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Healthy Incentives Pilot (HIP)
Early Implementation Report



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Healthy Incentive Pilot (HIP) Early Implementation Report

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Healthy Incentives Pilot (HIP) Early Implementation Report

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Glossary of Acronyms

ACS	Affiliated Computer Systems, Inc.
BEACON	DTA’s client-server based eligibility application system
CBOs	Community Based Organizations
CPs	Community Partners
DAR	Massachusetts Department of Agricultural Resources
D-SNAP	Disaster SNAP
DTA	Massachusetts Department of Transitional Assistance
EBT	Electronic Benefit Transfer
EOHHS	Massachusetts Executive Office of Health and Human Services
EPPIC	Electronic Payment Processing and Information Control (ACS’ EBT system)
FNS	Food and Nutrition Service
FTE	Full-time-equivalents
HIP	Healthy Incentives Pilot
HSC	HIP Steering Committee
IECR	Integrated Electronic Cash Register
IRB	Institutional Review Board
JAD	Joint Application Design
MIS	Management Information System
NDG	Novo Dia Group
PIN	Personal Identification Number
PLU	Product Lookup
POS	Point-of Sale
RFA	Request for Applications
RFP	Request for Proposals
RSAT	Retailer System Acceptance Testing
SNAP	Supplemental Nutrition Assistance Program
TFVs	Targeted Fruits and Vegetables
TPP	Third-party processor
UAT	User Acceptance Test
UPCs	Universal Product Codes
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women Infants and Children

Executive Summary

The Healthy Incentives Pilot (HIP) is investigating the impact of making fruits and vegetables more affordable for participants in the Supplemental Nutrition Assistance Program (SNAP). The Food, Conservation, and Energy Act of 2008, also known as the 2008 Farm Bill, authorized funds for pilot projects to determine if financial incentives provided to SNAP recipients at the point-of-sale increase the consumption of targeted fruits and vegetables or other healthful foods. On the basis of this legislative authority, USDA designed HIP to promote the purchase and consumption of fruits and vegetables without added sugars, fats, or oils (the same set of fruits and vegetables eligible for the Special Supplemental Program for Women, Infants, and Children (WIC) Fruit and Vegetable Cash Value Voucher).

Under HIP, SNAP participants earn an incentive of 30 cents for every SNAP dollar they spend on targeted fruits and vegetables (TFVs). The incentive is immediately credited to the household SNAP account and may then be spent on any SNAP-eligible foods and beverages. The incentive is capped at \$60 per household per month, a level set sufficiently high that not many households are expected to reach it.

The pilot is being implemented by the Massachusetts Department of Transitional Assistance (DTA) in Hampden County, Massachusetts. Located in western Massachusetts, the county is a mix of urban, rural, and suburban areas with a total of approximately 55,000 SNAP households. Hampden County has the lowest median household income in the State. Massachusetts, like the rest of the country, is in the midst of an obesity epidemic, and residents in the western region have the highest rates of obesity and related chronic illnesses in the State.

The Healthy Incentives Pilot is being evaluated using a rigorous research design. The 55,000 SNAP households in Hampden County were randomly assigned to the HIP group (7,500 households) and the non-HIP group (approximately 47,500 households). The HIP households were divided into three waves of 2,500 households each, to begin the pilot during the first three months of operation. The first wave began receiving the HIP incentive on November 1, 2011, the second wave on December 1st, and the third wave on January 1, 2012. HIP participants are eligible to earn incentives for 12 months, ending in December 2012.

This implementation report documents the experiences of the early implementation phase of the HIP project: from December 2009 to March 2012. It is descriptive in nature, detailing how the system is designed to work, the early implementation experiences, and the key successes and challenges.

FNS awarded the HIP evaluation contract to Abt Associates; the research team also includes Westat and MAXIMUS. To prepare this report, Abt relied primarily on data from in-person interviews with HIP stakeholders, including State and local SNAP agency staff, EBT processor staff, and community groups involved in the pilot. Abt staff also conducted retailer surveys in stores that chose to participate in HIP and those that did not. Evaluation staff participated in early design meetings, directly observed HIP implementation, and participated in regular status calls. Staff reviewed key project documents and provided input on technical documents and training materials.

HIP Implementation

The Healthy Incentives Pilot is an innovative and complex project. Planning and implementing HIP was a difficult undertaking, requiring DTA's coordination of several different entities to work together to ensure the pilot was up and running in only 15 months. While the implementation process posed many challenges, DTA was able to successfully implement the pilot on the intended schedule, ensuring that the selected households earned incentives as planned.

Implementation of HIP required extensive preparations that began with FNS' design of the pilot concept and continued with DTA's preparation of their grant application in December 2009. Pilot implementation activities accelerated in August 2010 when Massachusetts was selected to operate HIP. The planning and implementation phase extended until November 1, 2011 when HIP operations began and the first SNAP participants began earning incentives.

Key planning and implementation activities included:

- Hiring DTA personnel to implement HIP;
- Designing and implementing EBT system changes;
- Recruiting retailers to participate in HIP; and
- Developing training materials and participant notifications, and conducting training for SNAP participants and other stakeholders.

Effectively managing these activities was crucial to the pilot's success. The rest of this section discusses these key activities, describing what was required to implement HIP, the organizations that were involved, highlighting successes, and thereby providing valuable lessons for other organizations implementing similar programs.

HIP Development and Project Management

FNS understood from the beginning that a successful pilot project would involve multiple entities, from local SNAP offices to national retail chains to the SNAP EBT system processor. Indeed, HIP is a complex undertaking, involving many different types of interactions among a wide variety of entities. Managing the number and type of stakeholders involved in HIP, as well as the system changes required, was an unprecedented undertaking, thus presenting numerous challenges.

Seven organizations or groups played key roles in developing and implementing HIP.

- *USDA's Food and Nutrition Service (FNS)*, the federal agency responsible for SNAP.
- *Massachusetts Executive Office of Health and Human Services' (EOHHS) Department of Transitional Assistance (DTA)* has ultimate responsibility for managing the implementation of HIP.
- *Affiliated Computer Systems, Inc. (ACS)*, the EBT processor in Massachusetts, operates HIP as part of the EBT system.
- *Third-party processors (TPPs)*, contract with retailers (with integrated electronic cash registers) to provide EBT data processing services.

- *Novo Dia Group (NDG)*, an EBT technology services and consulting company, was hired by DTA to coordinate system design and testing activities for retailers and TPPs.
- *Hampden County retailers*, recruited by DTA to participate in HIP, ranged from large grocery chains to small stores and farmers markets.
- *Community Partners (CPs)*, included local and regional non-profit organizations or community-based organizations (CBOs), State and city agencies, medical centers, religious organizations, libraries, and higher education institutions.

HIP Systems Design and Modifications

In order for HIP to operate, information and financial systems had to be adapted to accommodate new tasks that go beyond standard operating procedures for SNAP. Software had to be developed, pre-tested, and rolled out on a tightly coordinated schedule. In order to overlay HIP systems on Massachusetts's existing SNAP EBT system, EBT system modifications were necessary to identify when an incentive is earned, calculate the incentive amount to credit HIP clients, and draw down HIP funds from the Federal Reserve Bank to pay retailers for food purchases.

FNS initiated the system design process in October 2008 and prepared high level HIP design requirements prior to conducting the HIP grant application process. The detailed system design process, which is specific to each State's EBT system, began after FNS awarded the HIP demonstration grant to Massachusetts in August 2010. ACS had primary responsibility for managing the HIP EBT system design process and processing HIP transactions. ACS reviewed and discussed the HIP implementation requirements with the DTA HIP team at an initial start-up meeting in September 2010. In December 2010, ACS led the Joint Application Design (JAD) sessions, which included DTA, FNS, Novo Dia Group, and the Abt evaluation team. These sessions identified the detailed requirements and rules for HIP, and the necessary modifications to the different systems. Based on the requirements, ACS and DTA produced the design documents to guide these modifications and the changes to be made by retailers and TPPs.

HIP implementation required substantial system modifications by each of the major partners in EBT operations. The following modifications took place during the spring and summer of 2011:

- DTA modified its SNAP eligibility system, BEACON, to support the random assignment of HIP participants, their identification in the system, the transmission of participant status to the EBT system, and the generation of notices to HIP households.
- ACS modified its EBT processing system, EPPIC, as well as its system for automated and staffed customer service, and the software for EBT-only point-of-sale (POS) terminals, used by smaller independent retailers.
- Retailers used specifications provided by ACS to modify their integrated electronic cash register (IECR) systems to comply with HIP transaction processing requirements. All three TPPs modified their systems to pass HIP messages between the retailer IECR system and the EBT processing system.

As modifications were completed for each system affected by HIP, team members and technical staff conducted comprehensive testing. The key tests were the User Acceptance Test for the changes to

EPPIC and the retailer acceptance tests, which involved both retailer and TPP systems. With one exception, the TPPs and IECR retailers were ready for the November 1st HIP “go live” date.

Retailer Recruitment and Training

DTA recognized early on that retailer participation would be critical to the success of the pilot. If HIP is to have any influence over food intake, SNAP participants must be able to find and access participating authorized retailers.

All SNAP-authorized retailers selling HIP targeted fruits and vegetables are eligible to participate in HIP, as one of the pilot’s goals is to test this approach to point-of-sale incentives in all of the environments in which SNAP currently operates. In Hampden County, approximately 470 retailers were eligible to participate. Eligible retailers are of different types:

- Supermarket and superstore chain retailers—large retailers that serve the highest percentage of SNAP households and account for a substantial majority of SNAP redemptions.
- Grocery stores and specialty stores—local stores that have a smaller market share, but may provide ethnically diverse foods and serve households without easy access to large supermarkets.
- Convenience stores—used frequently by SNAP households for small purchases of both food and non-food items. Although many of them do not carry a wide selection of fruits and vegetables, those that carried any HIP fruits and vegetables were eligible to participate in HIP.
- Farmers markets—provide locally-grown fresh fruits and vegetables in season, typically operating between May and November.

DTA began efforts to identify and recruit a targeted group of retailers while preparing its application and began a comprehensive recruitment effort once Massachusetts was selected to operate HIP. The agency used a variety of strategies to recruit retailers, involving direct outreach, working with other State agencies, and reaching out to food retailer coalitions and local community organizations.

Large retail chains and smaller independent stores required different recruitment strategies, mainly because the approach and access to the individuals who could make the decision about participating in HIP differed. DTA worked directly with chain retailers who initially expressed interest in HIP, to make the necessary system modifications, and continued efforts to recruit other chain retailers, working through corporate headquarters.

As the pilot moved forward, DTA sent letters to all SNAP-authorized retailers asking them to participate in HIP and held information sessions for interested retailers. The response from independent retailers to this outreach was low, and DTA determined that a different strategy was needed—one that relied on in-person contact. DTA hired a retailer liaison to both recruit and train retailers. After this hire, the main recruitment method for independent retailers became in-person store visits. Store visits (generally made without an appointment) focused on explaining HIP and what was required of participating retailers. It required approximately five visits for a retailer to commit to HIP, significantly more effort than originally anticipated.

As of November 1, 2011, when implementation began, 71 stores were participating in HIP. Exhibit ES.1 shows the distribution of HIP-eligible retailers and HIP participating retailers in Hampden County by store type. While overall, only 15 percent of retailers were participating in HIP, 63 percent of supermarkets and 28 percent of superstores were participating. These two types of stores account for the vast majority of Hampden County SNAP redemptions. An additional 20 percent of eligible retailers were grocery stores and specialty stores; approximately 20 percent of them were participating in HIP.

Exhibit ES.1: Hampden County Retailers: Eligible for HIP and Participating in HIP

Store type	Number eligible for HIP (% of total)	Number participating as of November 1, 2011 (% of total)	Percent of eligible retailers participating in HIP as of November 1, 2011
Supermarkets	16 (3.4%)	10 (14.1%)	62.5%
Superstores	29 (6.1%)	8 (11.3%)	27.6%
Grocery stores and food specialty stores ^a	93 (19.7%)	19 (26.8%)	20.4%
Convenience stores ^b	318 (67.4%)	34 (47.9%)	10.7%
Farmers markets ^c	16 (3.4%)	N/A	N/A
Total	472 (100%)	71 (100%)	15.0%

^a Includes small, medium, and large grocery; fruits/vegetable specialty; meat specialty; seafood specialty.

^b Includes convenience store and combination grocery/other.

^c Includes farmers markets and direct marketing farmers that will not begin operating until Summer 2012.

Source: Retailer list received from DTA.

DTA continued recruiting efforts after HIP implementation and, as a result, an additional 8 stores began accepting HIP as of February 1, 2012. Sixteen farmers markets/farm stands/mobile markets are scheduled to join HIP in spring/summer 2012. Finally, four independent retailers that use integrated electronic cash registers are scheduled to begin operating in October, 2012.

Local DTA Staff Implementation Activities

By design, the three local DTA offices had a minimal role in the HIP implementation. Local DTA office directors reported that HIP had little or no impact on their staff’s workload. Clerks and caseworkers were trained to answer basic HIP questions and to refer all other questions to the HIP 800 call line.

Community Partner Organizations

Hampden County has a strong network of community organizations, including non-profit community-based organizations (CBOs), health centers, libraries, religious organizations, and educational institutions, as well as State and local agencies. These community partners proved to be an integral factor in the implementation of HIP, and an important component of the smooth rollout of the pilot.

At the time of the writing of this report, approximately 75 community partner organizations were contributing services in support of HIP.

DTA established a HIP Steering Committee (HSC) during the application process to help it think through policy, hold the DTA accountable to the community, and help develop a list of what community partners could contribute. The current Steering Committee is made up of a diverse and committed group of individuals and organizations that has actively supported HIP implementation. It includes twelve CBOs in addition to representatives from WIC, the DTA Central Office, the three local DTA offices, and the DTA Regional Director.

The community partners, in general, and the HIP Steering Committee, in particular, were and continue to be active in:

- Helping to recruit retailers, both large IECRs and small local stores;
- Reviewing and providing feedback on all outreach and training materials;
- Providing translation and interpretation support (Russian and Vietnamese) for participant training;
- Providing facilities for HSC meetings and participant, retailer and community partner training sessions; and
- Serving as an information and referral resource to both HIP clients and other community organizations.

The active community support of HIP reflects both the organizations' dedication to their community and strong relationship-building by DTA.

Notification and Training of Participants

In order for HIP to influence food purchases and diet quality, HIP participants need to acquire an understanding of the purpose of the pilot, be able to locate retailers, and identify and purchase targeted HIP fruits and vegetables.

DTA and its partners put considerable effort into the notification and training of the HIP participants, including the development of user-friendly materials as well as a schedule and process to disseminate those materials in a series of mailings. DTA also provided substantial support for participants during the pilot using various media, such as a dedicated HIP 800 call line, website and email address.

DTA provided over 140 voluntary training sessions for HIP participants between October 2011 and February 2012, beginning shortly before the system went live until about four months afterward. These sessions were intended to help HIP participants understand HIP and how it can benefit their households. The main elements were to explain how the financial incentive works and which foods are eligible for the HIP incentive. Despite the significant efforts that went into developing HIP training, approximately 100, or 1.3 percent of eligible HIP participants, attended training sessions. However, for the most part, the trainings were well received by those who attended.

DTA developed a number of resources to support HIP participants including a call line, email address, and website. The HIP call line has been the most heavily used resource. According to DTA's call logs, between October 2011 and February 2012, some 270 calls were received. The

greatest proportion of questions on the call line was general questions related to HIP, and how the incentive operates.

Challenges and Lessons Learned

Designing and implementing HIP was a complex undertaking, requiring that different entities work together to ensure the system was up and running in a relatively short period of time. As discussed in the previous section, DTA successfully implemented the pilot on schedule, coordinating the activities of all the organizations involved in implementing HIP to ensure that HIP participants began earning incentives as planned. The implementation process did, however, present many challenges, and provided valuable lessons for States or other organizations implementing similar initiatives.

Project Staffing

- ***Project management team should be in place at project start-up.*** Implementing HIP required that DTA hire several new staff members, including a HIP Director, Assistant Director, and Retailer Liaison. The hiring process took longer than originally anticipated, mainly due to the State's hiring policies and processes.
- ***A specialist in EBT and IECR systems is needed for deployments similar to HIP.*** DTA recognized from the start that a technical liaison was needed to provide support for retailers. Such expertise is not normally available within a State agency and DTA hired an outside consulting firm to provide technical support to IECR retailers and TPPs.

Design Process

- ***The process for designing EBT and retailer system changes can be quite lengthy.*** Both ACS and DTA acknowledged that the design process took longer than anticipated. Design specifications were not completed until March 2011, only allowing eight months for implementation and testing prior to HIP start-up.
- ***It is most efficient if all system requirements can be specified before the design process begins.*** While the major system requirements were specified up-front, some processes (e.g. receipt specifications and the process for handling returns) were not fully addressed in the specifications. This omission led to inefficiencies in the implementation process. In addition, system tracking and reporting procedures are critical elements that need to be agreed upon and tested prior to implementation.
- ***National rollout would require more time for system design and implementation.*** The time to develop and test modifications would be significantly longer than that required for HIP.

Retailer Recruitment

- ***Large supermarket/superstore chains with IECRs generally require 18-24 months to make the type of system changes needed to accommodate HIP.*** This allows modifications to be placed on the IECR development schedule and go through system life cycle development processes, including design, development, testing and release.
- ***Recruiting independent retailers also requires considerable time and effort.*** Recruiting small retailers required significantly more one-on-one work than anticipated. The recruitment effort involved developing relationships with the owners of the smaller stores, requiring multiple visits to stores to explain HIP and the benefits of participating.

- ***Engagement of retailers would likely have been easier for a permanent systems change.*** Some retailers indicated that they would have been more willing to make necessary changes if the change was a permanent part of SNAP.
- ***Making changes to retailer systems is particularly difficult around the November-December holidays.*** Large retailers indicated that most IECR code is frozen (i.e. no coding changes are made) from October to mid-January.

Community Partners

- ***Local community organizations can play an integral role in pilot implementation.*** Through the HIP Steering Committee, community organizations played an active role in participant and retailer implementation activities.
- ***It is important to have clarity about the roles of community organizations.*** Defining roles as early as possible will allow selection of steering committee members who can best support all aspects of the program. In addition, the local organizations can help determine the best ways they can assist with implementation activities.

HIP Participants

- ***Providing “user friendly” notification materials is important to participant understanding.*** As noted above, DTA put considerable effort into the development of participant notification and training materials, working to design brochures and other information that was easy to understand. Feedback from training sessions and the HIP call line suggested that despite these efforts, some HIP participants were overwhelmed by the number and content of the initial mailings.
- ***Participant attendance at training sessions was quite low.*** Considering ways to increase attendance at training sessions and also considering alternate methods of communicating the information might increase participants’ understanding of the changes.
- ***Providing adequate support resources to answer participant questions is important as changes are rolled-out.*** Having the call line staffed by a bi-lingual individual on a full-time basis beginning at the time the initial notification materials are mailed out would be most useful.

Conclusion

The Healthy Incentives Pilot is an ambitious and innovative pilot designed to evaluate the impact of making fruits and vegetables more affordable to SNAP participants. DTA successfully implemented the pilot in the planned 15 month period, and SNAP households in Hampden County began earning HIP incentives in November 2011. A key element in DTA’s success was its ability to build strong relationships among the organizations involved in planning and implementing the pilot, notably ACS and others involved in EBT systems design and the diverse community organizations in Hampden County.

Many of the implementation challenges, particularly those related to system design, retailer recruitment, and participant notification and training, are due to the fact that HIP is a temporary pilot

with a rigorous evaluation component. These factors brought requirements that increased the complexity of implementation efforts for all stakeholders.

System design and implementation were complicated by the need to manage funds for the HIP incentive separately from those for SNAP benefits. In addition, the evaluation component required that the client certification and EBT systems identify and track HIP participants and non-participants for the duration of the pilot.

Retailer interest in HIP, especially for superstore/supermarket chains, would likely be greater if the incentive was a permanent program. This would allow sufficient time to complete required EBT system changes and allow any development costs to be spread over time. In addition, if all SNAP participants were able to earn incentives, the potential positive impact on store sales would be greater. However, significant challenges are likely to persist in any setting for smaller independent stores lacking IECRs.

Due to the evaluation and the need to isolate non-HIP participants from the intervention, information provided to participants was largely confined to mailings, trainings and the call line. If the program were to be implemented on a national scale, SNAP recipients' knowledge of the incentive could be enhanced by additional promotion, including public service announcements. Further, stakeholders would be able to provide extensive promotion, nutrition education, and to employ other strategies to encourage recipients to purchase fruits and vegetables and earn the incentive.

Chapter 1: Introduction

The Healthy Incentives Pilot (HIP) or “the pilot” investigates the impact of making fruits and vegetables more affordable for participants in the Supplemental Nutrition Assistance Program (SNAP). Serving more than 44 million low-income Americans in 2011, SNAP is the nation’s largest nutrition assistance program and a key component of the social safety net. The ultimate objectives of SNAP are (a) to prevent food insecurity and hunger and (b) to promote dietary quality. This report describes the early stages of implementing the Healthy Incentives Pilot.

Increasing fruit and vegetable intake is one of several leading strategies recommended by U.S. public health authorities for promoting dietary quality (USDHHS, 2010; USDHHS and USDA, 2010). Most U.S. adults fail to meet the Dietary Guidelines for fruit and vegetable intake, and intake shortfalls are comparatively large for low-income Americans and participants in the Supplemental Nutrition Assistance Program. Improving dietary quality could help serve key national public health objectives for reducing rates of chronic disease and obesity (Healthy People 2020, USDHHS, 2010).

The Food, Conservation, and Energy Act of 2008, also known as the 2008 Farm Bill, authorized funds for pilot projects in SNAP to determine if financial incentives provided to SNAP recipients at the point-of-sale increase the consumption of fruits, vegetables, or other healthful foods. On the basis of this legislative authority, USDA designed HIP to promote the purchase and consumption of fruits and vegetables without added sugars, fats, oils or salt (the same set of fruits and vegetables eligible for the WIC Fruit and Vegetable Cash Value Voucher).

Under HIP, SNAP participants are being offered an incentive of 30 cents for every dollar of expenditures on targeted fruits and vegetables (TFVs). For every SNAP dollar spent on TFVs, the household earns an additional 30 cents on its SNAP Electronic Benefit Transfer (EBT) card. The incentive may then be spent on any SNAP-eligible foods and beverages. The incentive is capped at \$60 per household per month, a level sufficiently high that not many households are expected to reach it.

The pilot is being implemented in Hampden County, Massachusetts. The State was selected through a competitive application process in August, 2010. Massachusetts was selected based on its comprehensive pilot application that included very thorough and strong design, implementation, staffing and management plans. The site is self-contained, which means that most shopping will occur within the area; thus households will have ample opportunities to earn incentives, allowing a strong test of the intervention. The State’s management plan includes significant community partner support as well as support from a wide variety of retailers and farmers markets that accept EBT.

Hampden County, located in western Massachusetts, is a mix of 23 urban, rural, and suburban areas with a total of approximately 55,000 SNAP households. The county has a diverse population with minority groups making up nearly a third of the population. Median household income in Hampden County is the lowest in the State at approximately \$48,482 compared to \$61,660 statewide. A large portion of SNAP recipients are concentrated in the areas of Springfield and Holyoke, two of the lowest income cities in the State. Massachusetts, like the rest of the country, is in the midst of an obesity epidemic, and residents in the western region have the highest rates of obesity and related chronic illnesses in the State.

The 55,000 SNAP households in Hampden County were randomly assigned to the HIP group (7,500 households) and the non-HIP group (approximately 47,500 households). The HIP households were divided into three waves of 2,500 households each, to begin the pilot during the first three months of operation. The first wave began to receive the HIP incentive on November 1, 2011, the second wave on December 1st, and the third wave on January 1, 2012.

Overview and Objectives of the HIP Evaluation

The Healthy Incentives Pilot is being evaluated using a rigorous research design. The overall goal of the evaluation is to assess the impact of HIP on participants' intake of fruits and vegetables. Within this broad goal, FNS has identified five specific objectives:

- Objective 1: Assess the causal impact of HIP on fruit and vegetable consumption by SNAP participants, and its impact on other key measures of dietary intake.
- Objective 2: Identify and assess factors that influence how HIP impacts participants.
- Objective 3: Describe the processes involved in implementing and operating HIP.
- Objective 4: Assess the impact on the HIP grantee (the State SNAP agency), the local SNAP agency, and their team of partners (including retailers, EBT processors, and community organizations).
- Objective 5: Quantify, to the extent possible, the Federal, State, and local administrative costs of the pilot.

To address these questions, the evaluation includes three major components:

- The **Impact Component** addresses research objectives 1, 2, and 4 above. As noted above, SNAP households in Hampden County were randomly selected to participate in HIP. Within the HIP and non-HIP control groups, participants were randomly chosen for three rounds of participant surveys: at baseline, and after three and eleven months of participation in HIP. The main impact measure for the study is the difference in fruit and vegetable intake for HIP compared to non-HIP participants. Fruit and vegetable intake will be measured using a 24-hour dietary intake interview in the latter two rounds of the participant survey.
- The **Implementation Component** addresses research objective 3 above, documenting the issues involved in implementing the HIP project. The implementation study relies on stakeholder interviews, a retailer survey, on-site observations, and project documents. The time period covered by the implementation study extends from the grant application development, beginning in December 2009 to the close-out of live operations in early 2013. This report describes early implementation and the final evaluation report will describe later implementation activities.
- The **Cost Component** addresses research objective 5 above. It quantifies, to the extent possible, the Federal, State, and local costs to implement the HIP project, including both administrative costs and food-benefit costs. This includes a projection of the cost to implement HIP nationwide. This study draws on the reported cost data as well as the retailer surveys, on-site observations, interviews, SNAP caseload data, and EBT transactions data.

Three evaluation reports will address the five objectives. First, this Early Implementation Report addresses Objective 3, focusing on the early stages, from pilot inception to March 2012. Second, an Interim Report will address Objectives 1 and 2, providing an impact evaluation using data just from the first two rounds of the participant survey, the participant focus groups, and administrative records of EBT transactions. Third, the Final Report will address all five objectives, analyzing and synthesizing the complete set of evaluation data collected throughout the evaluation period, including the implementation, impact and cost study components.

The HIP evaluation is being conducted by Abt Associates; the research team also includes Westat and MAXIMUS.

HIP Implementation Overview

Understanding implementation provides important information that will complement the research design of the broader HIP evaluation. The HIP / non-HIP comparisons in forthcoming reports will provide insight into actual fruit and vegetable intake, but these final outcomes depend on multiple earlier steps in the pilot's implementation and operation. The purpose of the Early Implementation Report is to document and assess the process of implementing and operating HIP. This report tells the story of "what happened," analyzes why events unfolded as they did, and describes implications for future implementation of similar pilots.

Ten organizations or groups play important roles in implementing the Healthy Incentives Pilot:

- USDA's Food and Nutrition Service (FNS), the federal agency responsible for SNAP;
- The Massachusetts Executive Office of Health and Human Services' (EOHHS) Department of Transitional Assistance (DTA), which operates the SNAP program in Massachusetts (including three offices in Hampden County) and is operating HIP;
- SNAP-authorized food retailers, ranging from large grocery chains to small stores and farmers markets;
- Third-party processors (TPPs), which contract with retailers to provide EBT data processing services;
- Novo Dia Group, consultants to DTA that provide support to major retailer chains;
- Affiliated Computer Systems, Inc. (ACS), the EBT processor in Massachusetts, which coordinates the flow of data from and payments to TPPs and individual retailers;
- Community Partners (CPs), including local and regional non-profit organizations or community-based organizations (CBOs), State and city agencies, medical centers, places of worship, libraries, and higher education institutions;
- HIP Steering Committee, made up of Community Partners and DTA staff;
- The evaluation team, led by Abt Associates and including Westat and MAXIMUS; and
- SNAP participants, arguably the most important stakeholders in the pilot.

These groups have developed and will implement the pilot over the three-year period summarized in Exhibit 1.1. This Early Implementation Report describes activities from grant application

development (beginning in December 2009) through March 2012. Pilot activities are scheduled to run through early 2013, and the final evaluation will be completed in December 2013.

Exhibit 1.1: HIP Implementation Activities and Schedule

Activity	Timeframe
Pilot design and implementation	December 2009—present
• Grant application development	December 2009—May 2010
• Hiring key DTA ^a personnel	October 2010—May 2011
• EBT system changes	August 2010—present
• Retailer recruitment	March 2010—present
• Development and execution of training for all stakeholders	May 2011—present
HIP operations	November 2011—December 2012
• Wave 1 participant households	November 2011—October 2012
• Wave 2 participant households	December 2011—November 2012
• Wave 3 participant households	January 2012—December 2012

^a Massachusetts Department of Transitional Assistance (DTA).

Throughout the pilot, four key aspects of implementation are expected to have an important influence on the extent to which the program actually increases participants’ intake of fruits and vegetables.

These are:

- **HIP Development and Project Management.** The activities of diverse organizations and stakeholders require coordination through new communication channels. Management of the project as a whole must be sufficiently resilient to adjust to unforeseen developments, including internal challenges and also external events such as natural disasters.
- **HIP Systems Design and Modifications.** Information and financial systems must accommodate new tasks that go beyond standard operating procedures for SNAP. Software must be developed, pre-tested, and rolled out on a tightly coordinated schedule.
- **Retailer Recruitment and Training.** If HIP is to have any influence over food intake, SNAP participants must be able to find – and access – participating authorized retailers. Staff at these retailers must be able to carry out several new tasks in managing food stocks and processing transactions.
- **Notification and Training of Participants.** Much depends on the active participation of the 7,500 households randomly assigned to the HIP group. For HIP to influence food spending, and eventually food intake, these participants need to acquire some understanding of the purpose and function of the pilot, locate retailers, and identify and purchase eligible targeted fruits and vegetables.

The fact that HIP is a temporary pilot with a rigorous evaluation component affected each of these aspects of implementation. Certain features of the pilot complicated HIP systems modifications with respect to both financial management and evaluation methods. For example, funds allocated to provide HIP incentives are managed separately from SNAP benefits, which required a systems design

that could track this funding separately while making the earning and spending of incentive dollars seamless to participants. It was also necessary for the data system to effectively identify and track HIP participants and non-participants. With respect to retailers, the temporary nature of the pilot limited the potential pay-off for retailers in return for the initial start-up costs associated with its implementation. In the interest of rigorous evaluation, two additional constraints affected participant notification and training. First, outreach and publicity could not be so visible or extensive that it would risk exposing the control group to the intervention (i.e., incentive and implicit fruit and vegetable promotion). Second, HIP is intended to test the effect of a financial incentive without additional educational efforts. Notification of participants had to walk a fine line in terms of not contaminating the test of the financial incentive by adding nutrition education. Both of these constraints affected the range of strategies available to DTA, community partners, and even retailers to encourage HIP participants to earn the HIP incentive. Finally, the need to maintain confidentiality limited the ability of community partners to provide support to HIP participants.

This Early Implementation Report focuses on the four key aspects identified above, examining the major entities involved, how HIP was designed and implemented, and the early months of operation. Future evaluation reports will examine later operations. In addition, DTA will produce a detailed report at the end of the pilot covering all aspects of the design, implementation, and operation of HIP.

Organization of this Report

This report is structured as follows:

- Chapter 2 describes the implementation study's **Methods and Data Sources**, including key informant interviews, on-site observation, and a retailer survey.
- Chapter 3 describes **HIP Development and Project Management**, with a particular focus on Massachusetts DTA activities at the State level.
- Chapter 4 describes **HIP Systems Design and Modifications**.
- Chapter 5 describes **Retailer Recruitment and Training**.
- Chapter 6 describes **Local DTA Staff Implementation Activities**, centered in the three local DTA offices in Hampden County.
- Chapter 7 describes the **Involvement of Community Partner Organizations**, who linked HIP pilot activities with the larger community environment in Hampden County.
- Chapter 8 describes the **Notification and Training of Participants**.
- Chapter 9 summarizes the **Successes, Challenges and Lessons Learned**.
- Appendix A contains the retailer survey instruments used.

Chapter 2: Methods and Data Sources

This chapter presents the design and methodology for this Implementation Report, including the main data sources which were interviews and surveys with major stakeholders involved in HIP implementation and operation.

The design of the implementation study calls for three rounds of data collection:

- Round 1: In-person interviews with key stakeholder were conducted from October–December 2011, around the time of the implementation of HIP. In addition to in-person interviews, we collected implementation data from retailers through a mail/telephone survey. We also conducted observations in a sample of retailers participating in HIP.
- Round 2: A second round of in-person stakeholder interviews will take place approximately 6 months after HIP implementation, focusing on early operations. Store observations will be conducted at this time, but no retailer surveys.
- Round 3: The final round of in-person interviews will take place approximately 12 months after HIP implementation, focusing on mature operations and the feasibility of expanding HIP. A retailer survey and store observations will also be conducted.

In addition to these data collection efforts, the Abt team directly observed HIP implementation, participating in monthly status calls and weekly technical calls with DTA and the other organizations involved in implementing HIP. We participated in early design meetings and reviewed the technical documents; team members observed testing of the EBT system modifications. The team was involved in reviewing participant notifications and training materials. We also reviewed key project documents in preparing this report.

This rest of this chapter describes the Round 1 in-person stakeholder interviews, retailer survey, and store observations in detail.

Round 1 Stakeholder Interview Respondents

The goal of the Round 1 interviews was to understand the HIP implementation process.¹ Thus, interviews focused on the design and development of the EBT system modifications for HIP, retailer recruitment, and preparations for notifying and training participants. We conducted interviews with numerous Executive Office of Health and Human Services (EOHHS) and DTA staff. In addition, we closely examined the operations of the EBT processor, ACS, and at the retailer point of sale. Retailers that are undertaking system development to integrate HIP in-lane (referred to as integrated retailers) and TPPs were asked about the complexity and risk of making changes to integrated electronic cash register (IECR)/point-of sale (POS) systems, acquiring and processing applications,

¹ The interviews also addressed some topics germane to other components of the evaluation besides the implementation study, such as the cost analysis and the assessment of the feasibility of expansion. For example, the interviews provided an opportunity to collect data on costs not captured by the reporting procedures for the demonstration. Findings of the cost study will be presented in future reports.

and the constraints of time and resources for making system changes. Finally, we interviewed several of the community-based organizations (CBOs) involved in HIP about their experiences with and opinions of the design and planning of the pilot.

Exhibit 2.1 provides detail about the respondents interviewed in Round 1. The number of respondents in each group may be different in Rounds 2 and 3 depending on how the project evolves.

To ensure that the interviews were conducted systematically, the Abt team developed detailed interview guides with input from FNS staff. The interview guides were reviewed by the DTA HIP management team to confirm that the subject areas were appropriate for each informant group, and to determine if additional questions or probes were required. The guides were reviewed and approved by Abt Associates' Institutional Review Board (IRB) and the White House Office of Management and Budget per the requirements for information collections under the Paperwork Reduction Act of 1995.

Interviewers prepared for each interview by reviewing applicable documents, such as the Massachusetts DTA grant application, project status and progress reports, and internal communications. Evaluation team members also attended two key technical meetings: the orientation meeting for DTA and ACS (conducted in November 2010 at FNS) and the application design sessions (conducted by DTA and ACS in December 2010 at DTA offices). These meetings provided opportunities to gather information about implementation plans and processes. Finally, team members participated regularly in status calls with FNS, DTA, and ACS to keep abreast of project progress and issues and to make sure that evaluation plans were well synchronized with implementation activities.

Two-person teams conducted the interviews. The teams generally consisted of a senior researcher and an analyst who recorded the interview. The EBT interviews were conducted by a team of two EBT experts. Interviews were generally 1-2 hours in length.

After the interviews, teams conducted telephone follow-up as necessary to clarify responses. Interview data were compiled in Word documents structured according to the interview guides.

Exhibit 2.1: Implementation Study Interview Respondents

Interview group and subgroup	Number of respondents	Respondent location	Interview mode/location
DTA executives, financial management, and trainers ^a			
Executives	7	Boston, MA	In person, Boston and phone interview
Financial management	2	Boston, MA	In person, Boston and phone interviews
Trainers	2	Boston, MA	In-person, Boston
DTA HIP staff ^b			
Management team	2	Boston, MA; Hampden County	In person, Boston and Hampden Co.
Retailer liaison	1	Hampden County	In person, Hampden Co.
Trainers	2	Hampden County	In person, Hampden Co. and phone interview
Massachusetts State Executive Office of Health and Human Services (EOHHS) technical staff			
EOHHS technical staff	3	Boston, MA	In person, Boston
Local DTA staff			
Holyoke DTA office	1	Hampden County	In person, Hampden Co.
Springfield State Street DTA office	1	Hampden County	In person, Hampden Co.
Springfield Liberty Street DTA office	1	Hampden County	In person, Hampden Co.
EBT processor (ACS): Management, systems, administrative staff	3	Albany, NY; Austin, TX	Phone interviews
Novo Dia Group, consultant to DTA ^c	1	Austin, TX	Phone interview
Retailers with systems modified to accept HIP			
National chain	1	Various	Phone, written interviews
Regional chains	2	Various	Phone interviews
Third-party processors: Retailer TPPs	3	Various	Phone interviews
Community-based organizations (CBOs)	5	Hampden County; Hampshire County	In-person, Hampden and Hampshire Counties
Total number of respondents	37		

^a These are Boston-based DTA employees that spend part of their time on HIP.

^b These are DTA employees hired for, and working exclusively on, HIP.

^c Coordinated retailer system design and testing.

Round 1 Retailer Survey and Store Observations

Surveys and on-site observations of food retailers offered insight into the experiences and satisfaction of an important HIP stakeholder group, and they provided useful information about the pilot's implementation process and costs. Retailer data collection efforts in Round 1 involved:

- Surveys of SNAP retailers participating in HIP at the beginning of implementation, in November 2011;²
- Observations in a small sample of participating stores; and
- Surveys of retailers who declined to participate in HIP.

Copies of the retailer instruments are included in Appendix A.

The *participating retailer survey* collected information on HIP implementation activities, including:

- How retailers learned about HIP, their understanding of HIP's objectives, and why they chose to participate;
- Activities involved in preparing to implement HIP;
- Training store personnel; and
- Fruit and vegetable inventory and promotion.

As of November 1, 2011, 71 Hampden County retailers had committed to participate in HIP. For sampling, we grouped these stores by store type, combining FNS official store types into the five categories shown in Exhibit 2.2. Our goal was to have the retailer sample reflect all participating retailers, so we wanted the same proportion of retailers, by type, in the sample as among participating retailers. Within retailer type, we randomly selected retailers for the survey. The supermarkets, superstores, and convenience store categories included chain stores and we included all chains in the sample. We then selected a sample of stores within chains, up to a maximum of 6 stores per chain. The survey sample included 52 stores, across four store types (no farmers markets were on board at the time of the survey).

Of the 71 participating retailers, 36 were independent retailers and 35 were retail locations of 5 chain stores. Surveys of chain stores were conducted in two parts, one with a corporate representative who responded to questions concerning activities for which headquarters was responsible. The second part of the survey, focusing on HIP training, was conducted with managers of the chain retail stores. Independent retailers completed one survey. Many questions were similar across the different types of surveys, but some questions were only appropriate for either independent stores or chain stores.

² Retailers are permitted to join HIP at several points during the pilot: November, 2011, February, 2012, and October, 2012. Farmers markets are permitted to join HIP when they open for the season in the late spring/early summer 2012.

Exhibit 2.2: Participating Retailer Survey Sample

FNS store type	Participating at time of pilot launch (Nov. 1, 2011)	Sampled for survey	Completed survey
Supermarkets	10	6	2
Superstores	8	6	6
Grocery stores and food specialty stores ^a	19	19	14
Convenience stores ^b	34	21	17
Farmers markets ^c	N/A	0	0
Total	71	52	39

^a Includes small, medium, and large grocery; fruits/vegetable specialty; meat specialty; seafood specialty.

^b Includes convenience store and combination grocery/other.

^c Includes farmers markets and direct marketing farmers that will not begin operating until Summer 2012.

Source: HIP Retailer Sample. Includes only stores located in Hampden County.

The participating retailer survey was conducted by mail with telephone and field follow-up between October and December 2011. We were able to complete the survey with 39 retailers, representing 75 percent of the sample.

In October 2011, prior to HIP implementation, we conducted *store observations* in a purposefully selected sample of 10 participating retailers of different store types who agreed to participate in the survey. During these visits, we conducted an inventory of fresh, frozen, dried, and canned fruits and vegetables. (For these 10 stores, inventory information was collected in both the observations and the retailer surveys as a check on the accuracy of the responses in the survey.) The inventory focused on the availability, variety, visual appeal, and price of a selection of fruits and vegetables available in the store. We also identified store signage promoting the consumption of fruits and vegetables. Finally, in stores without integrated electronic cash registers (referred to as EBT-only systems), we observed a simulated HIP transaction.

The focus of the *non-participating retailer survey* was to understand the factors affecting a store's decision not to participate in HIP. In addition, the survey collected information on how retailers learned about HIP, their understanding of HIP's objectives, and fruit and vegetable promotion in stores.

We selected a small sample of 16 non-participating retailers to complete the survey. Similar to the participating sample, we stratified stores by four store types and randomly sampled within store type. Many non-participating stores were part of corporate chains and we randomly selected one store per chain. We deliberately excluded stores where HIP participation was still under discussion, so as not to interrupt ongoing negotiations.

Surveys were conducted on the telephone during November and December 2011. We were able to complete 13 interviews or 81 percent of those sampled.

Chapter 3: HIP Development and Project Management

This chapter provides background and context for understanding HIP implementation by describing the history of HIP in Massachusetts, including the State's interest in applying for the grant. It also describes the management structure of HIP, including descriptions of the entities participating in HIP and their respective roles, and coordination among different groups. The findings in this chapter are based on interviews with DTA staff, document reviews, and notes from meetings.

Implementing and operating HIP required that DTA hire several additional staff members, including a HIP Director, Assistant Director, Retailer Liaison, and two trainers. Posting of these key positions occurred in October 2010; staff were hired during spring 2011. During the interval between the grant award and hiring of new staff, existing DTA staff assumed HIP responsibilities.

Implementation also required that DTA contract, or otherwise establish relationships, with a number of different organizations who provided the technical expertise to develop and deploy the EBT system modifications that allowed SNAP participants to earn the incentives. DTA worked to establish these relationships during the application development process and continued during the early design stages in 2010-2011.

Implementation of the pilot was punctuated by several natural disasters, including a devastating tornado in June 2011 and a massive snow storm in late October 2011. As a result of the tornado, several HIP retail stores were destroyed and DTA, ACS, retailers and other members of the community had to manage the crisis, thus diverting their attention from the implementation of HIP. Disaster SNAP (D-SNAP) benefits were offered as a result of the tornado and replacement benefits followed the snow storm; both efforts challenged local DTA offices.

HIP Grant Development

DTA had several goals in applying to implement HIP. The grant would provide new resources and establish a new relationship with USDA. HIP fit with DTA's existing initiatives for nutrition education, reducing obesity and hunger, SNAP outreach, and improving food access for SNAP households. DTA had made a major effort to reach those eligible but not participating in SNAP, and the agency was looking to promote more healthful food choices among program participants. From a larger perspective, the pilot offered an opportunity to bring stakeholders together to talk about broader SNAP issues like access to DTA programs and SNAP policies.

Pulling the pieces together was a major effort beginning in December 2009 with release of the USDA FNS Request for Applications (RFA). The five-month application effort required garnering commitments or support from many stakeholders: local DTA offices, retailers and community-based organizations (CBOs), statewide health and community support organizations, and multiple state-level agencies and officials at the executive and elected levels.

DTA chose Hampden County as the proposed HIP site for several reasons. First, the need for HIP was high. The Western Massachusetts region has the highest rates of obesity and related chronic illness in the State. Hampden County also has the lowest median income and the highest poverty rate in Massachusetts. Additionally, it offered a geographically diverse area with three urban areas (Springfield, Holyoke, and Chicopee) and surrounding suburban and rural areas. The SNAP population includes a diverse mix of ethnic groups and includes a significant proportion of

households that primarily speak a language other than English. Finally, Hampden County has a dedicated group of community leaders who were very willing to support a pilot program such as HIP. These features of Hampden County made it a suitable site for testing HIP.

At the same time, DTA was aware that Hampden County posed challenges for HIP that would be important to overcome, including food deserts and areas with limited transportation. The strength of the network of community organizations and their strong, early interest in HIP were factors that encouraged DTA to select Hampden County as their proposed site for HIP.

In completing the application for the HIP grant, DTA was supported by many entities, including its EBT system processor, ACS. Through a series of meetings and conference calls, DTA worked with ACS to create an initial design for the HIP project. DTA had support from the Public Consulting Group in writing the application; this firm provided grant-writing expertise to supplement DTA's staff capabilities. CBOs also provided assistance enlisting retailers and consulting on the design of the project. These contributions are discussed in more detail in subsequent chapters.

HIP Project Structure and Management

FNS understood from the beginning that a successful pilot project would involve multiple entities, from local SNAP offices to national retail chains and the SNAP EBT system processor. Indeed, HIP is a complex undertaking, involving many different types of interactions between a wide range of entities. Managing the number and type of stakeholders involved in HIP, as well as the system changes required, has been a complex undertaking.

In brief, the principal interactions that characterize HIP implementation and operations are the following:

1. DTA contracted with the State's EBT processor, ACS, to operate HIP as part of the EBT system. DTA oversaw and participated in the testing of EBT system modifications by ACS, retailers, and third-party processors.
2. DTA recruited SNAP-authorized retailers in Hampden County to participate in HIP and provided them with training. In addition, DTA's contractor, Novo Dia Group (NDG), provided support to major retailers and their third-party processors for point-of-sale system (POS) modification and testing.
3. ACS interacts with retailers directly and through third-party processors to set up retailer accounts, authorize EBT transactions, and settle funds in payment for SNAP benefits and HIP incentives redeemed by participants. ACS provided preprogrammed EBT terminals for retailers without integrated electronic cash registers and to those that did not already have systems for accepting EBT.
4. Retailers conduct point-of-sale transactions using SNAP benefits. When those transactions include HIP-eligible foods, participants earn incentives in the form of additional SNAP benefits. Retailers and TPPs modified their systems to process HIP transactions.
5. Participants received training from DTA's HIP training staff. They received customer support from the DTA HIP call line, DTA's general client hotline, or the ACS customer service hotline.

6. CBOs and local DTA offices were trained for their roles in HIP by the DTA's HIP trainers. DTA local offices and CBOs provided appropriate referrals and other assistance to HIP participants.
7. CBOs provided input and feedback to DTA, both directly and through the HIP Steering Committee.

Overarching all HIP activities is FNS, whose role is the oversight of HIP, policy determination, testing of EBT system changes, SNAP retailer authorization, and management of the evaluation contract with Abt Associates.

The activities of the major entities are described in more detail below.

FNS Team

FNS spent significant time developing the concept of HIP, determining basic pilot parameters, and designing the HIP evaluation. Once the HIP site and evaluation team were selected, FNS' role shifted to overseeing further development, testing, and implementation of HIP by DTA and its partners, and the execution of the evaluation by the Abt team.

A core team of three FNS staff members work on project oversight and system testing. This includes the Project Officer for HIP Implementation and Operations in the Program Accountability and Administration Division; a staff member from the Benefit Redemption Division with expertise in EBT, retailer and third-party processor systems and system testing; and the Project Officer for the HIP Evaluation from the Office of Research and Analysis.

FNS also contracted with Booz Allen Hamilton for technical assistance in system testing, specifically verifying that tests were successful and identifying any problems. Booz Allen began work during the August, 2011 user acceptance test (UAT) for the changes to ACS' system and provided reports on this test. Booz Allen also participated in and reported on the subsequent tests conducted by FNS and DTA of retailer and third-party processor systems for HIP.

Abt Associates Evaluation Team

Abt Associates was selected by USDA as the independent contractor to evaluate HIP. The evaluation team also includes Westat and MAXIMUS. The Abt team is responsible for all evaluation activities, including design, data collection, analysis, and reporting. In addition, Abt has provided ongoing technical support to DTA for evaluation-related responsibilities.

DTA Team

DTA has ultimate responsibility for managing the implementation of HIP. To meet its HIP responsibilities, DTA put a sizable HIP team in place. The initial thirteen-person team included six existing staff members and seven new hires specifically for HIP. Existing staff members provide pilot support on a part-time basis, while the new HIP staff spend all of their time on HIP. As discussed later in this chapter, the lead time required to hire new staff put a strain on project resources during the early phase of the project. Key DTA staff and their primary HIP responsibilities are listed in Exhibit 3.1.

Exhibit 3.1: Key DTA Staff Involved in HIP

Person/Position	Location	Primary responsibility
Existing DTA staff		
1. Executive Lead (Assistant Commissioner for Policy, Programs and External Relations)	DTA Central Office Boston	Oversight of HIP and HIP Director. Ensuring HIP goals and strategic objectives are met.
2. EBT Director	DTA Central Office Boston	Oversight of Massachusetts EBT Program; interfaced with ACS on HIP system design and implementation
3. IT Liaison	DTA Central Office Boston	Provide technical support and interface with DTA Management Information System (MIS) team
4. BEACON Project Manager ^a	DTA Central Office Boston	Oversight of the BEACON system changes
5. Budget Director	DTA Central Office Boston	Budget management
6. Trainer	DTA Central Office Boston	Assist with development of training materials
New staff hired for HIP		
7. HIP Director	Shared ^b	Oversight of all HIP planning, implementation and operations; HIP focal point. Management of HIP staff.
8. HIP Assistant Director	Shared ^b	Provide administrative support to HIP Director including planning, communicating, research, personnel, record keeping, etc.
9. Retailer Liaison	Hampden County	Recruit retailers to participate in HIP; provide retailer training
10. Trainers (2)	Hampden County	Develop training materials; train DTA local staff and participants
11. Information Coordinators (2) ^c	Hampden County	Manage HIP call line, respond to email inquiries, and maintain website

^a BEACON is the Massachusetts SNAP eligibility system

^b HIP Director and Assistant Director divide their time between DTA Central Office in Boston and Hampden County.

^c Expected to start April 1, 2012

The trainers hired specifically for HIP left DTA once all initial training was completed. DTA created two Information Coordinator positions to staff the HIP toll-free number and maintain the website. The two positions were filled in April 2012. Prior to filling these positions, the DTA staff shared responsibility for managing communications.

EBT Processor Team

ACS was involved in HIP from the beginning, helping DTA to develop its grant application. Once the grant was awarded, ACS did the following:

- Took the lead in developing a detailed HIP Implementation Plan which included all activities, milestones, and resources required to implement HIP, as well as detailed project schedule;
- Managed the system design process;

- Modified its EBT processing system (known as EPPIC) to meet HIP requirements;
- Hosted the User Acceptance Test (UAT);
- Initiated HIP processing in the EPPIC system; and
- Developed the technical specifications in support of IECR and TPP implementation of HIP at the store level.

Three ACS staff members had lead roles:

- Massachusetts EBT Project Manager and overall ACS project lead for HIP;
- HIP Technical Assessment Lead with primary responsibility for the HIP system design; and
- HIP Development and Implementation Manager with primary responsibility for the implementation and execution of the HIP system design.

ACS assigned additional project staff as needed in order to plan and implement the HIP project. This staffing included technical support, project implementation, training and retailer support.

Novo Dia Group

In the grant application, DTA indicated that it would hire a technical coordinator for HIP. After grant award, however, DTA determined that contracting for this expertise, rather than hiring, would be quicker and more cost-effective. DTA contracted with Novo Dia Group, an EBT technology services and consulting company, to coordinate system design and testing activities for retailers and TPPs.

Novo Dia Group provided the following support:

- Coordinated activities between HIP Team members (primarily DTA and ACS) and the TPPs and integrated electronic cash register systems (IECR) retailers;
- Coordinated TPP and IECR retailers system design and testing activities;
- Provided subject-matter expertise on retailer specifications and the EPPIC system;
- Conducted document reviews;
- Reviewed retailers' lists of Universal Product Codes (UPCs) and Product Lookup (PLU) codes for HIP-eligible foods;
- Facilitated Retailer System Acceptance Testing (RSAT); and
- Provided trouble-shooting and problem-resolution support for issues involving retailer and TPP systems after HIP was launched.

Hampden County SNAP Staff

DTA provides services to SNAP applicants and participants through three local offices in Hampden County. Two are located in the city of Springfield (the State Street and Liberty Street offices), and another in the town of Holyoke.³

Two of the local office directors assisted with the State's application for HIP, provided information about local retailers, and gave input on plans for training local office staff and communications with participants.

Since the grant award, the local offices have supported HIP in several ways, including providing input on training materials, participating in HIP training, facilitating participant training sessions, and directing participant inquiries to HIP staff. One local office director serves as a member of the HIP Steering Committee. The Springfield State Street office provides office space and logistical support for the locally-based HIP staff.

Hampden County Retailers

From the perspective of EBT transactions processing, there are three types of retailers participating in HIP: chain stores, independent stores, and farmers markets. In Hampden County, all superstores, most supermarkets, and some convenience stores are *chain stores*. These stores use integrated electronic cash register systems (IECRs) that automatically identify HIP-eligible foods and compute the total amounts of HIP-eligible and non-HIP-eligible SNAP purchases. These systems are “integrated” because they combine scanners (to identify products), cash registers (to total the value of HIP, other SNAP, and other purchases), and payment systems (card readers and pads for entering a PIN or signature). IECRs make the transaction processing simpler for cashiers.

Chain retailers rely on third-party processors (TPPs) to accept credit, debit and EBT (including HIP) transactions and route the transaction to the appropriate card issuer for approval. Both IECR and TPP systems required modifications to conduct a HIP transaction. In Hampden County, four chains operating supermarkets and superstores have adapted their IECR systems for HIP. In addition, one chain of convenience stores has adapted its IECR system for HIP.

In contrast to chain stores, most *independent retailers* in Hampden County use a point-of-sale (POS) terminal that is provided by the EBT processor and accepts only EBT transactions. These EBT-only POS terminals are not integrated with the retailers' cash registers, so the retailer manually enters the amount of the HIP transaction into the stand-beside POS terminal. Rather than routing transactions through a TPP, these terminals communicate directly with the State's EBT processor, ACS. A small percentage of independent retailers use POS terminals provided by a commercial processor to accept credit and debit transactions as well as EBT.⁴ These terminals thus communicate with the EBT processor through a TPP. To date, no independent retailers have participated in HIP through TPPs.

³ Some SNAP households in Hampden County are served by central offices outside of the county, one in the Boston suburb of Malden and another in Sturbridge, a town located roughly midway between Boston and Springfield.

⁴ DTA and Novo Dia Group are currently working with these retailers and their TPPs to include them in HIP.

Finally, *farmers markets* in Hampden County generally use a token system to accept SNAP benefits. Participants purchase tokens with their EBT cards at the market manager's location and then use the tokens to buy foods from farmers and other vendors participating in the market. For HIP, some farmers markets will use a modified version of the token system, while other markets will equip vendors with mobile electronic devices to conduct HIP transactions. Details of these plans will be discussed in the evaluation's Interim Report.

Third-Party Processors

Third-party processors (TPPs) are data processing contractors used by the participating retailers with IECRs. The TPPs route point-of-sale transactions to the appropriate networks or card issuers for authorization. Two TPPs are directly connected with participating IECR retailers, processing all of their debit, credit, and EBT transactions. A third TPP provides the EBT switch, accepting transactions from TPPs, and routing them to Massachusetts' EBT processor, ACS, for authorization. These three firms modified their systems in order to receive and route the transaction messages required for HIP.

Hampden County Community Partners

DTA involved approximately 75 community partner organizations in various aspects of HIP.⁵ These included local and regional non-profit organizations or CBOs, State and city agencies, medical centers, places of worship, libraries, and higher education institutions. They provided advice and support during the application process; reviewed training materials; hosted and provided participant training sessions; hosted and participated in the training of other community partner organizations to serve as resources to HIP participants; and conducted outreach to retailers. The locus of their involvement was the HIP Steering Committee, a group of 15 diverse community partners, including 12 CBOs and three State or city agencies, convened by DTA to provide input and foster opportunities for collaboration.

Project Management

DTA is responsible for managing and coordinating all activities related to the development and implementation of HIP, a complex undertaking given the number of entities involved and the scope of the work to be completed. Since receiving the HIP award, DTA has worked to ensure that implementation occurs as smoothly as possible. One important component of this has been to hold regular meetings with those involved in the implementation effort.

The HIP Director holds monthly status calls with DTA, FNS, ACS, Novo Dia Group, and Abt Associates to review progress in the preceding month, to identify operational, technical or evaluation issues, and to identify activities for the upcoming month and plan for future activities. DTA also conducts weekly technical meetings (by phone) with this group to monitor the technical progress of the project and to identify any issues that could impede the implementation or evaluation. DTA and FNS conduct weekly check-in meetings.

The HIP Steering Committee meets on a monthly basis. FNS and Abt have periodically attended to provide updates, answer questions, solicit input, and learn about community partners' activities.

⁵ Chapter 7, Exhibit 7.1 lists the 75 community partners and their roles in HIP.

Leading up to the HIP launch, DTA held regular meetings with NDG to review progress of the five major chain retailers in readying their systems for HIP.

DTA held frequent internal meetings for staff involved in HIP, and the HIP Director and Executive Lead have met monthly with senior DTA managers to brief them on progress and raise issues that needed their attention, such as staffing and contracting. DTA also established a secure collaboration site to store project documentation.

Lessons Learned

Staffing has been an important and challenging part of HIP management. The challenges, which included hiring the core HIP staff and contracting for technical support to retailers and TPPs, are discussed below. Subsequent chapters focus on the different HIP stakeholders; specific challenges related to these groups are discussed in those chapters.

Hiring Additional Staff at DTA

As mentioned previously, to execute its plan for implementing HIP, DTA needed to hire several new staff members: a Director, Assistant Director, trainers, a Retailer Liaison, and two Information Coordinators. This was a longer process than originally anticipated. This was partly due to the State's hiring processes, partly to DTA policy, and partly to the lack of seasoned trainers. Activities that took more time than expected included getting postings for positions approved and published, background checks on candidates, and the requirement that DTA consider candidates from the state's staff recall list.

Further, DTA did not propose the Retailer Liaison position in their grant application. It was only after beginning to implement the grant that DTA realized the importance of having someone develop direct, in-person relationships with retailers.

As a result, the new staff for HIP—including three key project management team members (the HIP Director, HIP Assistant Director and Retailer Liaison)—did not begin work on the project until mid-2011. The Information Coordinator positions were filled in April 2012. In the interim, DTA staff had to assume HIP responsibilities in addition to their normal workloads. Added to this workload was the interview process for the new positions and bringing new staff up-to-date on the project once hired. DTA recommends that organizations undertaking similar endeavors in the future have a project management team in place and assimilated at project start-up.

The extended recruiting process for the HIP Director had one benefit for DTA, however. The opportunity arose to select an individual with strong contacts in the local community. To take advantage of this opportunity, DTA reconfigured the director position to be primarily based in Hampden County. DTA found this decision helpful in increasing the access of the HIP Director to the locally based HIP staff, DTA local offices, and community partners.

Contracting for Retailer System Specialist

A second staffing challenge was to provide a technical support expert for retailers. DTA knew from the start that it needed to provide a technical liaison to retailers, but its strategy for providing it changed. After its grant application was accepted, DTA decided to change its approach to staffing the role of liaison to ACS, the IECR retailers, and the TPPs. DTA had proposed to hire a full-time staff member for this role but determined that this highly technical, short-term position would be difficult

to fill, particularly within the time frame of the project. Therefore, DTA immediately developed a Request for Proposal (RFP) for a contractor to provide technical support to IECR retailers and TPPs that needed to make system modifications to process HIP transactions. The scope of work for this contractor also included support for DTA's role in the design and testing of changes to the ACS EBT system. DTA's RFP was posted in October 2010. Novo Dia Group was selected and began work in December 2010. DTA hosted a joint application design (JAD) session from December 1-3, 2010. FNS, Novo Dia Group, ACS and Abt attended. During the session, the group discussed HIP transaction process and data sharing assumptions and the system modification documents. The group finalized these details in February 2011.

Retailers indicate it usually takes 18 to 24 months to make a major system modification, as the modification must be placed on the IECR development schedule and go through system life cycle development processes, including design, development, testing and release. Because of changes and the time it took JAD session members to finalize assumptions and HIP IECR and TPP technical specifications, there was a window of only six months for IECR and TPP development and testing prior to the November 1, 2011 HIP start date. The support provided by Novo Dia Group was crucial in getting these systems modifications in place prior to HIP start-up. DTA recommends that a specialist in EBT and IECR systems be used for support of these types of deployments, as this expertise does not normally reside within a State agency and is extremely helpful to retailers.

Chapter 4: HIP Systems Design and Modifications

The Healthy Incentives Pilot (HIP) piggybacked on Massachusetts's existing Supplemental Nutrition Assistance Program (SNAP) electronic benefit transfer (EBT) system. EBT system modifications were necessary to identify when an incentive is earned, to calculate the amount of the incentive, and to draw down HIP funds from the Federal Reserve Bank to pay retailers for food purchases. This chapter describes the components of the EBT system used for HIP in the pilot area of Hampden County; the system changes that were made to enable HIP transactions; and the processes used to identify and successfully implement these changes.

HIP System Components

In this section, we describe the components of the EBT system used for HIP, as background information for understanding the changes that were made as part of the pilot. We begin with an overview of the HIP transaction process and then discuss each of the EBT system components.

Transaction Overview

A HIP transaction is the purchase of targeted fruits and vegetables (TFV) by a SNAP participant selected to participate in HIP at a HIP-participating SNAP retailer location. As a result of a HIP purchase, a SNAP household earns an incentive of 30 percent of the HIP purchase amount (up to a maximum of \$60 per month). The incentive is immediately added to the household's SNAP account and can be used exactly like regular SNAP benefits during their next food purchase.

DTA contracts with ACS to provide EBT processing services. The ACS EBT system, known as EPPIC,⁶ receives the request to authorize the SNAP purchase amount, checks the household's account for sufficient benefits, checks the household's participation in HIP, calculates the HIP incentive and credits the incentive to HIP participant's SNAP EBT account, making the incentive available for use in subsequent purchases of SNAP-eligible items. As with SNAP, other HIP transactions may occur at the retailer point of sale (POS), including balance inquiries, returns, voids, reversals and manual transactions.⁷ The return of an item that previously earned a HIP incentive credit will initiate a similar debit to the HIP incentive amount held in the account.

For a HIP transaction to occur, the EBT system must validate the following elements:

- The retailer is authorized by FNS to conduct SNAP transactions;
- The POS card acceptance terminal is identified as belonging to a SNAP retailer;
- The card used for the purchase is an active Bay State Access EBT card;

⁶ Electronic Payment Processing and Information Control

⁷ A manual transaction is used by retailers when a card is damaged or a node in the system is not functioning and an electronic authorization for the transaction cannot occur. The retailer must call ACS to get approval for the transaction and record applicable information, including the authorization number, on a paper voucher. The voucher information may be key-entered by the retailer when the system becomes operational or mailed to ACS for payment processing.

- The personal identification number (PIN) entered by the participant is valid;
- There are adequate SNAP funds in the EBT account to conduct the transaction;
- The participant’s account is flagged as an account participating in HIP; and
- The household has not reached the HIP incentive cap of \$60 per calendar month

The first five elements are standard for any SNAP EBT transaction; the remaining two elements are specific to HIP.

EBT System Components Used for HIP Transactions

The EBT system used for HIP comprises five main components that interact to issue benefits, identify HIP participants, authorize transactions, and add HIP incentives to participant accounts. These five components are described below.

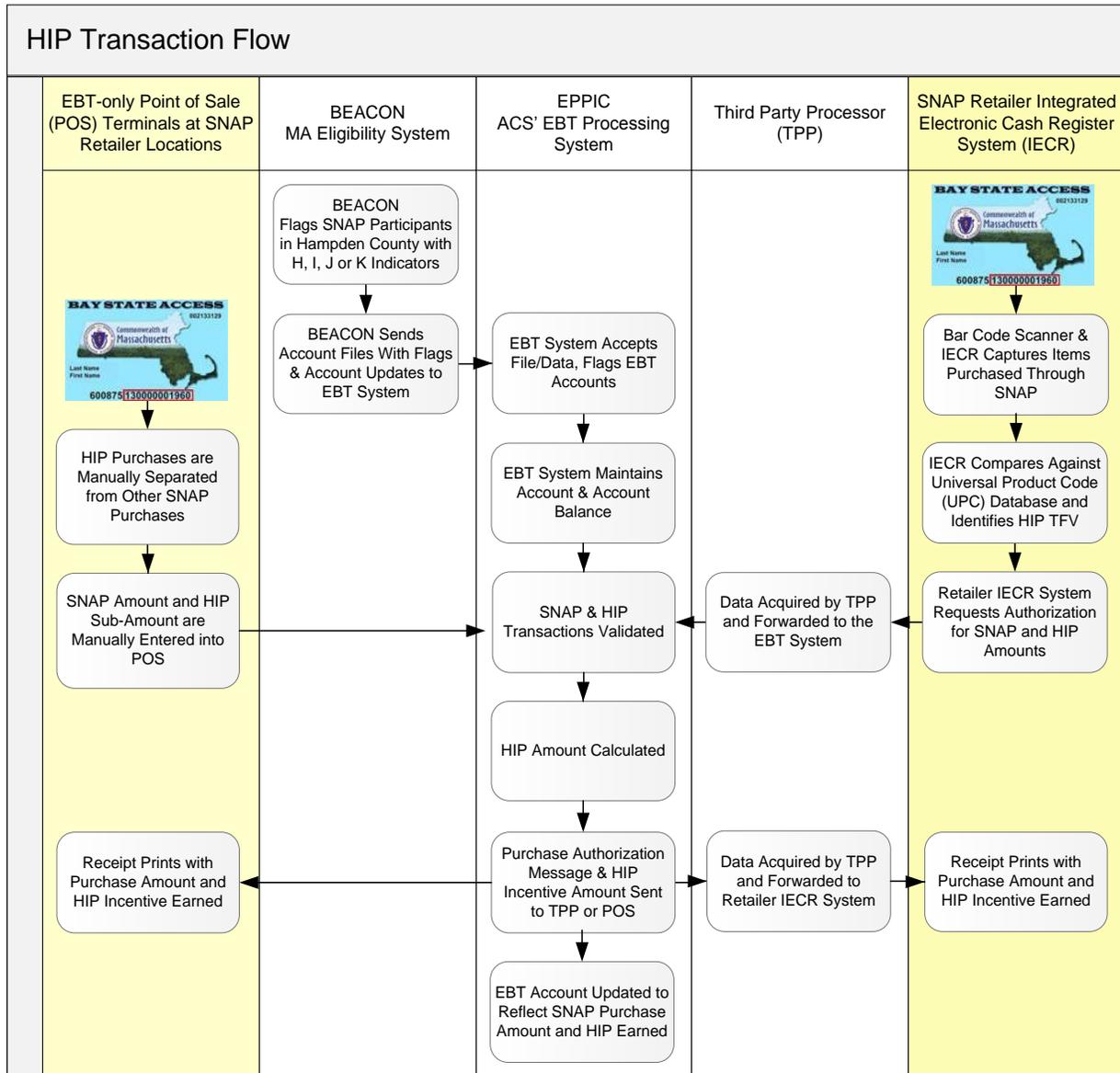
- *The Massachusetts DTA eligibility system, BEACON.* This system sends data to issue cards and SNAP benefits to the EBT processing system, EPPIC. For HIP, BEACON sends data to EPPIC to identify SNAP households selected to earn incentives and other SNAP households in the control group for the evaluation.
- *The EBT processing system, EPPIC.* This system issues EBT cards, posts benefits to EBT accounts, authorizes EBT transactions, and initiates settlement through the banking system to pay retailers for EBT purchases. For HIP, EPPIC determines whether a purchase qualifies for an incentive (based on the HIP purchase amount and the household’s status) and credits the household’s account accordingly. EPPIC also provides reports for monitoring and evaluation of HIP.
- *The participant’s Bay State Access EBT card.* HIP participants use their previously issued Bay State Access EBT cards to make HIP purchases. DTA provided a special card sleeve with the HIP logo so that participants can identify themselves at the checkout in stores where manual entry of the HIP purchase amount is necessary.
- *The retailer point-of-sale (POS) system.* Retailers use one of two types of POS systems for SNAP and HIP transactions.
 - Participating supermarkets, superstores, and other chain stores use an integrated electronic cash register (IECR) system. The IECR uses a scanner to identify whether each item is eligible for HIP incentives. The IECR also identifies other items that qualify for SNAP, calculates the SNAP and HIP item purchase amounts, submits the transaction to the EBT system for authorization, and prints a receipt for the customer.
 - All participating independent stores use “EBT-only” POS terminals provided at no cost to the retailers. These terminals are separate from the retailers’ cash registers. The retailer manually separates the TFV items, totals them and the rest of the SNAP-eligible items, and enters these amounts in the terminal. The terminal submits the transaction to the EBT system for authorization and prints the receipt for the customer.
- *Third party processor (TPP) systems.* Retailers with IECR systems use TPPs for three functions. First, some retailers use TPPs to control or “drive” their POS terminals. Second, retailers use TPPs to route transactions from IECRs to the appropriate processor or network

for authorization. Third, some retailers' TPPs connect with the EBT processing system through another TPP that maintains the EBT switch (similar to the role of the major credit and debit card networks that link the retailer with the customer's bank). HIP requires TPPs to process additional information (the HIP purchase and incentive amounts) for SNAP transactions.

Data Flow of a HIP Transaction

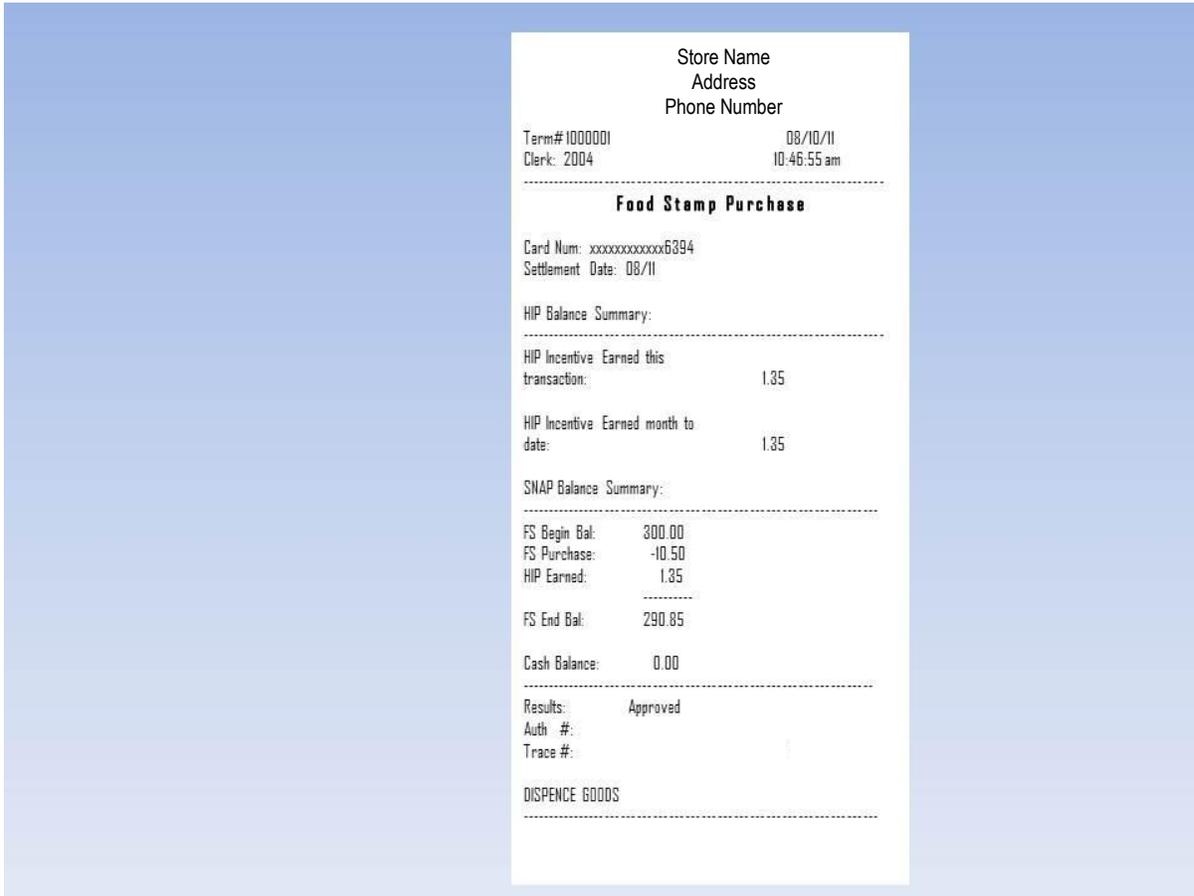
The data flow for a HIP transaction is illustrated, at a high level, in Exhibit 4.1. In this figure, BEACON initiates the account setup, SNAP benefit issuance and identification of HIP participants. The participant initiates the POS transaction. If the participant is purchasing food at a retailer location with an EBT-only terminal, then the retailer manually enters the SNAP and HIP transaction amounts into the terminal, which transmits the transaction directly to EPPIC. If the participant is purchasing food at a retailer location with an IECR, the transaction is routed through a TPP to the EBT system. The EBT system returns messages that indicate the amount of the purchase, the balance of SNAP and HIP funds remaining, the amount of the HIP incentive earned and the total amount of HIP incentives earned that calendar month. Exhibit 4.2 provides an example of a receipt showing how this information is displayed.

Exhibit 4.1: HIP Transaction Flow



Note: See next subsection for definitions of the H, I, J, and K indicators. "TFV" means target fruits and vegetables eligible for incentive.

Exhibit 4.2: Sample HIP Receipt



Identification of a HIP Participant

SNAP participants residing in Hampden County were identified in two ways: first, whether they were selected to earn HIP incentives, and second, whether they were selected to participate in the impact evaluation. Abt Associates, the evaluation contractor, randomly selected households to earn HIP and to participate in the evaluation.⁸ Once the selection was complete, the SNAP participants were flagged in BEACON according to their status, and these identifiers were transmitted to EPPIC.

The 55,095 SNAP households active in Hampden County in July 2011 were placed into four different groups based on whether they were selected to earn HIP incentives and whether they were selected for the participant survey sample. Each group was assigned an indicator (flag) within BEACON and EPPIC. Counts of SNAP households in July 2011 and indicators of their randomly assigned status are provided in Exhibit 4.3.

⁸ The random assignment process is described in the Updated Study Plan for the Healthy Incentives Pilot Evaluation, prepared by Abt Associates for USDA-FNS (June 2011, http://www.fns.usda.gov/snap/hip/docs/study_plan.pdf).

Exhibit 4.3: Definition of HIP Identifiers

Identifier (Flag)	Number of Households	Receiving HIP Incentives	Selected for Participant Survey
H	4,962	✓	
I	2,538	✓	✓
J	2,538		✓
K	45,057		
Total	55,095		

Identification of a HIP-Eligible Food Item

According to the rules set by FNS, the following types of “target fruits and vegetables” (TFVs) are eligible for the HIP incentive:

- Any variety of fresh whole or cut fruit without added sugars.
- Any variety of fresh whole or cut vegetable, except white potatoes, without added sugars, fats, or oils (yams and sweet potatoes are allowed).
- Any variety of canned fruits (must conform to FDA standard of identity (21 CFR Part 145)); including applesauce, juice pack or water pack without added sugars, fats, oils, or salt (i.e. sodium). Any variety of frozen fruits without added sugars.
- Any variety of canned (except mature legumes) or frozen vegetables without added sugars, fats, or oils. Varieties may be regular or lower in sodium. Varieties must conform to FDA standard of identity (21 CFR Part 155). White potatoes are NOT included. Yams (e.g. orange, red, and white) and sweet potatoes are allowed.
- Any type of dried fruit or dried vegetable (except dried mature legumes) without added sugars, fats, oils, or salt (i.e., sodium).⁹

This set of fruits and vegetables was chosen for two reasons:

1. It represents a healthful set of foods while providing ample choice for participants, and
2. A desire to create consistency across FNS programs and build on participants’ and retailers’ familiarity and experience with the Special Supplemental Program for Women, Infants, and Children (WIC).

To assure fast and accurate check-out in high-volume stores, the IECR systems automatically identify HIP-eligible items and calculate the total amount of the HIP purchase. In order to do this, the retailer must have a database of the product codes of all HIP-eligible foods, and the IECR software must be

⁹ USDA FNS, *Requirements and specifications for SNAP HIP Fruit and Vegetable Purchases*, April 5, 2011. The TFV for HIP are based on the fruits and vegetables eligible for the WIC Fruit and Vegetable Cash Value Voucher (CVV).

programmed to check each item against the HIP foods database to determine if it is eligible for a HIP incentive.

At the outset of the project, there was no database of all TFVs available in Massachusetts stores to use for HIP. Instead, FNS provided written guidance to retailers as to which items were acceptable for HIP, and a database of all TFV product codes then in use for five WIC EBT State projects. Each participating IECR retailer created its own HIP foods database based on that guidance and submitted its database to FNS for review and approval.

Retailers that use an EBT-only POS terminal must manually separate the HIP and non-HIP food items during the transaction. The retailer computes the HIP sub-total and the SNAP total (including HIP and other foods), then enters these amounts into the POS terminal.

System Design Process

The system design process was initiated in October 2008 by FNS. FNS prepared high level HIP design requirements prior to conducting the HIP grant application process (see the Request for Applications on the FNS website: <http://www.fns.usda.gov/snap/hip/>). The detailed system design process began after FNS awarded the HIP demonstration grant to Massachusetts in August 2010, as each State's EBT system is different.

DTA's EBT system contractor, ACS, led the detailed HIP system design process. Participants and their roles in the design, development, and testing processes are listed in Exhibit 4.4.

System Design Activities

While ACS had the primary responsibility for managing the HIP design process, all stakeholders involved in the development of policy and in processing HIP transactions participated in the design process. FNS developed the initial HIP design requirements and specifications for transaction message formats. These requirements were included in the RFA that went out to state SNAP agencies. After the award of the grant, DTA and ACS held a kick-off meeting in September 2010. At the meeting, ACS reviewed and discussed the HIP implementation requirements with the DTA HIP team. The next milestone was the Joint Application Design (JAD) sessions led by ACS with participation from DTA, FNS, Novo Dia Group, and the Abt evaluation team, conducted over a three day period from December 1–3, 2010. These sessions identified the detailed requirements and rules for HIP, and the modifications that would need to be made to the Massachusetts EBT system (EPPIC) and the Massachusetts SNAP eligibility system (BEACON). Based on the requirements, ACS and DTA produced the design documents to guide these modifications and the changes to be made by retailers and TPPs.

Primary HIP System Design Requirements

The primary system design decisions can be traced back to the HIP Design Requirements developed and approved by FNS prior to release of the RFA. The HIP Design Requirements include the primary elements below.

Targeted Fruits and Vegetables (TFV): FNS determined that for the purposes of the HIP demonstration, designated fruits and vegetables would include fresh, frozen, dried and canned varieties. Specifically, FNS defined HIP-eligible foods as those allowed nationally by federal

Exhibit 4.4: Participants in the HIP System Design, Development, and Testing Processes

Participant	Role
USDA FNS	<ul style="list-style-type: none"> Developed HIP Design Requirements Developed the Internet and HIP Technical Specifications Developed the definitions of HIP eligible food items Participated in design sessions Reviewed and approved the technical specifications and design documents Developed scripts for and participated in testing of EBT and retailer systems
MA DTA	<ul style="list-style-type: none"> Acted as Project Manager in the system design process Participated in design sessions Modified the BEACON eligibility system to flag (identify) HIP program and evaluation participants and non-participants Participated in testing of EBT system
ACS (EBT processor)	<ul style="list-style-type: none"> Conducted Joint Application Design (JAD) sessions with FNS, DTA, Novo Dia Group and Abt Developed the technical interface specifications which were provided to retailers and party processors (TPPs) Developed EPPIC system design documents Modified EPPIC to meet HIP design requirements Modified and upgraded EBT-only POS terminals to meet HIP design requirements Developed the EBT system HIP test plan and scripts, and led the test
Novo Dia Group (technical contractor to DTA)	<ul style="list-style-type: none"> Participated in design sessions Participated in EBT system testing Coordinated retailer (IECR) and TPP system modifications Developed test scripts and facilitated retailer system testing Advised retailers on development of databases of HIP-eligible foods and collected lists for review by FNS
IECR retailers	<ul style="list-style-type: none"> Modified^a their IECR systems to support HIP Developed database of HIP-eligible foods (TFVs) specific to their stores Participated in testing of their systems for HIP Certified their systems with their TPPs
TPPs	<ul style="list-style-type: none"> Developed interface specifications for their retailers Made changes in their systems' tables of codes to identify and validate HIP transactions Participated in EBT system testing Certified retailer systems
Booz Allen Hamilton (technical contractor to FNS)	<ul style="list-style-type: none"> Developed test scripts and participated in EBT system testing Documented and reported on test results Participated in and reported on testing with the five IECR retailers

^a Some of the large retailers develop and maintain their own integrated electronic cash register (IECR) point-of-sale systems, modifying the system as required. However, most retailers purchase their IECR systems from manufacturers or third party vendors who maintain and update the system software as required.

regulations pertaining to the Fruit and Vegetable Cash Value Voucher for the Special Supplemental Nutrition Program for Women Infants and Children (WIC).

- **HIP Incentive:** To encourage HIP recipients to purchase fruits and vegetables, FNS prescribed a monetary incentive of 30 percent of the value of HIP-eligible items purchased.
- **HIP Cap:** A maximum of \$60 per month can be earned in HIP incentives.
- **HIP Reset:** For the purpose of applying the cap, the amount of HIP incentives earned for each household is reset to \$0 at the end of the month. However, any HIP incentives earned and not spent during the month carry over to the next month.
- **HIP Returns:** If a participant returns a HIP eligible food item for credit, the HIP incentive (equal to 30 percent of the value of the item being returned) associated with the return is deducted from the available HIP incentive balance. However, if this amount exceeds the balance of HIP incentives, the excess is deducted from the SNAP balance, to avoid having a negative HIP incentive balance.
- **HIP Receipt:** In addition to information normally provided in a SNAP receipt, the HIP receipt indicates the amount of the incentive earned (or debited) during the transaction and the total HIP incentive earned during the calendar month.
- **HIP Relies on Existing EBT Infrastructure:** Except for the application and processing of the HIP incentive, HIP transaction processing follows SNAP processing rules and relies on the existing EBT infrastructure.
- **Modification to EBT Message Formats:** FNS had to modify the EBT message formats to accommodate HIP. These codes identify the transaction type when transmitted from the retailer to the EBT system and in the return message from the EBT system to the retailer. Modifications included the addition of several amount type codes.

System Modifications

Each of the major partners in EBT operations modified their systems to support HIP. DTA modified BEACON, ACS modified EPPIC and the EBT-only terminals, retailers modified their IECR systems, and TPPs modified their systems. These modifications, which took place during the spring and summer of 2011, are summarized below.

BEACON Modifications

DTA modified the BEACON system to support four functions: adding the randomly assigned HIP flag to case records, displaying the HIP status of a household on a user screen for caseworkers, transmitting HIP status updates to the EPPIC system, and generating notices to HIP households. DTA also created a program to extract the data file used by Abt to randomly assign Hampden County SNAP households to one of four groups identified in Exhibit 4.3.

ACS EBT System and Modifications

ACS modified EPPIC to support the transaction processing, record-keeping, settlement, and reporting requirements for HIP. ACS also modified its systems for automated and staffed customer service.

In addition, ACS modified the software for EBT-only POS terminals to allow retailers to enter the HIP subtotal and to print receipts with the HIP incentive earned for the transaction and the month to date. ACS shipped new EBT-only terminals with increased memory and the modified software capacity to DTA. DTA's retailer liaison installed the terminals, ensured that they were working, and trained the store clerks and supervisors. For retailers participating at the start of HIP operations in November 2011, these installations were completed in October 2011.

Retailer and TPP System Modifications

Using the specifications provided by ACS, the participating IECR retailers modified their systems to comply with HIP transaction processing requirements. One of the retailers modified its proprietary IECR system in-house while the other four IECR retailers used the vendors of their IECR systems to make the necessary modifications. For one retailer, the IECR software had to be upgraded before the modifications for HIP could be made, thus extending the development process and leaving a short time to install the software in its stores before the November 1 startup.

All three TPPs modified their systems to accept the three new formats for HIP messages being passed between the retailer IECR system and the EBT processing system. As a result, these processors were able to accept HIP transactions from retailers to forward to EPPIC and accept the response messages from EPPIC.

Acceptance Testing

As modifications were completed for each system affected by HIP, HIP team members and technical staff conducted comprehensive testing. The key tests were the User Acceptance Test for the changes to EPPIC and the retailer acceptance tests, which involved both retailer and TPP systems. These key tests are described below.

EPPIC User Acceptance Test

EPPIC User Acceptance Testing (UAT) was conducted August 9-11, 2011 at the ACS facilities in Austin, Texas. UAT is a formal process where the user community fully tests the system to ensure that it satisfies the requirements set forth in the design document. Participants in this testing included representatives from FNS, DTA and ACS. The UAT was observed, and supported when necessary, by Booz Allen Hamilton, Novo Dia Group, and Maximus (representing the evaluation team). ACS developed the initial test scripts which were reviewed by FNS, DTA and Maximus. FNS created additional test scripts, including extensive ad hoc testing. Testing was conducted using upgraded EBT-only POS terminals and test cards provided by ACS. Test functions included transaction processing, production of files, and reporting. Test scripts were designed to ensure that HIP followed the design and rules approved by FNS.

Minor issues were noted during the UAT, and most issues were corrected while testers were still on site. Issues that were not resolved until later included problems with the HIP daily summary report, the display of HIP indicators on administrative terminals, and the transmission of HIP flags from BEACON to EPPIC.

FNS ad hoc testing continued for an extended period after the UAT was completed, although the EPPIC system changes were conditionally approved to go into production for the scheduled "go live" date of November 1, 2011. As of the date of this report, the UAT report was not yet final; remaining

work to be done on the test report included: updates reflecting resolution of problems that remained after the “go live” date and ACS’s desire to incorporate other changes made to the system after testing (e.g., ability to adjust HIP incentives manually when retailer errors are discovered).

TPP and Retailer System Acceptance Tests (RSAT)

TPP and retailer system testing went on for more than three months. The critical tests were the retailer IECR system acceptance tests (for approval by FNS) and retailer certification (for approval by TPPs). Retailers conducted pre-certification testing to assure that they were ready for the acceptance tests. All TPP and retailer testing were completed prior to the go-live date on November 1, 2011, except for one retailer’s certification with its TPP (discussed below).

A retailer system acceptance test was conducted in September 2011 with each IECR retailer at their technology centers. These tests were facilitated by DTA’s consultant, the Novo Dia Group, and most were attended by representatives of FNS, DTA and/or Booz Allen Hamilton (FNS’ consultant). Each test used scripts developed in conjunction with ACS, FNS, Booz Allen Hamilton and Novo Dia Group. A test tool developed by Novo Dia Group was used to evaluate retailer pre-certification test results and monitor the RSAT. Most tests were completed within one day. Testing included transaction processing and settlement.

Booz Allen Hamilton prepared a report for each IECR retailer acceptance test. Most issues identified were minor and did not delay approval of the IECR system for conducting HIP transactions. Issues and observations from retailer tests included (a) inaccurate HIP transaction amount when a coupon was used; (b) several problems with incorrect information on receipts; (c) not being able to enter the HIP transaction amount when clearing a manual voucher,¹⁰ and (d) a situation when a HIP purchase amount larger than the SNAP purchase amount was sent to the EBT processor.

After a successful acceptance test, FNS provided approval for each IECR retailer to participate in HIP. The participating IECR retailers also had to complete certification with their TPPs to ensure that the TPP could accept and route their transactions. After FNS approval and TPP certification, retailers moved their IECR software for HIP into their live (production) systems.

With one exception, the TPPs and IECR retailers were ready for the HIP “go live” date, November 1, 2011. All three TPPs had their changes for HIP operating in their production environments by late September 2011. Four of the five IECR retailers implemented their software changes for HIP between the end of September and October 25. However, one IECR retailer had not completed certification by the end of October and thus was not ready to go live for HIP on time. (This retailer’s challenges are discussed in the next section.)

Going Live

In order for the HIP system to “go live,” the changes to the EBT system had to be in place, tested, and operational. HIP participants were brought into HIP in three waves, each one month apart, to assure

¹⁰ When a retailer cannot process a regular point of sale transaction for SNAP, the retailer can complete a manual voucher (similar to a paper credit card form). The retailer can submit the transaction later through a “voucher clear” transaction.

adequate capacity for training and participant support. DTA generated notices from BEACON for the participants assigned to each wave (as discussed in Chapter 8) and sent the HIP flag updates to ACS prior to the “go-live” date for each wave.

Successes

As described earlier, BEACON, the Bay State Card, the ACS EBT system, IECR systems, EBT-only POS terminals, and TPP systems had to work together in order for HIP transactions to occur. With some exceptions, as discussed below, all of these pieces were in place and ready on time. The organizations involved in the systems implementation for HIP accomplished these goals in very tight time frames. There have been challenges since implementation, as discussed in the next section. FNS, DTA, ACS, TPPs and retailers have continued to work together to address these challenges, and to create methods to identify and avoid risks in the future.

Operational Challenges

A number of challenges have been and are being faced by the HIP project since going live. These challenges are described below and they include:

- One IECR retailer with 18 stores was not fully operational until March 2012.
- A third party processor inadvertently disabled its HIP processing code for all of December 2011 and half of January 2012.
- Participants did not earn HIP incentives for some purchases because two retailers did not identify all HIP-eligible items in their systems.
- Daily activity files for use by FNS and the evaluators have not yet been produced.

IECR Retailer Delay

Despite a successful HIP acceptance test in September, one IECR retailer (a convenience store chain with a small number of HIP-eligible items) was not certified by its TPP in time for the HIP go-live date due to a problem with other software that was implemented along with the changes for HIP. The retailer and its POS system vendors continued efforts to resolve the problem in the months after the HIP go-live date. The TPP certified the new software on February 2, 2012, and a total of 18 stores became operational on or around March 1. After the stores went live as part of HIP, DTA and Novo Dia Group monitored the retailer’s SNAP transaction activity but did not observe any HIP transactions, possibly because the stores have a very limited number of HIP-eligible foods. DTA also implemented a protocol to make test purchases at the retailer’s stores to confirm that the software for HIP was operating properly and that eligible items were properly flagged.

Outage of TPP HIP Processing Code

On December 1, 2011, a TPP accidentally removed the HIP purchase transaction code from its production system. This error happened when the TPP implemented unrelated software changes. As a result, the TPP did not capture the value of the HIP items purchased and pass it from the retailers’ IECRs to ACS, and as a result no HIP incentives were calculated or credited to the accounts of shoppers at the participating retailers. The issue affected two of the four IECR retailers that were

operational on HIP at the time.¹¹ Together, these retailers had a total of eleven participating stores, four in Hampden County and seven outside of it. DTA received reports in mid-December from participants who were not getting credit for any HIP-eligible items at the affected stores. Novo Dia Group investigated and concluded that there was a systemic problem with retailers using the TPP. After confirming this conclusion, the TPP corrected its code and restored the HIP functionality on January 16, 2012.

The primary HIP entities responded to this outage in several ways. First, DTA worked with ACS to identify and notify (on January 31, 2012) the households that made SNAP purchases at the affected retailers during the outage. Second, Novo Dia Group worked with the affected retailers to reconstruct the SNAP transactions by HIP households during the outage and identify the value of HIP-eligible items purchased. DTA and ACS credited 1,140 HIP households for HIP incentives earned during the outage on March 12, 2012. This process required establishment of a special SNAP benefit type, because the EPPIC system credits HIP incentives only as result of a purchase. Third, DTA and the TPP provided reports to FNS on the incident. Fourth, DTA and its contractors initiated several processes to improve communications with IECR retailers and to monitor their participation in HIP, in order to reduce the risk of similar problems in the future. These steps included the development of a new daily report on retailers' HIP activity and regular meetings with IECR retailers. Fifth, ACS and DTA initiated changes to EPPIC so that DTA can issue HIP credits to households when transactions are not properly processed. This process uses an EBT administrative terminal. DTA has developed procedures for reviewing transactions to determine when such adjustments are necessary.

Foods Not Identified as HIP-Eligible in IECR Systems

An ongoing task for IECR retailers is to update their databases to maintain complete lists of HIP-eligible items. Participants have contacted DTA about purchases at two retailers where they did not earn credit for HIP-eligible items. These items were added to the retailers' inventory but were not flagged as a HIP eligible item in the database for the IECR system. DTA obtained receipts from participants documenting these problems and issued credits to 8 households totaling about \$40 on June 1. The last reported problem with HIP-eligible items not listed was on February 12, 2012. Novo Dia Group receives monthly updates of retailers' lists of product codes for HIP-eligible foods. One retailer's list appeared to have a significantly smaller number of foods in January 2012 than previously; later lists appeared to be more complete. The retailers involved in the participant complaints are working to assure that information on HIP-eligible foods in their databases is complete and accurate. One retailer noted that it identified a need for systemic improvement in its process for maintaining information on HIP-eligible foods. This issue is one of the topics for DTA's regular meetings with major retailers.

Daily Activity File

ACS produces a special daily activity file through EPPIC, containing all transactions by SNAP households participating in HIP, for monitoring and evaluation by FNS and Abt. ACS encountered several problems producing this file. First, the initial production was delayed by three weeks because of problems with the transmission of the file flagging the Hampden County households. As a result, ACS did not provide a full month of activity data prior to the first households going live on HIP as

¹¹ The TPP also serves the IECR retailer that was not operational on HIP at the time.

planned. Second, starting on November 7, EPPIC stopped generating the files unexpectedly as the result of a problem with the computer code as transaction activity began to ramp up. In addition, review of the files by FNS and the evaluators indicated errors in the files. These problems had not been detected during system testing, in part because the testing did not have the volume of data experienced in the live system. For the pilot, ACS produces two different daily activity files: the regular file of data for all SNAP households required by DTA and the special, more detailed file for flagged households required by FNS. This requirement put a greater load on the EPPIC system. ACS is continuing to work to resolve the problems with the HIP daily activity file.

Lessons Learned

The participants in the design, development, and implementation of the systems used for HIP identified four major lessons:

- The design process was longer than expected and required considerable dialogue to finalize the requirements.
- The special requirements of implementing incentives for purchase of targeted fruits and vegetables (TFVs) as a pilot (versus a permanent change) contributed to the challenges and conflicted with the goal of efficiency.
- The iterative design and development process required by this innovative pilot meant that some requirements (e.g. receipt specifications, process for handling returns) were not identified until implementation was well underway. This made development and testing more challenging for retailers and TPPs.
- Several changes in approach will be needed or desirable if a TFV purchase incentive is rolled out on a statewide or national scale.

Length of the Design Process

ACS and DTA acknowledged that the design process was longer than planned. They also indicated that the overall schedule allowed a relatively short amount of time to prepare for implementation, considering the tasks to be done and the usual timelines for changes to EBT and retailer systems. One reason for the prolonged design phase was the time needed to coordinate with multiple stakeholders and come to agreement about design issues, data elements, file contents, and file transfer protocols. These stakeholders included DTA, ACS, major retailers, TPPs, FNS, and the evaluators. The Novo Dia Group joined the process in December 2010, after the initial meetings among DTA, ACS, FNS, and the evaluators; as a result the Novo Dia Group had to spend some time catching up. While the number of stakeholders was a factor in the length of the design phase, the complexity of implementing HIP and the number of issues to be resolved also affected the schedule. ACS noted that the pilot had special requirements that differed from what they considered standard business practices, such as the separation of HIP funds and the rules for changes in households' HIP status.

Other issues that extended the design process were discussions of requirements not specified in the RFA or DTA's application, including the incentive cap, returns, and reports. In addition, considerable time was spent on the process of review and revision to design documents. Part of this time was the result of FNS concerns about the quality of the draft documents; another factor was that FNS had only one available staff member with the expertise needed to resolve design issues and review technical documents. In addition, review of the documents identified further design issues to

be resolved. As a result, there were substantial changes to the system requirements after the Joint Application Design session in December 2010, which was intended to produce comprehensive requirements.

For the major retailers and TPPs, the timing of specifications for HIP was an important concern. ACS had originally planned to deliver these specifications in October 2010, but IECR and TPP specifications were not completed until March 2011. The lengthy process to complete the design was the major factor that delayed these specifications. The retailers indicated that HIP implementation could not have been done without Novo Dia Group acting as a facilitator and coordinator.

The length of the design process reduced the time for development and testing. As a result, some retailers had to devote extra resources to complete the process on schedule. Although DTA provided HIP grant funds to retailers for their modifications and testing, at least one had costs that were more than budgeted because of the timing and complexity of the process. While DTA has offered to pay for these costs from the HIP grant, the retailer has absorbed them within their technology infrastructure. TPPs, on the other hand, indicated that the changes for HIP were not burdensome, and they had sufficient time to make the changes. Although the implementation of HIP by the fifth IECR retailer and the production of the daily activity files were delayed, the team met the key milestone of going live on November 1st.

A consequence of the tight schedule was that there was little time to identify and resolve problems between the November 1 go-live date and the holiday shopping season. The timing was important because retailers and processors generally “freeze” the software for their IECRs from November to mid-January. The proximity to the holidays contributed to delays in implementation at the fifth IECR retailer and in resolving the problems with the daily activity files.

Special Requirements of HIP as a Pilot

Comments from stakeholders indicated a tension between the requirements of a temporary pilot and the preferred approach of designing and implementing HIP in a standard way that could be easily rolled out on a larger scale. The special pilot requirements included: producing and processing files for selecting HIP participants, identifying and tracking HIP participants and non-participants in the DTA and ACS systems, segregating HIP funds from SNAP funds in settlement and related reporting, and producing the special HIP daily activity file. Some of these requirements were not fully anticipated given the completely new aspects of this effort so they were not completely conveyed to all participants until the detailed design process was well under way.

In addition, some requirements were not identified until HIP had already gone live. This included the ability to change HIP status for individuals. When participants began receiving notices, a few requested that they be taken out of the pilot. This functionality had not been included in the design, so DTA had to devise a method to do this. Another need was identified when problems with participants not getting HIP incentives for eligible items was uncovered. This pointed to the need for the capability to make adjustments to HIP incentive balances.

DTA and ACS technical staff had not planned for the complexity of the requirements in allocating resources and scheduling the project. In addition, the special HIP requirements obliged ACS to diverge from its standard practices for SNAP EBT in ways that could impede a wider roll-out.

Confusion and Incomplete Information about Requirements

Retailers and TPPs indicated that some processes were not fully addressed in the design specifications, especially regarding reversals, returns, coupons, and the receipt format. (As noted above, extensive discussions of these aspects of HIP took place after the JAD session in December.) The lack of specifications for the information to be displayed on receipts was revealed in testing, and amended specifications were provided to the retailers. Stakeholders suggested that it would have been helpful for IECR retailers and TPPs to be involved in the design to ensure that the requirements were addressed completely. While retailer and processor representatives had input into the RFA, it was a high level document. Retailers and TPPs would have liked to have more input into the specific data passed from the IECR through the TPP when a transaction occurs and what data elements need to be printed on the receipt. This input might have identified the conflict between HIP specifications and one processor's code, and might have improved the understanding of design specifications by the developers working on the IECR and TPP systems. However, DTA believed that including retailers in this way would have added months to the design phase and so was not feasible given the agreed go-live date of November 1.

Lessons for Wider Implementation of an Incentive for SNAP Participants to Purchase Healthy Foods

The IECR retailers all indicated that the IECR system modifications they made to support HIP could be rolled out beyond Hampden County with no additional changes required. For the most part, the HIP system modifications have been rolled out to all their stores and would just need to be enabled or activated. However, if a nationwide rollout were to occur, the retailers would have to go through a certification process with the EBT processors providing services to SNAP agencies in other States.

The TPPs did indicate that a national rollout of HIP would require a more significant level of effort. A national rollout would include a wide range of stakeholders including States, processors, TPPs, retailers, IECR system providers, and POS terminal providers which will require a good deal of coordination and significant time. One processor indicated that they have over 30 connections nationwide that would need to be certified. Another processor indicated that if HIP were rolled out nationally, they would want to modify their system to separate HIP transactions from other EBT transactions. They estimated that it would require a few thousand coding hours to make that change.

One processor suggested that if a national rollout were to occur, FNS should meet with the processors and states to establish agreement on how HIP should be implemented. This processor noted that ACS selected codes for HIP messages that the processor was already using for commercial transactions. As a result, the processor had to implement a "work-around" after its code for HIP had already been tested and deployed. Such complications and extra work would be avoided by establishing the message codes and other standards for HIP in advance.

Additional recommendations from stakeholders for future roll-out of incentives similar to HIP included the following:

- Assure sufficient time for EBT processors, TPPs, and IECRs to develop, test and implement changes. These firms cannot speed up implementation on a statewide or national basis as they did for the pilot, which allowed less than six months for TPPs and IECRs. Consultation with these firms will be needed to determine when work can start (considering existing plans for system changes) and how long it will take.

- For a national rollout, involve all EBT processors and establish one set of standard design specifications for all states, and provide implementation guides well in advance.
- Anticipate that extensive modifications related to TPP system reporting and settlement processes will be needed.
- Take into account all processors that need to be involved in each test, including those dealing directly with retailers and those serving as switches between processors.
- Anticipate that many of the IECRs are not running the latest versions of vendors' software, and that this constraint will increase the time and effort for development and testing.
- Make any system changes in the spring and summer as that is when IECR retailers normally implement change. Due to the volume of business during the holiday season (November to mid-January) they do not make coding changes.
- Provide briefings to stakeholders during and after the pilot to let all parties know what worked, what didn't and to plan together for expansion statewide and nationally.

Chapter 5: Retailer Recruitment and Training

This chapter describes the issues related to retailer participation during the planning and development stages of the Healthy Incentives Pilot. The findings are based on interviews with DTA staff involved in retailer recruitment and training activities, a survey of retailers participating in HIP at the time of the pilot rollout, and a small survey of retailers who are not participating in HIP.

Data collection activities were conducted between October and December, 2011, and focused on activities that had taken place in preparation for the rollout. Responses were analyzed separately for each major type of retailer, enabling an assessment of the degree to which perceptions and experiences of HIP differed by retailer type.

The sections below describe the two principal retailer related activities in the planning, development and early implementation stages of the pilot: recruitment and training. Copies of all materials provided to retailers by DTA can be found on the DTA HIP website, <http://www.mass.gov/dta/hip>.

Retailer Recruitment

DTA recognized early on that retailer participation would be critical to the success of the pilot. If HIP is to have any influence over food intake, SNAP participants must be able to find and access participating authorized retailers. DTA recruited retailers well before the grant was awarded, at the application-writing stage, and efforts continued after grant award throughout the project development and early implementation periods. It is expected to continue until the final round of retailers are operational in October 2012. The principal activities conducted before and after the HIP grant was awarded are described below.

All SNAP-authorized retailers selling HIP targeted fruits and vegetables are eligible to participate in HIP, as one of the pilot's goals is to test this approach to point-of-sale incentives in all of the environments in which SNAP currently operates. In Hampden County, approximately 470 retailers were eligible to participate during the planning phase for HIP. Eligible retailers are of different types:

- Supermarket and superstore chain retailers—large retailers that serve the highest percentage of SNAP households and account for a substantial majority of SNAP redemptions. In Hampden County, 10 percent of all retail stores are supermarkets or superstores. Most of these are retail locations of corporate chains; they include regional as well as national chains.
- Independent grocers—local stores that have a smaller market share, but may provide ethnically diverse foods and serve households without easy access to large supermarkets. These grocers account for 20 percent of stores in Hampden County.
- Convenience stores—used frequently by SNAP households for small purchases of both food and non-food items. This group, which includes drug stores as well as other convenience stores, represents two-thirds of all HIP-eligible stores in Hampden County. Although many of them do not carry a wide selection of fruits and vegetables, those that carried any targeted fruits and vegetables were eligible to participate in HIP.
- Farmers markets—provide locally-grown fresh fruits and vegetables in season, typically operating between May and November. These markets account for 3 percent of HIP-eligible stores.

Recruitment before Grant Award

DTA began efforts to identify and recruit a targeted group of retailers during the five-month application preparation period. In order to obtain retail coverage in urban, suburban, and rural areas, DTA recruited both large and small retailers in different geographic areas of Hampden County.

To identify which retailers to target, DTA examined the volume of EBT purchases and the availability of appropriate foods for sale. DTA staff members also examined the geographic diversity and accessibility of retailers. The result was a list of specific targeted retailers of all sizes.

DTA used a variety of strategies to recruit retailers, involving both direct outreach as well as working with other entities that had retailer relationships in Hampden County. One approach was to work with other State agencies. The Department of Public Health, which operates the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), shared its experiences about outreach, recruitment, retention, and training of retailers with DTA. The WIC program also helped develop support for HIP among WIC-authorized retailers. The Department of Agricultural Resources (DAR), which has worked to increase the number of farmers markets in Massachusetts, assisted DTA by engaging and encouraging farmers markets to participate in HIP.¹² Finally, the Office of Business Development provided introductions for DTA to large supermarket and convenience store retailers as needed.

DTA also reached out to food retailer networks and coalitions, including: American Farmland Trust; Community Involved in Sustaining Agriculture; Federation of Massachusetts Farmers Markets; Massachusetts Food Association; Massachusetts Food Retailers Network; New England Convenience Store Association; and New England Small Farm Institute. These groups helped DTA identify specific retailers to target, and provided introductions to decision-makers at the large retailers. At least one association communicated directly with its retailer members to inform them about HIP. These organizations also advised DTA on strategies and ‘selling points’ that would encourage retailers to join HIP.

Also helpful were local Hampden County community organizations working in the areas of food and health issues, including: Baystate Health and Partners for a Healthier Community; Food Bank of Western Massachusetts; Holyoke Food and Fitness Policy Council; and Nuestras Raices. They provided support in identifying and helping DTA connect with retailers. (They helped in other ways as well, as discussed in Chapter 7).

All of these efforts complemented DTA’s own direct outreach efforts. DTA disseminated its recruiting materials (described below) to targeted retailers. During the application-preparation phase, all SNAP-authorized retailers (along with local leaders and community members) were invited to attend the HIP pre-application Kick-Off Meeting. The 2-hour meeting, attended by the DTA Commissioner and key officials in the Executive Office of Health and Human Services, provided an overview of SNAP and HIP, focusing on the opportunities the pilot afforded the state, retailers and

¹² In a separate initiative, DTA has worked with DAR to increase SNAP clients’ access to farmers markets. This has included providing grants to 23 markets to acquire wireless point-of-sale terminals.

other stakeholders. DTA also reached out to key retailers via conference calls and in-person meetings to explain the benefits of participating in the pilot.

With input from the various sources described above, DTA developed ‘selling points’ to help retailers understand the potential benefits of participating in HIP. These included both direct benefits to them as well as larger societal contributions. The key messages were that:

- Participating in HIP would help low income households improve their nutrition and quality of life by increasing their access to and consumption of fruits and vegetables.
- HIP was an opportunity to be part of an important study to test the value of financial incentives on increasing consumption of fruits and vegetables. The study would help inform food assistance policies and may lead to a national program.
- HIP had the potential to increase the retailer’s own sales of fruits and vegetables. Households participating in HIP would be given a list of retailers where they can earn the HIP incentive, thus encouraging them to shop in those stores.¹³
- Retailers would be reimbursed for approved costs associated with HIP implementation and operation.

Overall, retailer reception was mixed during the application development stage. DTA was eager to obtain as much retailer support as possible early on, knowing that retailer support would strengthen its HIP application. However, some retailers wanted to wait and see whether DTA received the grant before committing to participate. Some retailers saw HIP as a potentially daunting project with limited benefits; others were concerned about costs. Some retailers were eager to be involved early on in case HIP was eventually expanded nationwide.

DTA’s efforts in the application-preparation stage resulted in a number of retailers having agreed to participate by the time the HIP application was submitted to FNS. At the time of application submission, DTA had received participation commitments from three large supermarket/superstore chains (representing 26 stores), two convenience store chains (representing 31 stores), three independent grocery stores and three farmers markets. For some of these stores, cash register and other system change requirements did not allow them to participate in HIP at the beginning of the pilot; of those with such barriers, most expressed interest in participating in HIP if they could resolve issues on their end.

Recruitment Materials

DTA developed three types of materials used for retailer recruitment during the application stage: a one-page information sheet, a two-page fact sheet, and a four-page briefing sheet.

A one-page HIP Information Sheet was developed and sent near the beginning of the application process to community partners and retailers to inform them about HIP and encourage their participation in the pilot. The fact sheet covered:

¹³ While small retailers believed that HIP had the potential to increase sales, larger retailers were less inclined to believe that the pilot would have an impact on their bottom line, given that only 7,500 households would earn the incentive.

- Overview of HIP and rationale for selecting Hampden County for the pilot site;
- Description of the financial incentive and the process for evaluation;
- Benefits of becoming involved with HIP; and
- Obtaining additional information about HIP.

The two-page Retailer Fact Sheet was developed by DTA specifically for retailers. Similar to the one-page fact sheet, it provided an overview of HIP, but also provided information on:

- Benefits of HIP specific to retailers;
- Modifications needed to cash register and EBT systems; and
- The fact that the grant award would cover approved costs associated with retailers' system changes required to implement and operate HIP.

A four-page Stakeholder Briefing sheet expanded on the information provided in the other materials. It discussed:

- Background on SNAP and DTA's efforts to improve access and performance;
- Overview of HIP and rationale for pursuing application;
- Requirements of the application;
- Details of the incentive and the evaluation; and
- Application and pilot schedule.

DTA distributed these materials directly to retailers and community-based organizations, as well as to local and statewide stakeholders who assisted with retailer recruiting.

Post-Award Recruitment

Retailer recruitment accelerated after DTA was selected to operate HIP in August 2010. About three months after grant award, in early November, 2010, DTA began a comprehensive recruitment effort. It sent a letter to all SNAP-authorized retailers asking them to participate in HIP. The letter stressed that retailer participation was important to the success of the pilot and that DTA would make participation as easy as possible, providing support and training throughout the process. As an inducement, DTA noted that HIP participants, as well as community service providers, would receive a list of participating HIP retailers, and that participants would be encouraged to shop in these stores to earn the incentive. Also in November, DTA held three information sessions for interested retailers.

Two additional mailings were sent in March 2011 and July 2011. Materials developed previously were updated to include additional details about:

- How HIP would work both from the retailer and participant perspectives;
- SNAP system modifications needed for the different types of retailers;
- HIP purchase process, shown separately for different EBT systems; and
- Training, financial support, and other retailer support during the pilot.

Recruitment activities in the months leading up to pilot implementation differed for independent stores and chain retailers. Generally, because the approach and access to the individuals who could make the decision about participating in HIP differed for the two types of stores, the recruitment process had to be conducted differently. These activities are discussed separately in the following sections.

Chain Retailers

DTA continued to work with the chain retailers it had targeted at the application stage who, while expressing support for HIP, had been unable to follow through and implement HIP. In some cases this was because of the time and complexity of the system changes required; in others, because of their own competing corporate priorities. DTA has continued to work closely with these and other targeted corporate retailers and has involved community partners as appropriate in recruiting efforts, in hopes that some of these retailers, with a significant number of stores in Hampden County would join HIP. Ultimately, one additional small chain was able to participate in HIP; two of the chain retailers targeted, one a chain of super stores and the other a chain of convenience stores, decided not to participate.

DTA also worked to recruit additional SNAP-authorized retailers that had not been targeted previously. This involved contacting corporate offices to identify the appropriate contact person, and also sending the recruitment letter to the Hampden County stores of the corporate retailers, including wholesale clubs. These efforts were not particularly successful, mainly because DTA was unable to identify an appropriate contact. Moreover, in some cases these were drug stores and convenience stores that sold relatively few fruits and vegetables and were unlikely to be interested in HIP, so DTA elected to utilize its limited resources on recruiting other retailers.

DTA continues to maintain communications with corporate retailers that are not participating in HIP. These retailers received a second packet of the recruiting materials in November 2011 to keep them current on HIP activities, in hopes that this will engage them and encourage them to participate at some later date.

Independent Retailers

The response to DTA's recruitment letter shortly after grant award was low from independent retailers, and DTA determined that a different strategy was needed—one that relied on in-person contact. A Retailer Liaison was hired at the end of May, 2011 with the responsibility for both retailer recruitment and retailer training. After this hire, the main recruitment method for independent retailers became in-person store visits.

During the five months between the time the Retailer Liaison was hired in May and the pilot's launch in November, the Retailer Liaison made personal visits to hundreds of SNAP-authorized independent grocers and independent convenience stores. He gave top priority to stores with high SNAP redemptions and concentrated on those with a good selection of fruits and vegetables. He visited approximately 20-25 stores per week and by November 1, 2011 had visited close to 300 stores, many more than once.

Store visits (generally made without an appointment) focused on explaining HIP and what was required of participating retailers. The Retailer Liaison provided handouts summarizing the basics of HIP. In some cases, the store owner was available; in other cases the liaison spoke with the store manager on duty at the time. In the latter case, the Retailer Liaison explained HIP, left his business

card, and returned for a second visit in order to talk to the store owner. Retailers' questions and concerns generally had to do with the impact the pilot might have on store operations. The Retailer Liaison found that it required approximately five visits for a retailer to commit to HIP, significantly more effort than originally anticipated. Part of the recruitment process involved developing relationships with store owners, which required time.

These efforts resulted in approximately 35 new retailers agreeing to participate in HIP during this period. According to the survey of participating retailers, almost all independent retailer respondents learned about HIP either through a phone call or visit from DTA's Retailer Liaison, rather than through other means such as DTA's recruitment letter. Almost all respondents felt they had sufficient information to make the decision to participate in HIP and were satisfied with the recruitment process.

Participating Retailers

As discussed above, DTA targeted recruitment efforts to a range of store types, spread across Hampden County, focusing on stores that sold a variety of fruits and vegetables. As of November 1, 2011, when implementation began, 71 stores—approximately 15 percent of HIP-eligible stores—were participating in HIP. Exhibit 5.1 shows the distribution of HIP-eligible retailers and HIP participating retailers in Hampden County by store type.

Exhibit 5.1: Hampden County Retailers: Eligible for HIP and Participating in HIP

Store type	Number eligible for HIP (% eligible for HIP)	Retailers Participating as of November 1, 2011		Retailers Participating as of February 1, 2012	
		Number (%)	Percent of eligible retailers	Number (%)	Percent of eligible retailers
Supermarkets	16 (3.4%)	10 (14.1%)	62.5%	10 (12.7%)	62.5%
Superstores	29 (6.1%)	8 (11.3%)	27.6%	8 (10.1%)	27.6%
Grocery stores and food specialty stores ^a	93 (19.7%)	19 (26.8%)	20.4%	22 (27.9%)	23.7%
Convenience stores ^b	318 (67.4%)	34 (47.9%)	10.7%	39 (49.4%)	12.3%
Farmers markets ^c	16 (3.4%)	N/A	N/A	N/A	N/A
Total	472 (100%)	71 (100%)	15.0%	79 (100%)	16.7%

^a Includes small, medium, and large grocery; fruits/vegetable specialty; meat specialty; seafood specialty.

^b Includes convenience store and combination grocery/other.

^c Includes farmers markets and direct marketing farmers that will not begin operating until Summer 2012.

Source: Retailer list received from DTA. Exhibit includes only stores located in Hampden County. Several chain retailers implemented HIP in stores located outside Hampden County, notably in other Massachusetts counties and in Connecticut.

While overall, only 15 percent of retailers were participating in HIP, 63 percent of supermarkets and 28 percent of superstores were participating. These two types of stores account for the vast majority of SNAP redemptions. An additional 20 percent of eligible retailers were grocery stores and specialty stores; approximately 20 percent of them were participating in HIP.

Two-thirds of all HIP-eligible retailers were convenience stores but just 10 percent were participating in HIP. However, this is not a major concern because they generally sell few fruits and vegetables, if any. DTA initially invited all retailers to participate, providing retailers with the opportunity to adjust stock to add HIP-eligible items if they so desired. DTA's follow-up recruitment efforts targeted only those convenience stores with a relatively large selection of fruits, vegetables, and other healthy foods.

Finally, farmers markets made up a small portion of the HIP-eligible retailers in Hampden County. Since the pilot rollout occurred during their inactive season, no farmers markets were participating at the time of project launch in November 2011. Sixteen farmers markets, mobile markets, and farm stands are scheduled to begin participating in HIP in the late Spring and Summer of 2012.

DTA continued recruiting efforts after HIP implementation and as a result, an additional 8 stores began accepting HIP as of February 1, 2012. In addition, some retail chain stores located outside Hampden County, but used by residents due to the accessibility of their locations, are also participating in HIP. Exhibit 5.2 displays the locations of participating HIP retailers, both within and outside of Hampden County as of the end of March, 2012. DTA also continues to recruit other relatively large retailers that expressed interest in HIP, some of whom had provided letters of support for the grant application, but for a variety of reasons, were unable to implement needed EBT system changes in time for the pilot rollout in November 2011. Four independent retailers that use integrated electronic cash registers are scheduled to begin operating in October, 2012.

Retailers' Perceptions of HIP Participation

Participating retailers were surveyed about various aspects of HIP participation, including recruitment experiences and perceptions of how HIP will affect their stores. Experiences vary according to whether a retailer is a chain or independent store, and the results that follow are presented accordingly. Chain retailers include supermarkets, superstores, and convenience stores; all use IECRs. Independent retailers participating in HIP include grocery stores and convenience stores. They do not use IECR technology and are generally smaller stores than the chain stores.

Survey results indicate that participating retailers clearly responded to DTA's marketing messages (see Exhibit 5.3). Almost all retailers, both chain and independent, cited the benefit to customers as one reason to participate, specifically HIP's potential to improve the nutritional status of SNAP participants by increasing their consumption of fruits and vegetables. Most retailers (60-74 percent) also expressed an interest in being part of a new initiative. Among the majority of independent retailers, HIP's potential impact on sales volume was a compelling point—69 percent expected it to increase their sales of fruits and vegetables, while 53 percent expected an effect on other sales as well, due to increased traffic into their stores. Fewer (20 percent) chain retailers expected HIP to have an impact on sales, perhaps because HIP-generated sales likely represented a relatively small share of total sales volume.

Exhibit 5.2: Active HIP Retailers as of March 31, 2012

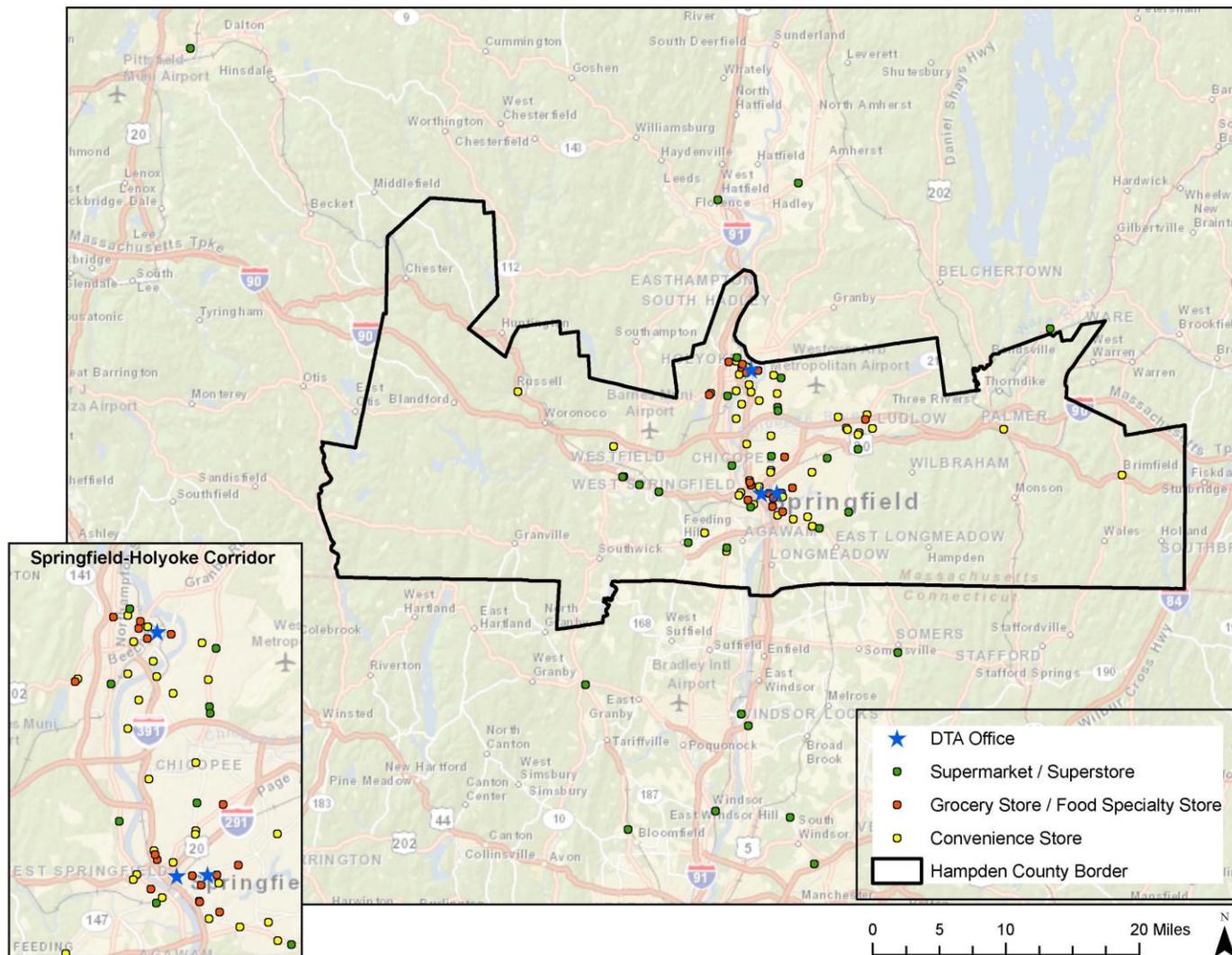


Exhibit 5.3: Retailers' Reasons for Joining HIP

Reason	Chain retailers %	Independent retailers %
My customers would benefit from it	100	87
I wanted to be part of something new	60	74
The State DTA or another organization asked me to join	80	28
HIP could increase my store's sales of fruits and vegetables	20	69
HIP could increase my store's sales of other items	20	53
I know other retailers who joined	0	8
Unweighted N	5 chains ^a	25 retailers

Source: HIP Participating Retailer Survey, Fall 2011

^a Chain respondents completed the survey with reference to all of their retail stores in the HIP area (including store locations not selected for the survey). These five respondents represent 35 stores in Hampden County; 14 of these stores responded to the survey.

The retailer survey also collected information on retailers' perspectives on HIP and the perceived potential impact on their stores (Exhibit 5.4). Since the survey was administered around the start of HIP implementation, many of the perspectives reflect expectations rather than extensive experience with HIP. According to self-reports, retailers felt they understood the overall purpose of HIP, suggesting DTA's efforts to inform and educate retailers about HIP were successful.

Exhibit 5.4: Retailer Perspectives on HIP and How it Will Affect Stores

	Chain Retailers				Independent Retailers			
	Agree %	Neither agree nor disagree %	Disagree %	Don't know %	Agree %	Neither agree nor disagree %	Disagree %	Don't know %
Purpose								
Understand purpose	100	0	0	0	92	0	8	0
Understand how it is supposed to work	100	0	0	0	96	0	4	0
Important to improve the choices that people make when buying foods with SNAP	100	0	0	0	96	0	4	0
Preparation								
Schedule is rushed	0	60	40	0	54	9	21	17
Training employees will be a burden	0	40	60	0	24	4	63	8
HIP purchases								
HIP purchases will be hard to process	0	20	80	0	17	8	62	13
Store will be paid on time for HIP purchases	40	40	0	20	41	13	4	42
Payments for HIP purchases will be accurate	80	20	0	0	49	9	0	42
Unweighted N	5 chains ^a				25 retailers			

Source: HIP Participating Retailer Survey, Fall 2011

^a Chain respondents completed the survey with reference to all of their retail stores in the HIP area (including store locations not selected for the survey). These five respondents represent 35 stores in Hampden County; 14 of these stores responded to the survey.

Chain and independent retailers had different perceptions about the impact of HIP on store operations. The impact was indeed different, according to whether a store had an integrated electronic cash register (IECR). All the corporate retailers had IECRs, which were programmed to process HIP transactions and thus did not require additional effort by cashiers. In contrast, cashiers in the independent stores without IECRs had to be trained on how to separate and then process HIP-eligible items. Independent retailers did indeed express more concerns about what preparation for HIP would involve than their chain store counterparts. Just over 50 percent of independent retailers felt that the implementation schedule was rushed, and almost 25 percent believed that training their employees to process HIP transactions would be burdensome. Chain retailers did not express similar concerns. Given the extensive system changes for IECRs, these retailers had longer to prepare for HIP implementation than did the independent retailers without this equipment, likely contributing to the differing views about the implementation timeframe.

Although there was uncertainty about the payment process among both types of retailers, independent retailers were more concerned that HIP purchases would be difficult to process and were less confident that payment procedures would go smoothly than chain retailers.

Retailers Not Participating in HIP

Information to help understand reasons for nonparticipation came from two sources. The first was interviews with DTA staff involved in recruiting retailers. The second source was a phone survey conducted in November-December 2011 with 13 non-participating retailers to explore the reasons why they did not participate in HIP. While all of them were eligible for HIP, it is important to note that five of them were chain stores (e.g. drug stores) that sold relatively few fruits and vegetables and for that reason, DTA engaged in only limited outreach to them. Retailers’ reasons for not participating in HIP varied, as shown in Exhibit 5.5.

Exhibit 5.5: Reasons for Not Participating in HIP

Reason	Percent
Hadn't heard about/didn't know could be part of HIP	46
Cost for new scanners/system too high	38
Would need to stock more fruits and vegetables to make worthwhile	31
Training would take too much time	31
May slow down check-out lines	31
Not enough time to get ready	15
Because pilot program, not permanent	15
Will not increase fruit and vegetable sales	15
EBT company not participating	8
Didn't have enough information	8
Competing company priorities	8
<i>Number of respondents</i>	13

Source: HIP Non-Participating Retailer Survey, Fall, 2011

As discussed above, DTA sent letters to all HIP-eligible stores inviting them to participate in HIP. In addition, they placed telephone calls to the corporate offices of chain stores to identify an appropriate contact, but in most instances were unable to identify an individual with whom to discuss HIP participation. *Chain retailers* that did not carry many fruits and vegetables were not on DTA’s list of

targeted retailers given that SNAP participants shopping in these stores were unlikely to earn substantial HIP incentives. When asked about their reasons for not participating in HIP, these retailers indicated that they had not heard of the HIP program. These chain retailers account for most of the 46 percent shown in the first line of the table.

Independent grocers who decided not to participate in HIP expressed a number of concerns. Some stores reported that they did not carry enough fruits and vegetables to make it worthwhile to participate and they did not plan to increase their offerings. Smaller stores were also concerned that HIP transactions would slow down the checkout process, resulting in longer lines, which would have a negative impact on their overall sales.

Because these stores had EBT-only terminals, they felt that it would require significant effort to train cashiers and they were concerned about their cashiers' ability to understand the HIP transaction process. Related to this, owners were concerned if they made too many mistakes with HIP transactions, they would be in danger of losing their EBT machines, a substantial source of their sales.

These retailers thought it required too much effort to participate in HIP and the process was overwhelming. Some of these perceptions were based on misunderstandings—for example, they mistakenly believed HIP, like WIC, would require them to stock certain items. But the demands of system changes, learning about HIP, training workers, implementing HIP, and participating in the evaluation were daunting. The fact that HIP was being implemented around a busy retail season (the November and December holidays) meant that any setbacks or disruptions could have a large negative impact.

Finally, competing priorities was a concern expressed by some retailers. This was particularly true for many of the smaller retailers where concerns about the continued viability of the store or personal issues required attention.

The main reason that **supermarkets and superstores** did not participate in HIP was due to competing company priorities. They were unable to free up the necessary resources to make the system changes for HIP in the required time frame. As discussed above, DTA continued to engage in recruiting some of these stores; four will begin participating in HIP in October 2012.

Non-participating retailers were also asked about their perspectives on HIP and the perceived potential impact on their stores (Exhibit 5.6). Their responses provide some additional insights into their decision. Compared to retailers participating in HIP, the non-participants had less of an understanding of the purpose of HIP and were less supportive of its goals. Compared to participating retailers, nonparticipating retailers were also more likely to anticipate that training workers would be burdensome and to believe that processing HIP transactions would be difficult. Finally, non-participants also expressed more concerns about the accuracy and timing of the HIP payment process.

Exhibit 5.6: Non-Participating Retailers' Perspectives on HIP and How it Will Affect Stores

	Agree %	Neither agree nor disagree %	Disagree %	Don't know %
Purpose				
Understand purpose	75	13	13	0
Understand how it is supposed to work	63	13	25	0
Important to improve the choices that people make when buying foods with SNAP	63	25	13	0
Preparation				
Schedule is rushed	43	57	0	0
Training employees will be a burden	71	14	14	0
HIP purchases				
HIP purchases will be hard to process	43	29	29	0
Store will be paid on time for HIP purchases	29	29	14	29
Payments for HIP purchases will be accurate	29	29	14	29

N = 8 respondents; 5 of the 13 total respondents did not answer the question.

Source: HIP Non-Participating Retailer Survey, Fall 2011.

Retailer Training

All 71 retail stores participating in HIP beginning on November 1, 2011 were trained in October 2011 by DTA and ACS. In this section, we describe the retailer training materials that were used, how the sessions were conducted, and retailers' perceptions about the training they received.

Training Materials

DTA developed the materials for retailer training. Retailers had to be trained differently depending on whether they had integrated electronic cash registers (IECRs) or EBT-only point-of-sale (POS) systems, because the transaction process differed in each case. Among the 71 participating retailers, all chain stores had IECRs while the independent retailers used EBT-only terminals. Stores without IECR machines required a separate set of instructions for processing transactions using a HIP-modified EBT machine. After IECR programming was complete, transactions would be simpler to process; therefore, instructions for chain stores were not as complex as those required for retailers with EBT-only machines.

Chain store retailer materials included the following:

- *Guidelines for HIP eligible fruits and vegetables.* This list (one page, one side in Spanish and one in English) listed HIP restrictions on fruits and vegetables, broken down into fresh, canned, frozen, and dried fruits and vegetables.

- *Frequently asked questions: HIP Retailers.* This hand-out (one double-sided page) included nine questions addressing the concept of HIP, time frame, eligible fruits and vegetables, how retailers will be affected, and resources for support. This sheet referred retailers to the ACS Retailer Help Desk as well as the HIP call line.
- *What Cashiers Need to Know.* This fact sheet (one double-sided page) included an overview of the HIP pilot, a description of the role that retailers and cashiers play in HIP, an explanation of eligible fruits and vegetables, a list of potential customer questions, and instructions for a HIP transaction with a diagram of a receipt that displays the HIP incentive earned and the balance summary.

Independent retailers received the first two items above, but in place of the last item, they received three additional documents: a fact sheet and instructions developed by the Retailer Liaison and an additional instructional document provided by ACS. These are described below:

- *What Retailers Need to Know.* This fact sheet (one page, double-sided) was identical to the “What Cashiers Need to Know” sheet given to chain stores, except that it did not include instructions for an IECR transaction (since it did not apply to independent grocers).
- *How to Perform a HIP Transaction.* This document (one page, one side in Spanish and one in English) broke down the more complicated non-IECR transaction into 5 steps, with diagrams developed by ACS displaying what a cashier would see on the screen of the EBT machine while performing a transaction, as well as an explanation and diagram of a receipt that displays the HIP incentive earned and the balance summary.
- *HIP EBT-only POS Terminal Instructions.* This packet (five pages), developed by ACS, provided detailed instructions for performing HIP purchase transactions, return transactions, and manual voucher transactions, with diagrams displaying what a cashier would see on the screen of the EBT machine and HIP receipt diagrams. It referred retailers to the ACS Retailer Help Desk and the HIP Call Line for support.

All materials were printed in color with the HIP and DTA logos, and referred retailers to the HIP call line for questions. As part of the process of developing the training materials, DTA conducted focus groups with retailers to review content and presentation. Materials were developed in English and translated into Spanish by DTA’s translation contractor. The Retailer Liaison reviewed these materials and consulted with retailers about some terms to ensure that the translation was appropriate to this audience.

Training Sessions

Training sessions were typically held at the retailer’s location and conducted by the HIP Retailer Liaison. As with the development of training materials, the way in which training was delivered differed according to whether the retailer had an IECR. For retailers without an IECR machine, training was necessarily more intense because the transactions processing was more complex. These differences are described below.

Training for **chain retailers** was arranged with respective corporate contacts who designated one or more managerial staff at the regional or store level to be trained by the HIP Retailer Liaison. Because HIP transactions are processed automatically at IECR retailers, the training objectives were to enable trainees to understand how HIP items are displayed on the receipt and to answer HIP customer

inquiries. Store managers then trained checkout supervisors and checkout clerks using materials provided by DTA. According to survey respondents (corporate contact), employees at all chain stores were trained to identify foods that are eligible for HIP, process HIP transactions, and respond to questions posed by HIP customers (Exhibit 5.7).

Exhibit 5.7: Topics Covered in HIP Training at Chain and Independent Stores

Topic	Chain stores		
	Checkout supervisor training %	Checkout clerk training %	Independent store training %
Knowing what food items are eligible for HIP	100	100	100
Separating HIP-eligible food items from non-HIP food items	67	67	96
Identifying HIP customers	100	100	77
Computing subtotal for HIP items	67	67	92
Processing sales with HIP items	100	100	96
Processing returns of HIP items	100	93	51
Processing manual vouchers with HIP items	72	65	34
Getting information about SNAP/EBT sales	100	94	83
Responding to customer questions about HIP	100	100	92

N = 14 chain stores, 25 independent stores
Source: HIP Participating Retailer Survey, Fall 2011

Training at chain retailers was provided in English or both English and Spanish (Exhibit 5.8).

Exhibit 5.8: Language Used in Training

Training Language	Chain retailers %	Independent retailers %
English	50	57
Spanish	0	23
Both English and Spanish	50	20

N = 5 corporate companies, 25 independent stores. These five chain respondents represent 35 stores in Hampden County; 14 of these stores responded to the survey.
Source: HIP Participating Retailer Survey, Fall 2011

At *independent stores*, the installation of the new HIP EBT terminals and HIP training were often simultaneous. The Retailer Liaison visited each store to install the HIP EBT terminal and often conducted a HIP training session on the spot or arranged for a better time to come back for training. In a smaller number of cases, he called the store on the phone to arrange a training session. The objective was to train all employees who work at checkout. The Retailer Liaison worked with managers or store owners at each store location, and often included other employees present in the

store at the time. Most training sessions were conducted with one to two employees and varied in duration from thirty minutes to two hours, as needed.

The training curriculum at independent stores was different from the curriculum at chain stores in that most employees were also trained to manually separate and subtotal HIP items from non-HIP items. According to survey respondents the processing of returns was covered in only half the trainings and processing of manual vouchers in one-third (see Exhibit 5.7). Returns and manual vouchers were presumably covered in training, but clearly some retailers did not fully understand the processes. These findings suggest an area in which re-training might be needed.

During a typical training session, the Retailer Liaison installed the EBT machine and demonstrated the steps of a HIP transaction, repeating the procedure with trainees four to six times. The process was to: 1) manually separate HIP items from other SNAP purchases; 2) swipe a HIP EBT training card in the newly installed EBT machine; 3) enter the total value of the transaction; 4) enter the subtotal for the HIP items only; and 5) enter the HIP training PIN.

The HIP Retailer Liaison would then explain which items were HIP-eligible. He found that it was helpful for retailers to learn which fruit and vegetable items were not eligible, rather than which items were included. He simplified the formula to exclude white potatoes, items with added sugar, and items with added oil. In order to assist trainees in becoming accustomed to identifying HIP-eligible items in their stores, he often walked around the store and attached neon stickers to several samples of each HIP-eligible item. In order to ensure that HIP transactions were being processed correctly, the HIP Retailer Liaison conducted second visits to some stores to quiz employees.

In many of the small independent stores with a single cash register, installing the new machines and training the staff had to be done while the cashier or manager was waiting on customers. Thus, there were many interruptions and both the store cashiers and the customers were likely inconvenienced. The only available workaround might be to train these smaller retailers either before or after store hours, which would also inconvenience store owners. It could also extend the length of calendar time required for training as it would severely limit the number of hours available for training on a daily basis.

Retailer Perceptions of Training

According to the retailer survey, virtually all (94 percent) of the chain stores felt that HIP training prepared them for HIP “a lot” (see Exhibit 5.9). Managers felt fairly comfortable with the fact that HIP purchases would be processed automatically by IECRs, and explained that there would be no changes in cashier tasks.

Exhibit 5.9: Helpfulness of Training in Preparing for HIP

How much did the HIP training help prepare you and other store employees for HIP?	Chain retailers %	Independent retailers %
A lot	94	73
A little	6	27
Not at all	0	0

N = 14 chain stores, 25 independent stores
Source: HIP Participating Retailer Survey, Fall 2011

However, only 73 percent of independent retailers felt that way; the remaining 27 percent felt that it helped only “a little.” The difference in satisfaction may be due to the differences in the type of training received. As described above, independent stores’ lack of IECR machines meant that their HIP transactions were more demanding of cashiers, and training accordingly more complex.

Among independent retailers, 63 percent felt they were “definitely” prepared for HIP to begin once they received training, another 33 percent reported that they were “mostly” prepared and only 4 percent were not prepared (Exhibit 5.10). Most of those who felt “definitely prepared” or “mostly prepared” for HIP also felt that HIP training helped “a lot”. However some managers at independent stores still expressed concern about their ability to perform the more complex EBT-only transaction. They worried that separating HIP items would affect customer wait time, slow day-to-day operations, and negatively impact sales. They were also concerned that failing to process transactions correctly would put them at risk for losing their EBT machines, and the Retailer Liaison communicated with store retailers to address these concerns.

Exhibit 5.10: Relationship Between Feeling Prepared for HIP and Helpfulness of Training Among Independent Retailers

How prepared are you and other store employees for HIP?	How much did the HIP training help prepare you and other store employees for HIP? (%)			
	A lot %	A little %	Not at all %	Total %
Definitely prepared	88	12	0	63
Mostly prepared	63	37	0	33
Definitely not prepared	0	100	0	4
Total	73	27	0	100

N = 25 independent stores

Source: HIP Participating Retailer Survey, Fall 2011

Lessons Learned

DTA recognized that recruiting retailers was crucial for the success of HIP in order to ensure accessibility of the HIP incentive to participating households. DTA also recognized that recruiting retailers would be challenging and devoted considerable resources to the effort. When HIP began on November 1, 2011, 71 retailers, representing a range of supermarkets/superstores, smaller grocery stores, and convenience stores, were participating in the pilot. Recruiting retailers and implementing HIP posed a number of challenges, many of which were overcome. Some of the more important challenges are discussed below.

Accessibility to Major Supermarket/Superstore Chains

While all but one of the major supermarket/superstore chains was participating in HIP, this represented just 40 percent of HIP-eligible supermarkets/superstores. Thus, accessibility of these types of stores, where most SNAP benefits are redeemed, was somewhat limited. In addition, approximately one-quarter of HIP-eligible smaller grocery stores were participating as of the beginning of the pilot.

Lead Time

DTA began comprehensive recruitment efforts in November 2010, one year before the planned go-live date. According to all those interviewed, retailer recruitment required more time than initially anticipated. Retailer coverage would have been more complete with additional lead time. Challenges posed by the schedule differed for large versus small retailers.

The *large supermarket/superstore chains* with IECRs needed to make extensive system changes to accommodate HIP and had approximately six months to make the required changes, as discussed in Chapter 4. These retailers reported that they would have liked more time to fit the HIP development requirements into their (or their system provider's) system development schedule and more time to complete the modifications. As an example of the complexity of IECR system development schedules, one retailer indicated that HIP was one of 21 projects that were included in the IECR release that included HIP. There are indications that more retailers would have participated in the initial implementation if there had been sufficient time to make system modifications.

Recruiting *small retailers* offered different challenges, requiring significantly more one-on-one work than anticipated. The recruitment effort involved developing relationships with the owners of the smaller stores, which was a time-intensive effort. As discussed above, the Retailer Liaison spent much of his time visiting stores to discuss HIP and encourage participation. These small retailers are faced with difficult economic times, personal-level family pressures, and uncertainty about the future existence of their stores that made recruitment difficult. DTA observed that business can be “chaotic” for these retailers and HIP seemed overwhelming in terms of the pieces involved – the commitment, the system change, learning about HIP, training, implementation, and the evaluation. In addition, the Retailer Liaison was unable to be hired (due to state hiring procedures) until May 2011, just six months prior to the start of the pilot. DTA reported that they could have used two recruiters “on the ground” during the recruiting period.

Nature of the Pilot

Two final recruitment challenges were related to the nature of the pilot itself. First, several respondents noted that it would likely have been easier to engage retailers if HIP were a permanent change. The benefits of participating in HIP would have been greater relative to the costs of preparing for the pilot. Second, the timing of HIP start-up around the holidays presented a challenge. Large retailers indicated that most IECR code is frozen (i.e. no coding changes are made) from November to mid-January. These months are also a particularly busy time for smaller retailers, creating additional demands on store owners' time.

As discussed earlier in the chapter, DTA is continuing efforts to recruit additional retailers, both large and small. The outcome of these efforts will likely affect the success of the pilot.

Chapter 6: Local DTA Staff Implementation Activities

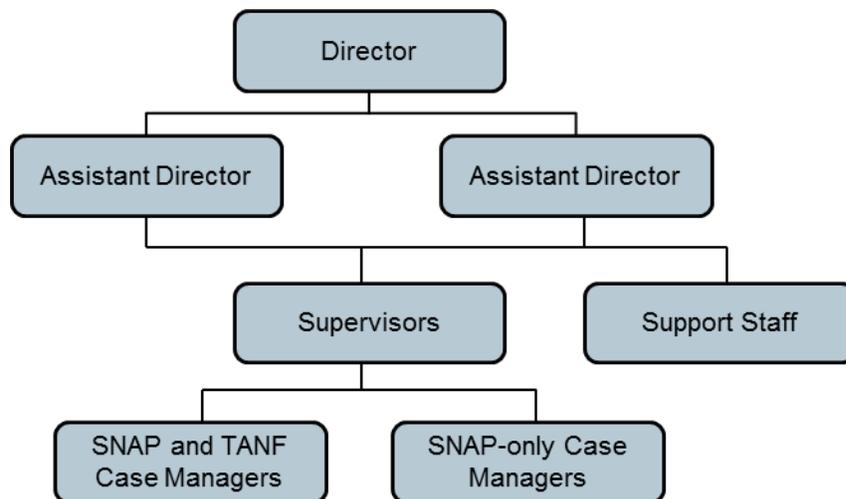
The local DTA staff plays an important role in supporting HIP activities because staff members are the interface between the SNAP program and participants. Since HIP utilizes the same EBT card that clients use to access SNAP benefits, local DTA staff members need to be knowledgeable about HIP on many levels in order to serve their clients, which include both HIP and non-HIP beneficiaries. This chapter describes the role of the local agency offices in the early stages of HIP implementation. Specifically, it describes the key activities in which local DTA offices were involved with respect to the HIP grant application process, the Steering Committee, and staff training. Also included are the observations of local DTA staff about initial beneficiary experiences with HIP.

The findings in this chapter are based on interviews conducted with the Regional Director for Western Massachusetts and three local office directors. Interviews were in late November, 2011, one month after the commencement of the pilot. Approximately one third of HIP participants were on board at the time of the interviews, so the perceptions about HIP’s impact on offices and participant reactions to the program are necessarily preliminary.

Local DTA Office Structure

The HIP program involves three local DTA offices in Hampden County: two in the city of Springfield (State Street and Liberty Street) and one in the town of Holyoke. Each office is staffed with a director and two or three assistant directors, as well as supervisors, case managers and support staff. Exhibit 6.1 displays the common organizational structure for each office from the grant application. (Note that the Springfield Liberty Street office recently added a third assistant director.) The local office directors report to a Regional Director for Western Massachusetts who is responsible for eight local offices, including the three in Hampden County.

Exhibit 6.1: DTA Local Office Organizational Structure



The Springfield Liberty Street office is the largest of the three offices. The Springfield State Street office is only slightly larger than that in Holyoke. Staffing levels in full-time-equivalents (FTEs) as of March, 2012 are displayed in Exhibit 6.2.

Exhibit 6.2 Staffing for Hampden County Local Offices (in FTEs)

Hampden County DTA office	Management	Supervisors	SNAP-only case managers	SNAP and TANF case managers	Support staff
Holyoke	1 director 2 assistant directors	6	15.0	15.0	10
Springfield State	1 director 2 assistant directors	6	18.0	14.6	12
Springfield Liberty	1 director 3 assistant directors	9	21.4	24.4	12

Note: As of March 2012

Source: Communication with DTA office directors. March 2012

Involvement of Local Agency Staff in HIP Implementation

This section describes the involvement of local DTA staff in grant development and the Steering Committee. It also describes the resources that were necessary to accommodate HIP at the local-office level.

Grant Development

Local DTA staff and the DTA Regional Director for Western Massachusetts assisted in the development of the grant application and implementation of HIP. Local office directors and assistant directors helped gather information to determine if Hampden County would be a good candidate based on its demographic data, distribution of access to food in the county, ethnic diversity, potential partnerships, and willingness of retailers to participate, particularly those who offer ethnically diverse foods. They also began to enlist stakeholder support in the project. For example, they tracked, by spreadsheet, all potential retailers in the area who were potentially interested in participating, and also reached out to a state representative to write a letter of support for the grant application.

While local DTA staff members were very involved in gathering information to determine if the county would be a good candidate, they did not participate in writing the grant. As noted in Chapter 3, DTA contracted with Public Consulting Group for the actual grant writing.

Before the grant was awarded, caseworkers from a local DTA office participated in focus groups, led by the local office director, to determine the burden HIP would place on local staff. Additionally, these focus groups helped DTA staff determine how they would explain to clients why and how they were selected to participate in HIP. Input from the focus groups was later used to help tailor the training materials that were developed for local agency staff.

The HIP Steering Committee

The Steering Committee convened by DTA includes representatives from DTA's Central and Local Offices, as well as a number of non-profit community organizations. The Regional Director for Western Massachusetts and one of the local DTA office directors attend HIP Steering Committee meetings regularly. At the initial kick-off meeting for the Steering Committee, this local office

director gave a presentation about the local DTA offices, their mission, and how they would be involved in HIP.

Respondents characterized the Steering Committee as acting more in the role of an advisory council than as a decision-making body (this issue is described in more detail in Chapter 7), and therefore the local DTA staff who attend these meetings are involved primarily to show the local offices' continued involvement in and support of the pilot. One local DTA office director explained that "the Steering Committee is a worthwhile, integral part of the pilot that ensures the integrity of the pilot" and therefore believes that local DTA offices should be represented at the meetings to reinforce the Committee's efforts. Other local DTA staff members are kept abreast of the information discussed at the Steering Committee meetings by email updates about the progress of HIP, as well as by meeting agendas and meeting minutes.

Resources Required for Implementation

The interviews conducted for this report suggest that HIP implementation did not require significant new investments of resources at the local DTA office level. The core HIP staff is housed at the DTA's State Street office in Springfield. However, other than reconfiguring office space, very little was needed to accommodate the HIP staff in the space.

At the time of the interviews with local DTA staff, approximately a month after its initial rollout, HIP implementation had little impact on staff (including supervisors, case workers, and clerks). Respondents reported that local staff had adequate resources to implement HIP at the local office level. The clerks issue EBT cards to SNAP clients, provide customer support including lost card replacements, and assist with any other issues that arise. HIP implementation did not significantly change these tasks, because the HIP incentive is simply added directly onto the EBT card. Clerks and caseworkers were trained to respond to simple questions about HIP and to refer most inquiries to the HIP call line.

Training

Because local office staff are often the first to field questions from clients, either by phone or at the local office, adequately preparing them with information about HIP was a priority. Local DTA staff received HIP training in September, 2011. Their experience with the training materials, as well as the delivery of training, is described below. By all accounts, training was effective and well-delivered.

The materials developed for training the local agency staff consisted of a PowerPoint presentation and a reference sheet of Frequently Asked Questions (FAQs). Both the PowerPoint presentation and the FAQs were designed specifically for the local DTA staff with the goal of helping them inform clients about HIP in an efficient manner.

The PowerPoint presentation used to train staff contained the same material as the one used for participant training, so that DTA staff would receive consistent information. As one DTA staff member noted, the training for them was designed to present only general information adequate to answer basic questions about HIP. If a client had a more specific inquiry, they were instructed to refer to the HIP hotline number.

Examples of topics covered in the staff training included:

- ***A brief overview of HIP:*** what it is, how it works, when are training sessions
- ***How participants were selected:*** what is a pilot study, how random selection works
- ***Who is involved in HIP:*** retailers, Community Partners, DTA staff, HIP staff
- ***HIP Timeline:*** when incentives begin and end, when notices are being sent, when and which retailers are coming on board, when farmers markets are coming on board
- ***HIP Information Resources:*** if staff and clients have questions use the toll-free number, website, email address, HIP staff
- ***Which foods are HIP target foods:*** fresh, canned, frozen and dried fruits and vegetables without added sugar, fats, oils, or salt (with some exceptions); some exclusions include juice, white potatoes and dried beans

The PowerPoint presentation given to local agency staff also included an interactive component in which trainees had to identify HIP eligible and non-eligible food items. Four various fruits and vegetables were shown on the screen, and trainees were asked to identify the fruit or vegetable that was considered a non-eligible item. These items include potatoes, dried beans, fruits in heavy syrup, and other exclusions.

Examples of questions and answers from the FAQs for DTA staff are:

- ***How will HIP affect my daily workload?*** Staff should expect minimal impact to daily workload—role is to provide basic information and make referrals to HIP team as needed.
- ***What do we say to SNAP clients that were not selected to participate in HIP?*** Hampden County is the only county in the country chosen to conduct HIP; it is a research study and participants were selected at random.
- ***What happens if a case closes?*** As with SNAP benefits, any incentives already earned can be used. If a case reopens with the same head of household, they can earn HIP incentives again. If a case reopens with a different head of household, they are no longer eligible for HIP.

Formal training for the local agency staff was delivered in person by HIP trainers from DTA. A total of 168 DTA staff members were trained at 15 training sessions. Additionally, case workers and clerks were updated on HIP activities at weekly meetings, and provided information to relay to clients as appropriate. However, clerks at all three local DTA offices have been instructed to refer the more complicated questions to the HIP toll-free phone line.

The local DTA staff training sessions were succinct and included enough time for a question and answer period at the end. The local agency directors interviewed generally felt the trainings were important and beneficial to their staff.

Perceptions of Early HIP Implementation

Local agency staff did have some preliminary observations about beneficiaries' early experience with HIP, with the caveat that these are based on only one month of experience, when only about one third of eligible beneficiaries were enrolled in HIP. Feedback from local agency staff has included clients' reports that it is difficult to know which food items are HIP-eligible. One suggestion to help HIP clients determine what is eligible is for retailers to put markers or stickers on eligible canned and

dried food items, and similarly to use a “HIP Sticker” in the produce section to identify fruits and vegetables that qualify. Some retailers have put stickers on their shelves to indicate an item is HIP-eligible; however, because retailers cannot promote the pilot to non-HIP participants, there are limitations involved in identifying HIP products and produce.

Lessons Learned

As designed, the local DTA offices had relatively small roles in the rollout of HIP. Early reports indicate that there were very few problems with the rollout that required resolution at the local DTA office level, thanks to careful preparation by DTA HIP staff and other stakeholders. Interviews with the local office directors indicated that it had been a smooth roll-out, and that the staff was adequately prepared to answer questions about the pilot.

Chapter 7: Involvement of Community Partner Organizations

Hampden County has a strong network of community organizations, including non-profit Community-based organizations (CBOs), health centers, libraries, churches, and educational institutions, as well as state and local agencies. We refer to this group of organizations that were involved in HIP as “community partners”. These proved to be an integral factor in the implementation of HIP, and an important reason for the smooth rollout of the pilot. At the time of the writing of this report, approximately 75 community partner organizations were contributing services to HIP (see Exhibit 7.1).

The CBOs for the HIP project represent local resources such as food banks, farmers markets, and organizations working in the areas of health care, community development, and homeless assistance. Generally, their role is to serve as an informational resource to HIP participants; to encourage both eligible clients and retailers to participate in HIP; to provide space for training sessions and focus groups; and to identify and help to resolve challenges or barriers to successful implementation.

The sources for the insights in this chapter are interviews conducted with five CBOs, as well as DTA staff members, in November, 2011.

Involvement in HIP Implementation

Grant Development

During the grant development phase, DTA reached out to community leaders to garner local support for HIP and to facilitate the recruitment of retailers. Early in the planning process, DTA developed and distributed a fact sheet for community organizations and retailers describing HIP and DTA’s intention to apply for the grant. DTA also sent a letter to key stakeholders inviting them to a HIP Kickoff Meeting in April, 2010, about a month before applications were due to FNS. Approximately 25 stakeholders, including many CBOs, attended. At the meeting, DTA requested assistance from community partners, such as writing letters of support, providing descriptive information about their organizations, hosting training sessions for HIP participants, and their willingness to serve as an information resource for HIP participants.

The community partners did not contribute to the actual writing of the grant, but they helped in other ways. They provided a Hampden County perspective that informed the grant-writing and/or explained HIP to neighborhood grocery stores and collected retailers’ letters of support. Almost 20 CBOs and an equal number of state and local agencies participated in the grant application process, primarily by providing letters of support. The grant application cites four CBOs as being particularly helpful in helping DTA establish connections with retailers and providing feedback on the grant application:

- Partners for a Healthier Community (a public health advocacy organization);
- Food Bank of Western Massachusetts (the largest food bank in Western Massachusetts);
- Holyoke Food and Fitness Policy Council (an organization that promotes healthy food and fitness for Holyoke residents); and
- Nuestras Raices (a Hispanic organization that promotes community development in Holyoke through projects relating to urban agriculture, food and the environment).

Exhibit 7.1: HIP Community Partners

Community Partners	Training site	CP training co-host	Steering committee	Retailer support	Facilitators	Focus groups	Farmers market support	Material review	RFA support	Staff resources
Community-Based Organizations										
American Heart Association	✓							✓		
Boston Collaborative for Food and Fitness and Boston Bounty Bucks									✓	
Catholic Charities- Dioceses of Springfield	✓	✓			✓			✓		
Community Involved in Sustaining Agriculture (CISA)			✓	✓		✓	✓	✓	✓	
Community Music School of Springfield	✓	✓								
Concerned Citizens of Mason Square						✓	✓			
Enlace de Familia		✓								
Federation of Massachusetts Farmers Markets			✓				✓	✓	✓	
Food Bank of Western Massachusetts		✓	✓	✓		✓	✓	✓	✓	
Gandara Center	✓									
Gardening the Community							✓			
HAP Housing	✓	✓							✓	
Holyoke Food & Fitness Policy Council	✓	✓	✓		✓	✓		✓	✓	
Holyoke Girls Inc.	✓									
Jewish Family Services	✓	✓			✓			✓		
Lorraine's Soup Kitchen and Pantry	✓								✓	
Lutheran Social Services	✓				✓			✓		
MA Farm to School Project			✓	✓			✓			
Martin Luther King Community Center	✓								✓	

Community Partners	Training site	CP training co-host	Steering committee	Retailer support	Facilitators	Focus groups	Farmers market support	Material review	RFA support	Staff resources
Massachusetts Food Association				✓		✓			✓	
MA Food SNAP Coalition									✓	
New North Citizens Council	✓		✓					✓		
North End Campus Coalition			✓			✓		✓		
Nuestras Raices	✓		✓			✓		✓	✓	
Open Pantry	✓									
Partners for a Healthier Community			✓	✓					✓	
Pioneer Valley Planning Commission									✓	
Project Bread - The Walk for Hunger									✓	
Providence Ministries		✓							✓	
Russian Community Association of Massachusetts					✓			✓		
Springfield Partners for Community Action	✓	✓					✓			
Square One	✓		✓						✓	
United Way of Pioneer Valley	✓									
Vietnamese Health Project at Mercy Medical Center	✓				✓			✓		
Western MA Network to End Homelessness		✓	✓						✓	
Western MA Refugee and Immigrant Coalition	✓	✓			✓			✓		
YMCA	✓									
Community Resources										
Agawam Public Library	✓									
Agawam Senior Center	✓									
Chicopee Public Library	✓									

Community Partners	Training site	CP training co-host	Steering committee	Retailer support	Facilitators	Focus groups	Farmers market support	Material review	RFA support	Staff resources
Holyoke Heritage Park Visitor Center	✓									
Ludlow Adult Learning Center	✓									
Ludlow Hubbard Library	✓									
Mason Square Library	✓									
Our Lady of Guadalupe Parish	✓									
Palmer Library	✓									
Springfield Central Library	✓									
St. Anthony of Padua Parish	✓									
St. Michael's Cathedral	✓									
West Springfield Library	✓									
Hospitals and Health centers										
Brightwood Health Center	✓			✓						
Mercy Medical Center	✓	✓	✓		✓	✓		✓	✓	
Noble Hospital	✓									
State and City Agencies										
City of Springfield MASS in Motion				✓						
Department of Agricultural Resources			✓				✓			
Department of Children and Families									✓	
Department of Developmental Services									✓	
Department of Early Education and Care									✓	
Department of Elder Affairs	✓				✓					
Department of Housing and Community Development									✓	

Community Partners	Training site	CP training co-host	Steering committee	Retailer support	Facilitators	Focus groups	Farmers market support	Material review	RFA support	Staff resources
Department of Public Health			✓	✓				✓	✓	
Department of Public Health- WIC			✓	✓				✓	✓	
Department of Youth Services									✓	
Executive Office of Education & the Department of Elementary & Secondary Education									✓	
Executive Office of Elder Affairs									✓	
Executive Office of Health and Human Services								✓	✓	
Interagency Council on Housing and Homelessness									✓	
Massachusetts Office of Refugees and Immigrants									✓	
Office of Medicaid									✓	
OWL Adult Education Center	✓	✓								
Riverview Senior Center	✓									
SHINE	✓				✓					
Trial Court - Housing Department in Western Division									✓	
Universities and Colleges										
Holyoke Community College		✓								
University of Massachusetts, School of Public Health										✓

Source: Provided by DTA

After the Kickoff Meeting, several community leaders, including those associated with the organizations above, approached DTA to volunteer to serve on the HIP Steering Committee, and the HIP Steering Committee was formed.

Steering Committee

DTA established a HIP Steering Committee (HSC) during the grant application process to help it think through policy, hold the DTA accountable to the community, and help develop a list of what community partners could contribute.

The current Steering Committee is made up of a diverse and committed group of individuals and organizations. It includes twelve CBOs (shown in Exhibit 7.2) in addition to representatives from WIC, the DTA Central Office, the three local DTA offices, and the DTA Regional Director. As shown in Exhibit 7.2, the CBOs' missions center on food security, community development, health care, homeless assistance and agriculture.¹⁴

An initial meeting of the Steering Committee was held in March, 2011. As HIP implementation began to ramp up, meetings were held more frequently. Since the summer of 2011, when HIP implementation was in full swing, meetings have generally been held monthly. There is a core group of about eight CBO Steering Committee members that attend consistently, while others attend sporadically. Meetings generally take place at a community partner's facility, but at a different location each time. Many Steering Committee members choose to participate by phone. Several of the Steering Committee members interviewed noted that the location of the meeting influences who attends in person or by phone. For example, meetings held in Holyoke meant that Holyoke-based community partners were more likely to attend in person than those located in other towns.

The Steering Committee was and continues to be active in:

- Helping to recruit retailers, both large IECRs and small local shops;
- Reviewing and providing feedback on all outreach and training materials. This includes commenting on the appropriateness/nuances of Spanish translations for participants, retailers and other community partners, as well as reviewing Russian and Vietnamese translations of participant outreach and training materials.¹⁵ The committee also suggested using more graphics in training materials, including using more culturally relevant food images; these suggestions were incorporated into training materials;
- Providing translation services (Russian and Vietnamese) for participant training;
- Providing facilities for HSC meetings and participant, retailer and community partner training sessions;

¹⁴ There has been some discussion about expanding the HSC to include a SNAP participant, one or more representatives of the retailer community, and someone to represent the town of Chicopee. The discussion has considered the tradeoffs between inclusiveness and the potential unwieldiness of allowing the group to become too large. These changes have not been implemented as of the writing of this report.

¹⁵ Only participant materials were translated into Russian and Vietnamese.

- Serving as an information and referral resource to both HIP clients and other community organizations.

Overall, the CBOs with whom we spoke were satisfied with their experience on the Steering Committee. Several respondents noted that they felt they had been led to believe that they would have a role in the design of HIP, but in fact project design had already been fairly well established. CBOs expected to act as a more traditional Steering Committee, with greater authority, a more active role in policy development, and the power to make key decisions. While the CBOs have been active and have contributed significantly to the HIP implementation, many respondents felt a more appropriate title would be the HIP “Advisory Board” or “Advisory Council.”

Exhibit 7.2: HIP Steering Committee (HSC)—Community-Based Organizations

Organization	Mission/Purpose
Community Involved in Sustaining Agriculture (CISA)	Promotes purchase of locally grown produce in grocery stores and farm stands. Connects farmers, neighbors and communities to sustain local agriculture and enhance the long term health of area communities.
Food Bank of Western Massachusetts	Works with the community to reduce hunger and increase food security. Operates in Hampden, Berkshire, Franklin and Hampshire counties. Provides food to approximately 400 member agency programs including meal sites, food pantries, homeless shelters, childcare centers, and elder programs.
Holyoke Food & Fitness Policy Council - Holyoke Health Center	Promotes community empowerment for social change through influencing program and policy outcomes around health and wellness, food systems, and the built environment. Their mission is to create and sustain a more healthy and vibrant Holyoke through the development of programs, policies, community leaders and advocacy. Currently funded by the Kellogg Foundation.
Federation of Massachusetts Farmers Markets	Partners with farmers, consumers and communities to foster, enhance and sustain farmers markets in Massachusetts in order to improve regional farm viability, improve consumers' nutrition, and community, social and economic development.
MA Farm to School Project	Provides technical assistance to Massachusetts farmers and schools in selecting appropriate locally grown foods that will improve the nutritional value and taste of school meals. The project is supported by the Massachusetts Department of Agricultural Resources.
Mercy Medical Center	Provides health care in general, but also has a special program for the homeless. An 18-member team provides primary care services at approximately 46 shelters, soup kitchens, job placement sites and transitional programs. It operates in Hampden, Hampshire and Franklin counties.
New North Citizen's Council	Provides advocacy, public and human services to Hampden County residents with an emphasis on the Hispanic/Latino community in order to enhance the preservation and support of the family and improve their quality of life.
North End Campus Coalition	Seeks to strengthen the North End of Springfield through its various networks by increasing community attachment and encouraging partnerships between individuals and local organizations. Promotes active, healthy lifestyles and preventative care in an effort to address health disparities.
Nuestras Raices	Promotes economic, human and community development in Holyoke through projects relating to food, agriculture, and the environment. Their focus is on low income Latinos, many of whom came from the farms of Puerto Rico. They currently manage one community garden and one youth garden.

Organization	Mission/Purpose
Partners for a Healthier Community & Baystate Health	Committed to building a measurably healthier Springfield through civic leadership, collaborative partnerships and advocacy. Engages community members and incorporates public policy advocacy in an effort to reduce health disparities.
Square One	Provides early education and child care support to working families in Western Massachusetts. They are committed to providing affordable, learning-focused child care for infants, toddlers and preschoolers in a safe, stable and secure environment.
Western MA Network to End Homelessness	Uses a regional approach to ending family and individual homelessness that focuses on "the right resources to the right people at the right time". Their initiatives prioritize prevention, rapid re-housing and housing stabilization through community supports and economic opportunity.

Training

DTA offered HIP training to community partner organizations to help them be better ‘ambassadors’ for the pilot to their constituencies. Four CBO training sessions were conducted in English and one each in Spanish and Vietnamese. Representatives from a total of 48 community organizations attended training. Of these, 31 organizations attended English sessions, 14 attended Spanish sessions and 3 attended Vietnamese sessions. The training was designed to prepare community organizations to provide information and support to HIP participants, to provide feedback to DTA on the pilot, participate in the evaluation, and to serve as host sites for participant training. The training focused on explaining:

- The goal of the pilot, including how HIP works and the evaluation.
- HIP participants’ shopping experience, including the types of participating SNAP retailers (supermarkets, grocery stores, convenience stores and farmers markets), how to identify HIP retailers (look for the HIP decal), how store checkout procedures vary by type of retailer (e.g., at small stores, identifying themselves as HIP participants before they checkout and separating their HIP-eligible items), how to read the receipt to identify their HIP purchases and the incentive earned, and how to identify HIP target foods, including categories of eligible fruits and vegetables.
- The HIP timeline, including when the pilot begins and ends for each of the three waves, the schedule for participant mailings, and the training timeline for and purpose of all stakeholder groups (participants, retailers, DTA staff, and community partners).
- The evaluation, including Abt Associates’ role, the goal of the evaluation, and the fact that Abt may be contacting some CBOs to obtain their feedback on various aspects of the pilot. They were encouraged to cooperate with the evaluation.
- The importance of community partners’ role in HIP. Among the topics discussed were CBOs’ core roles as information and support resources for HIP participants, providers of feedback to HIP, and training-site hosts. Also discussed was how trainees could become effective agents of change through their involvement in the pilot, and how to demonstrate their support for HIP.

Copies of the training materials and FAQs provided to CBOs and other community partners can be found at the DTA website, <http://www.mass.gov/dta/hip>.

Perceptions of Early HIP Implementation

All of the five CBOs interviewed felt that they were well-prepared for HIP. They felt DTA did an excellent job of keeping them informed about the pilot and its rollout. They noted that even after pilot rollout, communication about the implementation continued to be excellent.

At the time the CBO interviews were conducted, it was yet too early in the implementation process for them to have received meaningful client feedback about the pilot, from either HIP participants or non-HIP participants. However, they were able to comment on the activities leading up to project rollout. This included: participant training sessions; potential sources of confusion for participants; role of HIP promotion and nutrition education.

CBOs recognized that participant *training sessions* had been poorly attended (see Chapter 8 for details). One respondent indicated that he was not surprised, and didn't think that they ever would be well-attended because of participants' limited time and competing priorities.

However, he and others had suggestions about ways to improve training and/or training participation. While some of these may have been beyond the budget for the pilot implementation, they may be useful for future such projects. Suggestions included:

- Promoting the trainings as informal “community get-togethers” where participants can learn about the program, both from trainers as well as each other. These might include sharing recipes, and nutrition education;
- Providing childcare;
- Feeding participants a healthy meal;
- Scheduling more evening and weekend training sessions; and
- Providing additional outreach to HIP participants beyond just the letters from DTA.

When asked about *potential issues of confusion for participants*, the CBOs offered several comments. (However, as noted above, since Wave 1 had just begun, they had received very little actual participant feedback). They noted potential issues in these regards:

- **Language barrier.** Participant, retailer and community partner materials were produced in English and Spanish. Participant materials were also translated into Vietnamese and Russian. Trainings were conducted in English, Spanish, Vietnamese and Russian. However, there are pockets of other nationalities (e.g., Somali) for whom written translations were not produced.¹⁶ One community partner (a CBO) reported that several Vietnamese clients selected to earn HIP incentives had brought English letters to be translated.
- **Informational materials' emphasis on non-allowable foods.** One respondent suggested that the focus should be on allowable foods under HIP, rather than on what is not allowed. This would make it easier for HIP participants to understand how to earn incentives.
- **Confusion about the incentive.** HIP participants may find it difficult to understand that the incentive is 30 cents of every dollar spent on HIP target fruits and vegetables and why benefit amounts may fluctuate from month to month. Several community partners suggested explaining HIP as a 30 percent discount, and that you get the 30 percent you saved to spend on other SNAP-eligible products.
- **Selection process.** Most respondents agreed that it was very important to properly explain the selection process for the pilot, specifically why some SNAP recipients will not earn the HIP incentive.

¹⁶ DTA has a “Babel Card,” which is a document that tells the recipient this communication (e.g., a letter) has important information about their benefits and that they should bring the English communication to someone who can translate it for them. The Babel Card has this instruction in 21 languages.

The CBOs interviewed mentioned that they would have like to have played a role in *promoting HIP*, but were told that they could not do so as it would have an adverse effect on the validity of the pilot. The suggestions that were made included providing:

- Food for a participant training, but probably only once or twice due to funding constraints;
- Additional education to the community, both HIP and non-HIP, about how to maximize healthy food purchases at retail stores; and
- Nutritional cooking education to the community, again to both HIP and non-HIP participants.

Lessons Learned

Generally, DTA was very effective in utilizing the services and resources of its community partners. They were successful in assembling a diverse and committed group of community partners, including many CBOs, and in building a relationship with them. Likewise, DTA was effective in drawing upon community partners' resources to support the HIP implementation. The accomplishments, indicated by the list of activities performed by the community partners, suggest that the local partners were an effective and dedicated working group.

Against this generally positive backdrop, the role and, to some extent, the composition of the HSC was somewhat of an issue. As described above, CBO members of the HSC reported that they expected to have more influence over the design of HIP and to have more decision-making authority than they actually had. This appeared to be a mild source of frustration among many of these HSC members.

Key lessons learned in the early implementation of HIP varied considerably among the community partners interviewed. Among the more noteworthy ones were:

- ***Stakeholder roles.*** It is important to have clarity as early as possible about the roles of the organizations involved in the Steering Committee, and to jointly plan what those roles should be, in order to ensure participation of the most representative group possible. There seemed to be general agreement among the CBOs interviewed that not all relevant stakeholders were represented. DTA could have been more strategic in choosing an advisory group representing the community. It could have been a smaller (6 to 8 people), more cohesive group representing non-profits, retailers and SNAP recipients. Other “stratification” criteria might include location (Springfield, Chicopee, Holyoke, and smaller towns), ethnicity, and profession or mission (e.g., health, emergency food, and local agriculture.)
- ***Commitment of local non-profits and other community partners.*** The performance of the community partners reaffirmed that there are a lot of people working in the non-profit world who care deeply about the community and are invested in HIP because they understand its value to Hampden County residents.
- ***Nothing is as easy as it seems.*** Implementation of HIP took significant effort on the part of Boston-based and HIP DTA staff and their contractors, retailers, community partners, and, perhaps, participants.
- ***Farmers markets.*** While the groundwork had been laid for most farmers markets to have EBT machines, at the time of the interviews, the details had yet to be worked out. CBOs felt

that effectively implementing HIP in farmers markets would be a technology challenge. There was tremendous interest in doing everything possible to make local produce available to HIP participants.

In summary, community partners have been an integral element of the pilot, and have accomplished much. They have been a committed and diverse group that has actively supported the HIP implementation. This reflects both the organizations' dedication to their community, as well as strong relationship-building by DTA.

Chapter 8: Notification and Training of Participants

DTA and their partners put considerable effort into the notification and training of the HIP participants, including the development of user-friendly materials as well as a schedule and process to disseminate those materials. Over 140 training sessions were held for HIP participants between October 2011 and February 2012, beginning shortly before the system went live until about three months afterward. Despite the significant efforts that went into developing HIP training, approximately 100, or 1.3 percent of eligible HIP participants, attended training sessions. However, for the most part, the training was well received by those who attended.

DTA also provided substantial support for participants using various media, such as a dedicated HIP call line, website and email address.

This chapter describes the process of participant notification, training, and support, and its early results. The findings are based on interviews with Boston-based DTA staff, HIP Director and Assistant Director, and DTA/HIP trainers, as well as feedback forms completed by participants who attended training sessions. The forms provide useful feedback on the training delivered, although they cannot illuminate the reasons why many chose not to attend training.

Copies of all materials provided to participants through the end of March 2012, as well as the training calendar and FAQs can be found at <http://www.mass.gov/dta/hip>.

Notification of HIP Participants

As described in Chapter 1, HIP was rolled out in three waves over a period of three months. Each wave included 2,500 households. The first wave became eligible to earn HIP incentives starting November 1, 2011. Waves 2 and 3 began participating on December 1, 2011 and January 1, 2012, respectively.

DTA initially planned four sets of notifications during the pilot: an initial set just prior to beginning HIP participation consisting of three mailings within 15 days of each other; a second set in January 2012; a third set in April 2012; and a final mailing about a month before the end of the pilot for each wave. In addition, DTA will be sending copies of the first notification (a total of three mailings) translated into Russian and Vietnamese in late spring.¹⁷

Notification Materials Developed

Prior to each wave's HIP start date, three consecutive mailings were sent to participants. Each mailing contained a notification letter and a subset of training materials:

- The first notification letter, sent about three weeks prior to each wave's HIP start date, informed participants that they had been selected to participate in HIP, and relayed information about the purpose of HIP, the selection process, the option of declining to participate, and the start date. An initial calendar of training sessions was included with this letter. Also included was a "Babel Card," or note alerting participants in twenty-one

¹⁷ Russian and Vietnamese HIP participants were initially sent materials in English.

languages that the materials in the envelope were important and related to benefits, and encouraging them to bring the materials to a bi-lingual friend or relative be translated.

- The second notification letter, sent about two days after the first, explained the incentive. A more extensive subset of training materials was included with this letter: a HIP brochure, guidelines for HIP-eligible fruits and vegetables, a list of participating retailers, and a list of frequently asked questions.
- The third notification letter, sent several days prior to the HIP start date, explained that when shopping at retailers where they had to separate their SNAP items from other purchases, participants would need to identify themselves as HIP participants in order to earn their incentive. A HIP EBT card-sleeve, which contained information on eligible foods and could be used as a means of identifying oneself as a HIP participant, was included with this letter.

The notification materials were developed by DTA HIP and central office staff. Initially, all materials were translated into Spanish. DTA staff and community partner organizations (primarily CBOs) reviewed the Spanish materials for appropriateness and nuance.

The letters were distributed through DTA's Management Information Systems department. Materials were sent in both English and Spanish, based on the participant's primary language as recorded in BEACON. For the initial mailings, recipients whose language was other than English or Spanish received materials in English, along with the "Babel Card" described above.

DTA is translating the second notification package into both Russian and Vietnamese and at the end of spring 2012 will mail a (duplicate) information package to appropriate households so that they have materials written in their native languages.

DTA sent an updated list of retailers to participants in late January that included retailers joining HIP on February 1.

The two remaining scheduled mailings include:

- Another updated list of retailers, focusing on Farmers Markets participating in HIP, but also including any other newly participating retailers. This is scheduled for late April.
- A final mailing, reminding participants that HIP is ending, will be sent about one month before the end of the pilot for each wave.

Early Response from Participants

DTA staff reported that based on conversations with participants at training sessions and on the HIP call line, it seemed that many participants were overwhelmed with the three mailings. HIP staff later considered that it might have been helpful to reduce the number of mailings and the amount of information in each one.

Training of HIP Participants

HIP staff dedicated considerable time and effort to developing and ensuring the appropriateness of the participant training materials and sessions. Training sessions were intended to help HIP participants understand HIP and how it can benefit their households. The main elements were to explain how the financial incentive works and which foods are eligible for the HIP incentive.

The HIP participant training team consisted of two trainers hired specifically for HIP, collaborating with a regular DTA Training Unit employee who worked on HIP half time and whose role was to mentor the others. All three began work on HIP in April 2011. The HIP trainers were initially supervised by DTA Boston-based staff; when the HIP Director and Assistant Director were hired, they took over supervision of the trainers.

Training Materials Development

DTA and FNS considered it essential to invest significant time and resources in the training materials. Because training sessions would not be mandatory, the printed materials would be many participants' primary source of information about HIP.

The trainers worked on developing materials beginning in April, when they were first hired. In developing the materials, they reviewed examples of other training materials, including WIC materials developed by several other States. WIC materials were considered relevant because WIC-eligible and HIP-eligible fruits and vegetables are identical and the participant populations in the two programs are similar. The WIC materials provided aesthetically pleasing examples; messages were presented using appropriate images and were developed at the sixth grade reading level.

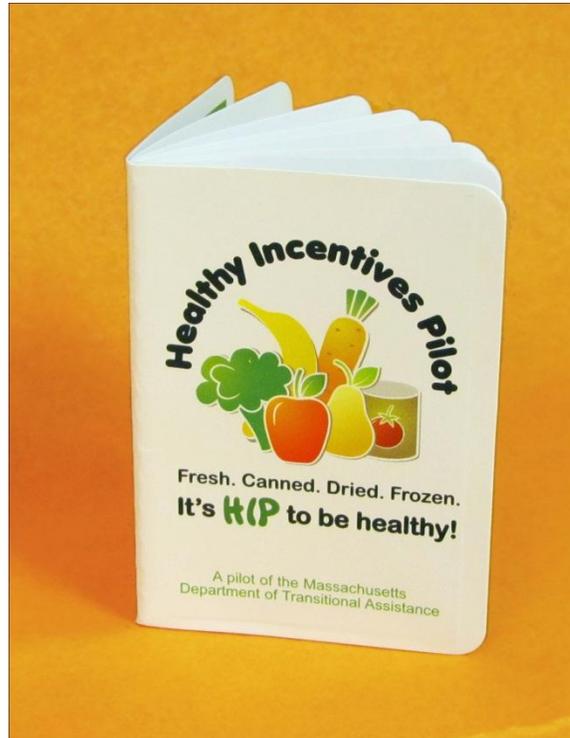
Draft materials were completed in June 2011. The trainers felt that two months gave them ample opportunity to flesh out ideas and try various approaches. Later, these drafts assisted DTA in further developing the training materials. Aiming to create materials appropriate to the Hampden County audience, DTA considered, in part, questions of demographics and language. They used demographic information from Springfield and Holyoke, the two largest towns in Hampden County, to create community portraits to use as a framework for targeting materials to the HIP participant audience.

DTA established that training packets would be similar for participants, community partner organizations, and DTA staff members. They decided to begin with developing the participant materials, and to use those as a framework for the additional HIP stakeholders. The following materials were developed:

- **Brochure:** The brochure (tri-fold, color) explained the basic concept of the pilot and the incentive, explained fruit and vegetable restrictions, described how earning a HIP incentive is different at chain and independent stores, and referred participants to the HIP call line and the HIP e-mail address for more information. The brochure also included a message pointing out that HIP leads to both financial and health benefits.
- **Guidelines for eligible fruits and vegetables:** The guidelines for eligible items (one page in English and the other in Spanish in color) were divided into fruits and vegetables, and further subdivided into fresh, canned, dried, and frozen categories. Under each category, the guidelines showed what types of foods would be allowable and what types foods would not. For instance, allowable dried fruits were characterized as “any variety” and “without added sugar, salt, fats or oils.” Not allowable were “fruit-nut mixtures.” At the top of this sheet was an introduction to the guidelines for eligible fruits and vegetables, and a short message on nutrition and health benefits. The bottom of this sheet referred participants to the HIP call line.
- **Card sleeve:** The card sleeve's (card-size bookfold, nine pages) primary purpose was to serve as a visual means for HIP participants to identify themselves to retailers where HIP purchases

need to be separated. Additionally it served as a holder for the HIP EBT card and an in-store reference list of examples of HIP eligible foods. Compiling this list involved extensive research and discussion, revolving primarily about the inclusion of ethnic foods, and the terminology used in the FNS list guidelines. Also included in the card sleeve was a diagram of a store receipt showing the HIP balance, brief instructions for earning HIP incentives, and a list of foods that were not eligible. The card sleeve also referred participants to the HIP call line, the HIP e-mail address, the ACS Customer Service line, and the HIP website for questions. Exhibit 8.1 presents a picture of the card sleeve.

Exhibit 8.1: HIP Card Sleeve



- **PowerPoint presentation:** This presentation, consisting of approximately 30 slides, was the only training item that was not provided to participants in printed form. The presentation was used exclusively at the training sessions. It reviewed the basics of how HIP works, identifying retailers and understanding receipts, guidelines for HIP eligible foods, the potential health benefits, participant selection and evaluation, and community partnerships. In order to engage training participants, the slides often had questions such as “What have you heard about the Healthy Incentives Pilot?”, “How does HIP work?”, and “Why are fruits and vegetables important?”
- **Calendar of training sessions:** A calendar of available training sessions in each town (2-3 pages in color) was created for each wave of HIP participants. It specified the location, date, time, and language of each training session. The top of the sheet referred participants to the DTA call line for general questions, and to a different, local number for inclement weather.
- **List of participating retailers:** The retailer list (also in Spanish in color) listed participating chain and independent retailers by city, retailer name, and address. At the top of the sheet

were instructions to look for the HIP logo and to identify oneself as a HIP participant while shopping, as well as a note to look for additional retailers after February 1, 2012. The bottom of this sheet referred participants to the HIP call line.

- **List of frequently asked questions:** Frequently asked questions lists were created for all audiences, including participants. These started out with basic questions and became active documents that all DTA staff added to throughout training and implementation, as they received more feedback from trainees and community partners.

All materials were translated from English to Spanish by DTA's contracted translation service. The translation was circulated among DTA staff and community partners, primarily CBOs, who established a broad and appropriate translation.

Initial Feedback

DTA conducted focus groups and interviews in order to solicit feedback on training materials. Four focus groups were held during late August and early September and one set of interviews during September were conducted with stakeholders. Focus group participants included:

- Four members of the Steering Committee, including one community partner, in Holyoke;
- DTA Training Unit staff (three staff members);
- Other DTA Staff (18 staff case workers in Western Massachusetts); and
- 12 SNAP clients.

Focus group participants received copies of materials to review prior to the focus group. Discussions focused on what materials worked well and what aspects were problematic. Participants and community partner organizations suggested that the explanation of the financial incentive was not clear. The participant groups responded positively to the bright colors used in the design.

In addition to the focus groups, the trainers conducted one-on-one telephone interviews with several Steering Committee members and community partners to obtain their feedback on the materials.

Finalizing Materials

The focus group input and the one-on-one interviews aided DTA in developing the final training materials that would later go into production. These materials were substantially modified from the initial drafts. During this stage, making all the training tools consistent was a major task. DTA worked with FNS to ensure that messaging was consistent, and that it aligned with HIP objectives. DTA outsourced graphics and layout design to a communications company that designed a HIP logo that was applied to all materials. Additional consideration was given to providing continuity across all final materials.

One challenge that DTA faced was creating a consistent and clear message about the importance of fruits and vegetables. FNS had specified that HIP not be designed to provide nutrition education. Nevertheless, the need to justify the focus on fruits and vegetables became apparent. A short message on nutrition and health benefits was developed by DTA and incorporated into all materials: "Eating fruits and vegetables lowers the chance of getting heart disease, diabetes, high cholesterol, and some kinds of cancer. It also helps people maintain a healthy weight."

Following FNS approval, materials were printed and sent out to HIP participants with the three notification letters as described above. In addition to the materials described, the HIP logo was printed on a reusable grocery bag, to be provided as an incentive to participants attending the training sessions.

Experiences Training Participants

A total of 142 sessions were scheduled between October 2011 and February 2012. Thirty sessions were conducted in Spanish, seven in Russian, and four in Vietnamese. Sessions were scheduled for one hour each (they often ran shorter) and divided fairly evenly between morning and afternoon times. There were no evening sessions and only a few Saturday sessions.

Trainings were conducted by HIP trainers, the HIP Assistant Director, and others at DTA. The first training sessions were held at libraries because few community venues had been established.

Trainings were conducted in a number of venues in eight Hampden County towns, including Agawam, Holyoke, Ludlow, Monson, Palmer, Springfield, Westfield, and West Springfield. In general, the number of trainings taking place in each town was roughly proportional to the HIP population in the towns.

Many of the community partners were active in assisting with participant training. Approximately 40 provided meeting space, and about 15 additionally provided opening remarks, occasionally supplied food and/or beverages, and sometimes served as co-facilitators. In addition to reviewing translations of training materials in Spanish, Russian and Vietnamese, several community partners conducted trainings for Russian and Vietnamese-speaking participants.

Participation

Training sessions were optional for participants. Based on past experience launching new initiatives, DTA planned numerous training sessions to accommodate attendance by up to 25 percent of participants. Attendance was much lower than anticipated—approximately 100 HIP participants (1 percent) attended training. Typically, trainers worked with three to six participants, and some sessions were cancelled because there were no attendees.

A majority of training session attendees were elderly women. Attendees also included people with disabilities, social service workers attending on behalf of their clients, and a low number of young families. One trainer suggested a reason for this skewed demographic was that trainings were not always held in venues that others would come to. While elderly women were comfortable with attending trainings at the library, this was not an effective venue for younger HIP participants. Overall, there was general agreement that working adults did not have an opportunity to attend training sessions. This was likely due to the fact that all trainings were held during the day, as DTA staff were not available to provide training in the evening. In addition, only a handful of trainings were on Saturdays.

HIP trainers expressed concern that many resources had been allocated to training sessions, yet so few attended. Although there was initially some expectation that training attendance would increase as word spread among participants, numbers remained low over the course of the training period.

However, staff also described some positive aspects of having optional training sessions and low turnout. Small training sessions allowed much more flexibility in catering to participants' needs.

This enabled trainers to adjust the sequence of topics covered and to give participants ample opportunity to ask questions, resulting in a good overall understanding of HIP.

Feedback from Participants

After training sessions, participants were asked to fill out short evaluations about their experiences with training and training materials. Most participants who attended training gave positive responses about their experiences (Exhibit 8.2.). Nearly all who responded were pleased with virtually all aspects of the training, finding them clear and helpful. In the space for additional comments, several participants asked that specific retailers where they shopped be added to the program.

HIP Trainers also received feedback from participants attending training sessions. Participant feedback revolved around the appearance of training materials and the concept of the incentive. Participant questions related to why they were chosen for HIP, and how the incentive and the program worked.

Some participants commented that the three mailings they had received was too much information and that it was overwhelming. Furthermore, some found the small font on the card sleeve difficult to read. While this was by design, it limited its usefulness for some participants. This comment may have come primarily from the elderly, who were most likely to attend trainings. With respect to HIP in general, participants noted that their ability to take advantage of the incentive may be limited if their SNAP benefit amount was low or if there were no retailers participating in HIP in their neighborhoods. In response to the latter concern, HIP decided to expand recruitment of HIP retailers to stores outside Hampden County which may be frequented by Hampden County residents, with plans to add more than twelve retailers outside Hampden County throughout the winter and spring of 2012.

Exhibit 8.2: Participant Feedback from Training

	Strongly agree %	Agree %	Neither agree nor disagree %	Disagree %	Strongly disagree %
Training session was clear and organized	84	13	0	0	2
Understand HIP better after this training	86	13	0	0	1
Know which foods earn the HIP incentive	82	17	0	0	1
Know whom to call with questions	81	18	0	0	1
Training materials received in the mail were useful and helpful	73	25	0	0	1

N = 83 participants

Source: Participant training evaluation forms

Support Resources

Among the resources available to support HIP participants are a call line, email address and website. The most active of the supports thus far has been the HIP call line; the HIP website and HIP e-mail address have not been used much. Each of the support resources available to participants is discussed below.

HIP Call Line

The HIP call line is the most heavily used resource. Initially, HIP expected to train operators on the SNAP Recipient Services hotline to answer questions about HIP. However, Recipient Services was experiencing high call volume and increased wait times, so a decision was made to create a toll free number exclusively for HIP. Recipient Services operators were still trained on HIP basics, but instructed to share the HIP call line phone number when they received HIP questions.

There were several ways for HIP participants to learn about the toll free number. In addition to referrals from SNAP Recipient Services, the phone number was included on all training materials and DTA staff and community partners referred participants to the HIP call line.

For the first five months of HIP implementation, responsibility for answering the HIP call line was dispersed among five HIP staff, as DTA was recruiting a full time bi-lingual person to staff the line. However, because all five were often in the field, calls frequently went to voicemail. There were some difficulties returning calls as messages could be difficult to understand, return phone numbers were sometimes disconnected, and staff had limited time outside their other duties to return calls. With the departure of the three HIP trainers once initial training was completed, DTA decided to hire two communication coordinators to be responsible for all communication outlets, including the call line as well as the e-mail address and website. These new staff started in April 2012.

According to DTA's call logs, between October 2011 and February 2012, some 270 calls were received. The greatest proportion of questions on the call line was general questions related to HIP, and how the incentive operates. This accounted for about half of all calls during October and November (months in which mailings were sent to the first two rounds of HIP participants), peaking again in January to account for over 60% of all calls (see Exhibits 8.3 and 8.4). Trainers noted that often participants wanted to hear an overview of the pilot over the phone. Specific questions relating to the program included how the extra 30 cents is calculated and added to their EBT cards, how the HIP balance affected their SNAP balance, whether to continue using the same EBT card, and what to do if their SNAP case was closing or closed.

At the start of the pilot, other frequently addressed topics on the call line related to the mailings. Participants posed specific questions in regard to the information materials. For instance, they wanted to know whether training sessions were mandatory, why particular retailers were not on the list or to request that specific stores which they frequent be included, and to ask if specific foods were eligible. Some participants also requested to be mailed additional copies of these materials. These questions were common when the mailings went out and for the first three months of the pilot, and dropped off as the pilot progressed. In addition, having received a high volume of materials in the mail, some participants were concerned that they had to do a lot of work to participate in HIP or that they were at risk of losing their benefits, so part of the communication with participants was focused on alleviating those concerns.

Exhibit 8.3: HIP Participant Call Line Topics: Percentage of Calls by Topic Areas

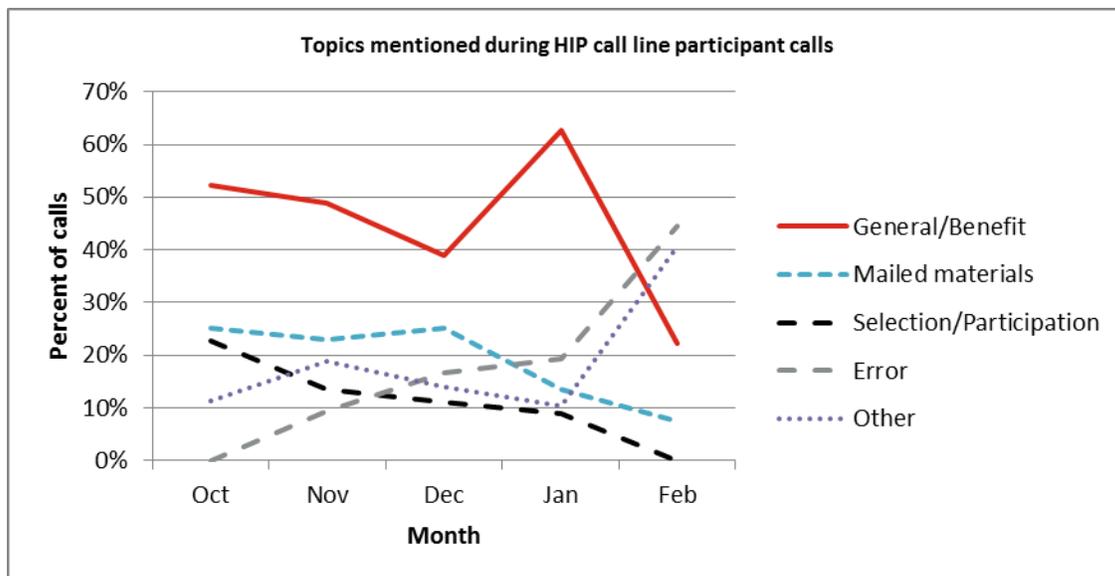
Topic area ^a	Oct. % of calls	Nov. % of calls	Dec. % of calls	Jan. % of calls	Feb. % of calls
General (General HIP program questions, how the incentive works, and how the HIP account connects with the SNAP account)	52	51	42	64	22
Mailed materials (Questions about participating retailers, training sessions, and eligible foods)	25	24	25	15	7
Selection/Participation (Questions about why they were selected, calls about wanting to participate, and requests to drop out)	23	14	11	9	0
Error (Mistakes where participants noticed they were not receiving their incentives)	0	9	17	19	44
Other (Reading the receipt, Abt/Westat evaluation, inability to go to grocery stores due to disability, replacement benefits for the snowstorm, SNAP questions)	11	19	14	10	41
Number of Calls	44	96	36	67	27
Number of Topic Mentions^b	51	116	39	82	32

Source: DTA Hotline Call Logs

^a Several callers had questions in multiple topic areas.

^b A “mention” means that the caller had a question in that topic area.

Exhibit 8.4: HIP Participant Call Line Topics



The other topic that participants brought up, which followed a similar pattern, was HIP participation. Mainly, some participants wanted to know why they were selected to participate in HIP; others called saying that they had heard about the pilot from friends who were participants and wished to sign up as well. A few, in contrast, expressed annoyance at receiving many mailings and confusion about the HIP concept, and requested to withdraw from the pilot. In these situations, HIP staff attempted to explain the pilot to the caller, and were able to retain a portion of those who had wanted to withdraw. Calls regarding participation were also high at the start of the pilot and declined after about three months.

Another common reason for calling the HIP line was participants noticing that their receipts did not list the credit for HIP eligible foods. As described in Chapter 4, an error by one Third Party Processor (TPP) caused the incentive not to be awarded at two chain retailers for a period of six weeks. The error affected 2,590 HIP participants. Accordingly, many participants called HIP in December and January to report discrepancies on their receipts. Calls (in percentage terms) on this topic peaked in February, after a notice about the error was sent out on January 31. HIP staff requested that participants send in their HIP receipts such that they could verify whether an error had in fact occurred.

In addition to these four categories of topics, other questions posed by HIP participants related to reading their HIP receipts, the evaluation surveys being conducted by the Abt Associates team, how HIP was responding to the replacement benefits issued to SNAP customers during the October snowstorm, comments about difficulty getting to the grocery store due to disability, and general questions about the SNAP benefit. Often, a caller requested Spanish training materials, or requested to speak with someone in Spanish, in which case a Spanish speaker returned the call.

Website

The HIP website (www.mass.gov/dta/hip), which was still under construction when HIP launched, is a “friendly” URL.¹⁸ There was initial discussion about running a secure site for the purpose of limiting exposure to HIP participants only. However it was decided that a “friendly” URL that is not accessible from the DTA main page would serve as a more cost effective option without revealing the site to non-HIP participants. The website was listed on the HIP card sleeve with the message that the site was “under construction” appearing as a placeholder online at the start of the pilot. Eventually, the site was developed into a one-page site with links to download pdf documents of materials and schedules for HIP participants, community partners, and retailers, as well as links to other HIP presentations that have been given by staff. It includes the first four participant notification letters in both English and Spanish, the training materials (both English and Spanish), Target Food List, Frequently Asked Questions (FAQs), and a wealth of other information for participants, retailers and community partners. The site also displays a few of the questions and answers about HIP that are used on other materials. It refers visitors to the HIP call line, the HIP e-mail address, the USDA HIP page, and the USDA recipe finder. The website is not branded with the HIP and DTA logos, but the logos are included on the materials on the site.

¹⁸ A “friendly” URL provides a short-cut to a specific web page. The address is fairly short, which makes it easier for individuals to type into their browser.

DTA has little information on use of the site. Although many HIP participants may not have access to internet from a computer, many may have phones with internet access. Some participants have requested electronic copies of materials because they had lost their copies or because they had sight problems and could use a reading device on a computer, so the website may be useful for those requests. HIP recognizes that it will be important to note what feedback they receive from participants on the usefulness of the website.

HIP E-mail Address

HIP also has an e-mail address (DTA.HIP@state.ma.us). The e-mail address is included in the HIP brochure, the participant Frequently Asked Questions (FAQs), the card sleeve, all participant notifications and on the HIP website. However, it has not been used by participants. To date, DTA has received eleven e-mails at this address; the last e-mail was received in March 2011, well before the selection of HIP participants. As of this writing, no e-mails have been received from participants.

Lessons Learned

There were a number of lessons learned from the pilot's participant notification and training process. These include changes that might have been made to the notification process and materials, training, and support resources.

Notification Process

As noted above, a number of HIP participants commented either in training sessions or on the call line that they were overwhelmed by the number and content of the initial mailings. Each HIP participant received a total of three mailings over a 15 day period notifying them that they had been selected for the pilot. In retrospect, perhaps one or two mailings with more "user friendly" materials would have provided participants with a better understanding of the pilot.

Training

Attendance at HIP participant training sessions was quite low and this generated considerable discussion about the causes of low turnout and what could be done to increase turnout. This was of particular concern because the goal of the trainings was to provide HIP clients with adequate support in being able to maximize access to the incentive.

Those interviewed suggested a variety of reasons for the low turnout, including:

- Based on prior experience, some DTA staff felt that low turnout for participant training was to be expected. DTA had a similarly low turnout when EBT was rolled out to replace manual food stamp vouchers. Considering that the rollout was a more fundamental change to benefit use as compared to HIP, they argued it was not surprising that HIP also did not draw a large number of trainees.
- HIP participant population may not be able to attend training that is optional, due to a lack of leisure time and alternative childcare options.
- The timing of trainings—few during the evenings or on the weekend—made it difficult for working households to attend.
- Some participants may not have received all the mailings, which included the training schedule. The SNAP population is fairly mobile and doesn't regularly report address

changes; some receive their mail at post office boxes that they do not check regularly. Alternatively, as some participants reported being overwhelmed by the initial notification materials, they may have overlooked the training schedule.

HIP staff proposed several ideas to increase turnout at participant trainings, including:

- Offering additional trainings during evening hours and on the weekend.
- Offer fewer training sessions. For instance, one or two trainings in each language could be offered in the hubs of Springfield and Holyoke, the two largest towns in the county.
- Work more with community partners, who could provide outreach to participants about attending training sessions (as well as about HIP in general). The caveat was that for the pilot it was not allowable to identify HIP participants to community partners, thus no directed outreach could be conducted.
- Provide incentives for participants to attend training. This could include food and reimbursement for travel and childcare expenses. While DTA proposed several of these incentives, FNS policies prohibit their use.

Availability of Support Resources

In addition to informal assistance from community partners and others, there were three DTA-supported resources available to HIP participants: the HIP call line, HIP website and HIP e-mail address. Of these, participants tended to use only the HIP call line. And, while many HIP participants readily got their questions addressed and some received one-on-one training via the call line, others had a less satisfactory experience.

As described above, DTA had planned to hire a fulltime bi-lingual person to staff the call line. Ideally, this person would have been in place when the first wave of initial mailings was sent. However, the hiring process took longer than planned. DTA was eventually successful in hiring two bi-lingual communication coordinators who began work in April 2012. In the intervening five months:

- HIP staff who already had full time responsibilities answered the call line.
- Calls went to voicemail when staff was not available to answer the telephone; often messages were difficult to understand and return telephone numbers either incorrect or disconnected.
- Not all HIP staff who covered the call line were bi-lingual; it was necessary to have a Spanish-speaking HIP staff person return the call at a later time.

Since the call line was the principal source of support for HIP participants, having it staffed by at least one full time bi-lingual person starting at the time of the initial mailings was very important. In this case, the process to hire this person should have started sooner to ensure that someone was in place in mid to late October. When queried about this, respondents reported that the hiring process was being coordinated by another group (outside of HIP staff) and it simply took a long time.

Chapter 9: Successes, Challenges and Lessons Learned

The HIP implementation team, led by DTA, successfully designed and implemented this innovative and complex pilot. The pilot began on November 1, 2011, as planned, allowing thousands of SNAP households to earn HIP incentives for a full 12 months.

Regular communication with team members was an important contributor to this success. The DTA HIP Director holds regular monthly status calls involving DTA, FNS, ACS, Novo Dia Group, Abt Associates and Maximus to identify operational, technical and evaluation issues, and to identify and plan for activities in the upcoming months. DTA also conducts weekly technical meetings with this group to monitor the technical progress of the project and to identify any technical issues that might impede the implementation. Finally, DTA and FNS have met weekly, or more often, to discuss pilot progress and issues.

In addition to the technical and management team, DTA involved approximately 75 community partners in various aspects of HIP. These included local and regional non-profit agencies or CBOs, State and city agencies, medical centers, libraries and higher education institutions. The community partners are a diverse and committed group and DTA was successful in building relationships with them. They provided advice and support during the grant application process, reviewed training materials, hosted participant training sessions, conducted outreach to retailers and serve as a resource to HIP participants. The locus of their involvement is the HIP Steering Committee, a group consisting of 12 CBOs and representatives of various State and city agencies, convened by DTA to provide input and foster opportunities for collaboration.

While there were challenges, the team met the key milestone of going live on November 1, 2011. Designing and implementing HIP was a complex undertaking, requiring that different entities work together to ensure the system was up and running in approximately 15 months. The implementation process presented many challenges, and provides valuable lessons for States or other organizations implementing similar initiatives.

Project Staffing

While DTA was successful in its management of the HIP implementation process, it experienced several challenges that provide lessons for future pilots or a nationwide HIP rollout.

- ***Project management team should be in place at project start-up.*** Implementing HIP required that DTA hire several new staff members, including a HIP Director, Assistant Director, and Retailer Liaison. The hiring process took longer than originally anticipated, mainly due to the State's hiring policies and processes. These key staff members did not begin work until approximately 9 months after DTA was awarded the cooperative agreement. In the interim, DTA staff had to assume HIP responsibilities in addition to their normal workloads.
- ***A specialist in EBT and IECR systems is needed for deployments similar to HIP.*** DTA recognized from the start that a technical liaison was needed to provide support for retailers. Such expertise is not normally available within a State agency and DTA hired an outside consulting firm to provide technical support to IECR retailers and TPPs. The consulting firm also supported DTA in its role in the design and testing of changes to the EBT system. The

support provided by the consultants was crucial for getting all retailer system modifications in place prior to HIP start-up.

Design Process

The EBT and retailer system changes required to operate HIP were quite extensive and complicated. Key lessons learned are discussed below.

- ***The process for designing EBT and retailer system changes can be quite lengthy.*** Both ACS and DTA acknowledged that the design process took longer than anticipated, due to the complexity of implementing HIP, the number of design issues to be resolved, and the number of stakeholders involved. Design specifications were not completed until March 2011, only allowing eight months for implementation and testing prior to HIP start-up.
- ***It is most efficient if all system requirements can be specified before the design process begins.*** While the major system requirements were specified up-front, some processes were not fully addressed in the specifications, including specifications for the information to be displayed on receipts, processes concerning returns and reversals, and reports needed to monitor take-up rates and ensure that the system is working properly. Some of these requirements were not fully anticipated given the completely new aspects of this effort so they were not completely conveyed to all participants until the detailed design process was well under way. This led to some inefficiencies in the implementation process.
- ***National rollout would require more time for system design and implementation.*** National implementation would involve significantly more stakeholders and would require time to develop one set of design standards that would be used by all EBT processors and TPPs. The time to develop and test modifications would be significantly longer than that required for HIP.

Retailer Recruitment

DTA recognized that recruiting retailers was crucial for the success of HIP and devoted considerable resources to the effort. As anticipated, recruiting retailers posed a number of challenges, which provided valuable lessons.

- ***Large supermarket/superstore chains with IECRs generally require 18-24 months to make the type of system changes needed to accommodate HIP.*** This allows modifications to be placed on the IECR development schedule and go through system life cycle development processes, including design, development, testing and release. The HIP technical design process took considerable time, as noted above, leaving only about six months for the development and testing of the required modifications. Many retailers were able to accommodate the time schedule and deploy changes prior to HIP start-up. There are, however, indications that more retailers would have participated in the initial implementation if there had been more time to make system modifications.
- ***Recruiting independent retailers also requires considerable time and effort.*** Recruiting small retailers required significantly more one-on-one work than anticipated. The recruitment effort involved developing relationships with the owners of the smaller stores, requiring multiple visits to stores to explain HIP and the benefits of participating. As noted above, the retailer liaison was hired only six months prior to HIP start-up, limiting the time

- available for the effort. DTA noted that they could have used two recruiters “on the ground” during the recruiting period.
- ***Engagement of retailers would likely have been easier for a permanent systems change.*** The benefits of participating in HIP would have been greater relative to the costs of preparing for the pilot if the change was permanent and not just for the 14 month pilot. Some retailers indicated that they would have been more willing to make necessary changes if the change was a permanent part of SNAP.
 - ***Making changes to retailer systems is particularly difficult around the November-December holidays.*** Large retailers indicated that most IECR code is frozen (i.e. no coding changes are made) from October to mid-January. These months are also a particularly busy time for smaller retailers, creating additional demands on store owners’ time.

Community Partners

As noted above, DTA was very effective in engaging the services and resources of its community partners in the HIP implementation. The accomplishments, indicated by the list of activities performed by the community partners, suggest that the local partners were an effective and dedicated working group.

Key lessons learned in the early implementation of HIP varied considerably among the community partners interviewed. Among the more noteworthy ones were:

- ***Stakeholder roles.*** It is important to have clarity as early as possible about the roles of the organizations involved in the Steering Committee, and to jointly plan what those roles should be, in order to ensure participation of the most representative group possible. There seemed to be general agreement among the CBOs interviewed that not all relevant stakeholders were represented. DTA could have been more strategic in choosing an advisory group representing the community. It could have been a smaller (6 to 8 people), more cohesive group representing non-profits, retailers and SNAP recipients. Other “stratification” criteria might include location (Springfield, Chicopee, Holyoke, and smaller towns), ethnicity, and profession or mission (e.g., health, emergency food, and local agriculture).
- ***Commitment of local non-profits and other community partners.*** The performance of the community partners reaffirmed that there are many people working in the non-profit world who care deeply about the community and are invested in HIP because they understand its value to Hampden County residents.
- ***Nothing is as easy as it seems.*** Implementation of HIP took significant effort on the part of Central Office and HIP DTA staff and their contractors, retailers, community partners, and, perhaps, participants.

In summary, community partners have been an integral element of the pilot, and have accomplished much. This reflects both the organizations’ dedication to their community, as well as strong relationship-building by DTA.

HIP Participants

The SNAP households selected to participate in HIP are arguably the most important stakeholders. Ensuring that they understand the purpose of HIP and how they can earn incentives is central to the success of HIP. DTA's experiences provide valuable lessons for other States.

- ***Providing “user friendly” notification materials is important to participant understanding.*** As noted above, DTA put considerable effort into the development of participant notification and training materials, working to design brochures and other information that was easy to understand. They also gave thought to the best way to disseminate the materials, not wanting to overwhelm participants with too much information at one time. Feedback from training sessions and the HIP call line suggested that despite these efforts, some HIP participants were overwhelmed by the number and content of the initial mailings. The interim evaluation report, which will analyze responses from the first round participant survey, will be able to provide additional information on this topic.
- ***Participant attendance at training sessions was quite low.*** DTA was not surprised that turnout for participant training sessions was low, given their experiences with prior changes to the SNAP program. Nonetheless, training sessions were designed to provide HIP clients with adequate information to maximize their use of the incentive. Considering ways to increase attendance at training sessions and also considering alternate methods of communicating the information might increase participants' understanding of the changes.
- ***Providing adequate support resources to answer participant questions is important as changes are rolled-out.*** DTA provided a call line, website, and e-mail address to provide participants with easy ways to get questions answered. The call line was, by far, the most heavily used resource. According to DTA's call logs, between October 2011 and February 2012, some 270 call were received. The greatest proportion of questions was general questions about HIP and how the incentive operates. Many of these were in response to the initial mailings. Participants also called the HIP line when they had questions about their receipts and suspected an error had occurred. Since the call line was such a heavily used resource, having it staffed by a bi-lingual individual on a full-time basis beginning at the time the initial notification materials are mailed out would be most useful.

Conclusions

Many of the implementation challenges, particularly those related to system design, retailer recruitment, and participants' understanding of the incentive, are due to the fact that this is a temporary pilot with a rigorous evaluation component. For example, the system design and implementation was complicated by the need to: manage funds for the HIP incentive separately from those for SNAP benefits; identify and track HIP participants and non-participants in both the DTA and ACS systems; and produce the HIP daily activity file. Retailer interest, especially for superstore/supermarket chains, would likely be greater if the incentive was a permanent program. However, significant implementation challenges would likely persist in any setting for smaller independent stores lacking IECRs. Due to the evaluation and the need to isolate non-HIP participants from the intervention, information provided to participants was largely confined to mailings, training and the call line. If the program was to be implemented on a national scale, SNAP recipients' knowledge of the incentive could be enhanced by additional promotion, including public service

announcements. Further, stakeholders would be able to provide extensive promotion, nutrition education and to employ other strategies to encourage recipients to earn the incentive.

Appendix A: Retailer Survey Instruments

Participating Corporate Retailer Initial Call Script and Phone Questionnaire

HIP Retailer: Participating Corporate Retailer Initial Call Script and Phone Questionnaire

Hello. May I please speak with _____? [IF NECESSARY: I'm calling from Abt Associates about a study we're conducting on behalf of FNS (the Food & Nutrition Services Department of the USDA).]

Hello. My name is _____ and I am calling from Abt Associates about a study we are conducting on behalf of FNS (the Food and Nutrition Services Department of the USDA). Am I speaking with [CORPORATE CONTACT] of [COMPANY NAME]?

[IF RESPONDENT IS MORE COMFORTABLE WITH SPANISH, SWITCH TO SPANISH, OR SAY SOMEONE WILL CALL BACK TO SPEAK WITH YOU IN SPANISH.]

I'm calling to let you know you've been selected to participate in an important study being done for the U.S. Department of Agriculture (USDA) by Abt Associates, a research company based in Cambridge, Massachusetts. We are conducting an evaluation of the Healthy Incentives Pilot, or HIP, in Hampden County. You and your store(s) at [STORE LOCATIONS] have been chosen to provide feedback about HIP. Have you heard of HIP? Did you receive a letter from us about HIP? Did you have a chance to read the letter?

[IF NO TO ANY ABOVE QUESTIONS]: Okay, let me tell you a little about the HIP program. As an incentive, HIP will pay back SNAP customers in Hampden County a portion of their fruit and vegetable purchases in the form of a credit. The Massachusetts Department of Transitional Assistance (DTA) is running HIP, with funding from the Food and Nutrition Service of the USDA. We are studying how HIP affects SNAP customers and the community on behalf of FNS.

To find out how stores have been affected by HIP, we are sending questionnaires to select Hampden County stores. We would like to contact your store(s) [IF NECESSARY: at STORE LOCATIONS] about completing a questionnaire by mail. We will also ask a select number of locations to allow Abt to visit their store to observe SNAP and HIP transactions, as well as their fruit and vegetable inventory. We are especially interested to hear from you and your store(s) at [STORE LOCATIONS] about your experiences with HIP.

[IF YES TO ALL ABOVE QUESTIONS]: Great! Then as you know, we would like to contact your stores [IF NECESSARY: at STORE LOCATIONS] about completing a questionnaire by mail. We would also ask a select number of locations to allow Abt to visit their store to observe SNAP and HIP transactions, as well as their fruit and vegetable inventory.

By responding to this questionnaire, your store(s) will help us learn how to make HIP better for retailers such as yourself. The questionnaire will take approximately 20 minutes to complete. We will be contacting the store(s) in 3 days about the questionnaire. When we speak with them, may we say that you support the study and they may call you for approval?

- YES
- NO

I would like to confirm the information I have for your selected location(s):

CONFIRM INFORMATION FOR ALL SECLECTED LOCATIONS – INCLUDING SPELLING AS NEEDED

AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO

In addition to the questionnaire completed by the store(s), I have some brief questions I would like to ask you about benefits and challenges you considered when choosing whether or not to have your store(s) join HIP. These questions will take about 10 to 15 minutes to complete.

While I have you on the phone, would you have a few minutes now to answer questions about the HIP program and training?

[IF YES] CONTINUE TO SURVEY

[IF NO] When would be a better time for me to call?

DATE: _____

TIME: _____

IF NEEDED:

Public reporting burden for this collection of information is estimated to average 10-15 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

AbtID: _____

Date completed: _____

I want to remind you that all information in the survey will be kept secure and private, except as otherwise required by law. Only the researchers at Abt – not FNS or other government agencies – will know your responses to the survey. We will not use your name or your store’s identity in any government reports or other publications. Your responses will be combined with those of other retailers and the results will be reported as totals and averages.

1. Why did your company join HIP? Would you say...

Check all that apply

- Our customers would benefit from it
 - We wanted to be part of something new
 - The State DTA or another organization asked us to join
 - We know other retailers who joined
 - HIP could increase our store’s sales of fruits and vegetables
 - HIP could increase our store’s sales of other items
 - Or some other reason? (*specify below*)
-
-

2. Did your company have all the information needed to decide whether or not to join HIP?
(*check one*)

- Yes
- No

3. Overall, how satisfied are you with how your company was asked to join HIP? Would you say you were...

(*check one*)

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied, or
- Very dissatisfied?

Now we would like to learn about what your company thinks about the purpose of HIP and how it will affect your company's Hampden County stores.

4. How much does your company agree or disagree with each of the following statements.

	Would you say that you...					
	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
<i>Check one box per row:</i>						
We understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We understand how HIP is supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The schedule for starting HIP is <u>ruined</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP will be a <u>burden</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases will be <u>hard to process</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My company's local store will be paid on time for HIP purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments to my company's local store for HIP purchases will be accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. On average, what share of the local store located at [LOCATION]'s **total food sales** is made with SNAP? (READ ANSWER CHOICES)

Select one answer per row/store

		Would you say...				
<i>Abt ID</i>	<i>LOCATION</i>	Less than 10%	10% to less than 25%	25% to less than 50%	50% to less than 75%	75% or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Has your company developed any signs for HIP customers in your local store(s)?

- Yes
- No

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall.

INTERVIEWER NOTE: CONTACT MAY SUGGEST YOU SPEAK WITH SOMEONE ELSE ABOUT TRAINING QUESTIONS. IF SO, ENTER CONTACT INFORMATION FOR NEW PERSON BELOW, AND CALL THEM

<i>NEW CONTACT INFORMATION</i>	
Name, Title:	Date Contacted:
Address:	
Phone, Cell:	Email:

7. Has HIP training been completed at the store(s) we have selected?
[if necessary, read the selected store locations]
- YES: CONTINUE
 - NO: I would like to ask you a few questions about training once it has been completed at these stores. When should I call you back? *SCHEDULE DAY AND TIME*. Thank you very much for your help today. *END CALL*
8. Who trained store employees for HIP? Would you say...*(check all that apply)*
- A corporate training department *IT VARRIED BY STORE*
 - An outside company
 - A consultant
 - Or someone else? *(Please specify)*
- _____
9. How was HIP training for store employees provided? Was it... *(check all that apply)*
- In person at the local store *IT VARRIED BY STORE*
 - In person at another location
 - On a compact disc (CD) or digital video disc (DVD)
 - On a website
 - A handout was given to employees
 - Or some other way? *(Please specify)*
- _____
10. Who in the local store(s) was trained for HIP? Was it...*(check all that apply)*
- The store manager *IT VARRIED BY STORE*
 - Other managers
 - Supervisors
 - All employees who work in checkout
 - Some other staff? *Please specify:* _____
11. What languages were used in the HIP training and training materials for the local store(s)? *(check all that apply)*
- English*
 - Spanish*
 - Other Please specify:* _____
12. Did your company develop its own training materials for HIP?
- YES → *CONTINUE*
 - NO → *GO TO QUESTION 13 ON NEXT PAGE*

12a. What materials did your company develop to train store employees for HIP? Did it develop... *(check all that apply)*

- Digital video disc (DVD)
- Compact disc (CD)
- Website
- Handout
- Some other materials *Please specify:*

12b. Did your company receive all the information and support needed to develop these materials?

- YES → *GO TO QUESTION 13*
- NO → *CONTINUE*

12c. Please describe the information and support you would have liked to receive.

13. Is your company's selected store(s) ready for when customers start making HIP purchases this Fall? *(check one) [if necessary, read selected store locations]*

- YES → *GO TO QUESTION 14*
- NO → *CONTINUE*

13a. What is needed for your company's local store to be ready for HIP?

14. Is there anything else you'd like to share with us about your experiences with training for HIP?

Those are all the questions I have for you today, thank you very much. I look forward to contacting your participating stores, and thank you for your support of the HIP study.

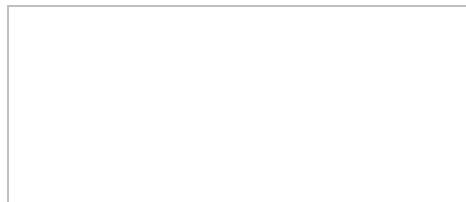
Participating Chain Store Survey

**LOCAL STORE QUESTIONNAIRE
HEALTHY INCENTIVE PILOT (HIP)
EVALUATION**

Please follow these instructions when filling out this questionnaire.

- The store manager of the selected local store in Hampden County should complete this questionnaire
- The store manager may consult other employees in the store such as the checkout supervisor, the frontline manager, the produce manager or the stocking manager in answering any of the survey questions. If another employee completes a section, have this person provide their contact information in the box provided in the section.
- Please fill out the questionnaire and mail back to us using the pre-paid FedEx materials provided.
- Call toll-free number 855.893.4502 if you need help filling out the questionnaire

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Please write in the date for when you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this survey will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT THE STORE

Please answer the following questions about the store you manage.

1. When is the store open?

For each day of the week, mark if the store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Monday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Tuesday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wednesday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Thursday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Friday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Saturday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

2. How many working cash registers are there in the store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

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

Activity <i>Check one box for each row:</i>	Never	The store does this activity less than once a month	The store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Posters or signs elsewhere in store	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Shelf tags	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Coupons	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Recipes or fliers in store	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Fliers/ads in newspaper or direct mail	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Food samples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Price or volume promotions	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SECTION B. TRAINING FOR THE HEALTHY INCENTIVES PILOT (HIP)

Instructions to Store Manager: You may ask a Checkout Supervisor or Frontline Manager in your store to complete this section.

If someone else completes this section, please have the person fill in the box below.

Name: _____	Job Title: _____
Daytime Phone: _____	Email: _____
Date Survey Completed: ____/____/____	
<p>Please refer to the survey cover sheet for important information about how this survey will be used and how information will be kept confidential.</p>	

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall.

4. How many employees (including yourself) work in checkout at the store? Include anyone who has worked full-time or part-time in the past month:

5. What was covered in the HIP training for checkout supervisors and clerks in the store?

	Checkout Supervisors		Checkout Clerks	
	Covered in training	Not covered in training	Covered in training	Not covered in training
<i>Check one box per row:</i>				
Knowing what food items are eligible for HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Separating HIP-eligible food items from non-HIP food items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How to identify HIP customers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Computing subtotal for HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing sales with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing returns of HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing manual vouchers with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Getting information about SNAP/EBT sales	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Responding to customer questions about HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. How much did the HIP training help prepare you and other store employees for HIP? (*check one*)

₁ Not at all

₂ A little

₃ A lot

7. Please use the space below to tell us anything else you'd like to share with us about the training for HIP.

SECTION C. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager: You may ask a Produce or Stocking Manager in your store to complete this section.

If someone else completes this section, please have the person fill in the box below.

Name: _____	Job Title: _____
Daytime Phone: _____	Email: _____
Date Survey Completed: ____/____/____	
Please refer to the survey cover sheet for important information about how this survey will be used and how information will be kept confidential.	

In this final section of the survey, we would like to ask you about the fruits and vegetables on display in your store.

8. First, does your store have **fresh** fruits and vegetables available for customers to buy right now?
- ₁ Yes → *Continue to next page*
- ₂ No → *Go to question 9 on page 6*

8a. Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

- For each food item in column (1), mark “yes” if you have the item right now in your store or “no” if not.
- If “no”, move to the next item.
- For each item where you marked “yes”, print the most popular type of that food in column (3) and the price per unit in column (4). Some common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.

(1) Item	(2) Have now?	(3) Most Popular Type Sold <i>(please specify)</i>	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>	Iceberg	\$ 0.79/ head
Oranges	<input type="checkbox"/> Yes \longrightarrow <input checked="" type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ . ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Bananas	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Oranges	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Grapes	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Carrots	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Tomatoes	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Broccoli	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Lettuce	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No		\$ ____ / ____

9. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

- ₁ Yes → Continue to question 9a below
₂ No → Go to question 10 on page 7

9a. Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (<i>Go to next row</i>)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> Yes \longrightarrow <input checked="" type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (<i>Go to next row</i>)	____ oz	\$ ____.
Applesauce ("unsweetened" or "no sugar added")	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned pineapple ("no sugar added" or "in 100% juice")	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (<i>Go to next row</i>)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No	____ oz	\$ ____.

10. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

- ₁ Yes → Continue to question 10a below
- ₂ No → Finished questionnaire – go to bottom of page

10a. Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input checked="" type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.
Frozen green beans	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.
Frozen kernel corn	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	___ oz	\$ ____.

- YOU HAVE COMPLETED THE QUESTIONNAIRE!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

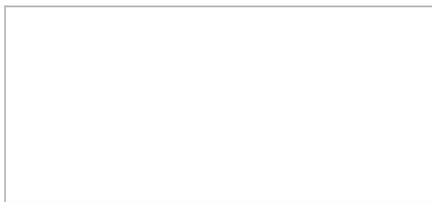
Participating Independent Store Survey

**PART 1:
STORE MANAGER/OWNER SURVEY
HEALTHY INCENTIVE PILOT (HIP) EVALUATION**

Please follow these instructions when filling out this questionnaire.

- Please fill out the questionnaire (Part 1) and mail back to us using the pre-paid FedEx materials provided.
- Call our toll-free number 855.893.4502 if you need help filling out the questionnaire.

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this questionnaire will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 25 to 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT YOUR STORE

Please answer these questions about the store you manage.

1. When is your store open?

For each day of the week, mark if your store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Monday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Tuesday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wednesday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Thursday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Friday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Saturday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

2. How many working cash registers are there in your store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

3. On average, what share of your store’s **total food sales** is made with SNAP?
(check the answer that best fits your store)

- ₁ Less than 10%
- ₂ 10% to less than 25%
- ₃ 25% to less than 50%
- ₄ 50% to less than 75%
- ₅ 75% or more

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

Activity <i>Check one box for each row:</i>	Never	My store does this activity less than once a month	My store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Posters or signs elsewhere in store	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Shelf tags	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Coupons	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Recipes or fliers in store	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Fliers/ads in newspaper or direct mail	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Food samples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Price or volume promotions	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

You have completed Section A of the survey!
Please continue to Section B on the next page

SECTION B. JOINING THE HEALTHY INCENTIVES PILOT (HIP)

We would like to learn about how you chose to be part of the Healthy Incentives Pilot (HIP).

5. How did you learn about HIP? Which **information source** was the *most useful* in deciding whether or not to join HIP?

	How did you learn about HIP? <i>(check all that apply)</i>	Which was the <i>most useful</i> ? <i>(check one in this column)</i>
News media (newspaper, TV, magazine)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Flier in the mail	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Someone called me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Conference call	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Informational meeting	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Someone visited the store	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Other source <i>Please specify:</i> _____	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇

6. Which **organization** provided you with information about joining HIP? Of these, which was the *most important* in your decision about whether or not to join HIP?

	Which provided information? <i>(check all that apply)</i>	Which was the <i>most important</i> ? <i>(check one in this column)</i>
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
FNS/USDA office	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Community Organization (American Farmland Trust, Federation of Mass Farmers Markets, Nuestras Raices, MA Farmers Association, Western MA Food Bank, community health center)	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Trade or Business Organization (Massachusetts Food Association, New England Convenience Store Association, New England Small Farm Institute)	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Other organization <i>Please specify:</i> _____	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
No one communicated with me	<input type="checkbox"/> ₁₀	

7. Did you have all the information you needed when you decided to join HIP? (*check one*)

- ₁ Yes
- ₂ No

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

- ₁ Very satisfied
- ₂ Somewhat satisfied
- ₃ Somewhat dissatisfied
- ₄ Very dissatisfied

Now we would like to learn about what you think about the purpose of HIP and how it will affect your store.

9. How much do you agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I understand the purpose of HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
I understand how HIP is supposed to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
The schedule for starting HIP is <u>ruled</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Training store workers for HIP will be a <u>burden</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
HIP purchases will be <u>hard to process</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
My store will be paid on time for HIP purchases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Payments to my store for HIP purchases will be accurate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈

10. Why did you join HIP? (*check all that apply*)

- ₁ My customers would benefit from it
- ₂ I wanted to be part of something new
- ₃ The State DTA or another organization asked me to join
- ₄ I know other retailers who joined
- ₅ HIP could increase my store's sales of fruits and vegetables
- ₆ HIP could increase my store's sales of other items
- ₇ Other reason *Please specify:*

You have completed Section B of the survey!
Please continue to Section C on the next page

SECTION C. PREPARING FOR THE HEALTHY INCENTIVES PILOT (HIP)

Now we would like to ask you some questions about steps your store has made to prepare for the Healthy Incentives Pilot (HIP) this Fall.

11. Have you received instructions preparing you and your store for HIP?

- ₁ Yes
₂ No

12. Have you identified foods eligible for HIP in your store?

- ₁ Yes
₂ No → *Go to question 13*

12a. Have you had any problems identifying foods eligible for HIP?

- ₁ Yes
₂ No → *Go to question 13*

12b. Were these problems resolved?

- ₁ Yes
₂ No

→ 13. Have EBT terminals been updated in your store to be compatible with HIP?

- ₁ Yes
₂ No → *Go to question 14*

13a. Have you had any problems updating EBT terminals?

- ₁ Yes
₂ No → *Go to question 14*

13b. Were these problems resolved?

- ₁ Yes
₂ No

→ 14. Have cash register systems been updated in your store to be compatible with HIP?

- ₁ Yes
₂ No → *Go to question 15 on the next page*

14a. Have you had any problems updating cash register systems?

- ₁ Yes
₂ No → *Go to question 15 on the next page*

14b. Were these problems resolved?

- ₁ Yes
₂ No

Go to question 15 on the next page

15. Has the HIP transaction been tested in your store?

₁ Yes

₂ No → *Go to question 16*

15a. Have you had any problems testing the HIP transaction?

₁ Yes

₂ No → *Go to question 16*

15b. Were these problems resolved?

₁ Yes

₂ No

→ 16. Has your store developed any signs for HIP customers?

₁ Yes

₂ No

17. Please describe any **major problems** you had with preparing for HIP in the space below.

₂ My store did not have any major problems preparing for HIP → *Go to question 19 on next page*

Continue to question 18 on next page

18. From the list below, who helped to fix any **major problems** described in question 17 on the previous page? How helpful were they?
- For each organization in Column (1), mark “yes” in Column (2) if you asked them for help or “no” if you did not ask them for help.
 - If you marked “N” (no), move to the next row. If you marked “yes”, mark how helpful they were in Column (3).

(1) Organization	(2) Did you Ask for Help?	(3) How Helpful were They? (check one)		
		Not Helpful	Helpful	Very Helpful
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
FNS/USDA office	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other organization <i>Please specify:</i> _____	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

19. Who helped you get your store's checkout lane equipment and other systems ready for HIP? (check all that apply)

- ₁ ACS (the EBT contractor for DTA—Bill Kelly, EBT retailer hotline, or others)
- ₂ DTA/State Welfare Department (Eddie Gomez, HIP hotline, or others)
- ₃ Novo Dia Group (Josh Wiles, Ricky Aviles, or others)
- ₄ Your company’s technical support
- ₅ The company that processes your store's EBT and debit/credit transactions
- ₆ Other contractor hired/supervised by store manager or owner
- ₇ No outside help – store employee/owner did it
- ₈ Other *Please specify:* _____

Now, we want to know if your store had to pay anything to get checkout lanes ready for HIP. We would also like to know if any costs were reimbursed by the Commonwealth of Massachusetts, or someone acting for them. If you are not sure of the exact amount of the costs, give your best estimate.

20. Did you/the owner pay anything to get your store's checkout lane equipment and other systems ready for HIP? (*check one*)

- ₁ Yes
- ₂ No → Go to question 25 at the bottom of this page

21. Did your store have to pay for any equipment to get checkout lanes ready for HIP?

- ₁ Yes
 - ₂ No → Go to question 22
- 21a. How much did you spend? \$ _____
- 21b. How much was reimbursed? (*check one*)
- ₁ All
 - ₂ Some
 - ₃ None

22. Did your store have to pay for supplies to get checkout lanes ready for HIP? (*check one*)

- ₁ Yes
 - ₂ No → Go to question 23
- 22a. How much did you spend? \$ _____
- 22b. How much was reimbursed? (*check one*)
- ₁ All
 - ₂ Some
 - ₃ None

23. Did your store make any payments to contractors to get checkout lanes ready for HIP?

- ₁ Yes
 - ₂ No → Go to question 24
- 23a. How much did you spend? \$ _____
- 23b. How much was reimbursed? (*check one*)
- ₁ All
 - ₂ Some
 - ₃ None

24. Did your store pay for employee time to get checkout lanes ready for HIP? (*check one*)

- ₁ Yes
 - ₂ No → Go to question 25
- 24a. How much did you spend? \$ _____
- 24b. How much was reimbursed? (*check one*)
- ₁ All
 - ₂ Some
 - ₃ None

25. Is your store ready for when customers start making HIP purchases this Fall? (*check one*)

- ₁ Yes
- ₂ No

26. Please use the space below to write anything else you'd like to share with us about your experiences with getting ready for HIP.

**You have completed Section C of the survey!
Please continue to Section D on the next page**

SECTION D. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager/Owner: You may consult your store’s produce or stocking manager to complete this section.

If someone else completes this section, please have the person fill in the box below.

Name: _____	Job Title: _____
Daytime Phone: _____	Email: _____
Date Survey Completed: ____/____/____	
<p style="text-align: center;">Please refer to the survey cover sheet for important information about how this survey will be used and how information will be kept confidential.</p>	

In this section of the survey, we would like to ask you about the fruits and vegetables on display in your store.

27. First, does your store have **fresh** fruits and vegetables available for customers to buy right now?
- ₁ Yes
 - ₂ No → *Go to question 28 on page 13*

27a. Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

- For each food item in Column (1), mark “yes” if you have the item right now in your store or “no” if not.
- If “no”, move to the next item.
- For each item where you marked “yes”, print the most popular type of that food in Column (3) and the price per unit in Column (4). Some common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.

(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	Iceberg	\$ 0.79 / head
Oranges	<input type="checkbox"/> Yes \longrightarrow <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Bananas	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Oranges	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Grapes	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Carrots	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Tomatoes	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Broccoli	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Lettuce	<input type="checkbox"/> ₁ Yes \longrightarrow <input type="checkbox"/> ₂ No		\$ ____ / ____

28. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

₁ Yes

₂ No → Go to question 29 on the next page

28a. Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> ₁ Yes → <input checked="" type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (paste, puree, whole, crushed)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Applesauce (“unsweetened” or “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned pineapple (“no sugar added” or “in 100% juice”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	____ oz	\$ ____.

29. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

₁ Yes

₂ No → Go to END

29a. Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input checked="" type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.
Frozen green beans	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	___ oz	\$ ____.
Frozen kernel corn	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	___ oz	\$ ____.

Next Steps:

- YOU HAVE COMPLETED PART 1: STORE MANAGER/OWNER SURVEY!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- AFTER EMPLOYEES IN YOUR STORE HAVE BEEN TRAINED FOR HIP, PLEASE GIVE PART 2: TRAINING QUESTIONNAIRE TO THE PERSON WHO KNOWS THE MOST ABOUT CHECKOUT PROCEDURES. THIS COULD BE YOU (STORE MANAGER/OWNER), A CHECKOUT SUPERVISOR OR A FRONTLINE MANAGER.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

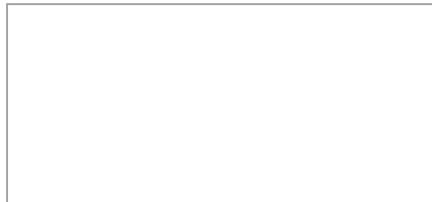
PART 2:
TRAINING QUESTIONNAIRE
HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Instructions to Store Manager/Owner: *The person who knows the most about checkout procedures should complete this part of the questionnaire. This person may be you, a checkout supervisor or a frontline manager. If this person is not you, please have this person fill in the box below.*

Please follow these instructions when filling out this questionnaire.

- Wait until training has been completed in the local store before filling out the questionnaire
- Please complete Part 2 and mail back to us using the pre-paid FedEx materials provided.
- Call toll-free number 855.893.4502 if you need help filling out the questionnaire

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this survey will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 10 minutes for Part 2, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION B. TRAINING QUESTIONNAIRE

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall.

1. How many store employees (including yourself) work in checkout at your store? Include anyone who has worked full-time or part-time in the past month:

2. How did you receive training for HIP? (*check all that apply*)

- ₁ In person in the store
- ₂ In person at another location
- ₃ On a compact disc (CD) or digital video disc (DVD)
- ₄ On a website
- ₅ A handout was given to employees
- ₆ Other *Please specify:* _____

3. How many employees other than yourself received training? _____

- 3a. Did you train any of these employees?

- ₁ Yes
- ₂ No

- 3b. If so, how many? _____

4. How did the other employees receive training? (*check all that apply*)

- ₁ In person with the store manager/owner (if you are not the store manager/owner)
- ₂ In person with another supervisor
- ₃ In person at another location
- ₄ Training provided on a compact disc (CD) or digital video disc (DVD)
- ₅ Training provided on a website
- ₆ Other *Please specify:* _____

Now we are interested to learn about the training that employees received.

5. What was covered in the HIP training for employees in the store?

<i>Check one box per row:</i>	Covered in training	Not covered in training
Knowing what food items are eligible for HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Separating HIP-eligible food items from non-HIP food items	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How to identify HIP customers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Computing subtotal for HIP items	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing sales with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Processing returns of HIP items	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing manual vouchers with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Getting information about SNAP/EBT sales	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Responding to customer questions about HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other <i>Please specify:</i> _____		

6. What language(s) were used in the HIP training and training materials? (*check all that apply*)

- ₁ English
- ₂ Spanish
- ₃ Other *Please specify:* _____

7. Would you have preferred another language? (*check one*)

- ₁ Yes *Please specify:* _____
- ₂ No

Finally, we would like to know if you and others working in your store are ready for HIP.

8. Overall, how prepared are you and other store employees for HIP? (*check one*)

- ₁ Definitely prepared
- ₂ Mostly prepared
- ₃ Definitely not prepared

9. How much did the HIP training help prepare you and other store employees for HIP? (*check one*)

- ₁ Not at all
- ₂ A little
- ₃ A lot

10. Please use the space below to tell us anything else you'd like to share with us about the training for HIP.

Next Steps:

- YOU HAVE COMPLETED PART 2: TRAINING QUESTIONNAIRE!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

Non-Participating Store Survey

HEALTHY INCENTIVES PILOT (HIP) EVALUATION

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this questionnaire will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 15-20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT THE LOCAL STORE

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

1. When is the store open?

For each day of the week, mark if the store you manage is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Monday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Tuesday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wednesday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Thursday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Friday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Saturday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

2. How many working cash registers are there in the store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

3. On average, what share of the store's **total food sales** is made with SNAP?

(check the answer that best fits the store)

- ₁ Less than 10%
- ₂ 10% to less than 25%
- ₃ 25% to less than 50%
- ₄ 50% to less than 75%
- ₅ 75% or more

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

Activity <i>Check one box for each row:</i>	Never	The store does this activity less than once a month	The store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Posters or signs elsewhere in store	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Shelf tags	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Coupons	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Recipes or fliers in store	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Fliers/ads in newspaper or direct mail	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Food samples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Price or volume promotions	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

- CONTINUE TO SECTION B ON THE NEXT PAGE -

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

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

5. Before this survey, had you heard about the Healthy Incentives Pilot (HIP)? *(check one)*
- No → Go to question 6 on the next page
 - Yes → Continue to question 5a below

5a. How did you learn about HIP? Which **information source** was the *most useful* in deciding whether or not to join HIP?

	How did you learn about HIP? <i>(check all that apply)</i>	Which was the most useful ? <i>(check one in this column)</i>
News media (newspaper, TV, magazine)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Flier in the mail	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Someone called me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Conference call	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Informational meeting	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Someone visited the store or my company's office	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Other source <i>Please specify:</i> _____	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇

- Continue to question 6 on next page -

6. Which **organization** provided you with information about joining HIP? Of these, which was the *most important* in your decision about whether or not to join HIP?

	Which provided information? <i>(check all that apply)</i>	Which was the most important ? <i>(check <u>one</u> in this column)</i>
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
FNS/USDA office	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Community Organization (American Farmland Trust, Federation of Mass Farmers Markets, Nuestras Raices, MA Farmers Association, Western MA Food Bank, community health center)	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Trade or Business Organization (Massachusetts Food Association, New England Convenience Store Association, New England Small Farm Institute)	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Other organization <i>Please specify:</i>	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
No one communicated with me	<input type="checkbox"/> ₁₀	

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

₁ Yes → *Go to question 8 on the next page*

₂ No → *Answer question 7a below*

7a. Please tell us what information you needed and did not have when you decided not to join HIP.

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

- ₁ Very satisfied
- ₂ Somewhat satisfied
- ₃ Somewhat dissatisfied
- ₄ Very dissatisfied

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

9. How much do you/your company agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I/We understand the purpose of HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
I/We understand how HIP is supposed to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
The schedule for starting HIP was <u>ru</u>shed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Training store workers for HIP would be a <u>burden</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
HIP purchases would be <u>hard to process</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
The store would be paid on time for HIP purchases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Payments to the store for HIP purchases would be accurate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈

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

- ₁ Didn't know the store could be part of HIP
- ₂ Not enough time to get ready before the HIP deadline
- ₃ Because HIP is a pilot project, not permanent
- ₄ The EBT company is not participating in HIP
- ₅ Would need to stock more fruits and vegetables to make it worth while
- ₆ HIP will not increase sales of fruits and vegetables
- ₇ Check-out lines are already long, and HIP may slow them down even more
- ₈ Cost for new scanner/system would be too high
- ₉ Training employees for HIP would take too much time
- ₁₀ Other reason *Please specify:*

Next Steps:

- YOU HAVE COMPLETED THE QUESTIONNAIRE!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

Participating Store Observation

COVER SHEET

Local Store Name: _____ **Address:** _____

Store Ownership: Chain Independent **EBT Method:** EBT only IECR Stand-beside terminal

STORE MANAGER/OWNER NAME: _____ **Job title:** Store Manager Store Owner Other: _____

Daytime Phone: _____ - _____ - _____ X _____

THE PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES: Same as above

Name: _____ **Job title:** Checkout Supervisor Checkout Clerk Store Manager Other: _____

Preferred Language: English Spanish

Appointment Date: ____ / ____ / ____ **Appointment Time:** ____ : ____ AM/PM

Actual Visit Date: ____ / ____ / ____ **Start Time:** ____ : ____ AM/PM **End Time:** ____ : ____ AM/PM **Observer ID (Initials):** ____

IF VISITING A CHAIN RETAILER:

Corporate Contact Name: _____ **Job title:** _____

Daytime Phone: _____ - _____ - _____ X _____

SECTION A: INTRODUCTION

[TO STORE WORKER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. Is the manager/owner available please?”

[TO MANAGER/OWNER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. I’m here to conduct the observation we discussed over the phone.”

[TO ALL RESPONDENTS] “To start, I am required to read the following: All information in the Store Observation Form will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].”

Have you received training from DTA on conducting HIP transactions?

- YES ➔ “There are two parts to my visit today – I would like to work with the person most familiar with checkout procedures, and then I will walk around to take notes on my observations. I was wondering if you have any additional questions about the study or this observation?”
- NO ➔ “That’s fine.” *Skip this form, and go to INVENTORY and STORE CONDITIONS*

A1. DID YOU MEET THE **STORE MANAGER/OWNER** IDENTIFIED ON THE COVERSHEET? Y / N

A2. DID YOU MEET THE **PERSON MOST KNOWLEDGEABLE ABOUT CHECKOUT PROCEDURES** IDENTIFIED ON THE COVERSHEET? Y / N

A3. DOES THE CHECKOUT SUPERVISOR HAVE TIME TO TALK NOW? Y / N

IF NECESSARY : Public reporting burden for this collection of information for store personnel (Sections A through C) is estimated to average 10-15 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION B: SIMULATED TRANSACTION

[TO CHECKOUT SUPERVISOR/PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES]

“I’d like to understand how you will do a checkout when customers purchase HIP items. Before we do the simulated checkout, I’ll grab some items to purchase and then meet you at the cash register.

Are you able to set up a terminal and register in training mode, or to conduct a transaction that can be voided out when we are done?”

- YES:** *ask them to set up a terminal/register*
- NO:** **“That’s fine, we can just talk through the steps”**

Collect the following and meet Checkout Supervisor at the checkout:

- **1 apple** *1 random-weight TFV item*
- **tomatoes** *1 canned TFV item*
- **spaghetti sauce** *1 canned non-TFV fruit/vegetable item*
- **cereal** *1 boxed non-TFV food item*
- **box of tissues** *1 non-food item*

If the monitor is not visible, ask the Checkout Supervisor if it can be adjusted so you can both watch it as the items are scanned.

“Now I’d like you to walk me through the checkout process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

COMPLETE ONE OF THE TWO TABLES BELOW BASED ON INTEGRATED VS. NON-INTEGRATED REGISTER

Prompt Checkout Supervisor to describe each of the steps below in the transaction. Write in any additional steps in (1). Write in any notes in (2).

A: Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Scan items	
<input type="checkbox"/>	<input type="checkbox"/>	IECR rings up the SNAP total and the HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal/IECR prints receipt with HIP information	

Provide more notes about the simulated transaction below:

B: Non-Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Separate HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Separate other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter other SNAP total	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Total non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Pay for non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal prints receipt with HIP information	

“Thank you”

Provide any more notes about the simulated transaction below:

Check that all sections are complete. If complete fill in time of completion on coversheet, and fill in COMMENTS FORM.

COMMENTS FORM: TO BE COMPLETED AFTER YOU LEAVE THE STORE

Section B/C: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of checkout supervisor/employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of checkout supervisor/employee in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

SECTION D: STORE FOOD ENVIRONMENT

(Complete Without Store Personnel)

“I’d like to walk around the store, unassisted, to look at the fruits and vegetables that your store sells, as well as other general information about your store. Is this okay?”

- Yes** Thank Store Manager/Owner and continue protocol.
- No** A store employee may accompany you, but should not assist you in completing the section.

FRESH FRUITS AND VEGETABLES

D1.1 Available?

- Yes**
- No** → Go to **CANNED/DRIED FRUITS AND VEGETABLES** on page 3

D1.2 Inventory – Fresh

(1) Item	(2) Have now? <i>Circle one</i>	(3) Most Available Type <i>If not sure, choose type with lowest unit cost.</i>	(4) Price per Unit	(5) Visual Appeal	
				Poor	Okay
Apples	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Oranges	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>

D1.3 Visual Appeal - Fresh

What **share** of fresh fruits and vegetables are visually appealing (e.g. not bruised, wilted, overripe, or rotting)?

Fresh fruits:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all
Fresh vegetables:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all

D1.4 Choice / Variety – Fresh

Use Reference List to count **number of types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both Macintosh and Red Delicious apples, this would only count as one option.

Fresh fruits	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Fresh vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D1.5 Signage - Fresh

Check all boxes that apply for signage in the sections of the store selling **fresh fruits and/or vegetables** that promote fruits and vegetables using slogans such as “5 a day.” Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote fresh fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1.6 Store Conditions - Fresh

Rate the conditions in the sections of the store selling *fresh fruits and/or vegetables*.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

CANNED/DRIED FRUITS AND VEGETABLES

D2.1 Available?

- Yes
 No → Go to FROZEN FRUITS AND VEGTABLES on page 5

D2.2 Inventory - Canned/Dried

(1) Item	(2) Have now? <i>Circle one</i>	(3) Size?	(4) Price?	For the most abundantly available container...				
				(5) Located in a Promotional Area? <i>i.e. front-facing shelf by deli, bakery</i>	(6) Location in Display <i>If location is not a shelf (example: a floor bin), write location of the food item.</i>			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Canned tomatoes <i>diced, crushed, whole</i>	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned whole kernel corn	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned green peas	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applesauce <i>"unsweetened" or "no sugar added"</i>	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned pineapple <i>"no sugar added" or "in 100% juice"</i>	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raisins	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D2.3 Choice / Variety - Canned/Dried

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both canned and bottled pineapple, this would only count as one option.

Canned fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Canned vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Dried fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D2.4 Signs / Posters - Canned/Dried

Check all boxes that apply for signage in the sections of the store selling **canned/dried fruits and/or vegetables** that promote fruits and vegetables using slogans such as "5 a day." Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote canned/dried fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2.5 Store Conditions - Canned/Dried

Rate the conditions in the sections of the store selling **canned/dried fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

FROZEN FRUITS AND VEGETABLES

D3.1 Available?

- Yes
 No → Go to STORE OVERALL on page 7

D3.2 Inventory - Frozen

(1) Item	(2) Have now?	For the most abundantly available package...						
		(3) Size?	(4) Price?	(5) Promotional Area? <i>(i.e. front-facing shelf by deli, bakery)</i>	(6) Location in Display <i>If location is not a shelf (example: a floor bin), write location of the food item.</i>			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Frozen strawberries <i>sliced or whole, "no sugar added"</i>	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen peaches <i>sliced, "no sugar added"</i>	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen green beans	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen kernel corn	Y / N	____ oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D3.3 Choice / Variety - Frozen

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has frozen green beans both in bags and in boxes, this would only count as one option.

Frozen fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Frozen vegetables (no added fats or sauces)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D3.4 Signs / Posters - Frozen

Check all boxes that apply for signage in the sections of the store selling **frozen fruits and/or vegetables** that promote fruits and vegetables using slogans such as "5 a day" or discounts. Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote frozen fruits and vegetables in general.

No signage	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3.5 Store Conditions - Frozen

Rate the conditions in the sections of the store selling **frozen fruits** and/or vegetables.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

STORE OVERALL

D4.1 Activities

(1) Material/Activity	(2) Present?		(3) Language? <i>Check all that apply.</i>		
	Y	N	English	Spanish	Other
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions <i>e.g. "buy 1 get 1 free" and "buy 3 for \$4.99"</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments on material/activities: _____

D4.2 Customers *Was the store:*

Very busy	Busy in some areas but not in others	Few or no customers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4.3 Store Offerings

(1) Category	(2) Has?
Bakery	Y / N
Prepared foods (Includes deli, hot entrees, and meals)	Y / N
Fresh meats/seafood	Y / N
Frozen foods	Y / N
Canned foods	Y / N
Refrigerated foods	Y / N
Dry goods (e.g. cereal)	Y / N
Alcoholic beverages	Y / N
Non-food items	Y / N

D4.4 Exterior Poster / Sign Tally

Count of posters or signs on store exterior (windows, doors, walls, roof) that have a promotional message about fruits and/or vegetables *other than* product description and price. Posters or signs can have pictures of fruits and vegetables with or without words. Do not count SNAP/WIC stickers or posters.

Tally of <u>fruit and vegetable</u> posters or signs on store exterior/property	
Tally of <u>HIP posters</u> or signs on store exterior/property	

Additional comments on posters or signs: _____

Check that all sections are complete. If complete, fill in time of completion on coversheet.

COMMENTS FORM – COMPLETE AFTER LEAVING STORE

Section D: Store Food Environment	Good	Fair	Poor
Did store employees show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did customers show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding foods for the inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not able to complete Section D unassisted, please describe how the store employee(s) interacted with you during the completion of this section.

Write in any other comments below:
