**Wisconsin EBT at Farmers’ Market Evaluation Project – Vendor 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 vendor survey are:

* What is the perceived vendor impact of accepting EBT at the farmers’ market?
* How could the operation of the EBT program be improved?
* What is the perceived vendor impact of incentive programs?

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** **and** **Kelli Stader** **of your intent to use this tool so that we can be sure to take your efforts into consideration.**

**Survey Audience**

Vendors of farmers’ markets that welcome EBT payments.

**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**and**Kelli Stader**to receive an identifier code for your markets.

The survey may be administered by email or in-person. If administering by email, requests should be made to market managers to send the survey out to all vendors.

If administering the survey in-person, the survey should be read out-loud to all 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** **and** **Kelli Stader**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_6orwtv34rqY7iFn).

**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 near the end of the market season: October 1 - October 31 for summer markets and February 1 - February 28 for winter markets. Paper survey responses should be entered into the [online survey](https://uwex.qualtrics.com/SE/?SID=SV_6orwtv34rqY7iFn) no later than November 1 for summer market data and April 1 for winter market data.

|  |  |  |
| --- | --- | --- |
| **Market Season** | **Collection Dates** | **Data Entry Deadline** |
| Summer | October 1 - October 31 | December 1 |
| Winter | February 1 - February 28 | April 1 |

**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 are a small number of market vendors responding to the survey, survey responses may be aggregated across several county/regional markets.

**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 is one question specific to incentive programs. Only ask that question if the farmers’ market has an incentive program.

There is also one optional question (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** **and** **Kelli Stader** **of your desired changes to the survey language, and inclusion/omission of certain questions. A unique survey will be created for you.**

**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 Vendor 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 vendor experiences with the [LOCAL EBT PROGRAM NAME]. This information is being collected from farmers’ market vendors 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].

Do you have a few minutes to tell us more about your experiences with [name of local EBT program]? I will read the survey to you and feel free to continue to attend to customers as we chat.

→ 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 Vendor Survey**

1. **Please indicate your level of agreement with the following statements (Strongly agree to strongly disagree)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| The [*EBT*] program was a success at my market |  |  |  |  |  |
| The [*EBT*] program benefits me (as a vendor) financially |  |  |  |  |  |
| The [*EBT*] program benefits the market financially |  |  |  |  |  |
| The [*EBT*] program is valuable to customers |  |  |  |  |  |
| The [*EBT*] program is valuable to the community |  |  |  |  |  |
| The [*EBT*] program brings new customers to the market |  |  |  |  |  |

1. **How would you rate your overall experience with the [*EBT*] program at your farmers' market?**

 Very Positive

 Positive

 Negative

 Very Negative

1. **Did you understand the rules for accepting [*EBT*] at the farmers’ market?**

 Yes

 No - Please explain:

1. **In what ways has the [*EBT*] program been successful for you?**
2. **In what ways has the [*EBT*] program been challenging for you?**
3. **How could the process of accepting [*EBT*] be improved?**
4. **Will you be supportive of continuing to accept [*EBT*] in the future?**

 Yes

 No

* If no, please explain

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 Have not decided

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

**If the market could not otherwise financially support the *[EBT]* program, would you be willing to pay an additional vendor fee to participate in the [*EBT*] program?**

 Yes

* If yes, how much? ­­­­­­­­­­­­­­­ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No

 Have not decided

***Please only answer the following question if your market has an incentive program.***

1. **In what ways did the [*Name of incentive program*] impact your experience participating in the market this past season (e.g., sales, number of customers, products sold)?**
2. **General comments**