**Wisconsin EBT at Farmers’ Market Evaluation Project – Customer Survey**

UW-Extension and Wisconsin Department of Health Services have partnered to create statewide evaluation tools to evaluate electronic benefits transfer (EBT) at farmers’ market programs. Primary points of contact for this effort are: Amber Canto (UW-Extension) and Kelli Stader (DHS).

Evaluation of EBT programs across the state will be accomplished by surveys to the following audiences: consumers/users of EBT programs, farmers’ market vendors, and farmers’ market managers.

The guiding evaluation questions for the customer survey are:

* What are EBT user motivations for shopping at the farmers’ market?
* How are EBT user shopping experiences at the farmers’ market characterized?
* How does the presence of the EBT at the farmers’ market influence consumer shopping behavior?
* How does the presence of an incentive program influence consumer shopping?
* From the consumer perspective, how could the incentive program be improved?
* How did the consumer learn about the EBT program?

The use of these tools is being promoted through UW-Extension and local Departments of Public Health, but is available to all farmers’ markets and community partners in Wisconsin. Suggested protocol for implementing the questionnaires follows.

**Please help us develop a statewide story for use of EBT programs at farmers’ markets. We would appreciate you informing** [**Amber Canto**](mailto:mailto:%20amber.canto@ces.uwex.edu) **and** [**Kelli Stader**](mailto:mailto:%20kelli.stader@dhs.wisconsin.gov) **of your intent to use this tool so that we can be sure to take your efforts into consideration.**

**Customer Survey Audience**

* FoodShare EBT users only OR
* All Foodshare EBT, Credit and Debit users if all forms of payment are administered at one terminal (Note: this is in an effort to reduce stigma associated with FoodShare EBT use).

Collect only one survey from each farmers’ market user. All users should minimally give oral consent to completion of the EBT customer/consumer survey.

**Survey Administration**

County UW-Extension and local Public Health Departments should work collaboratively and in conjunction with local farmers’ markets to implement this survey. Clear communication amongst all market partners will be essential to ensure survey data collection is not duplicative. Be sure to contact your market manager and request permission to collect surveys. Let them know the day and times you plan to administer the survey.

Every market will receive a unique identifier code. This code should be entered into every completed survey to assist with coding and analyzing data. Please email [**Amber Canto**](mailto:mailto:%20amber.canto@ces.uwex.edu)and[**Kelli Stader**](mailto:mailto:%20kelli.stader@dhs.wisconsin.gov)to receive an identifier code for your markets.

Survey’s should be administered in-person and read out-loud to all survey respondents. Respondents may choose to complete the survey on their own (versus having it read out loud). The use of multilingual survey administrators, including volunteers will assist you in reaching the greatest diversity of survey respondents. We are in the process of translating survey to Spanish and possibly Hmong.

The use of electronic devices (WIFI hotspots and tablets) is highly encouraged. If planning to collect data using an electronic device, please inform [**Amber Canto**](mailto:mailto:%20amber.canto@ces.uwex.edu) **and** [**Kelli Stader**](mailto:mailto:%20kelli.stader@dhs.wisconsin.gov)so that we can create a unique survey link for you. If electronic entry is not possible, paper survey responses should be entered individually into the [online survey](https://uwex.qualtrics.com/SE/?SID=SV_cNsHfHQjv04LRLn).

**Suggested Survey Timeframe**

Implementing the survey during the timeframe outlined below will allow for consistency across sites when collecting responses for a state story.

The survey should be completed annually between August 1 to September 30 for summer markets and January 1 and February 28 for winter markets. The survey may be administered multiple times at each market to reach the desired sample size. Paper survey responses should be entered into the [online survey](https://uwex.qualtrics.com/SE/?SID=SV_cNsHfHQjv04LRLn) no later than November 1 for summer market data and April 1 for winter market data.

|  |  |  |
| --- | --- | --- |
| **Market Season** | **Collection Dates** | **Data Entry Deadline** |
| Summer | August 1 to September 30 | November 1 |
| Winter | January 1 – February 28 | April 1 |

**Revisions to Survey**

You may choose to revise the survey language to appropriately capture local program names and references to EBT (i.e. use of ‘QuestCard’ versus ‘FoodShare’ versus ‘EBT’) or incentive program names, if applicable. Please adjust the survey language as appropriate prior to distributing the survey (terminology to be revised is italicized in brackets on the survey). Make note of revisions used.

There are four questions specific to incentive programs (highlighted in yellow). Only ask those questions if the farmers’ market has an incentive program. There is one question specific to markets without incentive programs (highlighted in green). Only ask that question if the farmers’ market does not have an incentive program.

There are also two optional questions (indicated in brackets). You may choose if you would like to ask that question to collect the data for local use.

Remove any unnecessary questions from the survey prior to distributing. Also remove any italics, brackets, or highlighting to eliminate confusion for those completing the survey.

**If using an electronic device to collect survey data, inform** [**Amber Canto**](mailto:mailto:%20amber.canto@ces.uwex.edu) **and** [**Kelli Stader**](mailto:mailto:%20kelli.stader@dhs.wisconsin.gov) **of your desired changes to the survey language, and inclusion/omission of certain questions. A unique survey will be created for you.**

**Requests for Survey Data**

Survey data for specific markets may be requested from the state. Individual market codes will be used to identify survey responses pertaining to your market(s) of interest. In some cases where there is a very small number of responses, surveys data will be aggregated with responses from consumers from nearby/regional markets.

**Human Subjects Review**

UW-Extension educators administering this survey should seek Human Subjects approval. More information can be found at <http://www.uwex.edu/secretary/human-subjects.html>

**Script for Introducing Customer Survey**

Good morning/afternoon! My name is [YOUR NAME] and I work/volunteer for [LOCAL ORGANIZATION/AGENCY NAME]. We are interested in learning more about customer experiences shopping at the farmers’ market. This information is being collected from farmers’ market customers like you across the state of Wisconsin. Our hope is that the information we learn from these surveys will help us improve the operation of programs like [LOCAL EBT PROGRAM NAME] across the state.

Do you have a few minutes to tell us more about your shopping experiences at the farmers’ market?

→ If no, thank you for your time. Have a great day.

→ If yes, thank you very much. This survey will only take a few minutes of your time. You should know that your participation in this survey is entirely voluntary and you may choose to not answer any question. Your responses to the survey will be anonymous and kept confidential.

**Farmers’ Market Customer Survey**

1. **How important are the following reasons in your decision to come to this farmers’ market?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very important** | **Important** | **Not at all important** |
| To buy fresh produce |  |  |  |
| To buy local produce |  |  |  |
| To buy local meat/eggs/dairy |  |  |  |
| To support local farmers/businesses |  |  |  |
| To take part in the community |  |  |  |
| It is convenient for me to shop here |  |  |  |
| To participate in other activities/events at the market |  |  |  |
| Accepts [*EBT*] / farmers’ market vouchers |  |  |  |
| Because of [*Name of incentive program*] |  |  |  |
| Other (please specify): |  |  |  |

1. **How often do you usually shop at this market when it is open?**

a) I only plan to shop at the market this time

b) Less than 1 time per month

c) 1-2 times per month

d) More than 3 times per month

1. **Which items do you typically buy at the farmers’ market? (Choose all that apply.)**

a) Fruits and vegetables

b) Meat/Eggs

c) Bread products/Bakery

d) Dairy

e) Processed foods (jams/pickles)

f) Food-producing plants

g) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What forms of payment do you use at the farmers’ market? (Choose all that apply.)**

a) Cash

b) Debit or credit

c) [*EBT*]

d) WIC Farmers Market Nutrition Program vouchers

e) Senior Farmers Market Nutrition Program vouchers

f) [*Name of incentive program*] tokens/vouchers

g) Other form of payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you do not use [EBT] to make purchases at the farmers’ market, please skip to question 16. Thank you!***

1. **If you were not able to use [*EBT*] at this market, would you shop at the farmers’ market?**

Yes

Yes, but not as often

No

1. **Do you plan to use [*EBT*] at the farmers’ market again to buy food for your family?**

Yes

No

I don’t know

1. **By using [*EBT*] at the farmers’ market, (my family) and I: (Choose all that apply.)**

a) Eat more fruits and vegetables

b) Will try (or have tried) at least one new fruit or vegetable

c) Save money on fruits and vegetables

d) Find it easier to purchase fruits and vegetables

e) Feel included in the community because we can purchase at the market

1. **How did you learn that this farmers' market accepts [*EBT*]?**
2. **How easy was it for you to use [*EBT*] at this farmers' market?**

Very easy

Somewhat easy

Somewhat difficult

Very difficult

1. **What would make it easier to use [*EBT*] at this farmers’ market?**
2. **If this market offered incentives to purchase fruits and vegetables (e.g., you would receive $2 extra for every $5 of FoodShare benefits you spend), would you be more or less likely to shop at**

**the farmers’ market again?**

More likely

Less likely

No difference

1. **How did you learn about the [*Name of incentive program*]?**
2. **How easy was it for you to use the [*Name of incentive program*] at this farmers' market?**

Very easy

Somewhat easy

Somewhat difficult

Very difficult

1. How important is **[*Name of incentive program]* in your decision to spend your [[*EBT*] or farmers’ market vouchers] at this farmers’ market instead of elsewhere?**

Very important – I wouldn’t have come without them

Important

Not at all important – I would have come without them

1. **[*Optional question*]**

**How could this farmers’ market be improved?**

1. **General comments**

**Demographics (optional to answer)**

1. **Ethnicity: (Choose one.)**

Hispanic or Latino

Not Hispanic or Latino

1. **Race: (Choose all that apply.)**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

1. **[*Optional question*] What is your zip code?**