Health Bucks Evaluation Telephone Interview  
Consent Script**

The purpose of this interview is to learn about New York City Farmers' experiences with the Health Bucks program. Health Bucks are \$2 coupons that can be used to buy fresh fruits and vegetables in some New York City farmers' markets. The Farmers' Market Federation of New York (FMFNY) runs this program for the NYC Department of Health. Abt Associates Inc., a research firm, is studying the Health Bucks program for the Centers for Disease Control and Prevention (CDC). We will use what you and other farmers say to learn about the effect of this program on New York City farmers' markets. Interviews will also help us understand how to make the program better.

The interview will take about 1 hour.

Taking part in this interview has minimal risks for you. The main risk is that your responses could be disclosed in a way that identifies you. However, many procedures are in place to lower this risk. There are no costs for completing the interview. The information you share today will be maintained in a secure manner. Protections will be in place to protect your response to the maximum extent allowed by law.

We will not link your name, address, or phone number to anything you say today, and will not use your name in any of our reports. We will take notes during our discussion, but will only report what you say combined with what other farmers say. What you say will not be shared with the CDC, the Department of Health, or the Farmers' Market Federation of New York.

Your participation in the interview is voluntary. Even if you do participate, you do not have to answer all of the questions. Your choice will not change your relationship with CDC, the NYC Department of Health, or the FMFNY.

Following the interview, we will send you a Postal Money Order in the amount of \$35 to thank you for your time.

If you have any questions, you may call Lauren Olsho of Abt Associates Inc. at 617-520-2326. You may also call Teresa Doksum, at 617-349-2896 if you have other questions about your rights as part of this study. Calling these numbers will incur a toll.

Given the information I read above, is it ok to move forward with the interview?

---

Participant Name

---

Interviewer Signature (Please print)

---

Date

***Health Bucks Evaluation  
Farmer/Vendor Interview Guide***

# I. Background: Organization and Process

*To start, we have some general questions about your farm and selling at farmers' markets:*

1. Where is your farm(s) located?
  - town(s)/city(ies) and state(s)?
2. What do you grow/produce at your farm (i.e., key crops/produce, we don't need an inventory)?
3. In general, how do you decide where to sell your produce? (probes: target pop (define), size of sales market, sales volume, price/variety of products, other)
4. What led you to begin selling at farmers' markets?
  - When did you begin selling at FMs?
  - Where are the markets located at which you sell (within NY State, outside of NY State)?
  - Why do you continue to sell at FMs?
5. We understand that you sell your produce at farmers' markets in NYC.
  - At which NYC markets do you sell your products?
  - How long have you been selling produce at NYC farmers' markets?
    - How did you decide to sell at these specific markets (probe: if more than one market, are the markets different in characteristics (e.g., size/# of booths, product variety, sales volume, neighborhood/environment)?)
    - Do you always seek out the markets at which to sell or do the markets ever contact/recruit you?
6. To help us understand the logistics of selling at farmers' markets, could you briefly describe:
  - How produce gets transported to the markets
  - What determines how often the produce gets transported from your farm (e.g., if a market is open only one day a week vs. multiple days a week).
  - What happens to the produce at FMs that are open on multiple days of the week.
  - Who sells your produce at the markets (i.e., who staffs the booth).
  - Should we need more information about "front-line" interaction with FM customers, could we contact someone who staffs one of your booths? At the end of the interview we can discuss your preferences for how we make the contact.
7. Overall, what trends or new directions have you noticed in farms and farmers' markets?

# II. Farmers' Market Application Process

*The next set of questions is about what you have to do to be able to sell at farmers' markets.*

8. Please describe any licenses, certifications or other requirements that you must meet to sell at farmers' markets in NYC (in general, not specific markets)?
  - From what organization(s)?
  - What does being certified or licensed mean?
9. Did you pay any fees for this certification/license?
  - If yes, is this/are these one-time fee(s) or repeat (e.g., every year, etc.)?
  - Have the fees changed over time (e.g., increase/decrease)?
10. Do specific markets have any requirements or standards that you must meet? (e.g., application process, farm must be local to area, scale of operation, organic, etc.)?

- Do any of these requirements vary by farmers' market (e.g., an independent market vs. Greenmarket, Harvest Home, other)?
  - Are there fees to pay to the FM associated with this process?
    - What are the fees for?
11. Are you a member of any farmers' market association or federation?
- Is this a requirement to sell at FMs in NYC?
  - Do you pay any fees as part of the process? Annually?
  - What are the benefits and drawbacks of membership?
12. Would you change anything about the processes/procedures required to sell at the farmers' market(s)?

### III. Sales and Payment Methods

13. How do you decide what produce to sell at the farmers' market?
- If you sell at more than one farmers' market, do the products you sell vary by market? If so, in what ways?
  - Have the products you sell changed over time? For what reasons.
14. How do you decide how much of a product to bring on each market day?
- Are some products more popular than others?
15. How do you decide what prices to charge for your products?
- How often do prices change (e.g., daily, weekly, monthly, etc.)?
  - Do prices vary across different farmers' markets?
    - If so, what influences price (e.g., market characteristics, crop yields, cost of selling at the markets, etc.)?
16. Which methods of payment are most commonly used by your customers? (Probe: cash, debit/credit card, food stamps (SNAP), WIC or Senior Farmers' Market Nutrition Program (FMNP) coupons, WIC vouchers, Health Bucks, other)? (Farmer & Vendor)
- Has this changed over time? Since when?
  - In what ways?
  - Does this vary by market or neighborhood? Describe.
17. Do you prefer any forms of payment (which ones)?
- What makes these payment methods preferable?
  - Are there drawbacks to any of the other payment methods you accept?
18. Are there any forms of payment that you prefer not to accept?
- If so, for what reasons?
19. Do you have any suggestions for changing the payment methods at farmers' markets?
20. Thinking about what you have shared about your experiences selling at farmers' markets,
- What are some of the benefits of selling your products at farmers' markets?
  - What are some of the drawbacks or challenges of selling your products at farmers' markets?

## IV. Experience with Health Bucks

21. Do you know about the Health Bucks Program? (F&V)
  - If so, how did you learn or hear about the Health Bucks Program?
  - If you do not know about Health Bucks, would you be interested in learning more about the program? (Note: If so, we can send you some information at the end of our discussion.)
22. Do you accept Health Bucks as a form of payment?
  - At all farmers' markets where you sell your products?
  - If no, why not?
    - Is there anything that would influence your willingness to try or use Health Bucks?
23. How did you decide whether or not to participate in the Health Bucks program?
24. Do you advertise/display that you accept Health Bucks? (F & V)
25. Has there been a time when you haven't accepted a Health Buck? (F&V)
  - If so, for what reason(s)?
26. How does the process of paying with a Health Buck work? (Vendor only)
  - Is the process convenient for you?
  - Based on your observations, is the process convenient for the consumer? Why or why not?
  - Is there a time when consumers use the Health Bucks more or less – during a day, week, month, or season?
    - If so, do you know what might influence when HBs are used?
27. Can customers use an additional form of payment along with a Health Buck? (Vendor only)
  - If so, what different forms of payment are most often used together, in your experience?
  - Does this complicate the transaction process for you? Explain.
28. Once you have received the Health Buck as payment from a customer, what do you do to receive your payment/reimbursement?
  - How often do you send in/redeem the Health Bucks for payment?
    - To what organization?
  - How/in what form do you receive the payments (check, direct deposit, etc.)?
29. Would you change anything about the payment or redemption process?
  - Is this process different from that of other vouchers or coupons?
30. When do you receive your payments for the Health Bucks?
  - Would you change anything about the timing?
  - Is the timing for receiving payments different from that of other vouchers or coupons?
31. Has the Health Bucks program had an influence on the volume or variety of products you sell? (F&V)
  - If so, in what ways?
32. Have you seen a change in the volume of Health Bucks used by customers at your booth(s)? (F&V)  
(Probe: Do customers receive their Health Bucks at opportune times in the season?)
  - Accepted by other farmers/vendors? Explain.

***Health Bucks Evaluation***  
***Health Bucks Program Staff Interview Guide***

## Key Informant Interview –NYC DOHMH Staff

### Toolkit & Dissemination Questions

- 1) What do you wish you had known when you first began considering an evaluation of the Health Bucks program?**
  - Did you have access to any evaluation toolkits or other helpful information during this time?
  - If so, may we use/provide links to them in our toolkit?
- 2) Are there any notable lessons learned about evaluating the Health Bucks program?**
  - What went well and what could have been done differently?
- 3) What influence did the Centers for Disease Control and Prevention’s (CDC) evaluation of the program have on a) your program and b) your own internal evaluation?**
- 4) What are the ways in which you have disseminated/plan to disseminate your evaluation findings (e.g., reports, brochures, tool kits, etc.)?**
  - If you have examples to share with us, may we use/provide links to them in our toolkit?
  - Do you have any advice about particularly effective ways to disseminate evaluation findings?
- 5) Based on your experience with evaluation, what do you consider to be important for designing an online toolkit for evaluation?**
  - What is essential to include/not forget?
  - What should we avoid doing/including?
  - Any general guidelines?

### Questions for the evaluation report

- 6) Roles of key individuals and organizations in implementing the program**
  - Do key individuals and organizations adhere to intended roles in implementing the program?
  - What are barriers and facilitators to coordination across these groups?

**7) Barriers and facilitators to recruitment of farmers' market and local community organizations to participate in the program**

- What are barriers and facilitators to recruitment of farmers' market and local community organizations to participate in the NYC Health Bucks program?
- How are Health Bucks allocated across farmers' markets?
- Talk to us about your efforts with the U.S. Department of Agriculture (USDA) to get EBT into FMs. Was this related to addressing barriers or facilitators?

**8) Program funding and sustainability questions**

\*\* Think about these questions more generally – based on your experience.

- What have been the funding sources for all aspects of the Health Bucks program?
  - i. Has that changed over time?
- To date, has program funding been sufficient to achieve intended goals?
- Are you still working toward the original Health Bucks goals?
- Thinking about longer term funding, how is the program going to be sustained?
- Have you identified alternative funding sources for the Health Bucks program? Describe.
- Do you think about sustainability in other ways besides funding?

**9) Oversight, monitoring, and evaluation processes**

- Are existing oversight, monitoring, and evaluation processes adequate to inform program administration and key stakeholders?
- What else would you do for oversight and monitoring?
- What are the next steps for your own program evaluation? What will you do next year?

33. Based on your observation, has the Health Buck program had an influence on your customers?  
(Vendor only)
- If so, in what ways?
34. Have you seen a change in the types of people using Health Bucks?
- If so, in what ways? (Vendor only)
35. Thinking more specifically about your experience with the Health Bucks program,
- What are some of the benefits of accepting Health Bucks for your products at farmers' markets?
  - What are some of the drawbacks or challenges of accepting Health Bucks your products?
36. Would you like to see the Health Bucks program (F&V)
- Continue
  - Grow
  - Change in any way?

*Are there any questions you have for us? Anything else you'd like to share about talking to farmers about Health Bucks and farmers' markets?*

***Health Bucks Evaluation  
Consumer Informed Consent “Fact Sheet”  
(English and Spanish – Health Bucks Market)***

## **ABOUT THIS STUDY**

This is a survey of New York City farmers' market shoppers. We want to learn your thoughts about farmers' markets. We also want to learn what you think about the New York City Health Bucks program.

This program gives out \$2 coupons called "Health Bucks." Shoppers can use Health Bucks to buy fresh fruits and vegetables in some New York City farmers' markets. The Farmers' Market Federation of New York runs this program for the NYC Department of Health. Abt Associates, Inc., a research firm, is studying the Health Bucks program for the Centers for Disease Control and Prevention (CDC). We will use your answers to learn how this program affects New York City farmers' markets. We will also learn how to make the program better.

The survey should take about 7 minutes.

## **RISKS OF TAKING PART IN THE STUDY**

Being in this survey has minimal risks for you.

## **COSTS AND FINANCIAL RISKS**

There are no costs for being in the survey.

## **POSSIBLE BENEFITS OF TAKING PART IN THE STUDY**

Being in this survey will help improve farmers' markets and the Health Bucks program. This could bring more cheap, healthy foods to your area.

## **COMPENSATION**

You will get a round trip MetroCard (worth \$4.50) for being in the survey.

## **DATA SECURITY**

Information collected as part of this survey will be maintained in a secure manner. Protections will be in place to safeguard your response to the maximum extent allowed by law. We will not ask your name, address, or phone number. We will keep forms in a secure, locked room at Abt Associates. We will enter your answers into a computer file. We will store the file with a password on a secure server at Abt Associates. We will only report your answers combined with answers from 2,000 other surveys. We will destroy all surveys at the end of the study.

## **TAKING PART IS VOLUNTARY**

You can choose not to fill out the survey. If you do not fill out the survey, there will be no penalty. Even if you agree to fill out the survey, you do not have to answer all the questions. Your choice will not change your relationship with the CDC, the NYC Department of Health, or the Farmers' Market Federation of New York.

## **QUESTIONS**

You may call Lauren Olsho of Abt Associates Inc. (617-520-2326) to learn more. You may also call Teresa Doksum, IRB Administrator (617-349-2896), if you have other questions about your rights as part of this study. Calling these numbers will incur a toll.

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## **TELL US WHAT YOU THINK**

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As part of this study, we invite you to join us for a focus group (small group discussion) about your experiences with shopping at farmers' markets. Anything you share with us will be kept private. If you are able to join us, you will receive \$35. If you would like to learn more about coming to the group discussion, please call this number: 877-703-7659.

## **ACERCA DE ESTE ESTUDIO**

Esta es una encuesta para los consumidores de los mercados de productos agrícolas de la ciudad de Nueva York. Queremos saber lo que piensa acerca de estos mercados. Nos gustaría además saber su opinión con respecto al programa "Health Bucks" de la ciudad de Nueva York.

Este programa distribuye cupones de \$2 llamados "Health Bucks". Quienes los reciben pueden usarlos para comprar frutas y verduras frescas en algunos de los mercados de productos agrícolas de la ciudad de Nueva York. La Federación de Mercados de Productos Agrícolas de Nueva York administra este programa para el Departamento de Salud de la ciudad de NY. Abt Associates, Inc., una compañía dedicada a la investigación, está estudiando el programa "Health Bucks" para los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés). Usaremos sus respuestas para determinar cómo afecta este programa los mercados de productos agrícolas. Además usaremos la información para mejorar el programa.

La encuesta debe tomar más o menos 7 minutos de su tiempo.

## **RIESGOS DE SU PARTICIPACIÓN EN ESTE ESTUDIO**

Sus riesgos por completar la encuesta son mínimos.

## **COSTO Y RIESGO ECONÓMICO**

No cuesta nada participar en esta encuesta.

## **BENEFICIOS POSIBLES DE SU PARTICIPACIÓN EN EL ESTUDIO**

Sus respuestas a esta encuesta, pueden ayudar a mejorar los mercados agrícolas de la ciudad de Nueva York y el programa "Health Bucks", lo cual podría aumentar la disponibilidad de alimentos frescos y baratos en la zona donde usted vive.

## **COMPENSACIÓN**

Como muestra de agradecimiento por participar en la encuesta, usted recibirá una tarjeta de ida y vuelta de MetroCard (por valor de \$4.50).

## **SEGURIDAD DE LOS DATOS**

La información obtenida mediante esta encuesta se guardará de forma segura. Habrá protecciones para mantener seguras sus respuestas de acuerdo a lo máximo permitido por la ley. No le pediremos su nombre, dirección o número de teléfono. Guardaremos las encuestas en cuartos bajo seguro en Abt Associates. Sus respuestas se pondrán en un fichero de computadora. Este fichero se mantendrá bajo clave en un servidor seguro en Abt Associates. Sus respuestas se reportarán combinadas con las de otras 2000 encuestas. Al finalizar el estudio, destruiremos las encuestas y las páginas de cubierta.

## **SU PARTICIPACIÓN ES VOLUNTARIA**

Usted puede decidir no contestar esta encuesta. No tendrá ningún problema por no participar. Si decide hacerlo, no es necesario contestar todas las preguntas. Lo que usted decida no alterará su relación con CDC, el Departamento de Salud de la ciudad de NY, o la Federación de Mercados de Productos Agrícolas de Nueva York.

## **PREGUNTAS**

Si desea más información puede llamar a Lauren Olsho de Abt Associates Inc. (617-520-2326). También puede comunicarse con Teresa Doksum, Administradora de IRB (617-349-2896), si tiene otras preguntas acerca de sus derechos como parte de este estudio. Estos números no son gratuitos.

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## **DÍGANOS QUÉ PIENSA**

Como parte de este estudio, le invitamos tomar parte en un grupo de discusión sobre sus experiencias con hacer compras en los mercados agrícolas. Todo que usted comparte con nosotros será mantenido de manera privada. Si usted puede tomar parte del grupo, recibirá \$35. Si le interesa saber más sobre el grupo de discusión, por favor llame a este número: 877-703-7659.

***Health Bucks Evaluation  
Consumer Informed Consent “Fact Sheet”  
(English and Spanish – Non-Health Bucks Market)***

## **ABOUT THIS STUDY**

This is a survey of New York City farmers' market shoppers. We want to learn your thoughts about farmers' markets. We also want to learn what you think about the New York City Health Bucks program.

This program gives out \$2 coupons called "Health Bucks." Shoppers can use Health Bucks to buy fresh fruits and vegetables in some New York City farmers' markets. The Farmers' Market Federation of New York runs this program for the NYC Department of Health. Abt Associates, Inc., a research firm, is studying the Health Bucks program for the Centers for Disease Control and Prevention (CDC). We will use your answers to learn how this program affects New York City farmers' markets. We will also learn how to make the program better.

The survey should take about 7 minutes.

## **RISKS OF TAKING PART IN THE STUDY**

Being in this survey has minimal risks for you.

## **COSTS AND FINANCIAL RISKS**

There are no costs for being in the survey.

## **POSSIBLE BENEFITS OF TAKING PART IN THE STUDY**

Being in this survey will help improve farmers' markets and the Health Bucks program. This could bring more cheap, healthy foods to your area.

## **COMPENSATION**

You will get a round trip MetroCard (worth \$4.50) for being in the survey.

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## **TAKING PART IS VOLUNTARY**

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## **QUESTIONS**

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La encuesta debe tomar más o menos 7 minutos de su tiempo.

## **RIESGOS DE SU PARTICIPACIÓN EN ESTE ESTUDIO**

Sus riesgos por completar la encuesta son mínimos.

## **COSTO Y RIESGO ECONÓMICO**

No cuesta nada participar en esta encuesta.

## **BENEFICIOS POSIBLES DE SU PARTICIPACIÓN EN EL ESTUDIO**

Sus respuestas a esta encuesta, pueden ayudar a mejorar los mercados agrícolas de la ciudad de Nueva York y el programa “Health Bucks”, lo cual podría aumentar la disponibilidad de alimentos frescos y baratos en la zona donde usted vive.

## **COMPENSACIÓN**

Como muestra de agradecimiento por participar en la encuesta, usted recibirá una tarjeta de ida y vuelta de MetroCard (por valor de \$4.50).

## **SEGURIDAD DE LOS DATOS**

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## **SU PARTICIPACIÓN ES VOLUNTARIA**

Usted puede decidir no contestar esta encuesta. No tendrá ningún problema por no participar. Si decide hacerlo, no es necesario contestar todas las preguntas. Lo que usted decida no alterará su relación con CDC, el Departamento de Salud de la ciudad de NY, o la Federación de Mercados de Productos Agrícolas de Nueva York.

## **PREGUNTAS**

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***Health Bucks Evaluation  
Consumer Survey (English)***

ID: \_\_\_\_\_

Form Approved  
OMB No.: 0920-0855  
Exp. Date: 07/31/2011

**NYC HEALTH BUCKS EVALUATION  
CONSUMER (POINT-OF-PURCHASE) SURVEY**

\*Interviewer Name: \_\_\_\_\_ \*Date of Interview: \_\_\_\_\_

\*Farmers' Market Name: \_\_\_\_\_ \*Health Buck Market Yes No

\*Farmers' Market Location: BX BKLYN MHT QNS SI

**INSTRUCTIONS TO INTERVIEWER:**

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**[READ TO RECRUIT]** "Hello - Did you buy something at the market today?"

**[IF YES:]** "Do you have 5 minutes to answer some questions about your shopping experience?"

**[IF NO:]** "Are you planning to buy something at the market today? If you are planning on buying something at the market today, please stop by on your way out to take a brief survey."

**[ASK TO DETERMINE ELIGIBILITY]** "Before we begin, may I ask if you are 18 or over?"

**[IF NO:]** "Thank you for your time, but I cannot administer the survey to anyone under 18. Sorry, and have a great day!"

**[IF YES:]** "You are eligible to participate in this survey. Before we begin, I'm going to read this form to you to explain a little bit more about the study and how this survey fits in."

**READ CONSENT:**

Congratulations! You qualify for our study. I'd like to explain what the study is about before I ask you any other questions. The purpose of this study is to learn about the effects of a farmers' market coupon program, called NYC Health Bucks, on fruit and vegetable consumption in certain neighborhoods in New York. As part of our study, we are talking to people who shop at New York City farmers' markets to learn about their fruit and vegetable consumption habits and awareness of the Health Bucks program.

You will be given a round-trip MetroCard to compensate you for your time. Information collected in this survey will be maintained in a secure manner. There are no costs for participating in this survey. Participation in this survey is voluntary. Even if you agree to participate, you are not required to answer all the questions. You may stop this survey at any time without penalty.

Do you have any questions about this study, or may I begin now?

**[IF YES, REFER TO "FREQUENTLY ASKED QUESTIONS" AND ASK AGAIN]**

**[IF NO, BEGIN SURVEY]**

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 (0920-0855).

**1. During the farmers' market season (July 1 through November 15), how often do you shop at a farmers' market?**

*[READ CHOICES]*

- 1..... More than Once a Week
- 2..... About Once a Week
- 3..... Once or Twice a Month
- 4..... About Once a Month
- 5..... Less Than Once a Month
- 6..... (VOL) Not Sure/Refused

**2. Which of the following items did you buy at the farmers' market today?**

*[READ LIST AND CIRCLE ALL THAT APPLY.]*

- 1..... Fruits
- 2..... Vegetables
- 3..... Jams/Juices
- 4..... Bread
- 5..... Cheese
- 6..... Meats/Fish
- 7..... Baked Goods
- 8..... Other
- 9..... (VOL) Not Sure/Refused

**3. How did you pay for your items at the market today? Look at this list\*, and as I read each option, tell me if you used it or not.**

**[\*Show Card #1. READ LIST AND CIRCLE ALL THAT APPLY.]**

- 1..... Cash
- 2..... Debit or Credit Card (like MasterCard, Visa)
- 3..... Food Stamps (a.k.a. Supplemental Nutrition Assistance Program "SNAP," or Electronic Benefit Transfer " EBT" Benefits, or EBT Tokens)
- 4..... WIC or Senior Farmers' Market Nutrition Program (FMNP) Coupons
- 5..... WIC Vouchers (a.k.a. Women, Infants, and Children (WIC) Fruit & Vegetable Checks)
- 6..... Health Bucks
- 7..... Other
- 8..... (VOL) Not Sure/Refused

**4. Did you notice if any of the following nutrition activities or materials were offered at the market today?**

*[READ LIST AND CIRCLE ALL THAT APPLY.]*

- 1..... Cooking Demonstrations
- 2..... Educational Handouts
- 3..... Flyers or Brochures
- 4..... Taste Test/Samples
- 5..... Recipes
- 6..... Other
- 7..... (VOL) Not Sure/Refused

**5. If you were to walk from your home to this particular farmers' market, how long would it take you to get here?**

- 1..... Less than 5 Minutes
- 2..... 5 to 10 Minutes
- 3..... More than 10 Minutes
- 4..... (VOL) Not Sure/Refused

**6. Not including this market, think about the closest location to your home where you can purchase fresh fruits and vegetables. What type of location is this?**

[READ LIST AS NEEDED.]

- 1..... Supermarket or Grocery Store
- 2..... Convenience/Corner Store
- 3..... Bodega
- 4..... Other Farmer's Market
- 5..... Fresh Fruit & Vegetable Stand or Cart
- 6..... Other
- 7..... (VOL) Not Sure/Refused

**7. If you were to walk from your home to that location, how long would it take you to get there?**

- 1..... Less than 5 Minutes
- 2..... 5 to 10 Minutes
- 3..... More than 10 Minutes
- 4..... (VOL) Not Sure/Refused

**[INTERVIEWER: ASK Q8 → 15 IF MARKET ACCEPTS HEALTH BUCKS.]**

**[READ:] Health Bucks are \$2 coupons provided for the purchase of fresh fruits and vegetables at certain farmers' markets in New York City. This is what a Health Buck looks like. [SHOW CARD #1]**

**8. Have you ever seen or heard about Health Bucks before today?**

- 1..... Yes
- 2..... No [SKIP TO Q16]
- 3..... (VOL) Not Sure [SKIP TO Q16]
- 4..... (VOL) Refused [SKIP TO Q16]

**9. How did you first hear about Health Bucks?**

[READ CHOICES AS NEEDED.]

- 1..... Flyer, Brochure, or Other Promotional Handout
- 2..... Poster at the Farmers' Market
- 3..... Subway/Bus Advertisement
- 4..... Newspaper
- 5..... Web
- 6..... Mailing Received at Home
- 7..... From Other People (Family, Friends, etc.)
- 8..... From a Local Community Organization (i.e. health/community center, church, food pantry, etc)
- 9..... Saw Them Being Used By Shoppers at the Market
- 10..... Other
- 11..... (VOL) Not Sure/Refused

**10. Have you ever used Health Bucks?**

- 1..... Yes
- 2..... No [SKIP TO Q15]
- 3..... Not Sure [SKIP TO Q15]
- 4..... (VOL) Refused [SKIP TO Q15]

**11. About how often, on average, do you use Health Bucks?**

- 1..... Every Week During Farmers' Market Season
- 2..... Every Other Week During Farmers' Market Season
- 3..... Every Month During Farmers' Market Season
- 4..... Every Other Month During Farmers' Market Season
- 5..... Once per Farmers' Market Season
- 6..... I have only ever used Health Bucks one time
- 7..... (VOL) Not Sure/Refused

**12. Did you use Health Bucks today?**

- 1..... Yes
- 2..... No [SKIP TO Q15]
- 3..... Not Sure [SKIP TO Q15]
- 4..... (VOL) Refused [SKIP TO Q15]

**13. Where did you get the Health Bucks you used today?**

[READ LIST AND CIRCLE ALL THAT APPLY.]

- 1..... At the Farmers' Market (w/ SNAP or EBT Benefits)
- 2..... At the Farmers' Market (as part of a promotion)
- 3..... From a Local Community Organization (i.e. health/community center, church, food pantry, etc.)
- 4..... From a Friend or Relative
- 5..... Other
- 6..... (VOL) Not Sure/Refused

**14. When did you get the Health Bucks you used today? [READ LIST AND CIRCLE ALL THAT APPLY.]**

- 1..... Today
- 2..... Any Other Day
- 3..... (VOL) Not Sure/Refused

**15. How much do you agree with these statements about the Health Bucks program?**

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	NS/Ref
<b>A. I shop at farmers' markets more often because of Health Bucks</b>	1	2	3	4	5	6
<b>B. I buy more at farmers' markets because of Health Bucks</b>	1	2	3	4	5	6
<b>C. I spend more in Food Stamps (a.k.a. SNAP or EBT benefits) at farmers' markets because of Health Bucks</b>	1	2	3	4	5	6
<b>D. Health Bucks help me to eat more fresh fruits &amp; vegetables</b>	1	2	3	4	5	6

**[ASK ALL]**

**16. Thinking about nutrition . . . How many total servings of fruit and/or vegetables did you eat yesterday? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.**

**[DO NOT READ.]**

- 0..... None
- 1..... 1
- 2..... 2
- 3..... 3
- 4..... 4
- 5..... 5
- 6..... 6
- 7..... 7
- 8..... 8
- 9..... 9
- 10..... 10+
- 11..... (VOL) Not sure/Refused

**17. Was the amount of fruit and vegetables that you ate yesterday much more than usual, about the same as usual, or much less than usual?**

- 1..... Much more than usual
- 2..... About the same as usual
- 3..... Much less than usual
- 4..... (VOL) Not Sure/Refused

**18. Compared to one year ago, would you say you are now eating more, less, or the same amount of fruits and vegetables?**

- 1..... More
- 2..... Less
- 3..... Same
- 4..... (VOL) Not Sure/Refused

**19. What is your age?**

- \_\_\_\_\_ Years
- 98..... (VOL) Don't Know/Not Sure
- 99..... (VOL) Refused

**20. (BY OBSERVATION. ASK IF NEEDED: Are you male or female?)**

- 1..... Male
- 2..... Female
- 3..... (VOL) Don't Know/Not Sure
- 4..... (VOL) Refused

**21. Are you Hispanic or Latino?**

- 1..... Yes
- 2..... No
- 3..... (VOL) Don't Know/Not Sure
- 4..... (VOL) Refused

**[IF (Q21=YES) HISPANIC, READ]: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.**

**22. What is your race? I will read five options to you; please select one or more.**

*[READ CHOICES; MULTIPLE RESPONSE.]*

- 1..... White
- 2..... Black or African American
- 3..... Asian
- 4..... Native Hawaiian or Other Pacific Islander
- 5..... American Indian or Alaska Native
- 6..... (VOL) Don't Know/Not Sure
- 7..... (VOL) Refused
- 8..... (VOL) Other \_\_\_\_\_

**23. Including yourself, how many people live in your household?**

- \_\_\_\_\_ Total # of people
- 98..... (VOL) Don't Know/Not Sure
- 99..... (VOL) Refused

**24. How many children under the age of 18 live in your household?**

- \_\_\_\_\_ # of children
- 98..... (VOL) Don't Know/Not Sure
- 99..... (VOL) Refused

**25. The next question is about your combined household income. By household income we mean the combined income from everyone living in the household including even roommates or those on disability income. Can you tell me the annual combined income for your household?**

*[READ CHOICES UNTIL RESPONDENT ANSWERS "YES"]*

- 1..... Less than \$10,000
- 2..... Less than \$20,000
- 3..... Less than \$30,000
- 4..... Less than \$40,000
- 5..... Less than \$50,000
- 6..... Less than \$60,000
- 7..... Less than \$70,000
- 8..... \$70,000 or more
- 9..... (VOL) Don't Know/Not Sure
- 10..... (VOL) Refused

**26. Please indicate which of the following programs you or someone in your household currently participates in. [READ LIST AND CIRCLE ALL THAT APPLY.]**

- 1..... Food Stamps (a.k.a. SNAP or EBT Benefits)
- 2..... WIC
- 3..... WIC Farmers' Market Nutrition Program (FMNP)
- 4..... Senior Farmers' Market Nutrition Program (SFMNP)
- 5..... None of the Above
- 6..... (VOL) Don't Know/Not Sure
- 7..... (VOL) Refused

**27. Please specify your zip code of residence:**

\_\_\_\_\_ Zip Code

**THANK PARTICIPANT FOR TAKING THE SURVEY, AND HAND OUT FREE METRO CARD.**

***Health Bucks Evaluation  
Consumer Survey (Spanish)***

ID: \_\_\_\_\_

Form Approved  
OMB No.: 0920-0855  
Exp. Date: 07/31/2011

**NYC HEALTH BUCKS EVALUATION  
CONSUMER (POINT-OF-PURCHASE) SURVEY**

\*Interviewer Name: \_\_\_\_\_ \*Date of Interview: \_\_\_\_\_

\*Farmers' Market Name: \_\_\_\_\_ \*Health Buck Market Yes No

\*Farmers' Market Location: BX BKLYN MHT QNS SI

**INSTRUCCIONES PARA EL/LA ENTREVISTADOR(A):**

**[LÉALE AL/LA COMPRADOR(A)]** “Hola - ¿Compró algo en el mercado hoy?”

**[SI SÍ:]** “¿Tendría cinco (5) minutos para contestar algunas preguntas acerca de su experiencia con la compra?”

**[SI NO:]** “¿Piensa comprar algo en el mercado hoy? Si planea comprar algo en el mercado hoy, visítenos por favor cuando termine sus compras para contestar a una encuesta breve.

**[PREGUNTE PARA DETERMINAR SI ES ELEGIBLE]** “Antes de empezar, ¿le podría preguntar si usted tiene 18 años o más?”

**[SI NO:]** “Gracias por su cooperación pero personas de menos de 18 años no pueden participar en esta encuesta. Lo siento, ¡que pase un buen día!”

**[SI SÍ:]** “Usted puede participar en esta encuesta. Antes de empezar, voy a leerle este formulario para explicarle un poco más de que trata este estudio y cuál es el propósito de la encuesta.

**LEA EL CONSENTIMIENTO:**

¡Felicitaciones! Usted puede participar en nuestro estudio. Me gustaría explicarle de que trata el estudio antes de hacerle otras preguntas. El propósito de este estudio es ver cómo afecta el programa de cupones llamado “Health Bucks” diseñado para los mercados de productos agrícolas (farmers’ markets) de la ciudad de Nueva York, al consumo de frutas y verduras en ciertos vecindarios de la ciudad. Como parte del estudio, estamos entrevistando a personas que compran en los mercados agrícolas de la ciudad de Nueva York, para comprender mejor sus hábitos de consumo de frutas y verduras y también averiguar si conocen el programa “Health Bucks”.

Usted recibirá una tarjeta de MetroCard de ida y vuelta como agradecimiento por su cooperación. La información que se recoge en esta encuesta se guardará de forma segura. No cuesta nada participar en esta encuesta. Su participación es voluntaria. Si decide participar, no es necesario contestar todas las preguntas. Puede terminar la encuesta en cualquier momento sin ningún problema.

¿Tiene alguna pregunta acerca de este estudio o puedo empezar ahora?

**[SI SÍ, REFIÉRASE A “PREGUNTAS COMUNES, FAQ” Y PREGUNTE OTRA VEZ]  
[SI NO, COMIENCE LA ENCUESTA]**

Se estima que el tiempo requerido para completar esta encuesta es de 7 minutos por encuesta, incluyendo el tiempo necesario para revisar las instrucciones, buscar datos, reunir y mantener los datos necesarios, y completar y revisar la encuesta. Una agencia no puede conducir ni patrocinar una encuesta y una persona no está obligada a responder a una encuesta, a menos que ésta muestre un número de control OMB válido. Envíe sus comentarios con respecto a la duración de la encuesta o cualquier otro aspecto de la misma, incluyendo sugerencias para disminuir el tiempo requerido a: CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0855).

**1. Durante la temporada de los mercados de productos agrícolas (desde el primero de julio hasta el 15 de noviembre), ¿con cuánta frecuencia compra usted en un mercado?**  
[LEA LAS POSIBILIDADES.]

- 1..... Más de una vez por semana
- 2..... Aproximadamente una vez por semana
- 3..... Una o dos veces por mes
- 4..... Aproximadamente una vez por mes
- 5..... Menos de una vez por mes
- 6..... (VOL) No está seguro(a)/No quiso contestar

**2. ¿Cuáles de los siguientes productos compró usted en el mercado hoy?**  
[LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.]

- 1..... Frutas
- 2..... Verduras
- 3..... Jaleas/Jugos
- 4..... Pan
- 5..... Queso
- 6..... Carnes/Pescado
- 7..... Productos horneados
- 8..... Otros productos
- 9..... (VOL) No está seguro(a)/No quiso contestar

**3. ¿Cómo pagó por sus productos en el mercado hoy? Mire esta lista\*, y a medida que yo lea cada opción, dígame si la usó o no.**

[\***Muestra Tarjeta #1.** LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.]

- 1..... Al contado, con efectivo
- 2..... Débito o tarjeta de crédito (como MasterCard, Visa)
- 3..... Cupones de alimentos o "Food Stamps" (conocidos como SNAP o Beneficios EBT o Monedas EBT)
- 4..... WIC o cupones para personas mayores FMNP (siglas en inglés)
- 5..... Vales WIC (conocidos como cheques WIC para frutas y verduras)
- 6..... Health Bucks
- 7..... Otra forma de pago
- 8..... (VOL) No está seguro(a)/No quiso contestar

**4. ¿Se dio cuenta si alguna de las siguientes actividades relacionadas con la nutrición o con materiales informativos estaba siendo ofrecida en el mercado hoy?**  
[LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.]

- 1..... Demostraciones de cocina
- 2..... Páginas educativas
- 3..... Hojas de información o boletines
- 4..... Productos para probar/Muestras
- 5..... Recetas
- 6..... Otras cosas
- 7..... (VOL) No está seguro(a)/No quiso contestar

**5. Si tuviera que caminar desde su casa hasta este mercado en específico, ¿cuánto tiempo tardaría en llegar?**

- 1..... Menos de 5 minutos
- 2..... De 5 a 10 minutos
- 3..... Más de 10 minutos
- 4..... (VOL) No está seguro(a)/No quiso contestar

**6. Sin incluir este mercado, piense acerca del lugar más próximo a su casa en donde puede comprar frutas y verduras frescas. ¿Qué tipo de lugar es?**

[LEA LA LISTA, MIENTRAS SEA NECESARIO.]

- 1..... Supermercado o almacén de alimentos
- 2..... Tienda (colmado, abarrotes)/Tienda del vecindario
- 3..... Bodega
- 4..... Otro mercado de productos agrícolas
- 5..... Caseta o carro de venta de fruta y verduras frescas
- 6..... Otro lugar
- 7..... (VOL) No está seguro(a)/No quiso contestar

**7. Si usted caminara desde su casa a ese lugar, ¿cuánto tardaría en llegar allí?**

- 1..... Menos de 5 minutos
- 2..... De 5 a 10 minutos
- 3..... Más de 10 minutos
- 4..... (VOL) No está seguro(a)/No quiso contestar

**[ENTREVISTADOR(A): PREGUNTE Q8 → 15 SI EL MERCADO ACEPTA HEALTH BUCKS.]**

[READ:] Health Buck son cupones de \$2 distribuidos para la compra de fruta y verduras frescas en ciertos mercados de productos agrícolas en la ciudad de Nueva York. Un Health Buck es esto. [MUESTRE LA TARJETA #1 Y SEÑALE]

**8. ¿Había visto o escuchado hablar acerca de Health Bucks antes de hoy?**

- 1 ..... Sí
- 2 ..... No [SKIP TO Q16]
- 3 ..... (VOL) No está seguro(a) [SKIP TO Q16]
- 4 ..... (VOL) No quiso contestar [SKIP TO Q16]

**9. ¿Cómo supo por primera vez acerca de Health Bucks?**

[LEA LAS OPCIONES, MIENTRAS SEA NECESARIO.]

- 1 .....Hoja de información, boletín u otro material de promoción
- 2 .....Cartel en el mercado de productos agrícolas
- 3 .....Anuncios en el metro/bus
- 4 .....Periódico
- 5 .....El Internet
- 6 .....Propaganda recibida en la casa
- 7 .....A través de otras personas (familia, amigos, etc.)
- 8 .....A través de una organización de la comunidad local (por ejemplo centro de salud/comunidad, iglesia, centro de distribución de alimentos, etc.)
- 9 .....Vio que los usaban otros compradores en el mercado
- 10 .....Otra forma
- 11 .....(VOL) No está seguro(a)/No quiso contestar

**10. ¿Ha usado alguna vez Health Bucks?**

- 1 ..... Sí
- 2 ..... No [SKIP TO Q15]
- 3 ..... No está seguro(a) [SKIP TO Q15]
- 4 ..... (VOL) No quiso contestar [SKIP TO Q15]

**11. ¿Con cuánta frecuencia, como promedio, usa Health Bucks?**

- 1 ..... Cada semana durante la temporada de mercado
- 2 ..... Pasando una semana durante la temporada de mercado
- 3 ..... Cada mes durante la temporada de mercado
- 4 ..... Pasando un mes durante la temporada de mercado
- 5 ..... Una vez durante la temporada de mercado
- 6 ..... He usado Health Bucks solamente una vez
- 7 ..... (VOL) No está seguro(a)/No quiso contestar

**12. ¿Usó Health Bucks hoy?**

- 1 ..... Sí
- 2 ..... No [SKIP TO Q15]
- 3 ..... No está seguro(a) [SKIP TO Q15]
- 4 ..... (VOL) No quiso contestar [SKIP TO Q15]

**13. ¿Dónde consiguió los Health Bucks que usó hoy? [LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.]**

- 1 ..... En el mercado agrícola (con cupones de alimentos o beneficios EBT)
- 2 ..... En el mercado agrícola (como parte de una promoción)
- 3 ..... En una organización local de la comunidad (por ejemplo centro de salud/comunidad, iglesia, centro de distribución de alimentos, etc.)
- 4 ..... De un amigo o pariente
- 5 ..... Otro
- 6 ..... (VOL) No está seguro(a)/No quiso contestar

**14. ¿Cuándo consiguió los “Health Bucks” que usó hoy? [LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.]**

- 1 ..... Hoy
- 2 ..... Otro día
- 3 ..... (VOL) No está seguro(a)/No quiso contestar

**15. ¿Está de acuerdo o no con las siguientes afirmaciones acerca del programa Health Bucks?**

	Completa- mente en acuerdo	Algo en acuerdo	Ni en acuerdo ni en desacuerdo	Algo en desacuerdo	Completa- mente en desacuerdo	No lo sé/no estoy seguro(a)
--	----------------------------------	--------------------	---	-----------------------	-------------------------------------	--------------------------------------

- A. **Compro con más frecuencia en el mercado de productos agrícolas gracias a Health Bucks.** ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- B. **Compro más en el mercado agrícola gracias a Health Bucks.** ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- C. **Gasto más en cupones de alimentos o Food Stamps (conocidos como SNAP o beneficios EBT) en los mercados de productos agrícolas debido a Health Bucks.** ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- D. **Health Bucks me ayuda a comer más frutas y verduras frescas** ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

[ASK ALL]

**16. Con respecto a su nutrición . . . ¿Cuántas porciones en total de fruta y/o verduras comió usted ayer? Una porción es más o menos igual a una manzana de tamaño mediano, un puñado de brócoli, o una taza de zanahorias.**

[NO LEA LAS OPCIONES EN VOZ ALTA.]

- 0..... Ninguna
- 1..... 1
- 2..... 2
- 3..... 3
- 4..... 4
- 5..... 5
- 6..... 6
- 7..... 7
- 8..... 8
- 9..... 9
- 10..... 10+
- 11..... (VOL) No está seguro(a)/No quiso contestar

**17. La cantidad de frutas o verduras que usted comió ayer, ¿fue mucho más de lo usual, más o menos como lo usual o mucho menos de lo usual?**

- 1..... Mucho más de lo usual
- 2..... Más o menos como lo usual
- 3..... Mucho menos de lo usual
- 4..... (VOL) No está seguro(a)/No quiso contestar

**18. Si compara con el año pasado, ¿diría que está comiendo más, menos o la misma cantidad de frutas y verduras?**

- 1..... Más
- 2..... Menos
- 3..... Igual
- 4..... (VOL) No está seguro(a)/No quiso contestar

**19. ¿Cuántos años tiene?**

- \_\_\_\_\_ Años
- 98..... (VOL) No sé/No está seguro(a)
- 99..... (VOL) No quiso contestar

**20. (POR OBSERVACIÓN. PREGUNTE SI ES NECESARIO: ¿Es usted masculino o femenino?)**

- 1..... Masculino
- 2..... Femenino
- 3..... (VOL) No sé/No está seguro(a)
- 4..... (VOL) No quiso contestar

**21. ¿Es usted hispano(a) o latino(a)?**

- 1..... Sí
- 2..... No
- 3..... (VOL) No sé/No está seguro(a)
- 4..... (VOL) No quiso contestar

[IF (Q21=YES) HISPANIC, READ]: Algunas personas, además de ser hispanas, se consideran miembros de un grupo racial.

22. ¿Qué es su raza? Le voy a leer cinco opciones; por favor elija una o más de las opciones.

[LEA LAS OPCIONES; RESPUESTAS MULTIPLES.]

- 1..... Blanco
- 2..... Negro o Africano Americano
- 3..... Asiático
- 4..... Originario de Hawai u otras islas del Pacífico
- 5..... Indígena americano u originario de Alaska
- 6..... (VOL) No sé/No está seguro(a)
- 7..... (VOL) No quiso contestar
- 8..... (VOL) Otra raza \_\_\_\_\_

23. Incluyéndose usted, ¿cuántas personas viven en su casa?

- \_\_\_\_\_ Número total de personas
- 98..... (VOL) No sé/No está seguro(a)
- 99..... (VOL) No quiso contestar

24. ¿Cuántos niños menores de 18 años viven en su casa?

- \_\_\_\_\_ Número de niños
- 98..... (VOL) No sé/No está seguro(a)
- 99..... (VOL) No quiso contestar

25. La pregunta siguiente es acerca de los ingresos totales en su casa. Con esto queremos decir los ingresos totales de cada persona que vive en la casa, incluso compañeros de cuarto o personas que reciben ingresos por estar impedidas. ¿Son los ingresos totales al año de su casa:

[LEA LAS RESPUESTA HASTA QUE EL/LA PARTICIPANTE DICE "SÍ"]

- 1..... Menos de \$10,000
- 2..... Menos de \$20,000
- 3..... Menos de \$30,000
- 4..... Menos de \$40,000
- 5..... Menos de \$50,000
- 6..... Menos de \$60,000
- 7..... Menos de \$70,000
- 8..... \$70,000 o más
- 9..... (VOL) No sé/No está seguro(a)
- 10..... (VOL) No quiso contestar

26. Por favor indique en cuáles de los siguientes programas participa usted o alguien en su casa actualmente. [LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.]

- 1..... Cupones de alimentos o Food Stamps (conocidos como SNAP o beneficios EBT)
- 2..... WIC
- 3..... WIC Programa de nutrición del mercado agrícola (FMNP, siglas en inglés)
- 4..... Programa de nutrición del mercado agrícola para personas mayores (SFMNP, siglas en inglés)
- 5..... Ninguno de los anteriores
- 6..... (VOL) No sé/No está seguro(a)
- 7..... (VOL) No quiso contestar

27. Por favor especifique el código postal (zip code) de su residencia:

\_\_\_\_\_ Zip Code

**AGRADEZCA AL/A LA PARTICIPANTE POR COMPLETAR LA ENCUESTA Y ENTRÉGUELE LA TARJETA GRATUITA DE METRO.**

***Health Bucks Evaluation  
Forms of Payment Sheet for Consumer Survey  
(English and Spanish)***

# Payment Sheet

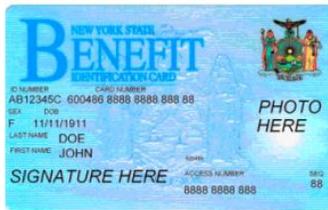
Cash



Debit or credit card



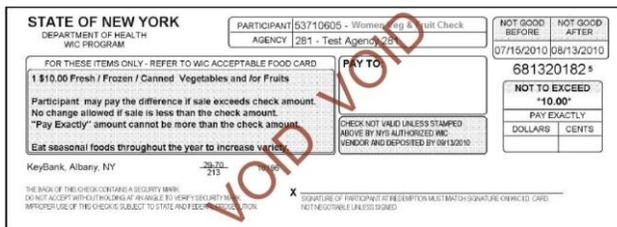
Food Stamps (a.k.a. SNAP or EBT benefits or EBT tokens)



WIC FMNP Checks  
or  
Senior FMNP  
Coupons



WIC Vegetables and  
Fruits Checks



Health Bucks



# Documento de Pago

Al contado, con efectivo



Débito o tarjeta de crédito (como MasterCard, Visa)



Cupones de alimentos o "Food Stamps" (conocidos también como SNAP o beneficios EBT o monedas EBT)



Cheques WIC FMNP (siglas en inglés)

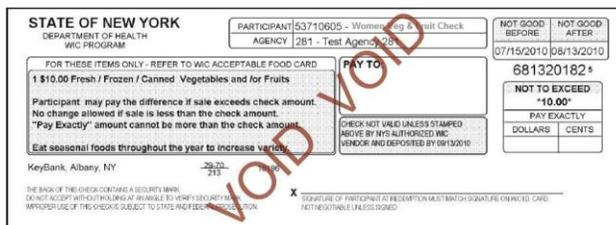


o

Cupones para personas mayores FMNP (siglas en inglés)



Cheques WIC para frutas y verduras



"Health Bucks"



***Health Bucks Evaluation  
Vendor Informed Consent “Fact Sheet”  
(English and Spanish)***

## **ABOUT THIS STUDY**

You are being asked to fill out a survey of New York City farmers' market vendors. We want to learn your thoughts about farmers' markets. We also want to learn what you think about the New York City Health Bucks program.

This program gives out \$2 coupons called "Health Bucks." Shoppers can use Health Bucks to buy fresh fruits and vegetables in some New York City farmers' markets. The Farmers' Market Federation of New York runs this program for the NYC Department of Health. Abt Associates, Inc., a research firm, is studying the Health Bucks program for the Centers for Disease Control and Prevention (CDC). We will use your answers to learn how this program affects New York City farmers' markets. We will also learn how to make the program better.

The survey should take about 7 minutes.

## **RISKS OF TAKING PART IN THE STUDY**

Filling out this survey has minimal risks for you. The main risk is that your response to this survey could be disclosed in a way that identifies you; however, many procedures are in place to lower this risk.

## **COSTS AND FINANCIAL RISKS**

There are no costs for filling out the survey.

## **POSSIBLE BENEFITS OF TAKING PART IN THE STUDY**

Filling out this survey will help improve New York City farmers' markets and the Health Bucks program. This could increase your sales.

## **DATA SECURITY**

Information collected as part of this survey will be maintained in a secure manner. Protections will be in place to safeguard your response to the maximum extent allowed by law. We will collect the name of the business that runs your stand on a cover sheet. This will be used only to track who has filled out a survey. We will keep cover sheets apart from the rest of the survey. We will store surveys and cover sheets in secure, locked rooms at Abt Associates. We will enter your answers into a computer file. We will store the file with a password on a secure server at Abt Associates. We will only report your answers combined with answers from 450 other surveys. We will not share your answers with CDC, the NYC Department of Health, or the Farmers' Market Federation of New York. Your business name will not be in any published reports. We will destroy all surveys and cover sheets at the end of the study.

## **TAKING PART IS VOLUNTARY**

You can choose not to fill out the survey. If you do not fill out the survey, there will be no penalty. Even if you agree to fill out the survey, you do not have to answer all the questions. Your choice will not change your relationship with CDC, the NYC Department of Health, or the Farmers' Market Federation of New York.

## **QUESTIONS**

You may call Lauren Olsho of Abt Associates Inc. (617-520-2326) to learn more. You may also call Teresa Doksum, IRB Administrator (617-349-2896), if you have other questions about your rights as part of this study. Calling these numbers will incur a toll.

## **ACERCA DE ESTE ESTUDIO**

Le solicitamos que por favor llene esta encuesta para los vendedores de los mercados de productos agrícolas de la ciudad de Nueva York. Queremos saber lo que piensa acerca de estos mercados. Nos gustaría además saber su opinión con respecto al programa "Health Bucks" de la ciudad de Nueva York.

Este programa distribuye cupones de \$2 llamados "Health Bucks". Quienes los reciben pueden usarlos para comprar frutas y verduras frescas en algunos de los mercados de productos agrícolas de la ciudad de Nueva York. La Federación de Mercados de Productos Agrícolas de Nueva York administra este programa para el Departamento de Salud de la ciudad de NY. Abt Associates, Inc., una compañía dedicada a la investigación, está estudiando el programa "Health Bucks" para los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés). Usaremos sus respuestas para determinar cómo afecta este programa los mercados de productos agrícolas. Además usaremos la información para mejorar el programa.

La encuesta debe tomar más o menos 7 minutos de su tiempo.

## **RIESGOS DE SU PARTICIPACIÓN EN ESTE ESTUDIO**

Sus riesgos por completar la encuesta son mínimos. Un posible riesgo sería que su respuesta pudiera identificarlo de alguna manera, sin embargo se usan varios procedimientos para que esto no ocurra.

## **COSTO Y RIESGO ECONÓMICO**

No cuesta nada llenar esta encuesta.

## **BENEFICIOS POSIBLES DE SU PARTICIPACIÓN EN EL ESTUDIO**

Sus respuestas a esta encuesta pueden ayudar a mejorar los mercados agrícolas de la ciudad de Nueva York y el programa "Health Bucks". Esto podría aumentar sus ventas.

## **SEGURIDAD DE LOS DATOS**

La información obtenida mediante esta encuesta se guardará de forma segura. Habrá protecciones para mantener seguras sus respuestas de acuerdo a lo máximo permitido por la ley. Le pediremos que escriba el nombre del negocio que administra su puesto en una página de cubierta. Esta información se usará solamente para saber quién ha contestado la encuesta. Estas páginas se mantendrán separadas del resto de las encuestas. Guardaremos las encuestas y las páginas de cubierta en cuartos bajo seguro en Abt Associates. Sus respuestas se pondrán en un fichero de computadora. Este fichero se mantendrá bajo clave en un servidor seguro en Abt Associates. Sus respuestas se reportarán combinadas con las de otras 450 encuestas. No compartiremos sus respuestas ni con CDC, ni con el Departamento de Salud de la ciudad de NY, ni con la Federación de Mercados de Productos Agrícolas de Nueva York. El nombre de su negocio no será publicado en ningún reporte. Al finalizar el estudio, destruiremos las encuestas y las páginas de cubierta.

## **SU PARTICIPACIÓN ES VOLUNTARIA**

Usted puede decidir no contestar esta encuesta. No tendrá ningún problema por no participar. Si decide hacerlo, no es necesario contestar todas las preguntas. Lo que usted decida no alterará su relación con CDC, el Departamento de Salud de la ciudad de NY, o la Federación de Mercados de Productos Agrícolas de Nueva York.

## **PREGUNTAS**

Si desea más información puede llamar a Lauren Olsho de Abt Associates Inc. (617-520-2326). También puede comunicarse con Teresa Doksum, Administradora de IRB (617-349-2896), si tiene otras preguntas acerca de sus derechos como parte de este estudio. Estos números no son gratuitos.

***Health Bucks Evaluation  
Vendor Survey (English)***

**NYC HEALTH BUCKS EVALUATION  
FARMERS' MARKET VENDOR/FARMER SURVEY  
NYC HEALTH BUCKS EVALUATION  
FARMERS' MARKET VENDOR/FARMER SURVEY**

ID: \_\_\_\_\_

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:**

\_\_\_\_\_

**Please start by answering the questions below.**

<b>1. Date survey filled out:</b> _____
<b>2. Name of the farm or business that operates your stand or stall at this farmers' market:</b> _____
<b>3. Are you an owner (or part-owner) of the farm or business that operates this stand or stall?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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 (0920-0855).

# Payment Sheet

(For Question 11)

<p>Cash</p>	
<p>Debit or credit card</p>	
<p>Food Stamps (a.k.a. SNAP or EBT benefits or EBT tokens)</p>	
<p>WIC Or Senior FMNP Coupons</p>	
<p>WIC Vouchers (a.k.a. WIC Fruit &amp; Vegetable Checks)</p>	
<p>Health Bucks</p>	

FARMERS' MARKET VENDOR/FARMER SURVEY

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 where we handed out this survey (listed on page 1).

**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 on page 1) 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

---

**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?**

**(Circle one number for each item.)**

Farmers' market characteristic	Less likely to sell/operate	Neither more nor less likely	More likely to sell/operate	Not sure/don't know
a. Operates on weekdays.....	1	2	3	4
b. Operates on weekends.....	1	2	3	4
c. Large number of stands/vendors.....	1	2	3	4
d. Lots of vendor rules & regulations.....	1	2	3	4
e. New market established this year.....	1	2	3	4
f. Engages in active outreach or promotion in community.....	1	2	3	4
g. High fees to sell at market.....	1	2	3	4
h. Conducts cooking demonstrations or other nutrition education activities.....	1	2	3	4
i. Located in upscale/high-income neighborhood.....	1	2	3	4
j. Accepts Food Stamps/EBT benefits.....	1	2	3	4
k. Participates in Health Bucks program.....	1	2	3	4

## 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:

*(Please check all that apply.)*

- |                                   |                                |                                    |                                   |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> April | <input type="checkbox"/> July      | <input type="checkbox"/> October  |
| <input type="checkbox"/> February | <input type="checkbox"/> May   | <input type="checkbox"/> August    | <input type="checkbox"/> November |
| <input type="checkbox"/> March    | <input type="checkbox"/> June  | <input type="checkbox"/> September | <input type="checkbox"/> 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. *(Please check all that apply.)*

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Fruits      | <input type="checkbox"/> Bread      | <input type="checkbox"/> Baked Goods                                   |
| <input type="checkbox"/> Vegetables  | <input type="checkbox"/> Cheese     | <input type="checkbox"/> Other type of product, <i>Please specify:</i> |
| <input type="checkbox"/> Jams/Juices | <input type="checkbox"/> Meats/Fish | _____  |

## III. Paying for Items at Your Stand or Stall

11. The pictures on the included "Payment 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. *(Please check all that apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Cash  | <input type="checkbox"/> WIC Vouchers (a.k.a. WIC Fruit & Vegetable Checks) |
| <input type="checkbox"/> Debit or credit card (like MasterCard, Visa)            | <input type="checkbox"/> Health Bucks                                       |
| <input type="checkbox"/> Food Stamps (a.k.a. SNAP or EBT benefits or EBT tokens) | <input type="checkbox"/> Other form of payment, <i>Please specify:</i>      |
| <input type="checkbox"/> WIC or Senior FMNP Coupons                              | _____   |

12. If you did NOT check "Health Bucks" in question 11, please indicate why you do not accept Health Bucks at your stand or stall at this market.

*(Please check all reasons that apply.)*

- |   |   |
|---|---|
| <input type="checkbox"/> I do not know about the Health Bucks program.                          | <input type="checkbox"/> Too much trouble to get reimbursed for Health Bucks. |
| <input type="checkbox"/> This farmers' market does not participate in the Health Bucks program. | <input type="checkbox"/> Some other reason, <i>Please specify:</i>            |
| <input type="checkbox"/> I do not sell fresh fruits or vegetables at my stand or stall.         | _____   |

13. If you did NOT check "Health Bucks" in question 11, 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.**

***(Circle one number for each item.)***

<b>Because I accept Health Bucks...</b>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/ not sure
<b>a.</b> I sell more fresh fruits or vegetables.....	1	2	3	4	5	6
<b>b.</b> I make more money at the market.....	1	2	3	4	5	6
<b>c.</b> my stand or stall has a greater variety of items to sell .....	1	2	3	4	5	6
<b>d.</b> new customers shop at my stand or stall more often .....	1	2	3	4	5	6
<b>e.</b> my stand or stall at this market has expanded .....	1	2	3	4	5	6
<b>f.</b> my customers are more likely to make cash purchases.....	1	2	3	4	5	6
<b>g.</b> customer traffic at my stand or stall moves slower .....	1	2	3	4	5	6
<b>h.</b> I need more staff to help operate my stand or stall.....	1	2	3	4	5	6
<b>i.</b> I have more repeat customers.....	1	2	3	4	5	6
<b>j.</b> I am able to participate in more farmers' markets .....	1	2	3	4	5	6
<b>k.</b> my customers buy more new or unfamiliar foods.....	1	2	3	4	5	6

**CONTINUED ON NEXT PAGE →**

**IV. About Health Bucks (Continued)**

**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? (Circle one number for each item.)**

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/ not sure
--	----------------------	----------------------	----------------------------------	-------------------	-------------------	-------------------------

- a. The rules about what customers can purchase with Health Bucks are confusing ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- b. It is easy to get reimbursed for Health Bucks .. 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- c. If I have a question about Health Bucks, I know who to ask..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- d. I get reimbursed for Health Bucks in a timely fashion ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

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

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**THANK YOU FOR COMPLETING THE SURVEY!**

***Health Bucks Evaluation  
Vendor Survey (Spanish)***

**NYC HEALTH BUCKS EVALUATION**

ID: \_\_\_\_\_

**FARMERS' MARKET VENDOR/FARMER SURVEY**

**EVALUACIÓN DE “HEALTH BUCKS” DE LA CIUDAD DE NY  
ENCUESTA PARA VENEDORES DE MERCADOS DE PRODUCTOS AGRÍCOLAS**

Estimado agricultor,

“Health Bucks” es un programa del Departamento de Salud de la ciudad de Nueva York diseñado para dar oportunidad de comprar frutas y verduras frescas en vecindarios de bajos recursos y a su vez apoyar a los agricultores del área por medio de la distribución de cupones de \$2 válidos para la compra de frutas o verduras en los mercados de productos agrícolas participantes. Abt Associates, Inc., una compañía dedicada a la investigación y su subsidiaria, Abt SRBI, están llevando a cabo la evaluación del programa “Health Bucks”, patrocinado por los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés).

Como parte de esta evaluación, estamos haciendo encuestas a los agricultores que operan puestos o casetas en mercados de productos agrícolas por toda la ciudad de Nueva York, sin importar su participación o no en el programa de “Health Bucks”, a fin de comprender mejor como la aceptación de diferentes formas de pago, incluyendo “Health Bucks” puede afectar las ventas y operaciones de los mercados. Le hemos seleccionado a usted para participar en esta evaluación.

Le agradecemos por su cooperación en completar esta encuesta. Le aseguramos que la información recogida en esta encuesta será guardada en forma segura. Sus respuestas individuales serán revisadas solamente por investigadores de Abt y Abt SRBI; solamente reportes resumidos que combinan sus respuestas con las de otros 450 agricultores serán compartidos con CDC, el Departamento de Salud de la ciudad de NY, o la Federación de Mercados de Productos Agrícolas de Nueva York (FMFNY por sus siglas en inglés).

Mientras completa esta encuesta, si es necesario y si necesita información específica, siéntase en confianza de consultar con las personas relacionadas con las operaciones de su puesto o caseta.

**El nombre del mercado de productos agrícolas en donde entregamos esta encuesta es:**

\_\_\_\_\_

**Por favor comience por responder a las preguntas abajo.**

<b>1. Fecha en la que se completó la encuesta:</b> _____
<b>2. Nombre de la finca o negocio que opera su puesto o caseta en el mercado:</b> _____
<b>3. ¿Es usted dueño (o dueño parcial) de la finca o negocio que opera este puesto o caseta?</b> <input type="checkbox"/> Sí <input type="checkbox"/> No

Se estima que el tiempo requerido para completar esta encuesta es de 7 minutos por encuesta, incluyendo el tiempo necesario para revisar las instrucciones, buscar datos, reunir y mantener los datos necesarios, y completar y revisar la encuesta. Una agencia no puede conducir ni patrocinar una encuesta y una persona no está obligada a responder a una encuesta, a menos que ésta muestre un número de control OMB válido. Envíe sus comentarios con respecto a la duración de la encuesta o cualquier otro aspecto de la misma, incluyendo sugerencias para disminuir el tiempo requerido a: CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0855).

# Documento de Pago

(Por Pregunta 11)

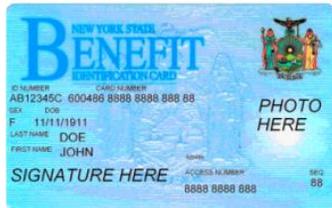
Al contado, con efectivo



Débito o tarjeta de crédito (como MasterCard, Visa)



Cupones de alimentos o "Food Stamps" (conocidos también como SNAP o beneficios EBT o monedas EBT)



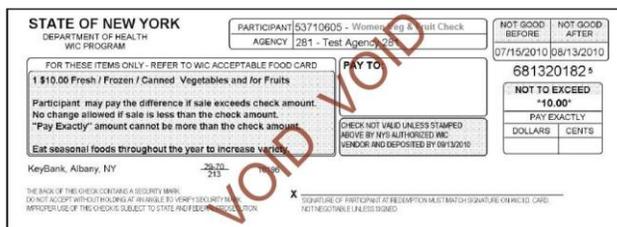
Cupones WIC

o

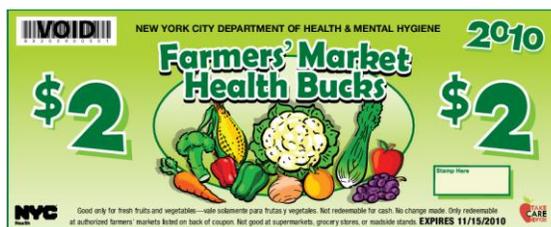
cupones para personas mayores FMNP



Vales WIC (conocidos también como cheques WIC para frutas y verduras)



"Health Bucks"



## FARMERS' MARKET VENDOR/FARMER SURVEY

## I. Acerca de usted y su finca o negocio

Por favor, incluya primero alguna información acerca de usted y de la finca o negocio que opera el puesto o caseta en el mercado de productos agrícolas en el que hemos entregado esta encuesta (listado en página 1).

4. ¿Trabaja a veces en un puesto o caseta de un mercado de la ciudad de Nueva York operado por una finca o negocio diferente del que opera este puesto o caseta?				
<input type="checkbox"/> Sí <input type="checkbox"/> No				
5. Además de este puesto o caseta, esta finca o negocio ¿opera un puesto o caseta en <u>algún otro mercado de productos agrícolas</u> de la ciudad de Nueva York? Si es así, complete por favor el número de otros mercados ( <i>sin incluir el mercado mencionado al principio en la página 1</i> ) donde esta finca o negocio opera un puesto o caseta.				
<input type="checkbox"/> Sí. Número de otros mercados en la ciudad de Nueva York: _____				
<input type="checkbox"/> No, esta finca o negocio no opera un puesto o caseta en ningún otro mercado de productos agrícolas de la ciudad de Nueva York				
<input type="checkbox"/> No lo sé/ no estoy seguro(a)				
6. ¿Es este el primer año en el que esta finca o negocio ha operado un puesto o caseta en <u>este</u> mercado de productos agrícolas donde hacemos esta encuesta?				
<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No lo sé/ no estoy seguro(a)				
7. ¿Es este el primer año en el que esta finca o negocio ha operado un puesto o caseta en <u>algún</u> mercado de productos agrícolas?				
<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No lo sé/ no estoy seguro(a)				
8. Nos interesa saber cómo decide usted si participar o no en un mercado de productos agrícolas. ¿Cómo influyen, cada una de las siguientes características, su decisión de trabajar o de operar un puesto o caseta en un mercado específico?				
<i>(Trace un círculo alrededor de un número por cada punto)</i>				
	Menos probabilidad de vender / operar	Ni más ni menos probabilidad	Más probabilidad de vender / operar	No está seguro(a)/ no lo sé
<b>Característica del mercado de productos agrícolas</b>				
a. Está abierto los días de semana.....	1	2	3	4
b. Está abierto los fines de semana.....	1	2	3	4
c. Hay gran cantidad de puestos/vendedores.....	1	2	3	4
d. Hay muchas reglas y regulaciones para los vendedores.....	1	2	3	4
e. Mercado nuevo establecido este año.....	1	2	3	4
f. Mercado comprometido con alcance comunitario activo y hacer promoción en la comunidad.....	1	2	3	4
g. Hay que pagar tarifas altas para vender en el mercado.....	1	2	3	4
h. Hace demostraciones de cocina y otras actividades de educación relacionadas con la nutrición.....	1	2	3	4
i. Está situado en un vecindario de clase alta/ingresos altos.....	1	2	3	4
j. Acepta cupones de alimentos, "Food Stamps"/beneficios EBT.	1	2	3	4
k. Participa en el programa "Health Bucks".....	1	2	3	4

## II. Acerca de su puesto o caseta en este mercado

9. Por favor marque todos los meses en los cuales su puesto o caseta ha estado o estará en operación en este mercado de productos agrícolas durante la estación de mercado agrícola de 2010: *(Marque todas las respuestas.)*

- |                                  |                                |                                     |                                    |
|----------------------------------|--------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> enero   | <input type="checkbox"/> abril | <input type="checkbox"/> julio      | <input type="checkbox"/> octubre   |
| <input type="checkbox"/> febrero | <input type="checkbox"/> mayo  | <input type="checkbox"/> agosto     | <input type="checkbox"/> noviembre |
| <input type="checkbox"/> marzo   | <input type="checkbox"/> junio | <input type="checkbox"/> septiembre | <input type="checkbox"/> diciembre |

10. ¿Qué tipos de productos vende en su puesto o caseta en este mercado de productos agrícolas? Por favor marque todos los tipos de productos que usted ha vendido o planea vender en algún momento durante esta temporada de mercado de 2010 – aunque no esté vendiendo este tipo de producto en su puesto o caseta hoy. *(Marque todas las respuestas.)*

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Frutas       | <input type="checkbox"/> Pan            | <input type="checkbox"/> Productos horneados                                   |
| <input type="checkbox"/> Verduras     | <input type="checkbox"/> Queso          | <input type="checkbox"/> Otro tipo de productos, <i>Por favor especifique:</i> |
| <input type="checkbox"/> Jaleas/Jugos | <input type="checkbox"/> Carnes/Pescado | _____  |

## III. Pago por productos en su puesto o caseta

11. Los dibujos en la hoja incluida que se llama “Documento de Pago” muestran algunas formas comunes de pago que los clientes usan para pagar en los mercados de productos agrícolas de la ciudad de Nueva York. Mirando esta lista, indique por favor todas las formas de pago que sus clientes pueden usar actualmente para pagar en su puesto o caseta en este mercado en particular. *(Marque todas las respuestas.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Al contado, con efectivo  | <input type="checkbox"/> Vales WIC (conocidos también como cheques WIC para frutas y verduras) |
| <input type="checkbox"/> Débito o tarjeta de crédito (como MasterCard, Visa)   | <input type="checkbox"/> “Health Bucks”  |
| <input type="checkbox"/> Cupones de alimentos o “Food Stamps” (conocidos también como SNAP o beneficios EBT o monedas EBT) | <input type="checkbox"/> Otras formas de pago, <i>Por favor especifique:</i>                   |
| <input type="checkbox"/> Cupones WIC o cupones para personas mayores FMNP  | _____  |

12. Si **NO** marcó “**Health Bucks**” en la pregunta 11, indique por favor por qué no acepta “**Health Bucks**” en su puesto o caseta en este mercado.

*(Por favor marque todas las razones válidas.)*

- |   |   |
|---|---|
| <input type="checkbox"/> No sé nada acerca del programa “Health Bucks”.                   | <input type="checkbox"/> Hay demasiados problemas para recibir el reembolso por “Health Bucks”. |
| <input type="checkbox"/> Este mercado agrícola no participa en el programa “Health Bucks” | <input type="checkbox"/> Alguna otra razón, <i>Por favor especifique:</i>                       |
| <input type="checkbox"/> No vendo fruta fresca o verduras en mi puesto o caseta           | _____   |

13. Si **NO** marcó “**Health Bucks**” en la pregunta 11, ¿acepta “**Health Bucks**” en algún otro mercado en donde usted trabaja u opera un puesto o caseta?

- |  |
|--|
| <input type="checkbox"/> Sí (Por favor vaya a la próxima sección.)   |
| <input type="checkbox"/> No (Por favor <u>termine</u> aquí la encuesta. ¡Muchas gracias por su cooperación!) |

#### IV. Acerca de “Health Bucks”

14. Por favor díganos algo más acerca de como el aceptar “Health Bucks” influencia sus ventas y operaciones. Para cada una de las siguientes afirmaciones, indique hasta qué punto usted está de acuerdo o no.

*(Trace un círculo alrededor de un número por cada punto.)*

Desde que acepto “Health Bucks”...	Completa- mente en desacuerdo	Algo en desacuerdo	Ni en acuerdo ni en desacuerdo	Algo en acuerdo	Completa- mente en acuerdo	No lo sé/no estoy seguro(a)
a. Vendo más fruta o verduras frescas.....	1	2	3	4	5	6
b. Gano más dinero en el mercado .....	1	2	3	4	5	6
c. Mi puesto o caseta tiene más variedad de cosas para vender.....	1	2	3	4	5	6
d. Nuevos clientes vienen a mi puesto o caseta con más frecuencia.....	1	2	3	4	5	6
e. Mi puesto o caseta en este mercado se ha expandido.....	1	2	3	4	5	6
f. Mis clientes tienden a pagar al contado, con efectivo.....	1	2	3	4	5	6
g. El movimiento de clientes en mi puesto o caseta es más lento .....	1	2	3	4	5	6
h. Necesito más empleados para que me ayuden a operar mi puesto o caseta .....	1	2	3	4	5	6
i. Tengo más clientes que vuelven a comprar otra vez .....	1	2	3	4	5	6
j. Puedo participar en más mercados agrícolas .....	1	2	3	4	5	6
k. Mis clientes compran más productos alimenticios nuevos o desconocidos .....	1	2	3	4	5	6

**SIGUE A LA PRÓXIMA PÁGINA →**

**IV. Acerca de “Health Bucks” (Continuación)**

**15. Finalmente, nos gustaría saber un poco más acerca de sus experiencias al aceptar y ser reembolsado por el programa “Health Bucks” este año. ¿Está usted de acuerdo o en desacuerdo con cada una de las siguientes afirmaciones?**

*(Trace un círculo alrededor de un número por cada punto.)*

	Completa- mente en desacuerdo	Algo en desacuerdo	Ni en acuerdo ni en desacuerdo	Algo en acuerdo	Completa- mente en acuerdo	No lo sé/no estoy seguro(a)
a. Las reglas acerca de lo que pueden comprar los clientes con “Health Bucks” son confusas.....	1	2	3	4	5	6
b. Es fácil recibir reembolso por “Health Bucks” .....	1	2	3	4	5	6
c. Si tengo alguna pregunta acerca de “Health Bucks”, sé a quién preguntar .....	1	2	3	4	5	6
d. Recibo el reembolso por “Health Bucks” a tiempo .....	1	2	3	4	5	6

**16. ¿Hay alguna otra cosa que le gustaría compartir con nosotros acerca de sus experiencias con el programa “Health Bucks”?**

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**¡GRACIAS POR COMPLETAR LA ENCUESTA!**

***Health Bucks Evaluation  
Manager Survey Informed Consent “Fact Sheet”***

## **ABOUT THIS STUDY**

You are being asked to fill out a survey of New York City farmers' market managers. We want to learn your thoughts about farmers' markets. We also want to learn what you think about the New York City Health Bucks program.

This program gives out \$2 coupons called "Health Bucks." Shoppers can use Health Bucks to buy fresh fruits and vegetables in some New York City farmers' markets. The Farmers' Market Federation of New York runs this program for the NYC Department of Health. Abt Associates, Inc., a research firm, is studying the Health Bucks program for the Centers for Disease Control and Prevention (CDC). We will use your answers to learn how this program affects New York City farmers' markets. We will also learn how to make the program better.

The survey should take about 8 minutes.

## **RISKS OF TAKING PART IN THE STUDY**

Filling out this survey has minimal risks for you. The main risk is that your response to this survey could be disclosed in a way that identifies you; however, many procedures are in place to lower this risk.

## **COSTS AND FINANCIAL RISKS**

There are no costs for filling out the survey.

## **POSSIBLE BENEFITS OF TAKING PART IN THE STUDY**

Filling out this survey will help improve farmers' markets and the Health Bucks program. This could increase your market's sales.

## **DATA SECURITY**

Information collected as part of this survey will be maintained in a secure manner. Protections will be in place to safeguard your response to the maximum extent allowed by law. We will collect your name and your farmers' market name on a cover sheet. This will be used only to track who has filled out a survey. We will keep cover sheets apart from the rest of the survey. We will store surveys and cover sheets in secure, locked rooms at Abt Associates. We will enter your answers into a computer file. We will store the file with a password on a secure server at Abt Associates. We will only report your answers combined with answers from 90 other surveys. We will not share your answers with CDC, the NYC Department of Health, or the Farmers' Market Federation of New York. We will destroy all surveys and cover sheets at the end of the study.

## **TAKING PART IS VOLUNTARY**

You can choose not to fill out the survey. If you do not fill out the survey, there will be no penalty. Even if you agree to fill out the survey, you do not have to answer all the questions. Your choice will not change your relationship with CDC, the NYC Department of Health, or the Farmers' Market Federation of New York.

## **QUESTIONS**

You may call Lauren Olsho of Abt Associates Inc. (617-520-2326) to learn more. You may also call Teresa Doksum, IRB Administrator (617-349-2896), if you have other questions about your rights as part of this study. Calling these numbers will incur a toll.

***Health Bucks Evaluation  
Manager Survey Invitation Letter***



Abt Associates Inc.

[Date]

[Name]

Market Manager – [Market Name]

[Market Address]

Dear [Manager Name],

We are writing to ask you to complete a short survey about your experiences as a farmers' market manager, and to inform you that we plan to visit **[Market Name]** as part of an important study about preventing childhood obesity. This study is sponsored by the Centers for Disease Control and Prevention (CDC), and includes an evaluation of the New York City Health Bucks program. As you may know, the Health Bucks program provides \$2 coupons to buy fresh fruits and vegetables at participating farmers' markets in New York City. Markets that participate in the Health Bucks program as well as those that do not are being included in this important project to learn about the impact this program is having in the City.

The CDC has contracted us at Abt Associates to conduct this evaluation, and we are working in full cooperation with the NYC Department of Health and Mental Hygiene (DOHMH) and the Farmers' Market Federation of New York (FMFNY) to obtain accurate information about farmers' markets and to make sure that our activities do not disrupt normal market operations.

Please fill out the attached survey and mail it back to us using the enclosed postage-paid envelope as soon as possible. (If you have already completed this survey in-person with us while we were at your market, please disregard this mailing.) Additional information about the survey can be found on the survey itself and the enclosed fact sheet. **We are planning to visit [Market Name] on [Date] and [Date] to conduct brief surveys with vendors and shoppers.** If these dates are not convenient for your market, please contact Tara Merry at Abt SRBI by phone at 646-486-8485 or by email at [farmersmarketsurvey@srbi.com](mailto:farmersmarketsurvey@srbi.com) to arrange alternative dates for a visit.

***What exactly will we be doing at your market?***

We plan to visit each selected market twice this season. During our visits, researchers will conduct brief survey interviews with shoppers and vendors. Teams of two to four researchers will visit for about three hours each time to conduct these surveys in-person.

It is our priority to minimize disruptions to farmers' market operations during our visits. Teams will introduce themselves to you upon arrival and find a place to set up near the market entrance or exit that will not interfere with normal customer traffic.

- **Shoppers** will only be approached after they are done shopping. The survey takes about 7 minutes and a round-trip MetroCard will be provided to those who complete the survey.
- **Vendors** will only be approached during "down times" when they are not busy with customers. If vendors are too busy to complete the survey during our visit, a copy can be left for them to fill out and mail back later. The survey takes about 7 minutes to complete.



**Abt Associates Inc.**

Survey participants will be informed that their participation is voluntary. Fact sheets with information about the study and contact phone numbers will be provided for reporting questions or problems. This study has been reviewed and approved by the Abt Associates IRB to ensure that it adheres to ethical standards for research.

In July, we sent the operator of the **[Market Name]** a similar letter about our study with instructions on how to opt-out if they did not want their market to participate. We are only contacting managers of markets that did not opt-out of participating in this important study.

**If your market operator did not receive a letter about this study, a copy can be obtained by contacting Lauren Olsho at Abt Associates. The operator can also contact Lauren Olsho to request their market to be excluded from participating in the study.**

If you have any questions or concerns about our planned market visits or the study overall, please contact one of the individuals below.

**Abt Associates**  
**Health Bucks Evaluation Lead Researcher**  
Lauren Olsho  
617-520-2326  
[lauren\\_olsho@abtassoc.com](mailto:lauren_olsho@abtassoc.com)

**Abt SRBI**  
**Health Bucks Survey Project Director**  
Tara Merry  
646-486-8485  
[farmersmarketsurvey@srbi.com](mailto:farmersmarketsurvey@srbi.com)

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Olsho".

Lauren Olsho  
Health Bucks Evaluation Lead Researcher

***Health Bucks Evaluation  
Manager Survey***

ID: \_\_\_\_\_

**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. When you have completed the attached survey, please mail it back to us using the enclosed postage-paid envelope.

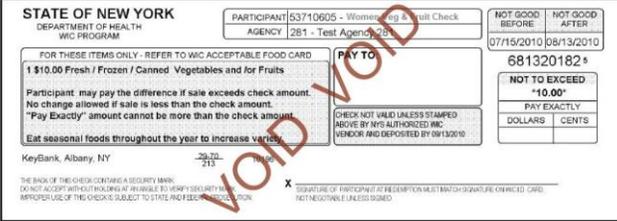
**Please start by answering the questions below.**

<p><b>1. Name of the farmers' market you manage (<i>please confirm</i>):</b> [MARKET NAME]</p>
<p><b>2. Your name:</b> _____</p>

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 (0920-0855).

# Payment Sheet

(For Question 9)

<p>Cash</p>	
<p>Debit or credit card</p>	
<p>Food Stamps (a.k.a. SNAP or EBT benefits or EBT tokens)</p>	
<p>WIC Or Senior FMNP Coupons</p>	
<p>WIC Vouchers (a.k.a. WIC Fruit &amp; Vegetable Checks)</p>	
<p>Health Bucks</p>	

ID: [ID]

## FARMERS' MARKET MANAGER SURVEY

### I. About You and Your Market

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

<p><b>3. Date survey filled out:</b> _____</p>										
<p><b>4. Please fill in the name of the organization that <u>sponsors</u> this market:</b></p> <p>_____</p>										
<p><b>5. We'd like to know more about the <u>mission</u> of this sponsoring organization. Which of the following goals are included in the organization's mission?</b></p> <p><i>(Please check all that apply.)</i></p> <p><input type="checkbox"/> Improving access to nutritious foods in underserved neighborhoods or populations.</p> <p><input type="checkbox"/> Supporting local growers and agricultural producers.</p> <p><input type="checkbox"/> Educating consumers about the benefits of locally-grown foods.</p> <p><input type="checkbox"/> Fostering opportunities for social gathering and interaction.</p> <p><input type="checkbox"/> Boosting the local economy.</p> <p><input type="checkbox"/> Other goal. <i>Please specify:</i></p> <p>_____</p>										
<p><b>6. On an average day, about how many different <u>vendors</u> operate stands or stalls at this market? If you are not sure, please fill in your best guess.</b></p> <p><b>a. Average number of vendors on <i>weekends</i>:</b> _____ (Or check here if market does not operate on weekends ..... <input type="checkbox"/>)</p> <p><b>b. Average number of vendors on <i>weekdays</i>:</b> _____ (Or check here if market does not operate on weekdays ..... <input type="checkbox"/>)</p>										
<p><b>7. On an average day, about how many <u>customers</u> would you say shop at this farmers' market? Again, if you are not sure, please fill in your best guess.</b></p> <p><b>a. Average number of customers on <i>weekends</i>:</b> _____ (Or check here if market does not operate on weekends ..... <input type="checkbox"/>)</p> <p><b>b. Average number of customers on <i>weekdays</i>:</b> _____ (Or check here if market does not operate on weekdays ..... <input type="checkbox"/>)</p>										
<p><b>8. Does this farmers' market offer any of the following nutrition activities or materials?</b></p> <p><i>(Please check all that apply.)</i></p> <table><tr><td><input type="checkbox"/> Cooking demonstrations</td><td><input type="checkbox"/> Other activities or materials</td></tr><tr><td><input type="checkbox"/> Educational handouts</td><td><i>Please specify:</i></td></tr><tr><td><input type="checkbox"/> Flyers or brochures</td><td>_____</td></tr><tr><td><input type="checkbox"/> Taste tests/samples</td><td>_____</td></tr><tr><td><input type="checkbox"/> Recipes</td><td></td></tr></table>	<input type="checkbox"/> Cooking demonstrations	<input type="checkbox"/> Other activities or materials	<input type="checkbox"/> Educational handouts	<i>Please specify:</i>	<input type="checkbox"/> Flyers or brochures	_____	<input type="checkbox"/> Taste tests/samples	_____	<input type="checkbox"/> Recipes	
<input type="checkbox"/> Cooking demonstrations	<input type="checkbox"/> Other activities or materials									
<input type="checkbox"/> Educational handouts	<i>Please specify:</i>									
<input type="checkbox"/> Flyers or brochures	_____									
<input type="checkbox"/> Taste tests/samples	_____									
<input type="checkbox"/> Recipes										

## I. About You and Your Market (Continued)

**9. The pictures on the included “Payment 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. (Please check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Cash  | <input type="checkbox"/> WIC Vouchers (a.k.a. WIC Fruit & Vegetable Checks) |
| <input type="checkbox"/> Debit or credit card (like MasterCard, Visa)            | <input type="checkbox"/> Health Bucks                                       |
| <input type="checkbox"/> Food Stamps (a.k.a. SNAP or EBT benefits or EBT tokens) | <input type="checkbox"/> Other form of payment. <i>Please specify:</i>      |
| <input type="checkbox"/> WIC or Senior FMNP Coupons                              |   |

**10. If you did NOT check “Food Stamps” in question 9, 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:*

**11. If you did NOT check “Health Bucks” in question 9, please indicate why you do not accept Health Bucks 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 9 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 section III on the next page.***

**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.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Flyers, brochures, or other promotional handouts | <input type="checkbox"/> Mailings to neighborhood residents                    |
| <input type="checkbox"/> Posters at the farmers’ market                   | <input type="checkbox"/> Partnerships with organizations in the community      |
| <input type="checkbox"/> Subway/bus advertisements                        | <input type="checkbox"/> In-person outreach at community locations             |
| <input type="checkbox"/> Newspaper ads or articles                        | <input type="checkbox"/> Other activities or materials. <i>Please specify:</i> |
| <input type="checkbox"/> Website or online ads                            |  |

**II. Food Stamps/ EBT Benefits at Your Market (Continued)**

**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.**

*(Circle one number for each item.)*

Because this farmers' market accepts Food Stamps...	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/not sure
a. more vendors want to operate stands or stalls at this market .....	1	2	3	4	5	6
b. dealing with market customers is more time-consuming .....	1	2	3	4	5	6
c. I do not have enough staff to help the market run efficiently .....	1	2	3	4	5	6
d. new customers shop at this market more often .....	1	2	3	4	5	6
e. customers at this market are more likely to make cash purchases .....	1	2	3	4	5	6
f. market traffic moves less smoothly .....	1	2	3	4	5	6
g. more repeat customers come to this market .....	1	2	3	4	5	6

**III. Health Bucks Participation**

***Please fill out this section only if you indicated in question 9 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.)**

<input type="checkbox"/> Flyers, brochures, or other promotional handouts	<input type="checkbox"/> Partnerships with organizations in the community
<input type="checkbox"/> Posters at the farmers' market	<input type="checkbox"/> In-person outreach at community locations
<input type="checkbox"/> Subway/bus advertisements	<input type="checkbox"/> Other activities or materials
<input type="checkbox"/> Newspaper ads or articles	<i>Please specify:</i>
<input type="checkbox"/> Website or online ads	_____
<input type="checkbox"/> Mailings to neighborhood residents	_____

**CONTINUED ON NEXT PAGE →**

**III. Health Bucks Participation (Continued)**

**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.**

*(Circle one number for each item.)*

Because this farmers' market participates in the Health Bucks program...	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/not sure
a. more vendors want to operate stands or stalls at this market.....	1	2	3	4	5	6
b. dealing with market customers is more time-consuming.....	1	2	3	4	5	6
c. I do not have enough staff to help the market run efficiently.....	1	2	3	4	5	6
d. new customers shop at this market more often.....	1	2	3	4	5	6
e. customers at this market are more likely to make purchases using their Food Stamp/EBT benefits.....	1	2	3	4	5	6
f. customers at this market are more likely to make cash purchases.....	1	2	3	4	5	6
g. market traffic moves less smoothly.....	1	2	3	4	5	6
h. more repeat customers come to this market.....	1	2	3	4	5	6

**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       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.       Not enough Food Stamp/EBT customers in this neighborhood.  
 Too much trouble to distribute Health Bucks.       Some other reason. *Please specify:*  
 Not enough staff to distribute Health Bucks.      \_\_\_\_\_  
 Ran out of Health Bucks.      \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FOR COMPLETING THE SURVEY!**

***Health Bucks Evaluation  
Consumer Organization Survey Email Invitation***

SUBJ: Health Bucks End-Of-Year Survey

Dear [FullName],

As we near the end of this farmer's market season, I am writing to ask for your participation in the Health Bucks End-Of-Year Survey. All community organizations that received Health Bucks this year are being asked to share their experiences with and opinions of the program. The online survey should take approximately 10 minutes to complete.

You are being contacted because the New York City Department of Health and Mental Hygiene (DOHMH) provided your information as the main contact from [ORGANIZATION] for Health Bucks. If you were not involved in the distribution of Health Bucks for [ORGANIZATION], you will be able to provide contact information for the appropriate person by clicking on the survey link below.

To begin the survey, please click on the link below or copy and paste the entire link into your Internet browser:

[LINK].

If you have any problems accessing the survey, please send an email to [farmersmarketsurvey@srbi.com](mailto:farmersmarketsurvey@srbi.com) and we will get back to you.

#### About the Survey

This survey is being conducted as part of an evaluation of the New York City Health Bucks Program. This study is sponsored by the Centers for Disease Control and Prevention (CDC), and is being conducted by Abt Associates and Abt SRBI. We are working in full cooperation with the NYC Department of Health and Mental Hygiene (DOHMH) and the Farmers' Market Federation of New York (FMFNY) to obtain accurate information about how the Health Bucks program affects community organizations.

Your responses will also be used by the NYC Department of Health to learn how community organizations make use of Health Bucks and how to make the program better.

If you have any questions about the survey, please contact Tara Merry of Abt SRBI (646-486-8485) or Lauren Olsho of Abt Associates, Inc. (617-520-2326).

Sincerely,

Tara Merry  
Health Bucks Survey Project Director

Abt SRBI Inc. does not send unsolicited email messages. You have received this message because either you, or someone else using this email address, has agreed to be contacted. To be removed from participation in this study, simply send an email with the word "Remove" in the subject line to: [remove@srbi.com](mailto:remove@srbi.com)

***Health Bucks Evaluation  
Community Organization Survey***

Subject ID: \_\_\_\_\_

**Form Approved**

**OMB No.: 0920-0855  
Exp. Date: 07/31/2011**

**NYC HEALTH BUCKS EVALUATION  
COMMUNITY ORGANIZATION SURVEY QUESTIONS  
(FOR WEB SURVEY)**

***READ-IN FROM SAMPLE [PRE-POPULATED FROM ADMIN DATA]:***

Name of Organization/Program:

Neighborhood(s) Served:

Name and Title of Person Completing Survey:

Email Address:

Phone Number:

You are being invited to take part in a survey that is being conducted as part of the evaluation of the New York City Health Bucks program. The survey will take about 10 minutes to complete.

***SCREENER:***

S1. Are you the individual (or one of the individuals) who was responsible for managing the distribution of Health Bucks for [COMMUNITY ORG NAME] this year?

- Yes
- No

**IF NO:**

S2. This survey should be completed by someone at [COMMUNITY ORG] who managed the distribution of Health Bucks for your organization this year.

Please provide the name and contact information for someone who managed the distribution of Health Bucks for your organization.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

We will contact this person directly. Thank you for your time!

Public reporting burden of this collection of information is estimated to average 10 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 (0920-0855).

Subject ID: \_\_\_\_\_

***CONSENT [IN PRINTABLE FORMAT]:***

Please read the following information about this survey before you begin.

**INTRODUCTION**

The New York City Health Bucks program gives out \$2 coupons called “Health Bucks,” which shoppers can use to buy fresh fruits and vegetables in farmers’ markets in some New York City neighborhoods. Abt Associates Inc., a research consulting firm, is evaluating the Health Bucks program for the Centers for Disease Control and Prevention (CDC). As part of the evaluation, web-based surveys are being conducted with all community organizations that participated in the Health Bucks program, in order to help us understand your experiences with and opinions of the program this year. Your responses will also be used by the NYC Department of Health for tracking and planning purposes for the Health Bucks program.

**RISKS OF TAKING PART IN THE STUDY**

Completing this survey represents minimal risk to you and your organization. The primary risk is that your response to this survey could be disclosed in a way that identifies you or your organization; however, many procedures are in place to minimize this risk.

**POSSIBLE BENEFITS OF TAKING PART IN THE STUDY**

By completing this survey, you are helping us to understand how the Health Bucks program can be improved, and how programs like this might work in other communities. Lessons we learn from your responses will help to improve the program next year.

**DATA SECURITY**

Information collected as part of this survey will be maintained in a secure manner. Protections will be in place to safeguard your response to the maximum extent allowed by law. Your answers will be stored electronically in a secure location. Study researchers at Abt Associates, Inc., and the Health Bucks program staff at the NYC Department of Health will have designated access to study information for analysis purposes. Although CDC is sponsoring the study, the analysis plan does not call for sharing identifiable information with CDC, only information in summary form. For reporting and publication purposes, we plan to combine the comments and responses you give on the survey with the responses of about 200 other organizations.

**PARTICIPATION IS VOLUNTARY**

If you decide to participate in the survey, you will not be penalized in any way now or in the future based on your responses. Even if you agree to participate, you are not required to answer all the questions. In addition, a decision not to participate will not affect your relationship with CDC or the NYC Department of Health now or in the future.

**QUESTIONS**

You may call Lauren Olsho of Abt Associates Inc. (617-520-2326) or e-mail her at [Lauren\\_Olsho@abtassoc.com](mailto:Lauren_Olsho@abtassoc.com) to obtain more information. You may also call Teresa Doksum, IRB Administrator (617-349-2896) if you have other questions about your rights as a participant in this evaluation. Please note that calling these numbers will incur a toll.

Subject ID: \_\_\_\_\_

**[INSERT PAGE BREAK HERE]**

**STATEMENT BY PERSON COMPLETING THE SURVEY**

By completing this survey, I agree that I have read and understand the previous information. I have had all my questions answered fully and I freely and voluntarily choose to participate in the survey.

---

### ***I. Applying for Health Bucks***

First are some questions about the Health Buck application process.

1. How did your organization **first hear** about Health Bucks? (*Select one option.*)
- Direct communication (email, phone call, mailing, flyer, in-person visit) from the District Public Health Office or the NYC Department of Health
  - Another community organization that distributes Health Bucks
  - Posters or other advertisements
  - Newspaper ads or articles
  - NYC Department of Health website
  - Your organization's clients or prior Health Bucks participants
  - Some other way: \_\_\_\_\_
  - Prefer not to answer

2. Which of the following are **reasons you wanted to distribute Health Bucks** to recipients this year? (*Check all that apply, and also choose the one reason you considered most important.*)

**[MOST IMPORTANT OPTION TO BE INDICATED BY RADIO BOX; OTHER REASONS INDICATED BY CHECKBOXES**

- As an incentive to enroll in food stamps
- As an incentive to participate in a nutrition workshop or class
- As an incentive to participate in a non-nutrition workshop or class
- To encourage shopping at farmers' markets
- To increase consumption of fruits and vegetables
- For use in outreach activities with our target population
- To supplement other farmers' market coupons (e.g. WIC FMNP, cash or other supplements provided by your organization)
- Some other reason: \_\_\_\_\_
- Prefer not to answer

3. Which of the following types of nutrition education or promotion activities did your organization provide in 2010? (Please check all that apply.)

**[EXPLANATION OF "NUTRITION EDUCATION OR PROMOTION ACTIVITIES"]:**  
(Nutrition education or promotion activities are programming that educate community members about nutrition, encourage community members to improve their nutrition, and/or provide community members with tools or resources to eat more healthful foods.)

- One-time nutrition education workshops or classes
- Ongoing nutrition education classes
- Nutrition or health events, such as health fairs
- Organized trip to farmers' market
- One-on-one nutrition counseling
- Other: \_\_\_\_\_

**OR [MUTUALLY EXCLUSIVE]**

- None of the above – we did not provide nutrition education or promotion activities.

**OR [MUTUALLY EXCLUSIVE]**

- Prefer not to answer

Subject ID: \_\_\_\_\_

4. How easy or difficult was it for your organization to apply for Health Bucks this year?  
(Select one option.)

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult
- Prefer not to answer

**[IF RESPONDENT SELECTS SOMEWHAT OR VERY DIFFICULT IN Q4]**

4a. What specifically made the Health Bucks application process difficult? [OPEN-END]

- Prefer not to answer

## ***II. Distributing Health Bucks***

The next questions are about how you distributed Health Bucks.

5. In which of the following **neighborhoods or boroughs** did you distribute Health Bucks this year? *(Please check all that apply)*

- The Bronx
- Brooklyn
- Harlem
- Prefer not to answer

6. During which of the following months this year (2010) did you **receive** Health Bucks from your District Public Health Office? *(Please check all that apply)*

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> January  | <input type="checkbox"/> August               |
| <input type="checkbox"/> February | <input type="checkbox"/> September            |
| <input type="checkbox"/> March    | <input type="checkbox"/> October              |
| <input type="checkbox"/> April    | <input type="checkbox"/> November             |
| <input type="checkbox"/> May      | <input type="checkbox"/> Don't Know           |
| <input type="checkbox"/> June     | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> July     |   |

7. During which of the following months this year (2010) did you **distribute** Health Bucks to recipients? *(Please check all that apply)*

**[LIST ONLY MONTHS EQUAL OR LATER THAN FIRST RECEIVED HBs IN Q5]**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> July       |
| <input type="checkbox"/> February | <input type="checkbox"/> August     |
| <input type="checkbox"/> March    | <input type="checkbox"/> September  |
| <input type="checkbox"/> April    | <input type="checkbox"/> October    |
| <input type="checkbox"/> May      | <input type="checkbox"/> November   |
| <input type="checkbox"/> June     | <input type="checkbox"/> Don't Know |

Subject ID: \_\_\_\_\_

Prefer not to answer

8. **After you received** your Health Bucks this year, did you:

- Distribute them mostly all at once, or
- Keep some to distribute throughout the farmers' market season?
- Other (Please specify: \_\_\_\_\_)
- Prefer not to answer

9. About **how many** of the Health Bucks you received in 2010 did you distribute?

- All
- More than half, but not all
- About half
- Some, but less than half
- None
- Don't know
- Prefer not to answer

**[IF ANY CHECKBOX OTHER THAN "ALL"DK/REF IS SELECTED IN Q9]**

9a. **Why** were you unable to distribute all of your Health Bucks? *(please check all that apply)*

- Health Bucks received too early in the year
- Health Bucks received too late in the year
- Clients did not want Health Bucks
- Clients did not know what Health Bucks were
- Forgot to distribute Health Bucks
- Did not have time to distribute Health Bucks
- Other: \_\_\_\_\_
- Prefer not to answer

**[LIST EACH CHECKED ACTIVITY IN Q3, OR SKIP TO Q12 IF "NONE" /PREFER NOT TO ANSWER CHECKED]**

10. Did you distribute Health Bucks this year **during any of these nutrition education or promotion activities?** *(Please check yes or no for each activity.)*

**[INCLUDE EXPLANATION OF "NUTRITION EDUCATION OR PROMOTION ACTIVITIES" FROM QUESTION 3 HERE]**

<u>Activity</u>	<u>Health Bucks distributed?</u>
[CHECKED ACTIVITY FROM Q3]	<input type="checkbox"/> Yes <input type="checkbox"/> No
[CHECKED ACTIVITY FROM Q3]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prefer not to answer

**[LIST EACH CHECKED ACTIVITY IN Q3, OR SKIP TO Q12 IF "NONE"/PREFER NOT TO ANSWER CHECKED]**

Subject ID: \_\_\_\_\_

11. For each of the nutrition education or promotion activities your organization offered in 2010, please indicate whether you added, expanded, or made no change as a result of receiving HB to distribute to the community.

**[INCLUDE EXPLANATION OF “NUTRITION EDUCATION OR PROMOTION ACTIVITIES” FROM QUESTION 3 HERE]**

<u>Activity</u>	<u>Added new activities because of Health Bucks</u> [MUTUALLY EXCLUSIVE]	<u>Expanded existing activities because of Health Bucks</u> [MUTUALLY EXCLUSIVE]	<u>No, did not make any changes to these activities because of Health Bucks</u> [MUTUALLY EXCLUSIVE]
[INSERT CHECKED ACTIVITY FROM Q3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[INSERT CHECKED ACTIVITY FROM Q3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prefer not to answer

12. Did you receive **as many Health Bucks as you would have liked** in 2010? (*Select one option.*)

- Yes
- No
- Prefer not to answer

13. **Who** did you distribute Health Bucks to this year? (*Check all that apply*)

- Children under 18
- Pregnant women
- Families (children and adults)
- Seniors age 60 and older
- Other adults not caring for children at home
- Other (specify): \_\_\_\_\_
- Prefer not to answer

14. Did your organization have any **requirements** for recipients to qualify to get Health Bucks this year? (*Select one option.*)

- Yes
- No
- Prefer not to answer

14b. [IF YES]: Which of the following were **requirements** to get Health Bucks? (*Check all that apply*)

- Participation in the Food Stamp/SNAP program
- Low income
- Never or rarely shop at farmers’ markets
- High-risk health status (e.g. presence or risk of diabetes or other chronic diseases)

Subject ID: \_\_\_\_\_

- Pregnant or have children
- Other: \_\_\_\_\_
- Prefer not to answer

15. Did your organization **intentionally** distribute Health Bucks this year:

Around the **same time** recipients' Food Stamp/SNAP accounts were refilled? (Check one option.)

- Yes
- No
- Not sure
- Not applicable – recipients are not SNAP participants
- Prefer not to answer

When you thought recipients' Food Stamp/SNAP balance may be **running low**?

- Yes
- No
- Not sure
- Not applicable – recipients are not SNAP participants
- Prefer not to answer

16. What is the highest number of Health Bucks that were given to a single person or household **at one time** this year? (*Your best estimate is fine. Enter highest number*)

\_\_\_\_\_ Enter # of Health Bucks

- Not sure
- Prefer not to answer

17. What is the highest number of Health Bucks that were given to a single person or household **over the course of 2010**? (*Your best estimate is fine. Enter highest number*)

\_\_\_\_\_ Enter # of Health Bucks

- Not sure
- Prefer not to answer

Subject ID: \_\_\_\_\_

### ***III. Promoting and Tracking Use of Health Bucks***

The following questions are about how your organization advertised and kept track of Health Bucks.

18. How did your organization **advertise** Health Bucks to increase awareness about the program this year? (*Check all that apply*)

- Brochures or flyers provided by the NYC Department of Health
- Posters provided by the NYC Department of Health
- Nutrition workshops or classes
- Non-nutrition workshops or classes
- Nutrition or health events, such as health fairs
- Talking directly to individuals
- Other: \_\_\_\_\_
- Did not advertise program [ANSWER OPTION MUTUALLY EXCLUSIVE].
- Prefer not to answer

19. When you distributed Health Bucks this year, did your organization regularly **record** any of the following **information about recipients**? (*Check all that apply*)

- Name
- Age
- Household size or number of children
- Household income
- Overall health status (e.g. presence or risk of diabetes or other chronic diseases)
- Participation in the Food Stamp/SNAP program
- Other: \_\_\_\_\_
- No, did not collect information [ANSWER OPTION MUTUALLY EXCLUSIVE]
- Prefer not to answer

20. After distributing Health Bucks, how often did you **follow up** with recipients about:

	Always	Sometimes	Rarely	Never
If they used their Health Bucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What they bought with Health Bucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where they used their Health Bucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their overall satisfaction with Health Bucks program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Prefer not to answer

Subject ID: \_\_\_\_\_

21. How did your organization **encourage recipients to use Health Bucks**?

- Handed out NYC Health Department brochures or flyers with Health Bucks
- Handed out Nutritional information with Health Bucks
- Provided cooking demonstrations for Health Bucks recipients
- Organized trips to farmers' markets with Health Bucks recipients
- Discussed Health Bucks in nutrition education workshops or classes
- Followed up with individual Health Bucks recipients
- Other: \_\_\_\_\_
- None of the above [ANSWER OPTION MUTUALLY EXCLUSIVE]
- Prefer not to answer

22. **How many** recipients do you think used the Health Bucks you gave them?

- All
- Most
- Some
- None
- Prefer not to answer

22a. [IF ALL OR MOST]:

What do you think was most effective in getting recipients to redeem Health Bucks?  
[OPEN-END]

- Prefer not to answer

22b. [IF SOME OR NONE]:

Why do you think some recipients did not use them? [OPEN-END]

- Prefer not to answer

***IV. Other Questions about Health Bucks***

To end, there are a few general questions about Health Bucks.

23. During the time your organization was distributing Health Bucks this year, approximately how many **hours per week**, on average, did organization staff spend on the distribution of Health Bucks and administration of the Health Bucks program?

- Less than 5 hours
- 5 to less than 10 hours
- 10 to less than 15 hours
- 15 to less than 20 hours
- 20 to less than 25 hours
- 25 hours or more
- Prefer not to answer

24. If you could change the way your organization distributed Health Bucks or administered the Health Bucks program this year, what would you change?

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Prefer not to answer

25. How satisfied were you with the Health Bucks program overall?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat unsatisfied
- Very unsatisfied
- Prefer not to answer

26. Do you have any additional comments or feedback about the Health Bucks program?

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Prefer not to answer

Thank you for your time. Your participation is appreciated.

***Health Bucks Evaluation  
Neighborhood Resident Survey and Consent  
(English)***

***Health Bucks Evaluation  
Consumer Focus Group Guide***

# Consumers' Focus Groups Discussion Outline

**Project: "Evaluation of Childhood Obesity Prevention and Control Initiative: New York City Health Bucks Program"**

**Focus groups with \_\_\_\_\_ (insert description of type of consumer)**

## Discussion Outline

### I. Introduction: Welcome (10 minutes)

- A. Purpose: During the next 2 hours, we will be discussing some of your experiences shopping at farmers' markets.
- B. Disclosure
  - Observation
  - Audio
  - Data Security
  - Voluntary Participation
- C. Ground Rules
  - Would like to hear from everyone; one at a time
  - No right or wrong answers
  - Moderator is impartial, please be candid
  - Moderator will take you through questions by section
  - Remind participants not to repeat anything heard today or disclose identity of participants.
  - We will take a break after the first hour, but feel free to leave the room if you need a break before that time.
  - If you have a child with you, feel free to leave the room as needed, but do try to come back as soon as possible.

Public reporting burden of this collection of information is estimated to average 2 hours 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).

D. Participant Introduction

- Name (Ask them to introduce themselves by first name only. Advise them that last names will not be recorded if inadvertently disclosed.)
- Tell us if you learned about this group from doing a survey, seeing the poster, or other (explain)

**II. Farmers' Market Awareness and Attendance (30 minutes)**

Let's spend some time talking about your experience with farmers' markets.

1. How often do you shop at a farmers' market?
  - Every week; throughout the season; specific months
  - How long have you shopped at farmers' markets?
2. Would you consider yourself a "regular" farmers' market shopper (e.g., you shop at farmers' markets consistently during a certain period of time)?
3. Do you consistently shop at one market, a few different markets, or many different markets?
  - What is considered "few" and "many"?
  - During the last year or two, have you changed the markets at which you consistently shop?
    - What are some of the reasons for changing?
4. State some of the reasons why you have chosen to shop at the farmers' markets. [Unaided, then probe as necessary.]

Convenience – what makes a farmers' market convenient?

(Probe:

- *On my way to/from work/school/child care? How far?*
- *Close to home? How far?*
- *Close to public transportation?*
- *Can drive or ride bike to?*
- *No other stores close-by?*
- *Other*

Product Selection/Price

- What is considered a good selection of products?  
(Probe: *Quality of products or how appealing the products appear? Amount of products or variety (e.g., fruits and vegetables, meats, baked goods, non-food products, etc.)*)
- How do the prices of products compare to other "stores" or markets?
- How much does price matter?

### Other Benefits/Incentives

(Probe:

- Offer cooking classes or other educational classes?
- Offer different payment methods?
- Accepts Food Stamps?
- Offer and accept Health Bucks (HB)?
- Aesthetics (neighborhood; environment)?
- Social aspect?
- Good customer service/friendly
- Samples/tastings of products?
- What benefits/incentives are most important to you?

5. Considering the different reasons you have all mentioned, are there some that matter more than others?
6. Close your eyes and think about the market environment during your most recent visit,
  - List some of the things that made it a pleasant experience for you
  - List some of the things that made it an unpleasant experience for you
7. Are there any reasons you would no longer shop at farmers' markets?

### III. Farmers' Market Purchases (10 minutes)

8. What do you generally buy at the market?
9. How do you decide what to buy?
  - Where else do you shop for similar products?
  - Where else could you shop for similar products?
  - How do those other options compare to the farmers' market?
10. How do you decide what not to buy?  
(Probe: *quality of product, price of product, type of product (i.e., "I never buy fish."), other?*).

### IV. Payment for Purchases (10 minutes)

11. How do/did you pay for the products you purchase(d) at the market?
  - Is this typically how you pay?
  - If not, what other payment methods do you use?
  - How important is it to have payment options?
  - Are there other forms of payment you would like to use?
12. How convenient was the payment process?
  - What made it easy or difficult?

**V. Health Bucks (30 minutes)**

13. Have you ever seen a Health Buck (show Health Buck)?  
➤ Where have you seen a Health Buck?

14. Do you know what a Health Buck is?

[Note: If you do not know what a Health Buck is, would you be interested in learning more about the program? *If so, we can give you some information at the end of our discussion.*]

If you know what a Health Buck is, how did you learn or hear about the Health Bucks Program?

*(Probe:*

- *At a farmers' market*
- *When you got your Electronic Benefit Transfer (EBT) tokens*
- *Signage*
- *Saw other people using it*
- *Participating in a nutritional program/demonstration*
- *Other*
- *Friend or family,*
- *As part of a program or organization that you are a member of (e.g., Women, Infant, and Children (WIC) clinic, church, community center)*

Any thoughts on how to best let others know about Health Bucks?

15. Have you ever used a Health Buck?  
➤ How often have you used Health Bucks?  
*(Probe: at each of your farmers' market visits; many but not all visits; few visits; only 1-2 visits)*

If so, where did you get the HB that you used?

- Farmer's Market
  - When you got your EBT tokens?
  - Participating in a nutritional class/demonstration?
- Community-based organization (CBO)
- Both
- Other

16. If you got your Health Buck(s) from a CBO, did you have to do anything to receive the HB?

*(Probe: participate in any nutrition education or physical activity (e.g, walking group, walk and shopping trip to the Farmer's Market, cooking class).*

- How many Health Bucks coupons did you receive for participating in the activity?

17. Thinking of the different ways you receive Health Bucks, is any method (e.g., at a farmers' market when getting your EBT tokens or participating in a demonstration or through a CBO) better or preferable?
  - If yes, in what ways (e.g., more convenient, faster, other)?
18. Are there other ways/places in which you would like to receive Health Bucks (e.g., by mail)?
  - Do you receive in any other coupons or incentives in this way?
19. Is there a particular time when you prefer to use your Health Bucks?
  - during the Farmers' Market (FM) season (June-November)
  - during a month (e.g., beginning or end)
20. What is important about using the Health Bucks during this particular time of the season, month, or other?  
*(Probe: when you receive a Health Buck, do you usually spend it right away, or save it for use at another time or another market?)*
21. Do you typically have enough Health Bucks at the times that you prefer to use them?
  - If yes, what is important about having enough Health Bucks at the right time?
  - If no, what would make it easier for you to get the Health Bucks when you want them?
  - What happens when you don't get the Health Bucks when you need them (e.g., don't buy fruits and vegetables at the FM, don't shop at the FM to buy anything, etc.)?
22. Overall, is the process for getting and using Health Bucks convenient?
23. Is there anything that you would change about the process?
24. When you have used your Health Bucks, what did you purchase with them?
  - Do you use your Health Bucks to purchase new or unusual fruits or vegetables you may not have tried before?
25. Has there been a time when you have had Health Bucks, but not used it/them?
  - What are the reasons for not using the Health Bucks?
26. Is there anything that would influence your willingness to try or use Health Bucks (i.e., makes you more or less likely to use HBs)?

## **VI Consumption (20 minutes)**

27. What do you do with the products/fruits and vegetables you purchase at the Farmer's Market? (*Probe: use as snacks, serve at meals times, pack lunches for school kids, freeze, can, share with others, other*)
- How do you normally eat fruit you buy at the farmers' market? (*Probe: fresh; prepared in some way; other*)
  - How do you normally eat vegetables you buy at the farmers market? (*Probe: fresh; baked; prepared using oil or butter*)
28. Who eats the produce you purchased from the Farmer's Market? (*Probe: family/friends; adults; kids (what ages); other*)
29. Was there an event or any materials at the Farmers Market that gave you information on how to use the products (e.g., cooking demonstration, educational class, pamphlets or hand-outs, etc.)?
- What did you learn?
  - If both an event and materials were available, do you prefer an event (e.g., demo/class) or written material?
  - Was this connected to the HB program?
30. Do you generally use all of the products you purchase?
- If yes, how long does it take you to consume the products you purchased? (*Probe: few days, week, other*)
  - If not, what happened to the products you did not use? (*Probe: gave away, spoiled, other*).
31. As a final question, thinking about what you have shared about your Farmer's Market experiences, your use of Health Bucks, and how you use the products you purchase at the Farmer's Market, has Health Bucks influenced or changed your behavior in any way?
- About what you purchase? Please give an example.
  - How you use your purchases? Please give an example.
  - How much you purchased?
  - Any other changes?

## **VI. Conclusion (5 minutes)**

Check with clients for additional questions.

Thank and dismiss participants.

Note for participants about signatures for incentive payments and where information about the Health Bucks program is displayed.

***Health Bucks Evaluation  
Consumer Focus Group Recruitment Poster***



***Health Bucks Evaluation  
Consumer Focus Group Screening Script***

## Health Bucks Focus Group Screening Guide

Date: \_\_\_\_\_

Time of call: \_\_\_\_\_

### **Step 1: Describe main parts of study and informed consent, answer any questions**

“Hello, thank you for calling the farmers’ market and Health Bucks group discussion line.”

[After caller says hello]

To describe what we’re doing – we’re holding small group discussions with farmers’ market shoppers to learn about what they think of farmers’ markets and the Health Bucks program, which is a coupon program in NYC farmers’ markets. The discussions are part of a study for the Centers for Disease Control and Prevention.

Are you interested in participating in a group discussion?

### **Step 2: Determine if the respondent is eligible:**

**[If yes]** Great. Now I’d just like to ask you a few questions.

Are you 18 years old or older?

**[If no, terminate the call]** I’m sorry, but all participants in our group must be 18 or older. Thank you for your time and interest. [End phone call]

**[If yes]**

Where did you find out about the discussion group?

[Fill in market name or descriptor]\_\_\_\_\_

[Screener: have your list of farmers’ markets handy and try to identify the FM and borough where the FM is located. If it’s not clearly in the Bronx, Brooklyn, or Harlem, ask question below about what borough the market (where they learned of group) is located in. Check off the borough where the FM is located in the question below.]

**Where is this Farmers’ Market located? Is it in...**

- \_\_\_ **Bronx**
- \_\_\_ **Brooklyn**
- \_\_\_ **Manhattan/Harlem**
- \_\_\_ **Queens**
- \_\_\_ **Staten Island**

**[If caller says Staten Island or Queens, terminate the call:]** I’m sorry, for this discussion we are talking with people who have shopped at Farmers’ Markets in certain areas of New York City. This is not the area where we are currently doing groups. Thank you for your time and interest. [End phone call]

Was this the first time that you ever shopped at a Farmer's Market?

- Yes
- No
- D K

**[If yes, terminate the call]** I'm sorry, for this discussion we are talking with people who have shopped at Farmers' Markets more than once. Thank you for your time and interest. [End phone call]

Have you heard of the Health Bucks Program?

- Yes
- No
- D K

Have you ever used Health Bucks?

- Yes
- No
- D K

**Step 3: If the respondent is eligible; schedule the focus group**

You are eligible to participate in our group discussion. Now I need to see if you are available for certain dates and times and ask you some questions about yourself.

Are you still interested in participating?

**[If no, terminate the call]** Thank you very much for your time. [End phone call]

We will be holding groups at community organizations in the Bronx, Harlem, and Brooklyn.

We are hoping to schedule the groups for September 28, 29, and 30, a Tuesday, Wednesday, and Thursday.

Would any of these dates work for you?

- Yes
- No

If no, which date(s) would work best? \_\_\_\_\_

What time of day is best for you?

- Mid-morning (around 10 am)
- Mid-afternoon (around 2 pm)
- Evening (around 5:30 pm)
- No preference/any time is OK

Would you prefer a discussion group in English or in Spanish?

- English

- Spanish
- no preference/either OK

**[OPTIONAL: may ask after securing focus group facilities]** As I mentioned, we will likely have a group in the Bronx, Harlem, and Brooklyn. Which of these boroughs are you able to easily travel to? (Check all that apply)

- Bronx
- Harlem
- Brooklyn

We're not sure at this point if we will be providing childcare. It depends on the needs of those in the group.

Do you have children who would need child care at the facility while you are participating in the group?

- Yes
  - How many children? \_\_\_\_\_
  - How old is each child? \_\_\_\_\_

No

Thank you. Now I'd like to take down your first name and phone number so that we can get in touch with you once we've set a date and location for the group discussion. We will also give you a reminder call the day before the discussion. Please let us know if we can leave a message (either voice mail or with a person) at these numbers:

Name: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ (mobile or home or work?)  Message ok?  
Phone 2: \_\_\_\_\_ (mobile or home or work?)  Message ok?  
Phone 3: \_\_\_\_\_ (mobile or home or work?)  Message ok?

Are there times of day that are better to reach you?

\_\_\_\_\_

We can also send you (via email or mail) more information on the study before your group discussion, including directions to the facility.

Do you prefer a mailing address or an email address, so we can send you a confirmation and final directions to the community facility for the group discussion?

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Other contact info (e.g., fax): \_\_\_\_\_

Please call us back at this number (**1-877-703-7659**) if you are not able to attend the group.

To make sure that the facility is accessible to you can you tell me if you use a wheelchair or any other kind of assistive device? [Record type of device.] \_\_\_\_\_

We appreciate your willingness to participate in this important study.

Do you have any questions for me? \_\_\_\_\_

Thank you for this information. We will contact you within the next couple of weeks to confirm the date, time and location of the group, and to make sure you can still attend. As a reminder, you will receive \$35 as a thank-you for participating in the group discussion.

### **Additional Information about Confidentiality if Requested**

The group discussion will be conducted by a trained facilitator and one or two other researchers will listen and take notes. Your name will be separated from the summary of what you said, and all personal references that might be used to identify you will be deleted. The researchers will combine your responses with the other participants in a summary report for the Centers for Disease Control. These reports will not use your name or any of your personal information.

Your participation in this study is voluntary. You do not have to join this or any study. If you do join, and later change your mind, you may quit at any time.

***Health Bucks Evaluation  
Consumer Focus Group Thank-You Letter***

October 6, 2010

Focus Group Participant

Address Line 1

Address Line 2

Dear \_\_\_\_\_,

Thank you for attending our small group discussion (focus group) about farmers' markets and the Health Bucks program last week. All of us on the Abt Team enjoyed meeting you and hearing about your market experiences. The information you shared was very valuable, and helped us to better understand New York City farmers' markets and the Health Bucks program from the point of view of shoppers. As we mentioned during the group, what we learned from our discussions will contribute to a report that can help shape the future of the NYC Health Bucks program and possibly other similar programs across the country.

If you would like more information about the Health Bucks program, please visit the NYC Department of Health website at <http://nyc.gov/health/farmersmarkets>. If you would like to email someone directly with a question, please send your message to [farmersmarkets@health.nyc.gov](mailto:farmersmarkets@health.nyc.gov).

Thank you again for participating in our group discussion – we truly appreciate your time and your willingness to share your opinions!

Sincerely,

**NYC HEALTH BUCKS EVALUATION  
NEIGHBORHOOD RESIDENT SURVEY**

**Interviewer Name:** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_

**INSTRUCTIONS TO INTERVIEWER:**

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**[READ TO RECRUIT]** “Hello, My name is \_\_\_\_\_, and I am calling on behalf of the Centers for Disease Control and Prevention, from Abt-SRBI. We’re conducting an important study to improve the health of New Yorkers. Your household has been randomly chosen to participate in a brief survey about your habits surrounding the purchase and consumption of fruits and vegetables. Do you have 5 to 10 minutes to answer some questions.

**(IF NO:)** Is there a better time to contact you?”

**[IF YES, ASK TO DETERMINE ELIGIBILITY:]** “Before we begin, I’m going to ask you a few questions to make sure you are eligible to participate.”

S1. “May I ask if you are 18 or over? “

**YES, 18 or over [CONTINUE TO S2]**

**NO, under 18**

**REFUSED [SOFT REFUSAL TERMINATE]**

**[ASK IF NO TO S1:]**

**S1a.** Thank you for your time, but I cannot administer the survey to anyone under 18. May I please speak to an adult that lives in this household?”

**YES (NEW PERSON COMES TO PHONE) [REPEAT INTRO]**

**NOT AVAILABLE (ARRANGE CALLBACK)**

**NO HH MEMBERS 18 OR OLDER [S/O]**

**REFUSED [TERMINATE]**

S2. “What is your zip code of residence?”

**[DPHO AND SURROUNDING ZIP CODES IN APPENDIX A. ZIPS MUST BE ON LIST TO CONTINUE.]**

**[IF OUTSIDE OF DPHO ZIP CODE:]**

**“Let me just confirm that your zip code is [READ IN FROM S2], is that correct?”**

**1 Yes [CONTINUE]**

**2 No [RE-ENTER ZIPCODE]**

**3 DON’T KNOW/REFUSED [TERMINATE]**

**“Thank you for your time, but I cannot administer the survey to households in your zip code. Sorry, and have a great day!”**

**[IF INSIDE OF DPHO ZIP CODE, CONTINUE TO S3.]**

Public reporting burden of this collection of information is estimated to average 9 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 (0920-0855). Do not send the completed form to this address.

S3. “Do you do most of the food shopping for your household?”

Yes [SKIP TO CONSENT]  
No  
Not sure/Refused [TERMINATE]

**[ASK IF NO TO S3:]**

**S3a** I can only administer the survey to individuals who do most of the food shopping for their households. Is the person who buys most of the food for your household at home?”

**[IF YES:]** “May I speak with this person?”

**YES (NEW PERSON COMES TO PHONE) [REPEAT INTRO AND RE-ASK S3]  
NOT AVAILABLE (ARRANGE CALLBACK, REPEAT INTRO, S1 & S3 ON CB)  
REFUSED [TERMINATE]**

**[CONSENT: READ TO PARTICIPANT]**

Congratulations! You qualify for our study. I’d like to explain what the study is about before I ask you any other questions. The purpose of this study is to learn about the effects of a farmers’ market coupon program, called NYC Health Bucks, on fruit and vegetable consumption in certain neighborhoods in New York. As part of our study, we are talking to residents in your neighborhood to learn about residents’ fruit and vegetable consumption habits and awareness of the Health Bucks program.

Information collected as part of this survey will be maintained in a secure manner. Protections will be in place to safeguard your response to the maximum extent allowed by law, and your answers to our questions will not be linked in any way to your name or phone number. Your individual responses will be reported only in combination with responses from about 1,000 other households asked to complete the survey. There are no costs for participating in this survey. You will not be given money or other rewards for participating, and your participation is voluntary. Even if you agree to participate, you are not required to answer all the questions. You may stop this survey at any time without penalty.

Do you have any questions about this study, or may I begin now?

**[IF YES, REFER TO “FREQUENTLY ASKED QUESTIONS” AND ASK AGAIN]  
[IF NO, BEGIN SURVEY]**

No questions / questions answered [CONTINUE]  
Refused [TERMINATE]

*“First, I have a few questions about farmers’ markets. A farmers’ market is an outdoor market where local farmers come together to sell fresh fruits & vegetables to the public.”*

Q1. During the farmers’ market season (July 1 through November 15), how often do you shop at a farmers’ market? (INTERVIEWER: READ CHOICES.)

- More than Once a Week
- About Once a Week
- Once or Twice a Month
- About Once a Month
- Less Than Once a Month
- Never

Q2. Is there a farmers’ market located in your neighborhood?

- Yes
- No
- Don’t Know/Not Sure

ASK IF YES or NO TO Q2

Q3. If you were to walk from your home to *the closest farmers’ market*, how long would it take you to get there?

- Less than 5 Minutes
- 5 to 10 Minutes
- More than 10 Minutes
- (VOL) Not Sure/Refused

Q4. Think about the closest location to your home where you can purchase fresh fruits and vegetables that is *not a farmers’ market*. What type of location is this?

(INTERVIEWER: READ LIST, AS NEEDED.)

- Supermarket or Grocery Store
- Convenience/Corner Store
- Bodega
- Fresh Fruit & Vegetable Stand or Cart
- Other
- (VOL) Not Sure/Refused

Q5. If you were to walk from your home to *that location*, how long would it take you to get there?

- Less than 5 Minutes
- 5 to 10 Minutes
- More than 10 Minutes
- (VOL) Not Sure/Refused

“Health Bucks are \$2 coupons provided for the purchase of fresh fruits and vegetables at certain farmers’ markets in New York City. The next questions are about Health Bucks.”

Q6. Have you ever seen or heard about Health Bucks?

- Yes
- No
- (VOL) Not Sure
- (VOL) Refused

ASK IF YES TO Q6 ELSE SKIP TO Q15:

Q7. How did you first hear about Health Bucks?

(INTERVIEWER: READ CHOICES AS NEEDED.)

- Flyer, Brochure, or Other Promotional Handout
- Poster at the Farmers’ Market
- Subway/Bus Advertisement
- Newspaper
- Web
- Mailing Received at Home
- From Other People (Family, Friends, etc.)
- From a Local Community Organization  
(i.e. health/community center, church, food pantry, etc.)
- Saw Them Being Used By Shoppers at the Market
- Other
- (VOL) Not Sure/Refused

Q8. When did you first hear about Health Bucks?

(INTERVIEWER: READ CHOICES.)

- This Farmers’ Market Season (2010)
- Last Farmers’ Market Season (2009)
- Before Last Farmers’ Market Season (2005 → 2008)
- (VOL) Not Sure/Refused

-----  
[INTERVIEWER: ONLY ASK Q9 → 14 IF AWARE OF HEALTH BUCKS (Q6=1).]

Q9. Have you ever used Health Bucks?

- Yes
- No [SKIP TO Q14]
- (VOL) Not Sure [SKIP TO Q14]
- (VOL) Refused [SKIP TO Q14]

ASK IF YES TO Q9, ELSE SKIP TO Q14

Q10. Did you use Health Bucks *this farmers’ market season*?

- Yes
- No
- (VOL) Not Sure
- (VOL) Refused

ASK IF YES TO Q10

Q11. Where did you get the Health Bucks you used this farmers' market season?

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- At the Farmers' Market w/ SNAP or EBT Benefits
- At the Farmers' Market as part of a promotion
- From a Local Community Organization  
(i.e. health/community center, church, food pantry, etc.)
- From a Friend or Relative
- Other
- (VOL) Not Sure/Refused

Q12. Thinking about the *last* time you used Health Bucks at a farmers' market, what did you buy with them?

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- Fruits
- Vegetables
- Jams/Juices
- Bread
- Cheese
- Meats/Fish
- Baked Goods
- Other
- (VOL) Not Sure/Refused

ASK IF 'NO' TO Q10

Q13. Why didn't you use Health Bucks this farmers' market season?

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- I don't think I'm eligible for Health Bucks.
- I didn't know where to get them.
- I didn't know how to use them.
- I tried to use them, but the vendor(s) wouldn't accept them.
- I have some, but I forgot to use them.
- I didn't know where to find a farmers' market.
- I don't like fruits and vegetables.
- Other
- (VOL) Not Sure/Refused

Q14. How much do you agree with these statements about the Health Bucks program?  
[RANDOMIZE]

*"I shop at farmers' markets more often because of Health Bucks."*

(INTERVIEWER: READ CHOICES.)

- Strongly Agree
- Somewhat Agree
- Neutral
- Somewhat Disagree
- Strongly Disagree
- (VOL) Not Sure/Refused

*"I buy more at farmers' markets because of Health Bucks."*

(INTERVIEWER: READ CHOICES.)

- Strongly Agree
- Somewhat Agree
- Neutral
- Somewhat Disagree
- Strongly Disagree
- (VOL) Not Sure/Refused

*"I spend more in Food Stamps (a.k.a. SNAP or EBT benefits) at farmers' markets because of Health Bucks."*

(INTERVIEWER: READ CHOICES.)

- Strongly Agree
- Somewhat Agree
- Neutral
- Somewhat Disagree
- Strongly Disagree
- (VOL) Not Sure/Refused

*"Health Bucks help me to eat more fresh fruits & vegetables."*

(INTERVIEWER: READ CHOICES.)

- Strongly Agree
- Somewhat Agree
- Neutral
- Somewhat Disagree
- Strongly Disagree
- (VOL) Not Sure/Refused

-----

[ASK ALL]

*"Next, I have some questions about your consumption of fruits and vegetables."*

Q15. Thinking about nutrition . . . How many **total** servings of fruit and/or vegetables did you eat **yesterday**? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

(INTERVIEWER: DO NOT READ CHOICES ALOUD.)

- |                          |      |                          |                        |
|--------------------------|------|--------------------------|------------------------|
| <input type="checkbox"/> | None | <input type="checkbox"/> | 6                      |
| <input type="checkbox"/> | 1    | <input type="checkbox"/> | 7                      |
| <input type="checkbox"/> | 2    | <input type="checkbox"/> | 8                      |
| <input type="checkbox"/> | 3    | <input type="checkbox"/> | 9                      |
| <input type="checkbox"/> | 4    | <input type="checkbox"/> | 10+                    |
| <input type="checkbox"/> | 5    | <input type="checkbox"/> | (VOL) Not Sure/Refused |

Q16. Was the amount of fruit and vegetables that you ate yesterday much more than usual, about the same as usual, or much less than usual?

- Much More Than Usual  
 About the Same As Usual  
 Much Less Than Usual  
 (VOL) Not Sure/Refused

Q17. Compared to one year ago, would you say you are now eating more, less, or the same amount of fruits and vegetables?

- More     Less     Same  
 (VOL) Not Sure/Refused

Q18. Now I am going to read you several statements that people have made about their food situation at home. Please tell me whether each statement was often true, sometimes true, or never true for your household **in the last 12 months**, that is since (CURRENT MONTH AND LAST YEAR).

*"In my household, we worried about whether our food would run out before we got money to buy more."*

- Often True     Sometimes True     Never True

*"The food that we bought just didn't last, and we didn't have enough money to get more food."*

- Often True     Sometimes True     Never True

*"We couldn't afford to eat balanced meals."*

- Often True     Sometimes True     Never True

*“And lastly, I have a few questions for statistical purposes only.”*

Q19. What is your age?                    \_\_\_ years  
    \_\_\_ (VOL) Don't Know/Not Sure  
    \_\_\_ (VOL) Refused

Q20. Are you male or female?        \_\_\_ Male  
    \_\_\_ Female  
    \_\_\_ (VOL) Don't Know/Not Sure  
    \_\_\_ (VOL) Refused

Q21. Are you Hispanic or Latino?  
    \_\_\_ Yes  
    \_\_\_ No  
    \_\_\_ (VOL) Don't Know/Not Sure  
    \_\_\_ (VOL) Refused

[IF HISPANIC, READ: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.]

Q22. What is your race? I will read five options to you; please select one or more.  
(INTERVIEWER: READ CHOICES; MULTIPLE RESPONSE.)

- \_\_\_ White
- \_\_\_ Black or African American
- \_\_\_ Asian
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ American Indian or Alaska Native
- \_\_\_ (VOL) Don't Know/Not Sure
- \_\_\_ (VOL) Refused
- \_\_\_ (VOL) Other \_\_\_\_\_

Q23. Including yourself, how many people live in your household?  
    \_\_\_ total # of people  
    \_\_\_ (VOL) Don't Know/Not Sure  
    \_\_\_ (VOL) Refused

Q24. How many children under the age of 18 live in your household?  
    \_\_\_ # of children  
    \_\_\_ (VOL) Don't Know/Not Sure  
    \_\_\_ (VOL) Refused

[IF Q23=DK/REF SKIP TO Q26]

Create new field NHOUSE = Q23 (Number of people)  
We will use NHOUSE to create a field (PVTYLVL) to populate the fills for Q25  
 $PVTYLVL = 7090 + (NHOUSE * 3740)$   
CATI: CREATE DUMMY VARIABLES FOR PVTY\*1 - PVTY\*6 IN DATA TO SHOW READ-INS USED

Q25 The next question is about your combined household income. By household income we mean the combined income from everyone living in the household including even roommates or those on disability income. Is your household's annual income from all sources:

- 02 Less than (100-199%) IF "NO," ASK 05; IF "YES," ASK 01
- 01 Less than (<100%) IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)
- 05 Less than (400-499%) IF "NO," ASK 06 (500-599%); IF "YES," ASK 04 (300-399%)
- 06 Less than (500-599%) IF "NO," CODE 07 (>600%); IF "YES," CODE 06 (500-599%)
- 04 Less than (300-399%) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)
- 07 (>600%)
- 03 Less than (200-299%) IF "NO," CODE 04; IF "YES," CODE 03
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK IF Q25\_2=77 OR 99**

Q Can you just tell me if your annual household income is less than \$PVTYLVL?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q26. Please indicate which of the following programs you or someone in your household *currently* participates in.

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- Food Stamps (a.k.a. SNAP or EBT Benefits)
- WIC
- WIC Farmers' Market Nutrition Program (FMNP)
- Senior Farmers' Market Nutrition Program (SFMNP)
- None of the Above
- (VOL) Don't Know/Not Sure
- (VOL) Refused

---

[THANK PARTICIPANT FOR TAKING THE SURVEY.]

**APPENDIX A: DPHO AREA AND NEIGHBORING ZIP CODES**

**Bronx DPHO target area**

<b>Included</b>	<b>Neighboring Zip Codes</b>
10451	10458
10452	10462
10453	10468
10454	10472
10455	10473
10456	
10457	
10459	
10460	
10474	

**Manhattan DPHO target area**

<b>Included</b>	<b>Neighboring Zip Codes</b>
10026	10025
10027	10031
10029	10032
10030	10128
10035	
10037	
10039	

**Brooklyn DPHO target area**

<b>Included</b>	<b>Neighboring Zip Codes</b>
11205	11201
11206	11203
11207	11211
11208	11217
11212	11225
11213	11236
11216	11238
11221	11239
11233	11251
11237	11385
	11414
	11416
	11417
	11421

***Health Bucks Evaluation  
Neighborhood Resident Survey and Consent  
(Spanish)***

Identificación del/de la participante: \_\_\_\_\_

Formulario Aprobado  
No. OMB: 0920-0855  
Fecha de expiración: 07/31/2011

**EVALUACIÓN DE “HEALTH BUCKS” EN LA CIUDAD DE NY  
ENCUESTA PARA RESIDENTES DEL VECINDARIO**

**Nombre del entrevistador(a):** \_\_\_\_\_

**Fecha de la entrevista:** \_\_\_\_\_

**INSTRUCCIONES PARA EL/LA ENTREVISTADOR(A):**

[**LEÁSELO AL/A LA PARTICIPANTE**] “Hola, me llamo \_\_\_\_\_, y le hablo desde Abt-SRBI a nombre de Los Centros para el Control y Prevención de Enfermedades. Estamos realizando un estudio importante para mejorar la salud de los neoyorquinos. Su casa ha sido escogida al azar para participar en una breve encuesta acerca de sus hábitos con respecto a la compra y el consumo de frutas y verduras. ¿Tendría 5 o 10 minutos para responder algunas preguntas?”

[**SI NO**] “¿Hay mejor momento para llamarle?”

[**SI SÍ, PREGUNTE PARA DETERMINAR SI ES ELEGIBLE:**] “Antes de empezar le voy a hacer algunas preguntas para saber si usted puede participar en el estudio.”

S1. “¿Tiene usted 18 años o más?”

[**SI NO:**] “Gracias por su cooperación pero personas de menos de 18 años no pueden participar en la encuesta. ¿Podría hablar con un adulto que vive en la casa?”

[**SI SÍ, CONTINÚE A S2.**]

S2. “¿Cuál es el código postal (“zip code”) de su residencia?”

[DPHO AND SURROUNDING ZIP CODES IN APPENDIX A. ZIPS MUST BE ON LIST TO CONTINUE.]

[**IF OUTSIDE OF DPHO ZIP CODE:**]

“Déjame confirmar que su código postal es [READ IN FROM S2], ¿Es correcto?”

**1 Sí [CONTINUE]**

**2 No [RE-ENTER ZIPCODE]**

**3 No está seguro(a)/no quiso contestar [TERMINATE]**

Identificación del/de la participante: \_\_\_\_\_

“Gracias por su tiempo, pero las casas que tienen su código postal no pueden participar en la encuesta. ¡Lo siento, y tenga buen día!”

**[IF INSIDE OF DPHO ZIP CODE, CONTINUE TO S3.]**

Se estima que el tiempo requerido para completar esta encuesta es de 9 minutos por encuesta, incluyendo el tiempo necesario para revisar las instrucciones, buscar datos, reunir y mantener los datos necesarios, y completar y revisar la encuesta. Una agencia no puede conducir ni patrocinar una encuesta y una persona no está obligada a responder a una encuesta, a menos que ésta muestre un número de control OMB válido. Envíe sus comentarios con respecto a la duración de la encuesta o cualquier otro aspecto de la misma, incluyendo sugerencias para disminuir el tiempo requerido a: CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

S3. “¿Es usted quien compra generalmente los alimentos para su casa?”

**[SI NO:]** “En esta encuesta pueden participar solamente las personas que compran generalmente los alimentos para sus casas. ¿Está la persona que hace generalmente la compra en la casa?”

**[SI SÍ:]** “¿Podría hablar con esta persona?”

**YES (NEW PERSON COMES TO PHONE) [REPEAT INTRO AND RE-ASK S3]**

**NOT AVAILABLE (ARRANGE CALLBACK, REPEAT INTRO, S1 & S3 ON CB)**

**REFUSED [TERMINATE]**

**[CONSENTIMIENTO: LÉASELO AL/A LA PARTICIPANTE]**

¡Felicitaciones! Usted puede participar en nuestro estudio. Me gustaría explicarle de que trata el estudio antes de hacerle otras preguntas. El propósito de este estudio es ver cómo afecta el programa de cupones llamado “Health Bucks,” diseñado para los mercados de productos agrícolas (farmers’ markets) de la ciudad de Nueva York, al consumo de frutas y verduras en ciertos vecindarios de la ciudad. Como parte del estudio, estamos hablando con residentes de su vecindario para comprender mejor sus hábitos de consumo de frutas y verduras y también averiguar si conocen el programa “Health Bucks”.

La información que se recoge en esta encuesta se guardará de forma segura. Tenemos protecciones para mantener sus respuestas seguras al máximo permitido por la ley, y sus respuestas a nuestras preguntas no se asociarán de ninguna forma con su nombre o número de teléfono. Sus respuestas individuales se reportarán solamente combinadas con las de más o menos 1,000 participantes a los que se les ha pedido responder a la encuesta. No cuesta nada participar en esta encuesta. Usted no recibirá dinero ni ningún otro incentivo por su participación, la cual es voluntaria. Si decide participar, no es necesario contestar todas las preguntas. Puede terminar la encuesta en cualquier momento sin ningún problema.

¿Tiene alguna pregunta acerca de este estudio o puedo empezar ahora?

**[SI SÍ, REFIÉRASE A “PREGUNTAS COMUNES, FAQ” Y PREGUNTE OTRA VEZ]**

**[SI NO, COMIENZE LA ENCUESTA]**

Identificación del/de la participante: \_\_\_\_\_

*“Primero, le voy a hacer algunas preguntas acerca de los mercados de productos agrícolas. Un mercado agrícola es un mercado al aire libre donde los agricultores de los alrededores se reúnen para vender frutas y verduras frescas al público.”*

P1. Durante la temporada de los mercados de productos agrícolas (desde el primero de julio hasta el 15 de noviembre), ¿con cuánta frecuencia compra usted en un mercado agrícola? (ENTREVISTADOR(A): LEA LAS POSIBILIDADES.)

- \_\_\_\_\_ Más de una vez por semana
- \_\_\_\_\_ Aproximadamente una vez por semana
- \_\_\_\_\_ Una o dos veces por mes
- \_\_\_\_\_ Aproximadamente una vez por mes
- \_\_\_\_\_ Menos de una vez por mes
- \_\_\_\_\_ Nunca

P2. ¿Hay un mercado de productos agrícolas en su vecindario?

- \_\_\_\_\_ Sí
- \_\_\_\_\_ No
- \_\_\_\_\_ No lo sé/No está seguro(a)

P3. SI SÍ o NO: Si usted tuviera que caminar desde su casa hasta **el mercado más cercano**, ¿cuánto tiempo tardaría en llegar allí?

- \_\_\_\_\_ Menos de 5 minutos
- \_\_\_\_\_ De 5 a 10 minutos
- \_\_\_\_\_ Más de 10 minutos
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

P4. Piense acerca del lugar más próximo a su casa en donde usted puede comprar frutas y verduras frescas y que no es un mercado de productos agrícolas. ¿Qué tipo de lugar es?

(ENTREVISTADOR(A): LEA LA LISTA, MIENTRAS SEA NECESARIO.)

- \_\_\_\_\_ Supermercado o almacén de alimentos
- \_\_\_\_\_ Tienda (colmado, abarrote)/Tienda del vecindario
- \_\_\_\_\_ Bodega
- \_\_\_\_\_ Caseta o carro de venta de fruta y verduras frescas
- \_\_\_\_\_ Otro lugar
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

P5. Si usted caminara desde su casa a **ese lugar**, ¿cuánto tardaría en llegar allí?

- \_\_\_\_\_ Menos de 5 minutos
- \_\_\_\_\_ De 5 a 10 minutos
- \_\_\_\_\_ Más de 10 minutos
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

*“‘Health Bucks’ son cupones de \$2 distribuidos para la compra de frutas y verduras frescas en ciertos mercados agrícolas de la ciudad de Nueva York. Las preguntas que siguen son acerca del programa ‘Health Bucks’.”*

Identificación del/de la participante: \_\_\_\_\_

- P6. ¿Ha visto o escuchado hablar acerca de “Health Bucks”?
- Sí
  - No
  - (RESP. VOLUNTARIA) No está seguro/a
  - (RESP. VOLUNTARIA) No quiso contestar

- P7. SI SÍ: ¿Cómo se enteró por primera vez acerca de “Health Bucks”?  
(ENTREVISTADOR(A): LEA LA LISTA.)
- Hoja de información, boletín u otro material de promoción
  - Cartel en el mercado de productos agrícolas
  - Anuncios en el metro/bus
  - Periódico
  - El Internet
  - Propaganda recibida en la casa
  - A través de otras personas (familia, amigos, etc.)
  - A través de una organización de la comunidad local  
(por ejemplo centro de salud/comunidad, iglesia, centro de  
distribución de alimentos, etc.)
  - Vio que los usaban otros compradores en el mercado
  - Otra forma
  - (RESP. VOLUNTARIA) No está seguro(a)/No quiso  
contestar

- P8. ¿Cuándo se enteró por primera vez acerca de “Health Bucks”?  
(ENTREVISTADOR(A): LEA LAS OPCIONES.)
- Esta temporada de mercado agrícola (2010)
  - La temporada pasada de mercado agrícola (2009)
  - Antes de la temporada pasada de mercado agrícola (2005  
→ 2008)
  - (RESP. VOLUNTARIA) No está seguro(a)/No quiso  
contestar

-----  
[ENTREVISTADOR(A): PREGUNTE SOLAMENTE P10 → 15 SI LA PERSONA  
CONOCE EL PROGRAMA “HEALTH BUCKS”.]

- P9. ¿Ha usado alguna vez “Health Bucks”?
- Sí
  - No
  - (RESP. VOLUNTARIA) No está seguro(a)
  - (RESP. VOLUNTARIA) No quiso contestar

- P10. SI SÍ: ¿Usó “Health Bucks” en *el mercado agrícola de esta temporada*?
- Sí
  - No
  - (RESP. VOLUNTARIA) No está seguro(a)

Identificación del/de la participante: \_\_\_\_\_

\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar

P11. ¿Dónde consiguió los “Health Bucks” que usó en el mercado de esta temporada?

(ENTREVISTADOR(A): LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.)

- \_\_\_\_\_ En el mercado agrícola (con cupones de alimentos o beneficios EBT)
- \_\_\_\_\_ En el mercado agrícola (como parte de una promoción)
- \_\_\_\_\_ En una organización local de la comunidad (por ejemplo centro de salud/comunidad, iglesia, centro de distribución de alimentos, etc.)
- \_\_\_\_\_ A través de un amigo o pariente
- \_\_\_\_\_ Otra manera
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

P12. Piense en *la última* vez que usó “Health Bucks” en un mercado agrícola. ¿Qué compró con ellos?

(ENTREVISTADOR(A): LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.)

- \_\_\_\_\_ Frutas
- \_\_\_\_\_ Verduras
- \_\_\_\_\_ Jaleas/Jugos
- \_\_\_\_\_ Pan
- \_\_\_\_\_ Queso
- \_\_\_\_\_ Carnes/Pescado
- \_\_\_\_\_ Productos horneados
- \_\_\_\_\_ Otros productos
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

P13. SI NO: ¿Por qué no usó “Health Bucks” en el mercado agrícola de esta temporada?

(ENTREVISTADOR(A): LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.)

- \_\_\_\_\_ No creo que pueda recibir “Health Bucks”.
- \_\_\_\_\_ No sabía dónde obtenerlos.
- \_\_\_\_\_ No sabía cómo usarlos.
- \_\_\_\_\_ Traté de usarlos pero el vendedor (los vendedores) no los aceptó.
- \_\_\_\_\_ Tengo algunos, pero me olvidé de usarlos.
- \_\_\_\_\_ No sabía dónde encontrar un mercado de productos agrícolas.
- \_\_\_\_\_ No me gustan ni las frutas ni las verduras.

Identificación del/de la participante: \_\_\_\_\_

- \_\_\_\_\_ Otra razón
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

P14. ¿Está de acuerdo o no con las siguientes afirmaciones acerca del programa “Health Bucks”?

*“Compro con más frecuencia en el mercado de productos agrícolas gracias a ‘Health Bucks’.”*

(ENTREVISTADOR(A): LEA LAS OPCIONES.)

- \_\_\_\_\_ Completamente de acuerdo
- \_\_\_\_\_ Algo de acuerdo
- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Algo en desacuerdo
- \_\_\_\_\_ Completamente en desacuerdo
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

*“Compro más en el mercado agrícola gracias a ‘Health Bucks’.”*

(ENTREVISTADOR(A): LEA LAS OPCIONES.)

- \_\_\_\_\_ Completamente de acuerdo
- \_\_\_\_\_ Algo de acuerdo
- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Algo en desacuerdo
- \_\_\_\_\_ Completamente en desacuerdo
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

*“Gasto más en cupones de alimentos o “Food Stamps” (conocidos como SNAP o beneficios EBT) en los mercados de productos agrícolas debido a ‘Health Bucks’.”*

(ENTREVISTADOR(A): LEA LAS OPCIONES.)

- \_\_\_\_\_ Completamente de acuerdo
- \_\_\_\_\_ Algo de acuerdo
- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Algo en desacuerdo
- \_\_\_\_\_ Completamente en desacuerdo
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

*“‘Health Bucks’ me ayuda a comer más frutas y verduras frescas.”*

(ENTREVISTADOR(A): LEA LAS OPCIONES.)

- \_\_\_\_\_ Completamente de acuerdo
- \_\_\_\_\_ Algo de acuerdo
- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Algo en desacuerdo
- \_\_\_\_\_ Completamente en desacuerdo
- \_\_\_\_\_ (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar

Identificación del/de la participante: \_\_\_\_\_

*“A continuación tengo algunas preguntas acerca de su consumo de frutas y verduras.”*

- P15. Con respecto a su nutrición . . . ¿Cuántas porciones en **total** de frutas y/o verduras comió usted ayer? Una porción es más o menos igual a una manzana de tamaño mediano, un puñado de brócoli, o una taza de zanahorias.

(ENTREVISTADOR(A): NO LEA LAS OPCIONES EN VOZ ALTA.)

- |       |         |       |   |
|-------|---------|-------|---|
| _____ | Ninguna | _____ | 6   |
| _____ | 1       | _____ | 7   |
| _____ | 2       | _____ | 8   |
| _____ | 3       | _____ | 9   |
| _____ | 4       | _____ | 10+ (más de 10)   |
| _____ | 5       | _____ | (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar |

- P16. La cantidad de frutas o verduras que usted comió ayer, ¿fue mucho más de lo usual, más o menos como lo usual o mucho menos de lo usual?

- |       |   |
|-------|---|
| _____ | Mucho más de lo usual                                   |
| _____ | Más o menos como lo usual                               |
| _____ | Mucho menos de lo usual                                 |
| _____ | (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar |

- P17. Si compara con el año pasado, ¿diría que está comiendo más, menos o la misma cantidad de frutas y verduras?

- |       |   |       |       |       |       |
|-------|---|-------|-------|-------|-------|
| _____ | Más   | _____ | Menos | _____ | Igual |
| _____ | (RESP. VOLUNTARIA) No está seguro(a)/No quiso contestar |       |       |       |       |

- P18. Le voy a leer ahora varias afirmaciones de personas acerca de la situación alimenticia en sus casas. Dígame por favor si cada afirmación ha sido generalmente cierta, a veces cierta, o nunca cierta en su casa **en los 12 meses pasados**, esto es desde (MES ACTUAL Y AÑO PASADO).

*“En mi casa, nos preocupaba pensar que los alimentos se terminarían antes de que tengamos dinero para comprar más alimentos.”*

- |       |                     |       |                |       |              |
|-------|---------------------|-------|----------------|-------|--------------|
| _____ | Generalmente Cierto | _____ | A veces Cierto | _____ | Nunca Cierto |
|-------|---------------------|-------|----------------|-------|--------------|

*“Los alimentos que compramos no nos alcanzaron y no tuvimos dinero para comprar más alimentos.”*

- |       |                     |       |                |       |              |
|-------|---------------------|-------|----------------|-------|--------------|
| _____ | Generalmente Cierto | _____ | A veces Cierto | _____ | Nunca Cierto |
|-------|---------------------|-------|----------------|-------|--------------|

*“No pudimos gastar en alimentos para comer una dieta balanceada”*

- |       |                     |       |                |       |              |
|-------|---------------------|-------|----------------|-------|--------------|
| _____ | Generalmente Cierto | _____ | A veces Cierto | _____ | Nunca Cierto |
|-------|---------------------|-------|----------------|-------|--------------|

Identificación del/de la participante: \_\_\_\_\_

*“Y para terminar, tengo unas cuantas preguntas solamente para propósitos estadísticos.”*

P19. ¿Cuántos años tiene? \_\_\_\_\_ Años  
\_\_\_\_\_ (RESP. VOLUNTARIA) No sé/No está seguro(a)  
\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar

P20. ¿Es usted masculino o femenino? \_\_\_\_\_ Masculino  
\_\_\_\_\_ Femenino  
\_\_\_\_\_ (RESP. VOLUNTARIA) No sé/No está seguro(a)  
\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar

P21. ¿Es usted hispano(a) o latino(a)?  
\_\_\_\_\_ Sí  
\_\_\_\_\_ No  
\_\_\_\_\_ (RESP. VOLUNTARIA) No sé/No está seguro(a)  
\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar

[SI HISPANO, LEA: Algunas personas, además de ser hispanas, se consideran miembros de un grupo racial.]

P22. ¿Qué es su raza? Le voy a leer cinco opciones; por favor elija una o más de las opciones. (ENTREVISTADOR(A): LEA LAS OPCIONES; RESPUESTAS MULTIPLES.)

\_\_\_\_\_ Blanco  
\_\_\_\_\_ Negro o Africano Americano  
\_\_\_\_\_ Asiático  
\_\_\_\_\_ Originario de Hawai u otras islas del Pacífico  
\_\_\_\_\_ Indígena americano u originario de Alaska  
\_\_\_\_\_ (RESP. VOLUNTARIA) No sé/No está seguro(a)  
\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar  
\_\_\_\_\_ (RESP. VOLUNTARIA) Otra raza \_\_\_\_\_

P23. Incluyéndose usted, ¿cuántas personas viven en su casa?  
\_\_\_\_\_ Número total de personas  
\_\_\_\_\_ (RESP. VOLUNTARIA) No sé/No está seguro(a)  
\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar

P24. ¿Cuántos niños menores de 18 años viven en su casa?  
\_\_\_\_\_ Número de niños  
\_\_\_\_\_ (RESP. VOLUNTARIA) No sé/No está seguro(a)  
\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar

Identificación del/de la participante: \_\_\_\_\_

P25 La pregunta siguiente es acerca de los ingresos totales en su casa. Con esto queremos decir todos los ingresos incluyendo los de cada persona que vive en la casa, incluso compañeros de cuarto o personas que reciben ingresos por estar impedidas. El ingreso anual total de su casa es:

02 Menos de (100-199%) IF "NO," ASK 05; IF "YES," ASK 01

01 Menos de (<100%) IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)

05 Menos de (400-499%) IF "NO," ASK 06 (500-599%); IF "YES," ASK 04 (300-399%)

06 Menos de (500-599%) IF "NO," CODE 07 (>600%); IF "YES," CODE 06 (500-599%)

04 Menos de (300-399%) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)  
07 (>600%)

03 Menos de (200-299%) IF "NO," CODE 04; IF "YES," CODE 03

77 NO SÉ/NO ESTÁ SEGURO(A)

99 NO QUISO CONTESTAR

**PREGUNTE SI 77 O 99**

P ¿Podría decirme si su ingreso anual total es menos de \$PVTYLVL?

1 SÍ

2 NO

7 NO SÉ/NO ESTÁ SEGURO(A)

9 NO QUISO CONTESTAR

P26. Por favor indique en cuáles de los siguientes programas participa usted o alguien en su casa *actualmente*.

(ENTREVISTADOR(A): LEA LA LISTA Y MARQUE TODAS LAS RESPUESTAS.)

\_\_\_\_\_ Cupones de alimentos (conocidos como SNAP o beneficios EBT)

\_\_\_\_\_ WIC

\_\_\_\_\_ WIC Programa de nutrición del mercado agrícola (FMNP, siglas en inglés)

\_\_\_\_\_ Programa de nutrición del mercado agrícola para personas mayores (SFMNP, siglas en inglés)

\_\_\_\_\_ Ninguno de los anteriores

\_\_\_\_\_ (RESP. VOLUNTARIA) No sé/No está seguro(a)

\_\_\_\_\_ (RESP. VOLUNTARIA) No quiso contestar

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**[AGRADEZCA AL/A LA PARTICIPANTE POR COMPLETAR LA ENCUESTA.]**

***Health Bucks Evaluation  
Farmers' Market Observation Form***

**TWO-PAGE FARMERS' MARKET OBSERVATIONAL ASSESSMENT FORM**

**I. BACKGROUND INFORMATION:**

<b>1. Name/ID of Market:</b> _____	<b>5. Weather condition at time of observation (check all that apply):</b> <input type="checkbox"/> typical sunny/cloudy <input type="checkbox"/> very cold <input type="checkbox"/> very hot <input type="checkbox"/> rain/stormy <input type="checkbox"/> very windy
<b>2. Name:</b> _____	
<b>3. Observation Time:</b> _____ am / pm	
<b>4. Visit Date:</b> _____	

**II. BUILDING/PHYSICAL SPACE ASSESSMENT:**

<b>A. Physical Structure of Farmers' Market (check all that apply)</b>	<input checked="" type="checkbox"/>	<b>B. Market Location/Environment (check at that apply)</b>	<input checked="" type="checkbox"/>
1. Freestanding building containing only the market		1. Primarily residential area	
2. Freestanding building containing the market & other retail stores		2. Primarily commercial area	
3. Vendors under tents or other temporary space		3. Produce/wares are easily visible	
4. Mobile vehicle, such as a truck or cart		4. Vendor booths are easily accessible	
5. Other (specify): _____		5. Market manager booth is easily accessible	

**III. COMMUNITY/NEIGHBORHOOD ASSESSMENT:**

<b>A. Indicate whether each of the following are visible from the Farmers' Market.</b>	<b>Visible</b>	<b>Not Visible</b>
1. Supermarket, bodega, or other food retail store		
2. Other Farmers' Market		
3. Restaurant or fast food outlets		
4. Park or other natural area		
5. Sidewalks		
6. Public Transportation sites		
7. Parking Lots		
8. Bike racks		

**IV. ASSESSMENT OF NUTRITION ENVIRONMENT / VENDOR STALLS:**

<b>A. Variety of Fruits &amp; Vegetables Available (in entire market)</b>			
1. Fresh fruits:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20 <input type="checkbox"/> 21+
2. Fresh vegetables:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20 <input type="checkbox"/> 21+
<b>B1. Farmers' Market Size &amp; Volume</b>		<b>(Record Tick Marks)</b>	<b>(Total #)</b>
1. # of vendors/booths at the Market (at time of visit)			
2. # of vendor/booths that list any nutritional information			
3. # of vendor/booths that have signs stating locally grown			
4. Count # of customers at/in front of 5 vendor booths (or all booths if fewer than 5 booths total at market):			
<b>B2. Sales of Fresh Fruits and Vegetables:</b>		<b>(Record Tick Marks)</b>	<b>(Total #)</b>
<b>Record # of Vendor booths that sell:</b>			
1. Fresh fruits			
2. Fresh vegetables			
3. High sugar and/or fat foods (=candy, cookies, donuts, cupcakes, brownies, fudge, etc., NOT breads)			
<b>C. Freshness of Fruits and Vegetables at the Market:</b>			
1. % fresh fruits that are visually appealing (e.g. not bruised, not rotting):	<input type="checkbox"/> 0%	<input type="checkbox"/> 25%	<input type="checkbox"/> 50% <input type="checkbox"/>
2. % fresh vegetables that are visually appealing (e.g. not bruised, not rotting):	<input type="checkbox"/> 0%	<input type="checkbox"/> 25%	<input type="checkbox"/> 50% <input type="checkbox"/>

**TWO-PAGE FARMERS' MARKET OBSERVATIONAL ASSESSMENT FORM**

<b>D. Nutritional Education Provided at the Market:</b>		
1. Brochures/pamphlets on healthy eating	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Brochures/pamphlets advertising education/ exercise opportunities outside of the Farmers' Market	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Advertising/marketing of cooking demonstrations and/or "Classes" at the Market about healthy eating/behaviors &/or cooking	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>[IF 'YES' TO Q3, ANSWER 3a &amp; 3b BELOW:]</b>		
<b>a. How are events advertised? (MULTI):</b> <input type="checkbox"/> Signs @ manager booth <input type="checkbox"/> Signs throughout market <input type="checkbox"/> Signs @ demo location <input type="checkbox"/> Verbal announcements		<b>b. What languages are used to advertise events? (MULTI):</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
4. Did you <b>observe</b> a cooking class or demonstration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>[IF 'YES' TO Q4:]    a. Number of attendees at class/demonstration: _____</b>		

**V. ASSESSMENT OF PURCHASING PROCESS:**

<b>A. Customer Interactions</b>	
1. Where are Electronic Benefit Transfer (EBT) tokens and Health Bucks (HB) distributed? (e.g. at Manager's booth/tent, or note placement in Market, such as near the entrance, etc.) <b>DESCRIBE BELOW:</b>	
2. At the time of the observation, how many customers are waiting in line where EBT tokens/or Health Bucks are distributed? (Enter #: _____)	
3. At the time of the observation, how many <u>booths</u> have customers waiting in line to make purchases?	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
<b>B. Payments</b>	
1. How is payment transferred at the point of purchase? <b>PAYMENT IS MADE:</b>	<input type="checkbox"/> To individual vendors <input type="checkbox"/> Through centrally-located check-out lanes
2. Is there advertising about forms of payment that are accepted at the Market? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>[IF 'YES' TO Q2, answer 2a &amp; 2b:]</b>	
a. What languages are used to advertise forms of payment? (check all that apply):	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
b. Which forms of payment are accepted by the Farmers' Market (as advertised):	
<input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> Debit/credit <input type="checkbox"/> EBT <input type="checkbox"/> Coupons/Vouchers ( <i>record below</i> ) <b>[IF COUPONS]:</b> <input type="checkbox"/> HB <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Sales <input type="checkbox"/> Nutrition Program <input type="checkbox"/> Other ( <i>specify</i> ): _____	

<b>C. COMPLETE IF EBT AND/OR HEALTH BUCKS ARE ACCEPTED</b>	<b>EBT</b>	<b>Health Bucks</b>
<b>Location of Signs Advertising Acceptance: (Check all that apply)</b>		
1. Signs at individual vendor booths	<input type="checkbox"/>	<input type="checkbox"/>
2. Signs at Market Manager's booth/tent	<input type="checkbox"/>	<input type="checkbox"/>
3. Signs at central check-out lanes (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4. Signs in other locations throughout Market	<input type="checkbox"/>	<input type="checkbox"/>

**VI. CLOSE-OUT:**

<b>OTHER COMMENTS:</b>	
1. Customer traffic & flow	
2. Ease/difficulty of coupon redemption/purchasing process	
3. Any other distinguishing features of the market	

**This page is located on the NYC.gov Web site at**  
<http://home2.nyc.gov/html/doh/html/pr2010/pr055-10.shtml>

FOR IMMEDIATE RELEASE

Press Release # 055-10

Wednesday, November 17, 2010

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**Food Stamp Users Received more than \$200,000 in Coupons for Fresh Produce through the City's Health Bucks Program at Farmers' Markets this Season**

***60 New York City farmers' markets now accept Health Bucks – Up from 29 in 2006***

**November 17, 2010 –**

The Health Department and Human Resources Administration have distributed more than \$200,000 in free coupons for fresh produce over the past four months, enabling food stamp users to eat healthfully while stretching the value of their federal nutrition subsidies. The produce coupons, known as Health Bucks, increase the value of food stamp benefits by 40% when redeemed at participating farmers' markets in New York City. Whenever a customer spends \$5 in food stamp benefits at a participating market, the customer receives a \$2 Health Buck redeemable for fresh fruit and vegetables.



The City has distributed Health Bucks through 60 farmers' markets during the current season, which runs from July through mid-November. That number is up from 49 markets last year – and from 29 in 2006, the Health Bucks program's second year. The initiative targets neighborhoods where produce consumption is low and where obesity, diabetes and other diet-related illnesses are widespread.

"The Health Bucks program is one of New York City's many efforts to make everyday environments conducive to good health," said Dr. Thomas Farley, New York City Health Commissioner. "We know that fruits and vegetables are an important part of a healthy diet. By making them more accessible, programs like this can help low-income families avoid cancer, high blood pressure and stroke. We're pleased to see that other jurisdictions across the country are following our lead and implementing similar fresh produce coupon programs for their residents."

Data suggest that Health Bucks can significantly increase food stamp sales at participating farmers' markets. In an analysis of Greenmarkets – farmers' markets operated by the non-profit group GrowNYC – the Health Department found that markets accepting Health Bucks did roughly twice as much food stamp business as those not involved in the program. The 13 Greenmarkets that offered Health Bucks to their food stamp customers racked up \$166,000 in food stamp sales during the 2009 season – \$100,000 more than the 11 Greenmarkets that did not participate.

"These numbers are proof that purchasing fresh fruits and vegetables has become easier for food stamp recipients at farmers' markets throughout New York City," said HRA Commissioner Robert Doar. "This cooperative effort with the Health Department, the New York State Department of Agriculture and Markets, and community organizations throughout the city is just one of HRA's many initiatives to improve benefits for low-income New Yorkers."

While providing financial incentives, the Health Department also sponsors free cooking and healthy meal planning workshops at 15 markets dubbed "Stellar Farmers' Markets" to help consumers learn how to stretch food dollars and prepare healthy meals from seasonal produce. Supported by the United States Department of Agriculture, the Stellar Farmers' Markets reach an average of 35,000 New Yorkers during the market season. A list of markets that host workshops is available at [nyc.gov](http://nyc.gov), keyword "Stellar Farmers' Markets."

The Health Department also collaborates with local community organizations to ensure that the neediest New Yorkers benefit from the farmers' markets in their areas. At the Corona Greenmarket in Queens, the Health Department and a partner organization, Public Health Solutions, link people in the federal Women, Infants and Children program (WIC) to farmers' markets through the Farmers Market Nutrition Program.

### **About Health Bucks**

New York City's Health Bucks program started in 2005 as a pilot program in the Bronx. It expanded in 2006 to all three Health Department District Public Health Office areas – the South Bronx, East and Central Harlem, and North and Central Brooklyn – neighborhoods with high rates of poverty and chronic illness. Markets in Queens and Staten Island have also joined the initiative this year. The Health Department administers the Health Bucks program with the Human Resources Administration. the

participate in the Health Bucks program than the Human Resources Administration, the Farmers Market Federation of New York and various markets and partner organizations. For more information, or a list of participating farmers' markets, visit [nyc.gov](http://nyc.gov) and search for the keyword "Health Bucks." Most farmers' markets across the city are open from July through mid-November.

### **About the Food Stamp Program**

More than 1.7 million New York City residents participate in the federal food stamp program, known formally as the Supplemental Nutrition Assistance Program (SNAP). The City's efforts to improve access to the program include shortening the application and simplifying the application process; translating program information into various languages (Spanish, Russian, Korean, Mandarin, Haitian, Creole and Arabic); automatically enrolling recipients of Supplemental Security Income (SSI) into the program; working with community-based organizations to facilitate electronic applications; allowing employed people to apply by telephone to avoid lost work time; and allowing SSI recipients and eligible seniors to recertify by mail.

With support from the Center for Disease Control's Communities Putting Prevention to Work Program, the Health Department funded 29 farmers' markets to promote acceptance and use of food stamps. New York City and the State Department of Agriculture and Markets have been working together over the past decade to increase the number of farmers' markets with electronic benefit terminals to accept food stamps. In 2006, only 15 of the 29 farmers' markets accepting Health Bucks had electronic benefit terminals. This farmers' market season, 60 farmers' markets both accept Health Bucks and accept food stamps electronically. With the support of the City Council, Greenmarket has also expanded the ability of their markets to accept food stamps. This year, 40 of the 51 Greenmarkets in the city have terminals to perform electronic food stamp transactions.

### **[Farmers' Markets Participating in the Health Bucks Program, 2010 \(PDF\)](#)**

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# New York City Health Bucks Program Evaluation



## Background

### What are farmers' markets?

Farmers' markets are recurring gatherings of farmers selling their food products, including fruits and vegetables, directly to consumers. They provide a direct connection between consumers and the people who grow their food. Farmers' markets are one way to increase access to fruits and vegetables.

### How are incentives used at farmers' markets?

Food and nutrition assistance programs, such as SNAP (Supplemental Nutrition Assistance Program), Women, Infants, and Children Nutrition Program (WIC), Senior Farmers' Market Nutrition Program (SFMNP), and the WIC Farmers' Market Nutrition Program (FMNP), have begun to extend benefits to include farmers' market purchases for fruits and vegetables through the use of coupons or electronic benefit transfer (EBT) debit cards. Farmers' market coupons allow low-income families and families living in underserved communities to overcome the barriers of cost and availability of fresh fruits and vegetables.

### What is the New York City Health Bucks program?

The Health Bucks program was developed by the New York City Department of Health and Mental Hygiene. Health Bucks are \$2 coupons good for purchasing fresh fruits and vegetables at local farmers' markets in underserved neighborhoods. As an added incentive for SNAP participants, individuals using their EBT card at participating farmers' markets receive one \$2 Health Buck for every \$5 spent.



### How do we know this program works?

CDC has contracted with Abt Associates, Inc. to conduct an evaluation of the NYC Health Bucks program. Evaluation results will be available by fall 2011.

### How can I do this in my own state or community?

The Center of Excellence for Training and Research Translation (Center TRT) has collected and posted on their Web site a variety of materials to help replicate this program in your own state or community. The main components for replicating the program include—

- Identifying which markets can participate in the program based on need and interest.
- Determining how incentives will be distributed (e.g., at point of purchase, as an incentive for EBT, by community sites, etc.).
- Developing a tracking system by which coupons can be tracked and their use monitored.
- Determining how coupons will be redeemed by farmers.
- Developing a mechanism to reimburse farmers for coupons redeemed.
- Developing a mechanism to promote the incentive to ensure high use and redemption rates.

The Center TRT Web site also describes the resources required to conduct this type of program and the keys to doing it successfully. Go to [www.center-trt.org](http://www.center-trt.org) and look for Health Bucks under Emerging Interventions.

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**Evaluation results and evaluation toolkit coming in fall 2011!**

National Center for Chronic Disease Prevention and Health Promotion  
Division of Nutrition, Physical Activity, & Obesity

