

Healthy Hampshire Food Access Assessment Report Appendices

Appendix I: Methodology

Rapid Intercept Survey

Healthy Hampshire administered a rapid intercept survey between November of 2016 and January of 2017 to target populations, including low socioeconomic status (SES) residents, seniors, and rural residents (See Appendix II for survey questions). Surveys were conducted door-to-door at affordable housing complexes, at food pantries, to beneficiaries of Council on Aging programs, at community engagement events in the Hilltowns, and to participants in small retailer and farmers market audits.

241 respondents completed the survey. Since populations that were more likely to be food insecure were targeted, respondent characteristics were highly skewed compared to the population of Hampshire county. Respondents were 63% more likely to be age 56 or older, 28% more likely to be female, 10% less likely to be white, 85% more likely to be Hispanic or Latino, 79% more likely to be receiving SNAP (food stamps), and 62% more likely to have a household income of less than \$25,000 than Hampshire County residents, overall. Table 1 shows a comparison of the demographics of the survey population to the overall population of Hampshire County.

TABLE 1: Selected Demographics of Survey Respondents compared to Hampshire County¹

Category	% Survey Respondents	% Hampshire County
Amherst Residency	13.1	23.9
Belchertown Residency	3.8	9.3
Northampton Residency	44.1	18.1
Williamsburg Residency	13.1	1.6
Hilltown Residency ²	24.6	4.8
Age: 56+	74.2	27.5
Gender: Female	73.4	53.2
Marital Status: Married	39.0	39.6
Race: White	80.0	88.7
Race: Black or African American	10.5	2.5
Race: American Indian or Alaska Native	1.1	0.2
Race: Asian	2.1	4.5
Race: Other	6.8	1.5
Hispanic or Latino	27.0	4.7

¹ All estimates based on the 2015 American Community Survey

² Includes: Chesterfield, Cummington, Goshen, Huntington, Middlefield, Plainfield, and Worthington

Children in Household	31.5	24.5
Receiving SNAP benefits	45.1	9.7
Income: Under \$25,000	54.8	21.1
Food insecure: comparison variable 1 ³	42.2	14.1 (% U.S.)
Food insecure: comparison variable 2 ⁴	27.1	7.8 (% U.S.)

The goal of the survey was to determine the shape and scope of food insecurity among target populations. In other words, Healthy Hampshire wanted to determine the level of food insecurity among the populations targeted for survey responses (low-SES, seniors, rural), as well as some of the causes and consequences of food insecurity.

There were two questions on the survey that mirrored questions in the Current Population Survey (CPS) Food Security Supplement, which is a national survey conducted by the U.S. Census Bureau annually. The most recent data available from the supplement is from 2015, and the questions asked about whether the respondents had run out of food in any given month (Food Insecurity Comparison Variable 1) or had skipped or cut the size of meals because there wasn't enough money for food (Food Insecurity Comparison Variable 2). Respondents to the intercept survey were 67% more likely to indicate that they were food insecure based on Comparison Variable 1 and 71% more likely to indicate that they were food insecure based on Comparison Variable 2 than the respondents to the Current Population Survey Food Security Supplement.

In order to interpret the results from the survey, a food insecurity variable was constructed with scores ranging from 0 to 7. Points on the scale were allocated based on the following questions:

- Are you usually able to get the food that you want to eat? (yes = 0 points; no = 1 point)
- In the past year, was the following statement ever true for you? "The food that I bought just didn't last, and I didn't have money to get more." (never true = 0 points; sometimes true = 1 point; often true = 2 points)
- In the last 12 months did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? (no = 0 points; yes = 1 point)
 - How often did this happen? (never = 0 points; only 1 or 2 months = 1 point; some months but not every month = 2 points; almost every month = 3 points)

People with a score of at least 1 point are considered food insecure. Based on this scale, 50% of respondents reported some level of food insecurity.

Small Market Site Assessments

Healthy Hampshire staff developed a site assessment tool for small markets (see Appendix III) to determine the physical condition, inventory, and services provided by the store. This protocol was adapted from a tool provided by Healthy Hampshire's healthy retail technical assistance provider, Urbane Development.

Site assessments were conducted in six small food retail outlets:

- Amherst Market, Amherst

³ Percent affirming that the "Food they bought just didn't last and they didn't have money to buy more" (compared here to U.S., rather than Hampshire County, based on USDA ERS 2015 data: <https://www.ers.usda.gov/webdocs/publications/ap072/ap-072.pdf?v=42622>)

⁴ Percent affirming that "Adults in the household cut the size of meals or skipped meals because their wasn't enough money for food" (compared here to U.S., rather than Hampshire County, based on USDA ERS 2015 data: <https://www.ers.usda.gov/webdocs/publications/ap072/ap-072.pdf?v=42622>)

- Bird's Store, Florence
- Corners Grocery & Café, Worthington
- Moltenbrey's Market, Huntington
- Sandri, Northampton
- Williamsburg Market, Williamsburg

These stores were selected based on their locations and interest from community partners in assisting these stores to stock and promote more healthy foods.

Small Market Owner/Manager Interviews

Healthy Hampshire staff developed a interview tool for small market owners and managers (see Appendix IV), adapted from a protocol developed by Urbane Development. This tool was designed to find out more about the store's background, operations, products, customer base, challenges, and opportunities. The interviews were conducted in the same six stores as the site assessments, listed above. In the four stores (Amherst Market, Bird's Store⁵, Moltenbrey's Market, and Williamsburg Market) in which where the owner worked in the store, the owners were interviewed. At Corners Grocery and Cafe and Sandri, where the owners did not work on site, the store managers were interviewed.

Large Grocer Research and Interviews

Healthy Hampshire staff, in partnership with similar programs in Franklin County and Springfield, conducted background research on wellness initiatives at Big Y, one of the area's two large grocery chains. Big Y was chosen as a large retailer to explore because it is locally owned by a western Massachusetts family, and Healthy Hampshire staff had existing connections with staff at Big Y Corporate Headquarters. Healthy Hampshire staff conducted online background research and interviewed staff concerning Big Y's "Living Well Eating Smart" (LWES) health and wellness initiative. They also found that the other big grocery chain in the region, Stop and Shop, offered similar programs.

Small Market Audits

In order to get in-depth information about the shape and scope of demand for healthy food in small retailers, Healthy Hampshire brought together groups of seniors to assess the ability of local small retailers to meet their needs for healthy foods through "Small Retailer Audits." These audits were conducted in Huntington and Williamsburg, as an attempt to determine how well small markets in these communities are meeting the needs of a growing senior population with limited geographic access to healthy food.

Hilltown residents are particularly reliant on local small markets (the food access survey described above showed that nearly one-quarter of Hilltown survey respondents shop at a small independent grocer at least twice a month, compared to only 2% of Valley survey respondents), making it particularly important that people can easily access healthy food at these markets.

The audits consisted of the following components:

- A presentation about food security and the role retailers can play in promoting food security
- A walk to a local small market at which participants used an audit tool (see Appendix V) to assess the market's success in meeting their demands for healthy food.

⁵ The interview with the owner of Bird's store was incomplete because he was less interested in answering the questions on the tool than in talking about his distribution challenges.

- A focus group that included questions about overall perceptions of the level of food security in the participants' communities, as well as the success of the store in supporting food security (see Appendix VI)

The audit of Moltenbrey's Market had six participants, and the audit of Williamsburg Market had 10 participants. Participants in both audits were primarily individuals over the age of 60. Participants were offered a voucher to purchase items at the market they audited.

Food Pantry Director Interviews

Healthy Hampshire interviewed three food pantry directors using an Infrastructure and Systems Assessment Tool (see Appendix VII), adapted from a tool provided by the MA Department of Public Health. The goal of the assessment was to learn about the general operations, challenges, and opportunities for the pantries.

The pantries assessed were:

- The Hilltown Food Pantry, Goshen
- The First Baptist Church of Amherst Food Pantry, Amherst
- The Helping Hands Food Pantry at the Belchertown United Church of Christ, Belchertown

The Hilltown Food Pantry is a satellite location of the Northampton Survival Center (NSC), and therefore benefits from some of the NSC's funding and distribution infrastructure. It is also the only pantry assessed that has a paid director. The other two pantries are housed in churches and are staffed and coordinated entirely by volunteers, although each has some funding to purchase product.

Farmers Market Customer Intercept Surveys

Healthy Hampshire used customer intercept surveys to assess the experience of low-income consumers who visit the farmers market. Customer intercept surveys (see Appendix VIII) were administered to customers using the SNAP & Save program at four farmers markets. A total of 17 individuals responded to the survey, and 8 of those respondents answered a series of optional interview questions (see Appendix IV) following the survey:

- Amherst Farmers Market- 1 response
- Florence Farmers Market- 2 responses
- Northampton Saturday Farmers Market- 7 responses
- Northampton Tuesday Farmers Market- 7 responses

Farmers Market Audits

In order to assess Hispanic/Latinos' experience of farmers markets, Healthy Hampshire conducted two farmers market audits with groups of Latinos brought together by staff at Casa Latina. The audit of the Florence Farmers Market had 7 participants, and the audit of the Amherst Farmers Market had 9 participants. Each participant was given a voucher to spend on whatever they wanted at the farmers market.

The audits consisted of the following components:

- A presentation about food security and the role retailers can play in promoting food security
- A walk to a local farmers market where participants used an audit tool to assess the market's success in meeting their demands for healthy food (see Appendix X).
- A focus group that included questions about overall perceptions of the level of food security in the participants' communities, as well as the success of the farmers market in supporting food security (see Appendix XI for focus group questions)

The presentation and focus group portions of the audit were conducted in Spanish by Lillian Torres, Executive Director of Casa Latina.

Harvard School of Public Health Cafeteria and Vending Assessment

Harvard School of Public Health conducted a rigorous inventory of all beverages and packaged foods in Cooley Dickinson Hospital's cafeteria and vending machines. In the vending machines, they identified quantities and percentages of the overall inventory for each of the following:

- Beverages (except milk or juice) with >1 g sugar per oz
- Beverages with artificial sweeteners
- Beverages (except milk or juice) with <0.5 g sugar per oz
- Snacks with >200 mg sodium per package
- Snacks with <200 mg sodium per package

In the cafeteria, they identified quantities and percentages of the overall inventory for each of the following:

- Whole or flavored skim/1% milk with >25g sugar per 8 oz
- Beverages with artificial sweeteners
- Beverages (except milk or juice) with <0.5 g sugar per oz
- Pre-packaged foods with >200 mg sodium per package
- Pre-packaged foods with <200 mg sodium per package

Appendix II: Rapid Intercept Survey Questions

1) Do you shop for or otherwise get food for your household? In this case, a household is defined as a single person getting food for themselves or a group of people who live together and share food on a regular basis.

☐ Yes ☐ No ☐ Sometimes

2) Zip code of primary residence _____

3) Over the last year, where did members of your household buy food the most often? Please name specific sources—

Big Y, Costco, Amherst Farmers Market, Crimson & Clover CSA, etc.—and list the town where each source is located.

Source:

Town/City:

4) In the past 12 months, how often have you or someone in your household used each of the following sources to get food?

	Never	A few times per year	Once every month or two	Once every two weeks	Once per week or more
Superstore, Wholesaler, or Grocery Store (e.g., Big Y, Wal-Mart, Costco, Aldi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Independent Grocer (e.g. State Street Fruit Store, Williamsburg Market)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partial Market (e.g., Walgreens, Dollar Store)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International Grocer (e.g. Asian market, Latino grocer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty Grocer (e.g., River Valley Market, Trader Joe's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discount Store (e.g., Deals and Steals, Big Lots)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience Store, Carryout, or Corner Store (e.g., gas station, general store)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast Food Restaurant (i.e., has many locations and, often, a drive-through window)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sit-in Restaurant (i.e., has wait staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Free Meal (e.g., Senior Center, church meal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHEN IN SEASON: Farmers' Market or Produce Stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHEN IN SEASON: Community Supported Agriculture (CSA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHEN IN SEASON: Personal, Community, or School Garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Over the last year, how often did you use the following types of transportation to get food?

	Never	Some of the time	Most of the time	All of the time
My Own Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a Ride with Someone I Know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxi or Ride-share Service (e.g. Uber)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Van	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-demand Transportation (e.g. Dial-a-Ride)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) Are you usually able to get the food that you want to eat? ☐ Yes ☐ No

7) If you answered "no" to number 6, what types of food would you like to get but can't?

8) If you answered "no" to number 6, what prevents you from getting the food you want to eat? Please check all that apply.

- ☐ Price
- ☐ Lack of transportation
- ☐ Don't know where to find it
- ☐ Travel time
- ☐ Personal safety

- ☐ Not available where I regularly shop
- ☐ Lack of free time
- ☐ Lack of cooking equipment
- ☐ Other: _____

9) Is the following statement often true, sometimes true, or never true for you/your household in the last 12 months?
"The food that I/we bought just didn't last, and I didn't have money to get more."

- ☐ Often true ☐ Sometimes true ☐ Never true

10) In the last 12 months did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? ☐ Yes ☐ No

11) If you answered "yes" to number 10, how often did this happen in the last 12 months?

- ☐ Almost every month ☐ Some months, but not every month ☐ Only one or two months

12) Please rate how important the following are in your decisions about what food to buy.

	Not At All Important	Slightly Important	Important	Very Important
Taste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nutritional Value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locally Grown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organically Grown or Grown Without the Use of Pesticides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13) What, if any, specific foods, ingredients, or nutrients do you avoid for health reasons?

To give us an idea of who we are reaching with this survey, please provide some information about you:

14) Age:

- ☐ Under 18
☐ 18-25
☐ 26-35
☐ 36-45

- ☐ 46-55
☐ 56-65
☐ 66-75
☐ Over 75

15) Gender: ☐ Male ☐ Female ☐ Other _____

16) Marital status: ☐ Married ☐ Single ☐ Other _____

17) Race (please check all that apply):

- ☐ White
☐ Black or African-American
☐ Asian

- ☐ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander
☐ Other _____

18) Are you Hispanic or Latino? ☐ Yes ☐ No

19) Including yourself, how many adults (age 18+) live in your household and share food on a regular basis? _____

20) How many children (under age 18) live in your household? _____

21) Please check any of the following benefits you have received in the past 12 months:

- ☐ SNAP benefits ☐ WIC benefits

22) What income bracket best describes your household income before taxes?

- ☐ Under \$25,000/year ☐ \$75,000 - \$100,000/year
☐ \$25,000 - \$49,999/year ☐ Over \$100,000/year
☐ \$50,000 - \$74,999/year

Appendix III: Small Retailer Site Assessment Protocol

Date _____
Interviewer _____
Store Name _____
Time In: _____ Time Out: _____

Section 1

1. Please draw the store layout (indicate aisles, entrance, register, refrigeration/equipment, and storage/loading/back office area). Please specify departments or store sections by type (e.g., produce, meat, dairy, etc). Please specify approximate square footage when possible.

2. Please describe and rate the store on its **exterior** condition:

Characteristic	Rate	Comment/Describe
Overall store condition (outside)	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of windows	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of walls	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Lighting	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Outdoor condition and appearance (exterior walls, sidewalk/parking lot, garbage disposal, etc.)	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Window displays (Attractive? Unobstructed?)	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Business name sign(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Open sign?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parking clearly designated for store patrons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other comments on store's **exterior** condition:

3. Please describe and rate the store on its **interior** condition:

Characteristic	Rate	Comment/Describe
Overall store condition (inside)	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Cleanliness inside (floors, window, walls, equipment)	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of ceiling	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of windows	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of walls	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Condition of floors	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Lighting	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Pricing on products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other comments on store's **interior** condition:

4. Please indicate the services the store provides:

Service	Yes/No	Comment/Describe
Accepts EBT (food stamps)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accepts WIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accepts credit/debit cards? (is there a sign?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a kitchen or deli space?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sells hot food (i.e. fried chicken) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sells alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sells cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Has an ATM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sells primarily non-food items? (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lottery sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the merchandise well-organized? (e.g., by department)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check cashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of registers		

Other comments on store's **services**:

5. Please indicate the number, size, and type of contents of the refrigeration units.

Units	Approximate size	Primary Contents	Comments (ie. age, condition, warranty, leased/owned)
<i>Example: Hussmann Glass Door Refrigerator (2 Doors)</i>	<i>5 ft x 2ft x 3ft</i>	<i>Bottled Water, Juices, Soft Drinks</i>	<i>Makes rattling noise</i>

6. Other observation regarding store's building condition, equipment and services?

Section 2

A. Environmental observation

1. Description of the types of buildings near to the store:

- ☐ Fast Food Vendors
 ☐ Supermarkets
 ☐ Residential
 ☐ Schools
 ☐ Public Parks/Playgrounds
 ☐ Higher education facilities
 ☐ Easy Access to Public Transportation (Subway, Bus)
 ☐ Healthcare Centers
 ☐ Housing projects
2. Other Bodegas nearby (within a one block radius)?
- ☐ YES
 ☐ NO
3. Store Location
- ☐ Corner Store
 ☐ Freestanding
 ☐ Middle Lot
4. Advertising in windows?
- ☐ Sugar Sweetened Beverages (including energy drinks)
 ☐ Lottery
 ☐ ATM
 ☐ Tobacco
 ☐ Local Hero
 ☐ Alcohol
 ☐ WIC
 ☐ Food Stamps/EBT
 ☐ Other: _____
5. Hours of Operation in window?
- ☐ YES
 ☐ NO
6. If yes, what are they? _____
7. Sales of goods outside?
- ☐ YES
 ☐ NO
8. If yes, what are they? _____
9. Exterior Wall has 1 or more holes, cracks, areas of water damage, dents, or visible leaks:
- ☐ YES
 ☐ NO

B. Store observations

10. Store Internal Dimensions (in feet) (L: / W: / H:)
11. Store Structure and Finishes
- a. Interior Wall has 1 or more holes, cracks, areas of water damage, dents, or visible leaks:
- ☐ YES
 ☐ NO
- b. Floor has 1 or more holes, cracks, areas of water damage, dents, or visible leaks:
- ☐ YES
 ☐ NO
- c. Ceiling has 1 or more holes, cracks, areas of water damage, dents, or visible leaks:
- ☐ YES
 ☐ NO
- d. Windows have 1 or more cracks or holes:
- ☐ YES
 ☐ NO
- e. Windows have 1 or more missing window panes:
- ☐ YES
 ☐ NO
- f. Other, please describe: _____
12. Ingress/Egress
- a. Number of Doors ()

- b. Location of other doors (other than the front door, e.g. back, side)

13. % of window area covered with advertisements (take picture):

- ☐ 0-25%
☐ 25-50%
☐ 50-75%
☐ 75-100%

C. Safety measures (if applicable)

14. Plexiglas around register?

- ☐ None
☐ Low

- ☐ Medium
☐ High

15. Security Cameras Noticeable?

- ☐ YES

- ☐ NO

16. Bars on the windows?

- ☐ YES

- ☐ NO

17. Gate on the front door?

- ☐ YES

- ☐ NO

18. Other security measures in place (observational):

D. Deli observation

19. Is there a deli/prepared food counter?

- ☐ Hot
☐ Cold
☐ Neither
☐ Both

20. Is there a grab-n-go counter?

- ☐ Hot
☐ Cold
☐ Neither

- ☐ Both

21. Deli menu posted?

- ☐ YES

- ☐ NO

22. Roughly how much space in the store does the prepared food counter take up?

- ☐ 0%
☐ 10-30%

- ☐ 30-50%
☐ Over 50%

23. Is there space for customers to sit and eat their food (i.e. counters or tables?)

- ☐ YES

- ☐ NO

E. Facilities

24. Number of Cash Registers

()

25. ATM Visible

- ☐ YES
 ☐ NO
26. Lottery Visible
- ☐ YES
 ☐ NO
27. Check Cashing Visible
- ☐ YES
 ☐ NO
28. Western Union Services Visibly Available
- ☐ YES
 ☐ NO
29. Number of Aisles in the Store
- a. Along the store walls ()
 b. in the center of the store ()

30. Produce- please check all that are present:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Carrots |
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Cauliflower |
| <input type="checkbox"/> Melon | <input type="checkbox"/> Celery |
| <input type="checkbox"/> Grapes | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Grapefruit | <input type="checkbox"/> Cucumber |
| <input type="checkbox"/> Kiwi | <input type="checkbox"/> Green beans |
| <input type="checkbox"/> Mango | <input type="checkbox"/> Lettuce (deep green, red) |
| <input type="checkbox"/> Oranges | <input type="checkbox"/> Lettuce (iceberg) |
| <input type="checkbox"/> Papaya | <input type="checkbox"/> Onions |
| <input type="checkbox"/> Peaches | <input type="checkbox"/> Pepper (Yellow, Green, Red) |
| <input type="checkbox"/> Pears | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Strawberries | <input type="checkbox"/> Spinach/ Kale/Collards/other greens |
| <input type="checkbox"/> Watermelon | <input type="checkbox"/> Sweet potatoes |
| <input type="checkbox"/> Plantains | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Avocado | <input type="checkbox"/> Zucchini squash |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Broccoli | |

31. Are any fruits and vegetables stored in a refrigerator?
- ☐ Yes
 ☐ No
32. Are fruits and vegetables in reach of the client (self-serve)?
- ☐ Yes
 ☐ No
33. How many varieties of canned vegetables does the store sell?
- ☐ None
 ☐ 7-10
☐ Less than 3
 ☐ More than 10
☐ 3-6
34. How many varieties of canned vegetables with no salt or sugar does the store sell?
- ☐ None
 ☐ 7-10
☐ Less than 3
 ☐ More than 10
☐ 3-6
35. How many varieties of frozen vegetables does the store sell?
- ☐ None
 ☐ 7-10
☐ Less than 3
 ☐ More than 10
☐ 3-6

36. How many varieties of frozen vegetables with no added sugar, salt or sauces does the store sell?
- ☐ None ☐ 7-10
☐ Less than 3 ☐ More than 10
☐ 3-6
37. How many varieties of canned fruit packed in JUICE OR WATER does the store sell?
- ☐ None ☐ 7-10
☐ Less than 3 ☐ More than 10
☐ 3-6
38. How many varieties of canned fruit packed in LIGHT SYRUP does the store sell?
- ☐ None ☐ 7-10
☐ Less than 3 ☐ More than 10
☐ 3-6
39. How many varieties of canned fruit packed in HEAVY SYRUP does the store sell?
- ☐ None ☐ 7-10
☐ Less than 3 ☐ More than 10
☐ 3-6
40. How many varieties of canned beans does the store sell?
- ☐ None ☐ 7-10
☐ Less than 3 ☐ More than 10
☐ 3-6
41. How many varieties of canned salmon and/or sardines does the store sell?
- ☐ None ☐ 7-10
☐ Less than 3 ☐ More than 10
☐ 3-6
42. Does the store sell healthy cereals and grains?
- ☐ No ☐ Whole-Grain Bread, Rolls or Tortillas (min of 4g fiber per serving)
☐ Whole-Grain Cereals (including non-instant oatmeal) ☐ Brown Rice
☐ Whole Wheat Pasta (min of 5g per serving)
43. Does the store sell low fat dairy?
- ☐ No ☐ Low fat cheese
☐ Skim or 1% milk ☐ Other low fat dairy
☐ Low fat yogurt
44. Does the store sell dried beans?
- ☐ YES ☐ NO
45. Price of a loaf of whole wheat bread: _____
Price of whole grain bread: _____
Price of a loaf of white bread: _____
46. Does the store sell fresh meat?
- ☐ YES ☐ NO
47. Does the store sell cold cuts?
- ☐ YES ☐ NO
48. Does the store sell ready to eat vegetables or fruits?
- ☐ YES ☐ NO
49. Snacks:
- ☐ Candy ☐ Chips

- ☐ Cookies
- ☐ Unsalted or Low-Salt Nuts/Seeds
- ☐ Unsalted or Low-Salt Pretzels

- ☐ Low-Fat and Low-Salt Popcorn
- ☐ Baked Chips
- ☐ Low-Fat and Fat-Free Yogurt

50. Beverages

- ☐ Alcohol
- ☐ Alcopop
- ☐ Juice
- ☐ Sugar-sweetened beverages
- ☐ Soda
- ☐ Diet Soda

- ☐ Water w/ natural flavorings and/or carbonation (no added sugar)
- ☐ 1% low-fat milk or non-fat milk
- ☐ 100% fruit and/or vegetable juice w/ no added sodium or sugar

51. Bottled Water

☐ YES

☐ NO

52. Household Items

- ☐ Paper goods
- ☐ Detergent
- ☐ Cleaning supplies

- ☐ Medicine
- ☐ Condoms
- ☐ Other: _____

53. Are WIC items labeled?

☐ YES

☐ NO

54. Any specialty items/service?

F. Tobacco & Alcohol

55. Tobacco Visible

☐ YES

☐ NO

56. Smokeless Tobacco Visible?

☐ YES

☐ NO

57. All tobacco products including e-cigarettes and nicotine delivery products, behind the counter?

☐ YES

☐ NO

58. Tobacco vending machines?

☐ YES

☐ NO

59. Currently in compliance with local tobacco regulations?

☐ YES

☐ NO

60. All tobacco signage required by state and locals laws or regulations clearly posted?

☐ YES

☐ NO

61. Candy located in front of tobacco wall?

☐ YES

☐ NO

62. Sale of candy products that mimic tobacco products?

☐ YES

☐ NO

63. Self-service of single-serving alcohol at checkout?

☐ YES

☐ NO

64. Self-service of spirits 8oz or under?

☐ YES

☐ NO

65. Alcohol vending machines?

☐ YES

☐ NO

66. All alcohol signage required by state and locals laws or regulations clearly posted?

☐ YES

☐ NO

G. Customer Observations

67. How many customers were in the store at the same time as you?

☐ Fewer than 5

☐ 5-10

☐ 10-20

☐ Over 20

68. Other observations?

H. Introductory questions

69. Are you the owner?

☐ YES

☐ NO

70. If not, who are you?

☐ Manager

☐ Employee

☐ Other: _____

71. Do you accept SNAP/EBT?

☐ YES

☐ NO

72. If no, why not?

73. Are you part of the WIC program?

☐ YES

☐ NO

74. How long has this store been open under the current owner?

75. (If not listed in the window) What are your business hours?

76. What are your busiest times/days?

Appendix IV: Small Retailer Store Manager Interview Protocol

Date:	Interviewer:
Store Name:	
Address:	
Time in:	Time Out:

Background

1. How long have you owned/managed the store?
2. (If owner) Do you own or rent this space?
3. How did you decide to get into this business?
4. Do you live nearby? (If yes) How long have you lived in the area?
5. Have you made any changes to the store since you started managing it?
6. What demand(s) do you aim to meet with the products and format of your store?
7. What are your goals for the store over the next 1 – 5 years?
8. Are there any local stores that you look to as a model for your store? (If yes) Which one(s) and why?
9. Do you have any plans to sell the store? (If yes) How long from now?
10. What makes you want to provide or promote more healthy products to your customers?

Operations

11. What system do you use to keep records of your revenue and expenses?
12. Do you have a POS system that tracks sales of specific products? (If no) Would you be able to get information from your primary food distributor about which products are the best and worst selling?
13. How many people work at the store? What are their hours and roles?
14. Are there any other employees or owners involved in decision-making for the store? (If yes) Who and how?
15. (If they don't accept EBT/WIC) Why don't you currently accept EBT/WIC?

Products

16. How do you make decisions about what to stock in the store?	
<input type="checkbox"/> What customers ask for	<input type="checkbox"/> What you can provide that other local businesses don't
<input type="checkbox"/> What your distributor recommends	<input type="checkbox"/> Other:
17. Who are your primary distributors for snacks, grocery, beverages, and deli (if available)?	
18. Which items bring in the most revenue?	
19. Which food items do you sell the most of?	
20. Which food items do you sell the least of?	
21. What is your typical markup percentage on:	
Grocery items:	Beverages:
Snacks:	Tobacco:
Alcohol:	Non-consumables:
22. Do your customers ask for any products that you have not been able to stock for any reason? (If yes) Which products and what is preventing you from stocking them?	

Customers

23. About how many customers do you get per day?	
24. Where do most of your customers come from?	
<input type="checkbox"/> The neighborhood	<input type="checkbox"/> Stopping in on their way to/from somewhere else
<input type="checkbox"/> Specific apartment complexes	<input type="checkbox"/> A local school or schools
<input type="checkbox"/> Employees of a local business	<input type="checkbox"/> Other:
25. How much does your average customer spend in one trip?	
26. What percentage of your transactions are paid for with EBT or WIC?	

Challenges

27. What are your biggest challenges with running the store?
28. What are the biggest costs in running the store?
29. About how much money do you lose each month due to items expiring?
30. About how much money do you lose each month due to shoplifting?
31. Are there any repairs or upgrades that you feel need to be made soon? (If yes) What are they?

Opportunities

32. Have you ever gotten an energy audit to figure out how you can save on energy costs? (If no) Would you like to get one?	
33. Which of the following changes would you consider making to provide and promote more healthy food to customers in your store?	
<input type="checkbox"/> Add new merchandise	
What types of healthy merchandise would you be interested in adding?	
Is there any type of merchandise you would not be interested in adding?	
How would you be willing to get new merchandise?	
<input type="checkbox"/> Through your current distributor	<input type="checkbox"/> Through a new distributor
<input type="checkbox"/> Picking it up regularly at a designated location	<input type="checkbox"/> Other:
<input type="checkbox"/> Relocate merchandise to different areas of the store	
<input type="checkbox"/> Add shelving or other store fixtures to feature healthy items	
<input type="checkbox"/> Rearrange shelving or other store fixtures	
<input type="checkbox"/> Add signage	
<input type="checkbox"/> On shelves	<input type="checkbox"/> Over aisles or hanging from the ceiling
<input type="checkbox"/> On the floor	<input type="checkbox"/> On refrigeration/freezer units
<input type="checkbox"/> At the cash register/check out area	<input type="checkbox"/> In the windows
<input type="checkbox"/> On the store exterior	<input type="checkbox"/> Other:
<input type="checkbox"/> Have an expert train you and your employees on how to maintain and promote healthy foods	
<input type="checkbox"/> Welcome residents or youth to "adopt" your store. Would you let them...	
<input type="checkbox"/> Clean inside your store?	<input type="checkbox"/> Clean up outside your store?
<input type="checkbox"/> Paint or make repairs?	<input type="checkbox"/> Rearrange or stock merchandise?
<input type="checkbox"/> Monitor changes and keep you on track?	<input type="checkbox"/> Gather input from customers and make recommendations?
<input type="checkbox"/> Other:	

34. Are you open to getting low-interest loans or providing matching dollars to make physical changes, repairs, or upgrades to your store's interior, exterior, or equipment? (If yes) What changes would you like to make?

Appendix V: Small Retailer Audit Protocol

Name of Store: _____

Instructions:

Prior to visiting the store, please fill out question 1 – 1b as appropriate. Additionally, please fill out the left-most column of the grid on page 2 (lists of foods you would hope to find in the store). Please be as specific as you would like. For example, you may just say that you would like to see “milk,” or you may say that you would like to see “local, organic, grass-fed milk”—it is really up to you and your individual preferences!

While you are in the store, fill out the remainder of the grid and answer the questions on page 3 about other items you would like to see in the store.

In addition, take note of the store environment and how it makes you feel. In particular, consider:

- *What you like about the store/what makes you want to come back*
- *What you don't like about the store/what you wish the store would do differently*
- *What would help you find and select the food you are looking for at the store more easily*
- *What about the store encourages healthy choices and what encourages unhealthy choices*

Questions 1 – 1b: complete prior to store visit

1. How frequently do you shop at this store?

☐ Twice a week or more ☐ Once a week ☐ Once a month ☐ A few times a year ☐ Once a year ☐ Less than once a year ☐ Never

If twice a year or more....

1a. What do you typically buy when you're at this store?

1b. When you shop at this store, how do you usually get there?

☐ Drive ☐ Walk ☐ Public Transit ☐ Bike ☐ Other _____

<u>Complete this column prior to the store visit</u>	<u>Complete these columns during the store visit</u>							
List 3 healthy staple foods (milk, eggs, bread, produce, etc.) that you would hope to find in this store.	Did you find this item?		Was this item easy to find?	Where was this item located? (Front or back of store? High or low shelf? Etc.)	Would you buy this item based on the <u>price</u> ?	Would you buy this item based on the <u>condition</u> ?	Is this item expired or damaged?	Other comments:
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List 3 healthy snacks (fruit, yogurt, nuts, etc.) that you would hope to find in this store.	Did you find this item?		Was this item easy to find?	Where was this item located? (Front or back of store? High or low shelf? Etc.)	Would you buy this item based on the <u>price</u> ?	Would you buy this item based on the <u>condition</u> ?	Is this item expired or damaged?	Other comments:
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List 3 healthy beverages (water, seltzer, unsweetened tea, etc.) that you would hope to find in this store.	Did you find this item?		Was this item easy to find?	Where was this item located? (Front or back of store? High or low shelf? Etc.)	Would you buy this item based on the <u>price</u> ?	Would you buy this item based on the <u>condition</u> ?	Is this item expired or damaged?	Other comments:
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES→	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
----	---	------------	---	--	---	---	---	--

Question 2: complete during store visit

2. Would you like to see this store carry more items in any of the following categories? If so, please check the box(es) next to the category or categories of items you would like to see and list the specific items you would like to see more of.

- ☐ Fresh fruits and vegetables, especially_____
- ☐ Frozen fruits and vegetables, especially_____
- ☐ Canned fruits and vegetables, especially_____
- ☐ Dried fruits and vegetables, especially_____
- ☐ Healthy snacks, especially_____
- ☐ Healthy beverages, especially_____
- ☐ Fresh or frozen meat, especially_____
- ☐ Dairy products, especially_____
- ☐ Whole grain products, especially_____
- ☐ Cooking/baking staples, especially_____
- ☐ Other pantry staples, especially_____
- ☐ Local or organic products, especially_____
- ☐ Other_____

Additional Comments:

Appendix VI: Food Security Focus Group Questions

While you are walking to and from the farmers market, take some time to think about these questions:

- Are you and your neighbors food secure?
- What, if anything, prevents you or your neighbors from getting *sufficient, safe, and nutritious* food that meets your *dietary needs and food preferences* for an *active and healthy life*?
- What changes in your neighborhood or community would help you and your neighbors get all the healthy food you want in your diet?
- How is the experience of walking to the store? Is there anything that could make it an easier trip?

While you are shopping at the market, consider the following questions:

- What do you like about the store/what makes you want to come back?
- What don't you like about the store/what do you wish the store would do differently?
- What would help you find and select the food you are looking for at the store more easily?
- What about the store encourages healthy choices and what encourages unhealthy choices?

Appendix VII: Food Pantry Director Interview Protocol

Food Pantry: _____ Date: _____

Food Pantry Address: _____

Interviewer: _____ Interviewee: _____

General Information:

1. Is the pantry director paid staff or a volunteer? _____
2. How long has the current director been overseeing pantry operations? _____
3. How many volunteers does the pantry have on a regular basis? _____
4. What are the client criteria for participation? *(Check all that apply)*
☐ current address ☐ none
☐ income ☐ other _____
☐ SNAP eligibility
5. Languages spoken by clients, besides English

Are there translation services available? ☐ Yes ☐ No

If so, for what languages? _____

6. Type of distribution: ☐ client choice ☐ pre-bagged ☐ other _____
7. What percent (approx.) of food is purchased from sources other than the food bank? _____
From where? _____
8. What percent of food is ordered from the Food Bank? _____
What foods do you choose to order from the Food Bank and why? _____

9. What percent of food is donated? _____
From where? _____
10. How does the pantry make decisions about what food to accept? _____

11. What time of the month do you feel that the pantry is busiest? Why? _____

Strategies

11. Does the pantry distribute fresh produce? ☐ Yes ☐ No
If so, where does the produce come from? _____

If not, what are some of the biggest barriers to distributing fresh produce? _____

12. Does the pantry partner with farmers, gardeners, or gleaners? ☐ Yes ☐ No

If so, please describe: _____

13. Does the pantry have fresh produce in:

☐ Spring

☐ Summer

☐ Fall

☐ Winter

14. Please indicate which of the following nutrition policies are in place, if any: *(Check all that apply)*

☐ List of donated foods to encourage

☐ Mandatory procurement guidelines

☐ Mandatory distribution guidelines

☐ Nutrition and/or healthy foods included
in mission or vision statement

☐ Nutritional ranking system

☐ Inclusion of nutrition messaging in
volunteer training

☐ Strategic plan involving nutrition

☐ Stated preference for locally-sourced food

☐ Other: _____

15. Please indicate which of the following healthy food promotion strategies are used, if any: *(Check all that apply)*

☐ Recipe cards

☐ Nutrition signage

☐ Verbal prompts to take healthy foods

☐ Written prompts to take healthy foods

☐ Priming images

☐ Display enhancements

☐ Other: _____

17. Are there any additional services offered at the pantry site? If so, what are they?

Barriers

18. Does the pantry produce much food waste? If so, what types of foods are commonly discarded?

19. (If the pantry is client choice) What are some of the most popular items with clients?
I.e., which items do you run out of quickly?

20. (If the pantry is client choice) What are some of the least popular items with clients?
I.e., which items are left over week after week?

21. When it comes to healthy eating, what are the biggest health and physical barriers that your clients face?

- ☐ Lack of financial resources
- ☐ Health complications (diabetes, high blood pressure, etc.)
- ☐ Physical limitations: unable to reach stove, unable to grip a knife

- ☐ Limited cooking knowledge or skills
- ☐ No time to cook
- ☐ No cooking facilities
- ☐ Lack of transportation
- ☐ Language barriers
- ☐ Other _____

Would you be interested in learning more about how to promote healthy options for your clients?

Are there particular resources or events in which you are interested?

Appendix VIII: Farmers Market Customer Intercept Survey

1) Name of Market

- Amherst Market
- Belchertown Market
- Florence Market
- Northampton Tuesday Market
- Northampton Saturday Market
- Other - Write In:

2) Name of Data Collector

3) How did you hear about using a SNAP matching program at the farmer's market (also known as "SNAP & Save")?

4) I'd like to know a little more about your experience using the SNAP & Save Program at the market.

	Yes	No
The first time you came, was it easy to find the market manager's booth (EBT machine)?		
Is it easy to get and redeem tokens?		
Are vendors and market staff accommodating and friendly?		

Comments:

5) Could using SNAP & Save at the market be made easier for you? If so, how?

- Yes
- No

Comments:

6) Do/did you have an overall positive or negative experience at the market?

- Positive
- Negative

7) Can you tell me a little bit about why your experience is/was (positive/negative)?

8) Do you have ideas about how we can get the word out about the SNAP & Save Program to other people who have SNAP benefits?

9) Age:

- Under 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60 and over

10) Gender

- Male
- Female
- Other

11) Marital Status

- Married
- Single
- Other

12) Race

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or more races
- Other:

13) Are you Hispanic or Latino?

- Yes
- No

14) How many children age 18 or under live in your household?

- None
- 1
- 2
- 3
- 4 or more

Appendix IX: Farmers Market Customer Interviews

1) Is this your first time getting your SNAP dollars matched at a farmers market?

- Yes

- No

2) Does the SNAP & Save program help you buy foods that you wouldn't normally be able to buy?

- Yes

- No

Comments:

3) Has the SNAP & Save program affected your diet? If so, how?

- Yes

- No

Comments:

4) Has your understanding of food, nutrition, and/or cooking changed as a result of coming to the market? If so, how?

- Yes

- No

Comments:

5) What did you buy (or are you planning to buy) today?

6) I am going to list some ways that you might handle the foods you buy here. For each option I list, please tell me if that is something you have done or are planning to do with your purchases by saying "yes" or "no."

- Eat as is
- Cook plain
- Cook into recipes
- Freeze or dry to store

- Eat by yourself
- Serve to your family
- Other:

7) We would also like to know some details about your experience with the market, in general. Based on your experience, please tell me if each of these things is always a problem, sometimes a problem, or never a problem for you.

	Always a problem	Sometimes a problem	Never a problem
Getting to the market			
Times when market is open			

Feeling comfortable/welcome at the market			
Cost of farmer's market food			
Availability of the food you want			

Comments:

8) Do you have any ideas about why some people with SNAP might not be taking advantage of the SNAP & Save program? What might be some of the biggest things preventing them from coming to the market to get the match?

9) What do you like best about the Farmer's Market?

10) Do you have any suggestions for improving the Farmer's Market and/or using SNAP here?

Appendix XI: Farmers Market Focus Group Questions

While you are walking to and from the farmers market, take some time to think about these questions:

- Are you and your neighbors food secure?
- What prevents you or your neighbors from getting *sufficient, safe, and nutritious* food that meets your *dietary needs and food preferences* for an *active and healthy life*?
- What changes in your neighborhood or community would help you and your neighbors get all the healthy food you want in your diet?

While you are shopping at the farmers market, consider the following questions:

- What do you like about the market?
- Is there anything that you don't like about the market?
- Does the market feel welcoming to you?
- What could the market do differently to make you want to shop there more?
- Do you have any questions about the market?