



EVALUATION OF THE **Healthy Incentives Program**

An Analysis of the State of Massachusetts's Food Insecurity
Nutrition Incentive Grant Program

Prepared by:
JSI Research & Training Institute, Inc.
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HEALTHY
COMMUNITIES

Acknowledgements

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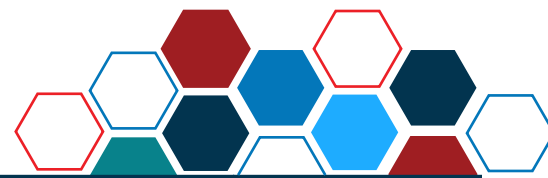
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About JSI Research & Training Institute, Inc.

Founded in 1978, JSI Research & Training Institute, Inc. (JSI) is a public health research and consulting organization that aims to improve the health of individuals and communities worldwide. Understanding the connection between health, equity, and sustainability, JSI has identified place to be a primary focus. JSI Healthy Communities encompasses a spectrum of activities and focuses on promoting health and equity by using data to guide and measure efforts; addressing social determinants of health; engaging multi-sector participation; and implementing policy and environmental strategies.

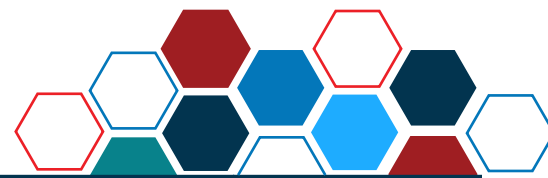
JSI is nationally recognized for its community, public health, and health system expertise. With extensive work at the systems level, JSI has a deep understanding of complex public health programs. Staff are experienced in a broad range of fields, including food insecurity, nutrition, physical activity, and obesity prevention, as well as the root causes of these conditions. Moreover, our varied national experience with healthy communities and health system strategic planning and evaluation projects reflects an extensive knowledge base of strategies.

List of Acronyms



Term	Acronym
Centers for Disease Control and Prevention	CDC
Community Involved in Sustaining Agriculture	CISA
Community Supported Agriculture	CSA
Conduent's Electronic Payment Processing Information Control	EPPIC
Economic Research Service	ERS
Electronic Benefits Transfer	EBT
Farmers Market Coalition	FMC
FINI Large Scale Projects	FLSP
FNS North East Regional Office	NERO
Food and Nutrition Service	FNS
Food Bank of Western Mass	FBWM
Food Insecurity Nutrition Incentive	FINI
Geographic Information System	GIS
Healthy Incentives Pilot	Pilot
Healthy Incentives Program	HIP
Healthy Incentives Program Expendable Trust	Trust
Households	HH
JSI Research & Training Institute, Inc. Healthy Communities	JSI
Massachusetts	MA
Massachusetts Department of Agricultural Resources	DAR
Massachusetts Department of Public Health	DPH
Massachusetts Department of Transitional Assistance	DTA
Massachusetts Food Policy Council	MFPC
Massachusetts Food System Collaborative	MFSC
Mass in Motion	MiM
Mobile Market+	MM+
National Institute of Food and Agriculture	NIFA
Novo Dia Group	NDG
Reach, Effectiveness, Adoption, Implementation, and Maintenance Framework	RE-AIM
Socioeconomic status	SES
Supplemental Nutrition Assistance Program	SNAP
Third Party Processor	TPP
United States Department of Agriculture	USDA
University of Massachusetts, Stockbridge School of Agriculture	UMass
Women, Infants, and Children	WIC
Worcester Regional Environmental Council	REC

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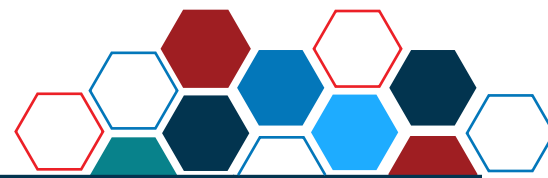


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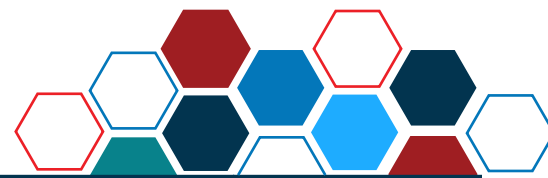
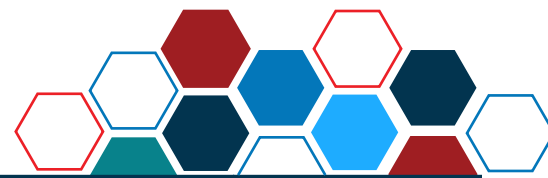


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Executive Summary



The Supplemental Nutrition Assistance Program (SNAP) is the cornerstone of United States (U.S.) food assistance, aiming to alleviate food insecurity among low-income households. Although SNAP successfully achieves this goal,¹⁻⁴ the overall quality of diet in SNAP households remains poor.^{5, 6} The Food Insecurity Nutrition Incentive (FINI) grant program, collaboratively administered by the United States Department of Agriculture's (USDA's) Food and Nutrition Service (FNS) and National Institute of Food and Agriculture (NIFA), was established by the 2014 Farm Bill to incentivize the purchase of fruits and vegetables by SNAP clients. Funding went to nonprofit organizations and government entities with the primary goal of “increasing the purchase of fruits and vegetables by low-income consumers participating in SNAP by providing incentives at the point of purchase.”⁷



1 in 10 households in
Massachusetts are
food insecure.

Healthy Incentives Program (HIP)

In 2015, the Massachusetts Department of Transitional Assistance (DTA) received one of the Food Insecurity Nutrition Incentive (FINI) Large Scale Project (FLSP) grants to implement the Healthy Incentives Program (HIP), a statewide expansion of the 2011–2012 Healthy Incentives Pilot (Pilot). The goal of HIP was to create a more vibrant and equitable food system for historically underserved communities by improving accessibility and affordability of healthy, locally-grown food through Massachusetts's (MA's) robust and growing local food economy.



The goal of HIP was to create a more vibrant and equitable food system for underserved communities by improving accessibility and affordability of healthy, locally grown food through MA's robust local food economy.

After planning was complete, funding was primarily used for the incentive—a dollar-for-dollar match—for each SNAP dollar used to purchase eligible fruits and vegetables at farmers markets, farm stands, mobile markets, and/or community-supported agriculture programs (CSAs). Incentives were calculated and instantly applied to SNAP clients' Electronic Benefits Transfer (EBT) cards. Information on earnings and account balance was provided on an accompanying receipt. The maximum incentive that could be earned by a SNAP client each month was based on household size—households with 1–2 members were capped at \$40, households with 3–5 members were capped at \$60, and households with 6 or more members were capped at \$80 per month. DTA and its partners also used available funding and resources to increase awareness of HIP and its processes among SNAP clients, troubleshoot, and provide support to enhance participation. They also engaged retailers, worked to enhance retailers' outreach capacity to SNAP households, on-boarded them to SNAP and HIP, and addressed technology constraints for processing SNAP and the HIP incentive.

HIP Evaluation

In September 2016, DTA contracted with JSI Research & Training Institute, Inc. Healthy Communities (JSI) to develop and implement a comprehensive



evaluation that incorporated broad stakeholder input and included both a process and outcome assessment of HIP. The evaluation was conducted September 2016 through June 2018; assessed program planning and implementation; and was guided by the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework.

With input from DTA and an Academic Advisory Committee, JSI considered a number of factors in the development of the evaluation:

1. Resources were primarily used to increase direct use, and availability, of incentives, which limited the scope of the evaluation.
2. The multifaceted nature of HIP implementation restricted the possibility of controlled experimental or quasi-experimental study designs.
3. SNAP clients were automatically enrolled in HIP, resulting in a single statewide intervention group. Withholding access to HIP in order to randomize clients to intervention and control conditions was not deemed ethical, and other potential comparison groups (e.g., non-SNAP clients) did not seem appropriate.
4. Numerous studies have demonstrated the impact of incentive programs on participants' intake of fruits and vegetables, including the Pilot.⁸⁻¹¹

Accordingly, the evaluation goals were to: 1) describe the development and implementation of HIP, and 2) assess HIP's impact on SNAP households' access to locally grown fruits and vegetables and the local economy.

Methods

Both qualitative and quantitative data were collected through multiple methods, and used to describe each of the RE-AIM dimensions. Primary data sources included transcriptions from interviews with Steering Committee members, Leadership Team members, and retailers; documents such as HIP email updates from DTA, media activities, meeting minutes, and HIP-related websites and Facebook pages; Health-e-link, a web-based data management and reporting platform; Instacart; a point of sale data set compiled by JSI; and surveys of retailers, SNAP clients who participated in the CSA Pilot, and Retailer-focused Steering Committee members. Secondary data sources included the American Community Survey, 2012–2016; DTA's BEACON monthly FINI reports; DTA's REDE files; DTA's master list of HIP retailers; DTA's retailer opt-outs list; DTA's BEACON demographic report; DTA's HIP client and household demographics report; DTA's MA SNAP sales data; Conduent's monthly FINI household summary report; Conduent's monthly FINI retailer consolidated summary report; Conduent's monthly FINI retailer report; CSA Pilot cancellation forms; CSA product inventories; supermarketpage.com's list of supermarkets; Standardized Assessors' Parcels' dataset of supermarkets; Walmart Supercenters Google map search; Project Bread's FoodSource Hotline's caller information; SNAP client feedback collected at farmers markets; and DTA's SNAP client opt-out information.

Members of the JSI evaluation team reviewed all qualitative data from interviews, HIP-related documents, open-ended survey responses, CSA



The **HIP evaluation**
was conducted
September 2016–
June 2018.



Qualitative and
quantitative data
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Pilot cancellation forms, Project Bread's FoodSource Hotline's caller information, SNAP client feedback collected at farmers markets, and DTA's SNAP client opt-out information and identified themes and noteworthy information. In addition to calculating frequencies, percentages, and means of quantitative data collected from surveys, DTA and Conduent reports, CSA Pilot cancellation forms, and CSA product inventories, a number of specific analyses were conducted including estimating HIP purchases, earnings, and redemptions by sales location and season; identifying the effect of HIP on healthy food desert tracts and SNAP households; calculating HIP redemptions as a percentage of earnings; calculating the total number of daily servings of fruit and vegetables per person for all households; and a cost-comparison analysis. Detailed methods, including descriptions of these analyses, are presented in Appendix B.

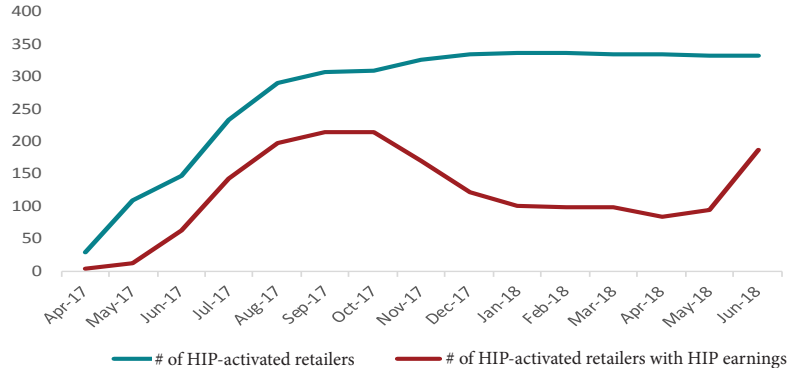
Reach

Retailers

Between April 1, 2017 and June 30, 2018, a total of 343 unique retailers were on-boarded to HIP. Of all on-boarded HIP retailers where type of retail outlet could be determined (n=311), half (51%) were fruit and vegetable growers, 33% were farm stands, 27% were farmers markets, 23% were CSAs, and 3% were mobile markets. The majority (71%) of HIP retailers were associated with only one retail outlet type, whereas 29% did business at two or three different retail outlet types.

While retailers may have been HIP-activated they may not have been making HIP earnings. The proportion of HIP-activated retailers with positive earnings reached its maximum in September 2017, when 214 out of 307 (70%) had HIP earnings.

HIP-Activated Retailers and HIP-Earning Retailers by Month




Clients

All MA SNAP clients were automatically enrolled in HIP—no application was required for clients to earn the incentive. Between April 1, 2017 and June 30, 2018, 39,868 SNAP households representing 74,207 SNAP clients participated in HIP (made a HIP-eligible purchase and earned HIP)—approximately 9% of all MA SNAP households and 10% of all SNAP clients.*

* Although from April 1, 2017 through June 30, 2018, 9% of all MA SNAP households participated in HIP, within any given month, less than 1% to nearly 5% of SNAP households participated.

343 unique retailers
were on-boarded to HIP.

97% were
located in MA.



3% were from
bordering states
but sold in MA.

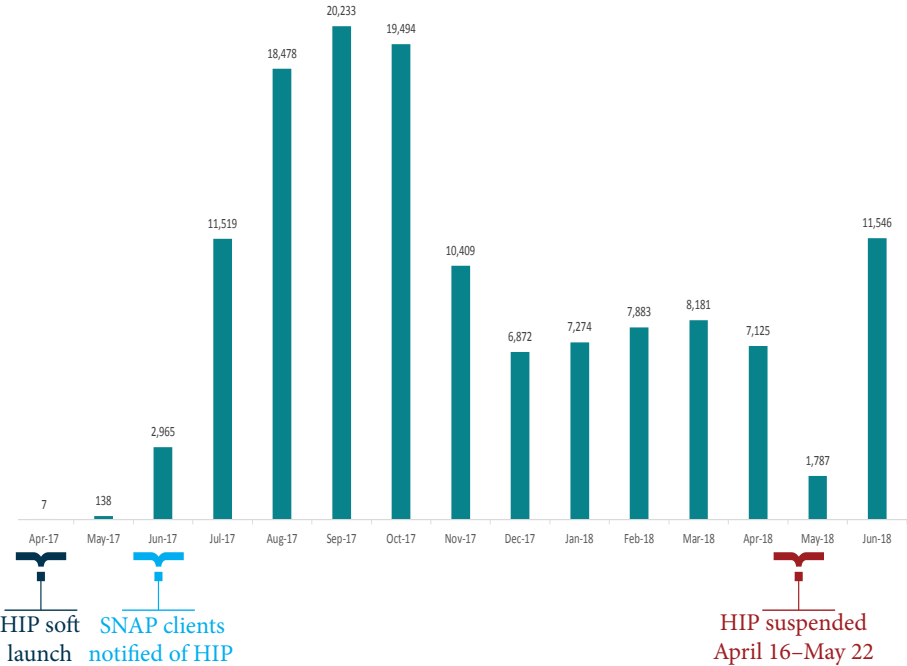


April 2017–
June 2018

39,868 SNAP households
participated in HIP—
9% of eligible households.*

The largest numbers of SNAP households made HIP-eligible purchases July–October 2017, when the New England growing season was at its peak and 311 HIP retailers were active. Overall, in any given month, less than 1% (i.e., April 2017, May 2017, June 2017, and May 2018) to nearly 5% (i.e., September and October 2017) of SNAP households made HIP-eligible purchases.

Number of SNAP Households that Made a HIP-Eligible Purchase



The utilization of HIP varied by household size. On average per month, households with 1–2 people were 5.6 times more likely to make a HIP-eligible purchase compared to households with 3–5 people (7,419 average households per month compared to 1,334 average households per month, respectively).

Effectiveness

Affordability

As a financial incentive program, HIP increases the affordability of fruits and vegetables by enabling SNAP clients to purchase \$40, \$60, or \$80 worth of produce (depending on household size) without any impact on their monthly SNAP benefit allotment. Per the program's design, when clients spend \$1 of SNAP on fruits and vegetables, they earn \$1 of HIP (which functions exactly like SNAP dollars), resulting in no net loss in benefits up to the household cap. Though data from the client's perspective were limited, 91% of respondents who completed the 2017 SNAP CSA Farm Share and HIP Survey (n=161) strongly agreed or agreed that the HIP incentive linked with their CSA farm share made it easier for them to buy fresh fruits and vegetables. Additionally, SNAP clients reported that the CSA Pilot with the HIP incentive increased their ability to meet household food (88%, n=161), transportation (74%, n=156), housing (71%, n=155), and medical (63%, n=152) needs.



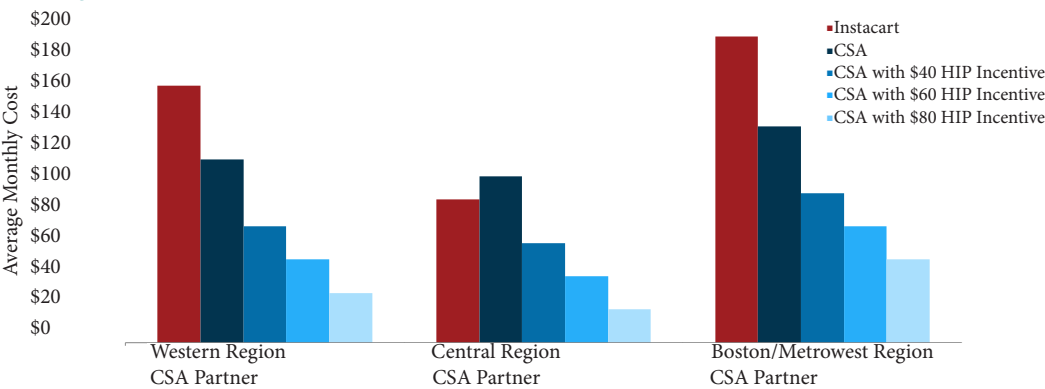
1–2 person households were 5.6 times more likely to make a HIP-eligible purchase compared to 3–5 person households.



91% of SNAP clients participating in a CSA surveyed strongly agreed or agreed that the CSA farm share with the HIP incentive made it easier for them to buy fresh fruits and vegetables.

From an objective view, a cost-comparison analysis was conducted comparing three CSA share prices to Instacart and CSA shares were found to be considerably cheaper, with the exception of the Central region CSA partner's CSA share. Nonetheless, the CSA was cheaper with the HIP incentive across all regions, compared to the CSA alone.

Average Monthly Cost of Instacart and CSA Shares

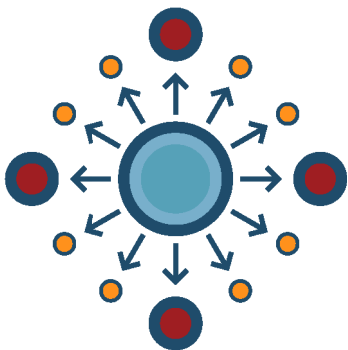
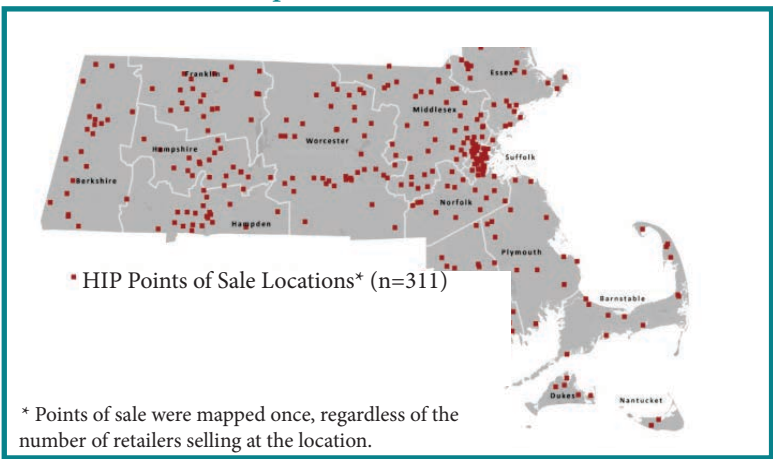


Geographic and Temporal Access

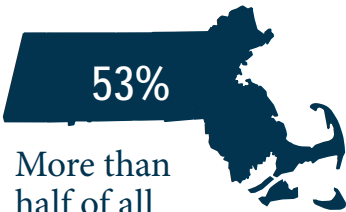
There were 311 unique points of sale, representing 321 unique HIP-activated retailers (an additional 22 retailers were excluded due to missing sales dates, times, or locations), 186 different MA cities and towns (out of 351), and one city from neighboring state of Rhode Island (Pawtucket). One hundred and eighty MA cities and towns, and one bordering town had a HIP purchase, earning, or redemption.

A major factor that contributed to the number of points of sale in MA was the decentralization of HIP processing. Traditionally, market managers at farmers markets were fully responsible for processing SNAP, which limited HIP points of sale to those markets where the manager was SNAP-authorized. The use of technology and the decentralized model enabled HIP-activated fruit and vegetable vendors to process SNAP and HIP directly. Therefore, HIP was offered at all markets where these fruit and vegetable vendors sold produce, regardless of whether or not the market managers at those markets were also HIP-activated.

HIP Points of Sale (April 1, 2017–June 30, 2018) (n=311)



HIP changed SNAP processing from a centralized to a decentralized model, which enabled authorized fruit and vegetable vendors to process the incentive.



More than half of all MA cities and towns had at least 1 HIP point of sale.

Inclusion of HIP points of sale mitigated or changed the healthy food desert determination for 58 of the 110 census tracts assessed as healthy food deserts based on supermarkets alone. Accordingly, these 58 census tracts, located in 50% of the counties across MA, were no longer more than one mile from a fruit and vegetable retail location. Compared to supermarkets alone, over 220,000 persons overall, and over 64,000 persons living in poverty, had walkable access to healthy foods as a result of HIP. Moreover, a total of 39,094 SNAP households were located in mitigated census tracts, meaning that 9% of all SNAP households were no longer in healthy food deserts as a result of HIP.



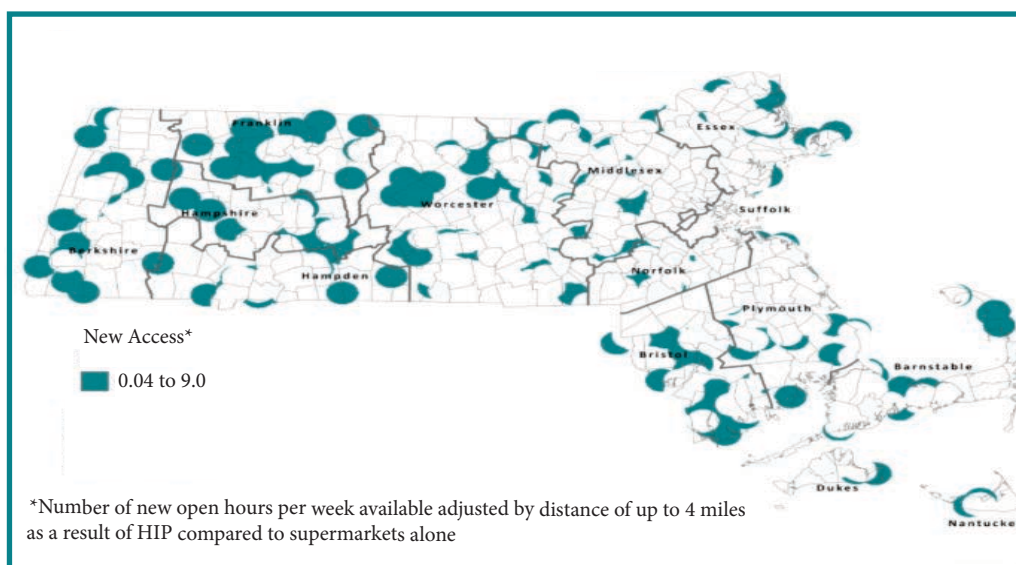
39,094 SNAP households, or 9% of all MA SNAP households, were located in a HIP-mitigated healthy food desert census tract.

Mitigated Healthy Food Deserts as a Result of HIP by County

County	Changed Tracts (n)	Total Population (n)	Population in Poverty (n)
Bristol	10	30,944	8,770
Essex	11	47,594	12,640
Hampden	2	9,172	3,789
Hampshire	4	18,241	5,897
Middlesex	4	18,096	4,589
Suffolk	25	91,478	26,488
Worcester	2	7,238	2,052
State Total	58	222,763	64,225

From April 1, 2017–June 30, 2018, 87% of SNAP households saw an improvement in access to fruits and vegetables because of HIP, compared to supermarkets alone. Two percent of SNAP households (6,000) lived further than four miles from a supermarket. As a result of HIP, these households were able to gain geographic and temporal access to fruits and vegetables; 4,000 were single-family.

New Geographic and Temporal Access as a Result of HIP Over Supermarkets Alone (April 1, 2017–June 30, 2018)



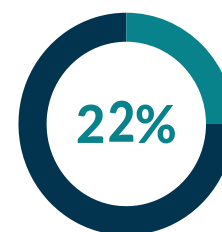
Throughout the evaluation period, 39,868 SNAP households representing 74,207 SNAP clients were able to access a HIP point of sale, make a HIP-eligible purchase, and earn the HIP incentive—approximately 9% of all SNAP eligible MA households and 10% of all SNAP clients. These SNAP households made over \$5 million worth of HIP-eligible purchases and earned \$4,697,297 HIP incentive dollars. An average of 48% of SNAP households that made a HIP-eligible purchase met their monthly cap (\$40, \$60, or \$80); 1–2 person households were most likely to meet their monthly caps.



Massachusetts's SNAP clients earned almost 4.7 million HIP incentive dollars.

Local Economy

There was a slightly higher percentage of HIP redemptions per earnings at HIP points of sale located in healthy food deserts (29%) compared to HIP points of sale in all other areas (27%). In also looking at HIP points of sale in new access areas (accounting for both temporality and distance), redemptions per earnings were also higher there (33%) compared to all other HIP points of sale (25%). Almost one-quarter (22%) of all HIP-earnings were redeemed by HIP-activated retailers for a total of \$1,035,714.21.



Almost one-quarter (22%) of all HIP-earnings were redeemed by HIP-activated retailers.

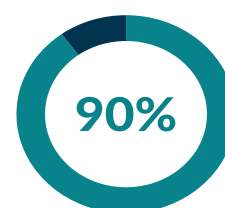
In a survey, individuals representing both HIP-activated and non-HIP-activated retailers were asked to rank and describe the impact of HIP on their businesses in 2017 (n=218, 90 respondents representing HIP-activated retailers and 128 respondents representing non-HIP-activated retailers). While HIP-activated survey respondents reported a more positive impact, both described increases in sales and number of customers; a few noted that increased revenue enabled them to cultivate more land and hire more staff.

The mean number of retail staff reported by HIP-activated survey respondents was higher in both 2016 and 2017 (4.6 and 4.4 staff, n=90 and 108, respectively) compared to non-HIP-activated survey respondents (2.5 and 2.4, n=128 and 147, respectively) (p=0.02 and 0.02, respectively).

Consumption

The impact of HIP on fruit and vegetable consumption was assessed directly through the 2017 SNAP CSA Farm Share and HIP Survey. Ninety-percent of survey respondents (n=162) reported that the CSA Pilot with HIP increased the amount of fresh fruits and vegetables their families ate; 88% reported that it increased the variety of fresh fruits and vegetables their families ate; and 82% reported that it increased the frequency of eating fruits and vegetables by their families.

Data from document reviews, including SNAP client feedback collected at farmers markets, also suggest that HIP helped SNAP clients to consume more fruits and vegetables.



Almost all of the SNAP clients participating in the CSA Pilot earning HIP surveyed reported that these programs increased the amount of fruits and vegetables their families ate.

HIP has helped me to increase vegetables and fruits into my diet.

HIP makes it possible for me to make healthy produce a part of my regular diet.



Finally, this evaluation built on the Pilot's findings by using HIP sales data, specifically HIP purchases, to estimate fruit and vegetable servings as an approximation of fruit and vegetable consumption. The average number of daily servings of fruits and vegetables per person across all months was 1.23 (1.44 for 1–2 person households, 0.86 for 3–5 person households, and 0.63 for 6+ person households) per day.

Adoption

In addition to DTA, the Massachusetts Department of Agricultural Resources (DAR), Massachusetts Department of Public Health (DPH), Massachusetts Food System Collaborative (MFSC), Conduent, Novo Dia Group (NDG), Sterling Marketing Inc., Community Involved in Sustaining Agriculture (CISA), Food Bank of Western Massachusetts (FBWM), Mass Farmers Markets, Project Bread, and University of Massachusetts, Stockbridge School of Agriculture (UMass) were all instrumental and played integral roles in HIP's implementation.

Technology

The original HIP incentive processing design aligned with SNAP processing and the use of third party processors (TPPs)—organizations that support EBT transactions by serving as intermediaries between point of sale devices and EBT providers (Conduent for MA). When none of the five national TPPs would commit to supporting the processing of the HIP incentive, DTA worked with NDG (also involved in the Pilot) to design a system that bypassed TPPs to process the HIP incentive. NDG was subcontracted to serve as a technical advisor consultant for EBT; work with DTA and Conduent to update NDG's mobile incentive platform, Mobile Market+ (MM+), to allow for the direct processing of HIP; and to support MM+ systems.

HIP Expendable Trust

To allow for the accurate management of HIP funds, the State through the MFSC set up a trust called the Healthy Incentives Program Expendable Trust (Trust). In addition to enabling both private and government funds to “mix,” the trust helped private donors and funders ensure that their monies would be used entirely for HIP.

Massachusetts Local Food Action Plan

USDA FNS awarded DTA the FINI grant in April 2015, when the Massachusetts Food Policy Council (MFPC), a statewide planning council addressing MA's local food system, was still drafting its plan. As a member of MFPC, DTA was



In order for the **first** statewide electronic incentive processing system to be developed, it was critical for technology partners to be engaged.

effective in incorporating HIP into the plan in December 2015.

MassGrown

DTA worked with DAR to incorporate HIP as a new, searchable nutrition program on MassGrown (<https://massnrc.org/farmlocator/map.aspx>). The purpose of incorporating HIP into this interactive map was to provide partner organizations and SNAP clients with an easy mechanism for locating HIP retailers.

Mass in Motion (MiM)

During the FINI grant application process, DPH agreed to leverage its existing statewide obesity prevention work, MiM, to support on-the-ground implementation of HIP. In Fiscal Year 2018, DPH added HIP to the list of approved strategies MiM community coalitions could choose to implement.

Women, Infants, and Children (WIC)

DPH's Nutrition Division updated its WIC Management Information System to give staff the ability to record when they educate and refer WIC clients to HIP. In addition, DTA and DPH designed an e-Module to provide all WIC local program staff with an overview of HIP, instructions for WIC/HIP documentation, and resources for HIP referrals.

Regional- and Community-level Adoption

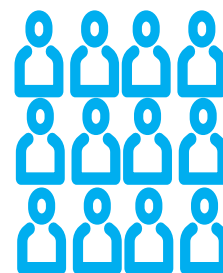
The Client-focused Steering Committee was charged with providing SNAP client outreach; HIP and nutrition education marketing; technical assistance in materials development; a HIP client support hotline (Project Bread); and culturally-appropriate foods education, promotion, and training to nutrition education partners (UMass). The Retailer-focused Steering Committee was charged with managing retailer outreach and training; and providing on-the-ground support to buy-locals and retailers; technical assistance in materials development; and culturally appropriate foods education, promotion, and training to farmers (UMass).

Regional- and community-level partners made a number of changes within their organizations to support HIP implementation. Examples included:

- ▶ Project Bread served callers from around MA by leveraging its existing FoodSource Hotline—a comprehensive statewide information and referral service for people in MA facing hunger. Accordingly, the FoodSource Hotline answered SNAP clients' questions about HIP. All HIP partners (state agencies, community-based organizations, buy-locals, and retailers) were instructed to direct SNAP clients with questions to this hotline.
- ▶ CISA launched a retailer support message board that was intended to be a one-stop-shop for those who were supporting retailers to find information, ask questions, share resources, and trade stories.
- ▶ CISA developed an on-boarding training and Google form for staff supporting retailers. The training helped farmers get the appropriate permissions checked off, so that they could begin to process HIP.
- ▶ A number of partners hired staff who were dedicated to HIP implementation. Other organizations expanded existing staff



MassGrown is known as the “gateway to farms, farmers markets, and fun ag-tivities.”



Client-Focused Steering Committee consisted of 12 regional partners.



Retailer-Focused Steering Committee consisted of 9 regional partners.

responsibilities to include HIP.

- ▶ The Worcester Regional Environmental Council (REC) formed a partnership with the Youth Programs and Resident Services Coordinator to provide outreach and education about HIP and accessibility of SNAP retailers with a small stipend.
- ▶ Community-based organizations, non-profits, buy-locals, and municipalities across MA organized transportation for seniors to farmers markets and farm stands and provided retailers with translation services to enhance their interactions with non-English speaking clients.

Retailers also made organizational and systems changes to support HIP. They hired translators; brought new fruit and vegetable vendors to meet increased demand; partnered with senior centers to establish new points of sale at or near the centers; organized transportation for seniors to farm stands; hired interns and recruited volunteers to help provide customer service and outreach to SNAP and HIP clients, run HIP payments, and develop a HIP/SNAP cheat sheet; built greenhouses to increase crop production; and expanded their selling season.

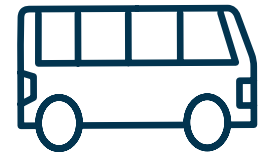
Implementation

Community partners across the state, including buy-local organizations, DTA local offices (n=22), WIC local agencies (n=31), MiM coalitions (n=27), SNAP-Ed providers (n=4), and others were instrumental “on-the-ground” in supporting both SNAP clients and HIP retailers. The HIP Leadership Team—comprised of DTA, DAR, DPH, MFSC, and JSI—, along with input from community and buy-local partners, worked to build local-level capacity. In addition to presentations and trainings, there were a number of tools and resources created to support capacity building.

Retailer Recruitment

Recruitment was multi-pronged and included in-person interactions as well as printed materials. The most commonly used strategies included:

- ▶ DTA, DAR, and other sister agencies visited farmers markets statewide to build relationships and highlight the importance of healthy local food access and local agriculture.
- ▶ Buy-local partners established retailer working groups to support recruitment efforts.
- ▶ DTA, in partnership with DAR, conducted sign-up events to recruit and on-board new retailers “on the spot”. Three stations were set up to expedite and simplify the on-boarding process: 1) a SNAP authorization station to help farmers obtain an FNS number; 2) a HIP station to provide information on the HIP program; and 3) an equipment station to help farmers start or complete an online application to receive equipment from MarketLink. From December 2016 through May 2018, 186 retailers were on-boarded at one of 13 sign-up events.



Transportation was made available for harder to reach populations through community partnerships.

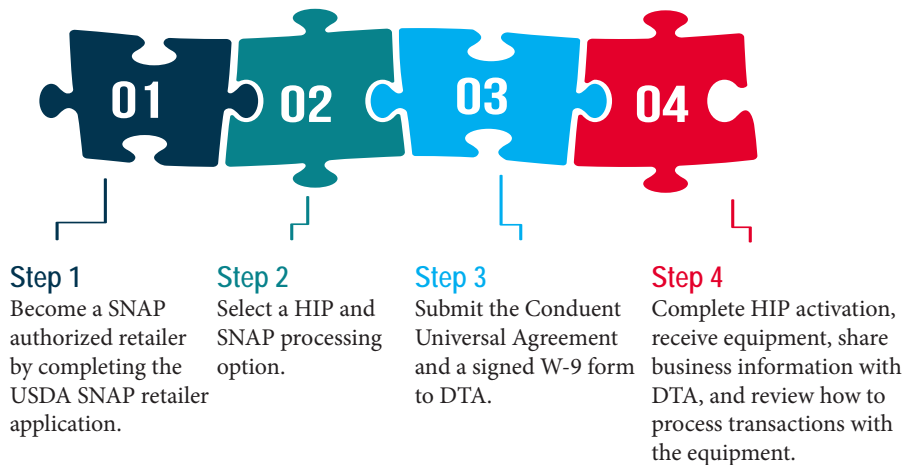


186 retailers were on-boarded at one of 13 sign-up events.

- ▶ DTA sent a letter to farmers and market managers across the state to increase awareness of HIP and provide information about how the roll-out of the program would affect their businesses.

Retailer On-boarding

A four-step process, involving multiple organizations and paperwork, was required for retailers to become HIP-activated.

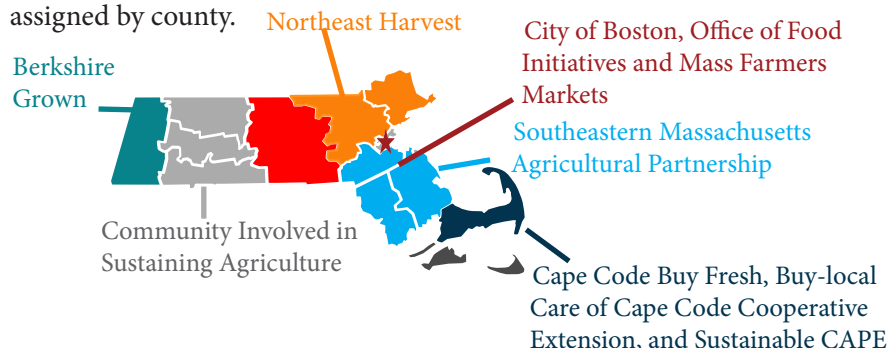


In 2014, USDA FNS contracted with the Farmers Market Coalition (FMC) to administer a free SNAP EBT Equipment Program, which provided eligible farmers markets and direct marketing farmers with free equipment and services. SNAP-authorized farmers markets and direct marketing farmers were able to apply for this free equipment to process both SNAP and HIP, which was reported to be a “selling” point in getting retailers involved in HIP.

Technical Support

The complexity of HIP in relation to redemptions, earnings, processing payment, equipment, household eligibility, acceptable fruits and vegetables, and the pace within which it was launched required the involvement of many. The HIP Leadership Team and Steering Committee member organizations, with support from other community partners, were instrumental in increasing awareness about the program, on-boarding retailers, troubleshooting (e.g., equipment), assessing retailer and client needs, and building local-level capacity. These partner organizations developed resources, tools, and a regional support system to support retailers.

DTA also worked with buy-local organizations to implement a train-the-trainer model to provide peer support. Technical support providers were assigned by county.



Trainings. Multiple trainings were held for farmers markets' market managers that capitalized on existing relationships and services.

Signage. The Steering Committees developed signage with the HIP logo to be used by all retailer types—farmers markets, farm stands, mobile markets, and CSAs.

HIP Planning Guide. In collaboration with DTA, DAR, other buy-local organizations, market managers, and other HIP partners, CISA led the development of a HIP Planning Guide for winter farmers markets' market managers.

Retailer Toolkit. A retailer toolkit was made available on buy-local websites that included 19 useful documents with information on HIP, processes, and program contact information.

SNAP Client Engagement and Education

All MA SNAP clients were automatically enrolled in HIP—no application was required for clients to earn the incentive. The HIP Leadership Team, Steering Committee member organizations, and other community partners implemented a number of strategies to increase client engagement and participation in the program. Examples included:



Approximately 425,000 SNAP households received the HIP welcome notice in June 2017.



HIP receipt provided the amount of HIP earned month-to-date.



Toll-free call line was made available for SNAP clients to check their balance.



Many partners helped to engage SNAP clients through...

- WIC referrals;
- WIC Outreach Activities;
- Farm Fresh Campaign;
- Informational Flyers; and
- Farmers Market Ambassadors.

Decentralization Processing

A decentralized processing model, in which fruit and vegetable vendors at farmers markets and market managers could process the incentive, was selected because it aligned with project goals—simplifying and improving the process for retailers and purchasing experience for SNAP clients. The electronic, decentralized processing model removed the burden from market managers to have to settle transactions with individual fruit and vegetable vendors and pay farmers directly. It was also thought to increase SNAP client anonymity at farmers markets and allow SNAP clients to immediately take the earned benefit and spend it at the market (if desired).

Diversity at HIP Points of Sale

Although the increase in racial, cultural, and socioeconomic diversity at HIP retail points of sale has been a commonly reported success, there were reported challenges. To start, SNAP clients frequently faced language and cultural barriers when attempting to interact with HIP retailers. This inhibited effective communication about their needs and understandings of the program. It also hindered SNAP client recruitment efforts and at times tested client-retailer interactions. Appropriate actions and interventions were taken to ensure a positive experience for all including: a bilingual Outreach Manager, HIP Cheat Sheets, and partnerships with community agencies serving non-English speaking clients.

Barriers to HIP Implementation

Throughout HIP implementation, there were a number of factors that impeded progress.

- ▶ **Trust with Government-run Program.** Some retailers were distrustful of state and federal government, and, therefore, hesitant to participate in this government-run program.
- ▶ **Delays with Equipment.** DTA did not allocate funding for equipment into the HIP budget given that retailers could get free equipment through the SNAP EBT Equipment Program. While this decision enabled project costs to be spent elsewhere, retailers were reliant on grant funds.
- ▶ **Timing of Launch.** The majority of all retailers (77%) were HIP-activated during the peak selling months of May 2017 through August 2017. During interviews, retailers described how challenging it was to balance new program logistics with the already demanding roles and responsibilities they have during peak seasons.
- ▶ **Limited Number of EBT Processing Machines.** HIP retailers reported that the limited number of EBT processing machines was problematic. This meant that the existing machines either were needed at more than one location or were overly relied on at any given location.



3 common barriers experienced by retailers at the point of sale:

1. Multiple transactions were often needed for clients to earn their maximum incentive.
2. Time was needed to explain HIP processes at the points of sale when retailers faced other demands.
3. Retailers had to swipe or manually enter EBT numbers multiple times because SNAP clients did not know their balance and/or cards were worn or did not work.

- ▶ **Steep Learning Curve.** Many retailers felt the on-boarding process was complicated with its multiple steps and, for many, new technology.
- ▶ **Lines and Increased Foot Traffic.** HIP brought new customers to HIP points of sale. Although a positive outcome, some retailers did not have the resources to manage the increased demand.
- ▶ **Language Barriers.** HIP brought a new, diverse customer base to the various points of sale. Unfortunately, retailers were often not able to communicate in an effective way.
- ▶ **Balancing Administrative Burdens with Desire to Best Serve Customers.** Given that retailers had direct interactions with SNAP clients at the point of sale, they were, by default, expected by SNAP clients to understand HIP.
- ▶ **Nationwide Interruptions in EBT Processing.** In August 2017, Conduent experienced three nationwide interruptions for all EBT processing, including SNAP and HIP. While this was unrelated to the technology updates made in MA to process HIP, it impacted processing.

Maintenance

State-level Advocacy and Support

The State's recognition of, and commitment to, HIP's success was of the utmost importance when, in summer 2017, it became clear that DTA and partners had grossly underestimated the program's level of uptake. Based on the Pilot data and other projections, DTA had budgeted \$1.25 million in incentive dollars for the three years of implementation. In September 2017, six months into the program, the project surpassed the budgeted amount by over \$430,000; at the end of September 2017 over \$1.73 million in HIP incentives had been earned in just six months. The high uptake of the incentive by SNAP clients was not just a reflection of a well-designed program, but a clear indication of the high need of MA food-insecure residents. Ensuring HIP's sustainability became all the more pressing.

Efforts were made to ensure that state representatives, legislators, and the public were aware of the program and its benefits. Many of these awareness and advocacy efforts were spearheaded by MFSC, alongside numerous other buy-local and community-based organizations. As a result, in summer 2017, the MA Legislature and MA Governor Baker invested \$1.35 million for HIP in the Fiscal Year 2018 state budget. On May 21, 2018, Governor Baker signed into law a supplemental budget, passed by the Legislature, that included an additional \$2.15 million for HIP for the remainder of the State's fiscal year (through June 30, 2018). As a result of this additional funding, HIP was reinstated, effective May 23, 2018.

MFSC's HIP campaign continued and resulted in MA budgeting \$4 million in the Fiscal Year 2019 state budget. MFSC has reported its ongoing plans



The Massachusetts
State Government
committed
\$7.5 million to HIP
through Fiscal Year 2019.

to advocate for the inclusion of HIP in the Fiscal Year 2020 state budget. Nonetheless, balancing budgeted funds with client demand will be a continued challenge. As such, a decision was made to operate the program on a seasonal schedule in an effort to maximize the utilization of the program vs. changing the program's design (e.g., reducing monthly caps).

Equipment

One unique function of HIP is electronic processing of the incentive. Unlike other incentive programs that rely on coupons, tokens, or manual transactions, HIP is primarily processed electronically. While this is imperative for a statewide program, it comes with many challenges including the availability of affordable, consistent EBT processing equipment options.

Fortunately, in 2017 the USDA FNS equipment grant funds included NDG's MM+ as one of three SNAP EBT equipment and service provider options. However, when FMC's contract ended with USDA FNS in November 2017, the federal government issued a competitive bid process. In early 2018, a new contractor, Financial Transaction Management, was selected to administer the program. NDG was no longer included as an equipment provider for the USDA FNS equipment grant program. On July 2, 2018, NDG announced it could not sustain operations and it, along with its MM+ application, would be suspended effective July 31, 2018.

NDG is the largest supplier of SNAP payment processing equipment to farmers markets in the country. On July 27, 2018, the state of New York, in partnership with the New York Farmers Market Federation, announced a six-month agreement with NDG that ensured all users of MM+ nationwide could continue operating MM+ without any service disruption. NDG is currently working with the New York Farmers Market Federation and many other groups to construct a permanent solution starting in February 2019. Unless other processing strategies are proposed, HIP's sustainability is dependent on this solution.



NDG in collaboration with the New York Farmers Market Federation and many other groups are working to construct a permanent solution to the continued use of MM+.

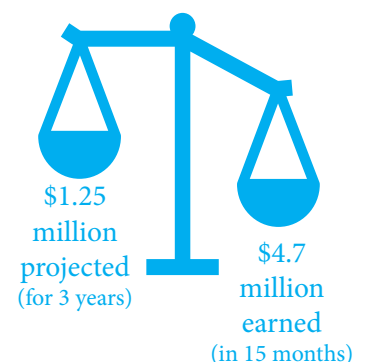
"Healthy Food for Thought"

Healthy, nutritious food is critical to human existence; it provides physical sustenance and plays an essential economic role in society. HIP demonstrates positive progress towards increasing the purchase of fruits and vegetables among SNAP clients at the point of sale. Although there are limitations with this evaluation, data on the reach, effectiveness, adoption, implementation, and maintenance of the first statewide electronic processing incentive program are valuable in terms of sustainability and replication throughout the U.S.

In summary, some "healthy food for thought":

The amount of incentives earned may have exceeded projections due to the:

- 1) improvements in geographic and temporal access to fruits and vegetables;
- 2) concerted efforts made by state and local partners to increase awareness of



HIP earnings exceeded projections by 380% in approximately one-third of the projected amount of time.

HIP among SNAP clients and agricultural retailers; 3) electronic processing; 4) ability of SNAP clients to meet other household food and daily needs; 5) differences between the Pilot and HIP.

Several barriers may have limited participation among SNAP clients including: 1) language; 2) racism, classism, or cultural differences; 3) transportation; and 4) uncertainty and lack of trust with the government.

HIP positively impacted local agricultural retailers' businesses.

The sustainability of HIP is largely dependent in part on resolving financial and equipment challenges.



HIP positively impacted
HIP-activated survey
respondents' local
agricultural retailer
businesses.

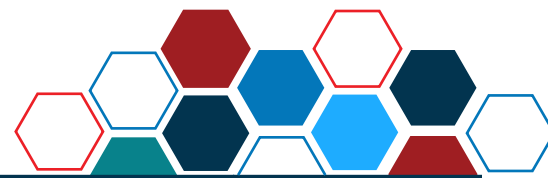
Executive Summary

References



1. Yen ST, Andrews M, Chen Z, Eastwood DB. Food Stamp Program Participation and Food Insecurity: An Instrumental Variables Approach. *American Journal of Agricultural Economics*. 2008;90(1):117-132.
2. Borjas G. Food insecurity and public assistance. *J Public Econ*. 2004;88(7-8):1421-1443.
3. DePolt RA, Moffitt RA, Ribar DC. Food Stamps, Temporary Assistance for Needy Families and Food Hardships in Three American Cities. *Pacific Economic Review*. 2009;14(4):445-473.
4. Mykerezzi E, Mills B. The Impact of Food Stamp Program Participation on Household Food Insecurity. *American Journal of Agricultural Economics*. 2010;92(5):1379-1391.
5. Andreyeva T, Tripp AS, Schwartz MB. Dietary Quality of Americans by Supplemental Nutrition Assistance Program Participation Status. *Am J Prev Med*. 2015;49(4):594-604.
6. Condon E, Drilea S, Jowers K, Lichtenstein C, Mabli J, Madden Em, Niland K., Diet Quality of Americans by SNAP Participation Status: Data from the National Health and Nutrition Examination Survey, 2007-2010: Walter R. McDonald & Associates, Inc. and Mathematica Policy Research for the Food and Nutrition Service; 2015.
7. U.S. Department of Agriculture. National Institute of Food and Agriculture. Food Insecurity Nutrition Incentive (FINI) Grant Program. Found at: <http://www.nifa.usda.gov/funding/cfp/cfp.html>.
8. Herman, D.R., et al., Effect of a Targeted Subsidy on Intake of Fruits and Vegetables Among Low-Income Women in the Special Supplemental Nutrition Program for Women, Infants, and Children. 2008. 98(1): p. 98-105.
9. Jilcott Pitts, S.B., et al., Farmers' market use is associated with fruit and vegetable consumption in diverse southern rural communities. *Nutr J*, 2014. 13: p. 1.
10. Olsho, L.E., et al., Financial incentives increase fruit and vegetable intake among Supplemental Nutrition Assistance Program participants: a randomized controlled trial of the USDA Healthy Incentives Pilot. *Am J Clin Nutr*, 2016. 104(2): p. 423-35.
11. Young, C.R., et al., Improving fruit and vegetable consumption among low-income customers at farmers markets: Philly Food Bucks, Philadelphia, Pennsylvania, 2011. *Prev Chronic Dis*, 2013. 10: p. E166.

Introduction



The Problem

Food is one of life's basic necessities. It is not only essential for an individual to function both physically and socially, but food also has an essential economic role in society. Food security—defined as access by all people to enough nutritious food at all times for active, healthy lives—is necessary for a population to be physically, mentally, and economically healthy.^{1,2}

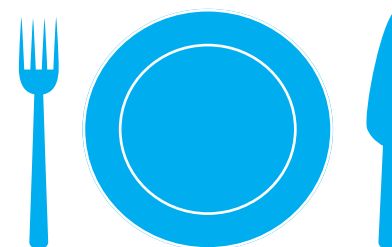
Individuals struggling with poverty or food insecurity are challenged by limited finances, resources, competing priorities (e.g., paying for medications or food), and stress that make it difficult to maintain good health, consume a nutritious diet, manage an existing chronic disease, or a combination of these factors.^{3,4} As such, households that experience food insecurity are more likely to encounter higher health care utilization and increased health care costs.⁵ For example, food insecurity has been shown to increase physician encounters and office visits,^{6,7} emergency room visits,^{6,9} hospitalizations,^{6,7,9-11} and prescription medication use.¹²

Despite the general abundance of food and highly developed distribution networks across the United States (U.S.), far too many households experience food insecurity, or limited access to enough food to meet the needs of all household members resulting from a shortage of money and other resources.² According to the United States Department of Agriculture (USDA) Economic Research Service (ERS), the average prevalence of food insecurity in the U.S. between the years of 2015 and 2017 was 12.3% (approximately 126 million households were food in-secure).¹³

Moreover, disparities in food insecurity exist across geographic lines and populations. For example, prevalence rates of food insecurity varied considerably from state to state between 2015 and 2017, ranging from 7.4% in Hawaii to 17.9% in New Mexico. Higher rates are also found more often among individuals of lower socioeconomic status (SES);¹⁴ and among persons over age 40 participating in the Supplemental Nutrition Assistance Program (SNAP), living alone, or Black or Hispanic.¹⁵

In Massachusetts (MA), the three-year average was 10.2%.¹³ Even with rates lower than the national average, food insecurity affected every part of the Commonwealth, including health care, education, and state and local economies.¹⁶ A study funded by the Greater Boston Food Bank estimated MA health-related costs of food insecurity and hunger to be \$2.4 billion in 2016.¹⁰ While these costs include both indirect and direct health costs (\$1.89 billion)

Food insecurity is defined as limited access to enough nutritious food to meet the needs of all household members because of a shortage of money and other resources.



1 in 10 households in Massachusetts are food insecure.



and indirect costs of special education (\$520 million), the authors argue that this is a conservative partial estimate and that these costs can be avoided with a commitment to improving food security across MA.

Increasingly, access to food—the proximity,¹⁷ temporal availability,¹⁸ reachability,^{17, 19, 20} affordability,¹⁷ quality,^{20, 21} and acceptability/cultural appropriateness²⁰—has been identified as a critical component of food insecurity.^{20, 22} Furthermore, while it is important to have adequate access to a constant food supply, there is strong and consistent evidence that links healthy food access to eating behaviors.²³ Studies find that residents with an abundance of healthy foods in neighborhood food stores, especially supermarkets, consume more fresh produce and other healthful items.²⁴ Without easy access to healthy foods, individuals and families have a harder time meeting recommended dietary guidelines for good health, such as eating fruits and vegetables.^{20, 24} In fact, some research suggests that close proximity to healthy food outlets might increase fruit and vegetable consumption since it not only enhances options, but also makes it easier to purchase perishable food more frequently.²⁵

Limited healthy food access has been found to disproportionately affect low-income individuals who live in communities with limited availability of healthful foods, specifically fresh fruits and vegetables.²⁶⁻³⁰ This is of particular concern in MA. Despite being one of the most affluent states in the U.S., MA has fewer supermarkets per capita than almost any state, ranking third lowest nationwide.³¹ The absence of supermarkets means that residents, particularly in low-income communities, are left traveling long or time-consuming distances to obtain foods necessary to maintain a healthy diet.

The Solution

With the goal of increasing access to healthy foods and reducing diet-related health concerns and costs, the Centers for Disease Control and Prevention (CDC) and the USDA made independent recommendations for wide-scale implementation of interventions.^{32, 33} Numerous strategies, including corner store, supermarket financing, and farmers market initiatives, have been implemented to improve access to healthy foods. Efforts to increase low-income consumers' purchasing power, such as bonus incentive programs, are promising in regards to individual behaviors. Moreover, increasing access to, and purchasing of, locally grown fruits and vegetables, has the potential to also impact the local economy. Farmers markets, farm stands, mobile markets, and community-supported agriculture programs (CSAs) may be particularly beneficial because they offer local healthy fruits and vegetables and are increasingly more equipped to accept SNAP benefits.



Massachusetts has fewer supermarkets per capita than almost any other state.



Farmers markets, farm stands, mobile markets, and CSAs are increasingly used to increase access to locally grown fruits and vegetables.



Nutrition Assistance and Incentive Programs

SNAP is the cornerstone of U.S. food assistance, aiming to alleviate food insecurity among low-income households. Although research suggests SNAP successfully achieves this goal,³⁴⁻³⁷ the overall quality of diet in SNAP households remains poor.^{38, 39} The Food Insecurity Nutrition Incentive (FINI) grant program, collaboratively administered by the USDA's Food and Nutrition Service (FNS) and National Institute of Food and Agriculture (NIFA), was established by the 2014 Farm Bill to incentivize the purchase of fruits and vegetables by SNAP clients. Funding goes to nonprofit organizations and government entities with the primary goal of "increasing the purchase of fruits and vegetables by low-income consumers participating in SNAP by providing incentives at the point of purchase."⁴⁰

There were several categories of funding, including the FINI Large Scale Projects (FLSP), that targeted multi-county, statewide, or regional areas and incorporated the use of effective and efficient benefit redemption technologies. All projects were prioritized if they included local or regionally-produced fruits and vegetables, especially culturally-appropriate fruits and vegetables for the target audience, and connected low-income consumers to agricultural producers.

Healthy Incentives Program

In 2015, the Massachusetts Department of Transitional Assistance (DTA) received one of the FLSP FINI grants to implement the Healthy Incentives Program (HIP), a statewide expansion of the 2011–2012 Healthy Incentives Pilot (Pilot) implemented in Hampden County, MA (final report is available online at <http://www.fns.usda.gov/ops/research-and-analysis>). The goal of HIP was to create a more vibrant and equitable food system for historically underserved communities by improving accessibility and affordability of healthy, locally-grown food through MA's robust and growing local food economy.

At the consumer-level, HIP provided a 100 percent incentive—dollar-for-dollar match—for each SNAP dollar used to purchase eligible fruits and vegetables at farmers markets, farm stands, mobile markets, and/or CSAs. Incentives were calculated and instantly applied to the SNAP client's Electronic Benefits Transfer (EBT) card. Information on earnings and account balance was provided on an accompanying receipt. The maximum incentive that could be earned by a SNAP client each month was based on household size—households with 1–2 members were capped at \$40, households with 3–5 members were capped at \$60, and households with 6 or more members were capped at \$80 per month.

At an organizational level, HIP partners used available funding and resources to support both SNAP clients and participating retailers. Partners helped to increase awareness of HIP and its processes among SNAP clients, troubleshoot, and provide support. HIP partners helped retailers enhance their outreach capacity to SNAP households, address technology constraints for processing SNAP and incentives; and boost retailer support in processing SNAP and incentives.



The goal of FINI was to increase the purchase of fruits and vegetables by low-income consumers participating in SNAP by providing incentives at the point of purchase.



**\$40 cap for households
with 1-2 people**



**\$60 cap for households
with 3-5 people**

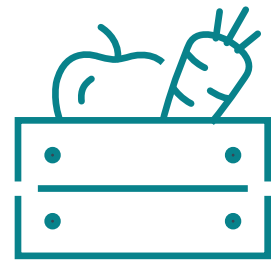


**\$80 cap for households
with 6 or more people**



MA's CSA Pilot

A demonstration project of MA's CSA Pilot was conducted by DTA in 2015 to test an established recurring payment system that debits participating CSA clients' SNAP EBT accounts for a predetermined payment amount on their monthly benefit availability date, and immediately credits the CSA vendor. Based on the success of this demonstration project, in May 2016, the FINI grant program approved an expansion of the CSA Pilot's implementation from April 1, 2016 through March 31, 2020. Beginning April 1, 2016, the goal of the CSA Pilot expansion was to provide low-income clients access to fresh, local, affordable produce through the purchase of shares in a CSA via an automatic recurring monthly payment system at selected SNAP-authorized retailers. To further support this goal, when designing HIP, DTA enhanced CSA Pilot technology to ensure SNAP clients enrolled in the CSA Pilot earned the HIP incentive immediately after payment for the CSA share was processed. Thus while HIP supported the CSA Pilot's end-goal, the CSA Pilot facilitated SNAP clients' ability to earn HIP while participating in a CSA.



MA's CSA Pilot facilitated SNAP clients' ability to earn HIP while participating in a CSA.

The Evaluation

In September 2016, DTA contracted with JSI Research & Training Institute, Inc. Healthy Communities (JSI) to develop and implement a comprehensive evaluation plan that incorporated broad stakeholder input and included both a process and outcome assessment of HIP. The evaluation was conducted September 2016 through June 2018 and assessed two years of program planning, start up, and systems development (April 1, 2015–March 31, 2017) and fifteen months of implementation (April 1, 2017–June 30, 2018). Data collected as part of this state-level evaluation were also included in the national evaluation conducted by Westat.

There were two evaluation aims:

- ▶ To describe the development and implementation of HIP
- ▶ To assess HIP's impact on SNAP households' access to locally grown fruits and vegetables and the local economy

In conjunction with the HIP evaluation, JSI was contracted by DTA (September 2016 through March 2018) to design and conduct an evaluation of the first two years of the CSA Pilot (April 1, 2016–March 31, 2018). This evaluation complemented the HIP evaluation given that CSA Pilot participants automatically earned the HIP incentive after payment for their CSA share was processed. As such, data collected through the CSA Pilot are presented throughout this report. For more information about the CSA Pilot, contact DTA.



Design

The HIP evaluation design is most accurately described as monitoring of both implementation and outcome measures, using regular assessments to capture and report on the evolution of the intervention, the processes of its implementation, and the results, intended and unintended, of those processes. The evaluation was informed by a logic model (Appendix A), which described the linkages between program resources, activities, outputs, clients and retailers reached, and short, intermediate and longer-term outcomes.

JSI considered a number of factors when developing the HIP evaluation. First, resources were primarily used for program implementation, to increase direct use of incentives by participants, which limited the scope of the evaluation. Second, the multifaceted nature of HIP implementation, embedded in an open, complex system, restricted the possibility of controlled experimental or quasi-experimental study designs. SNAP clients were automatically enrolled in HIP, resulting in a single statewide intervention group. Withholding access to HIP in order to randomize clients to intervention and control conditions was not deemed ethical. Finally, JSI determined that no other potential control group (e.g., non-SNAP clients) was sufficiently comparable and appropriate. Given that the evaluation design was neither a controlled or quasi-experiment, causation between the program and outcomes cannot be established; rather, associations are suggested from evaluation findings.

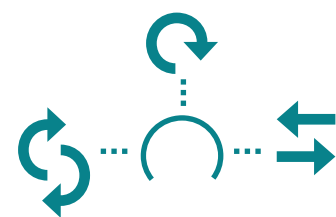
Framework

The HIP evaluation was guided by the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework,⁴¹ given the goal of understanding processes and outcomes in terms of the target population, geographic locations, and the organizations and systems involved.

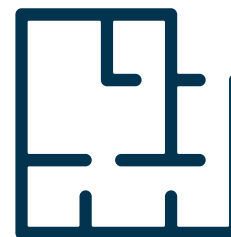
RE-AIM guides evaluations of multi-level interventions, like HIP, by ensuring that dimensions most relevant to real-world implementation are captured. It has been useful in anticipating impact, planning for sustainability, and addressing adverse or unexpected consequences.⁴² A brief overview of each dimension is provided in Table 1.

Table 1. RE-AIM Dimensions and Definitions

Dimension	Definition
Reach	The number of people reached
Effectiveness	The measure of effects on access and local economy
Adoption	The number and type of organizations involved and instrumental in the implementation of HIP
Implementation	The activities and processes that were put forward to adequately describe HIP
Maintenance	The sustainability of HIP—how the program is maintained and barriers to implementation are prevented or mitigated



The evaluation assessed both implementation and outcome measures.



The RE-AIM framework asks what works, for whom, under what circumstances, and why?

Data Collection

Both qualitative and quantitative data were collected through multiple methods, and used to describe each of the RE-AIM dimensions. The categories of data collection methods are provided below, along with a brief description. Methods used to address each RE-AIM dimension are listed in each section of the report—Reach, Effectiveness, Adoption, Implementation, and Maintenance—and described in full in Appendix B.

Interviews



Steering Committee (Group) Interviews. JSI conducted four group interviews with steering committee members (2 for each client- and retailer-focused steering committee) (see Appendices C and D for interview guides). In total, 15 individuals, representing 13 organizations were interviewed to better understand organizational HIP-related activities, as well as strengths, limitations, and impact.*



Leadership Team (Individual) Interviews. JSI conducted eight individual interviews with the five Leadership Team members (4 interviews with the HIP Coordinator), and listened to one interview conducted by Westat, the national evaluator, for a total of nine interviews (see Appendices F and G for interview guides). The goal of the Leadership Team interviews was to understand organizational HIP-related processes, as well as assets, challenges, and successes.



Retailer (Individual) Interviews. JSI conducted individual interviews with 71 individuals representing 77 retailers once the retailers were HIP-activated (Appendix H).† The goal of these interviews was to better understand retailers' motivations for participating in HIP; the costs expended and investments required to become HIP-activated; and retailer policies and practices prior to HIP. The interview was designed, in part, to meet the FINI national evaluation team's reporting requirements.



4 group interviews were conducted—15 individuals representing 13 steering committee organizations.



80 individual interviews were conducted—76 individuals representing 77 retailers and all 5 leadership team organizations.

Environmental Scan



Document Review. DTA and partners shared a variety of documents with the evaluation team. These included: meeting minutes, reports, email exchanges, and media activities. The goal of the document review was to learn more detailed information regarding implementation, adoption, and maintenance.

*Due to a shortage of time, one of the Retailer-focused Steering Committee interviews was allowed up with a survey (Appendix E).

† Interviews with retailers were phased out for two reasons: 1) similar themes were reported by the majority of retailers and 2) resources were restricted given the unexpected demand by retailers to on-board to HIP.



Health-e-link Data System. Using a secure, online platform, state and local partners were asked to report information on their activities including practice, policy, and environmental changes, media activities, challenges, and successes (Appendix I). Health-e-link was designed, in part, to meet the FINI national evaluation team's reporting requirements. From June 2017 through January 2018, 152 entries were completed.



Instacart. In conjunction with the HIP evaluation, JSI was contracted by DTA to design and conduct an evaluation of the first two years of the CSA Pilot (April 1, 2016–March 31, 2018). CSA Pilot participants automatically earned the HIP incentive after payment for the CSA share was processed. JSI searched Instacart (<https://www.instacart.com/>), an online on-demand grocery delivery service, for both non-organic and organic (where available) prices of products listed in CSA partners' product inventories. The search began after the first inventory was received in November 2017 and was conducted monthly through January 2018.



Point of Sale. JSI compiled a data set of HIP retailers' sales locations, dates, and times from information shared through the MassGrown website and map exports, DTA's Master List of HIP Retailers, and retailer websites and Facebook pages.

Surveys



Retailer Surveys. JSI, in collaboration with the Mass Farmers Market, DTA, and the Massachusetts Department of Agricultural Resources (DAR), conducted an electronic survey to better understand retailers' perceptions and experiences regarding HIP (Appendix J). A total of 1,049 individuals representing 1,090 retailers (337 HIP-activated and 753 non-HIP-activated) received the survey. In total, 279 respondents representing 298 retailers (132 HIP-activated and 166 non-HIP activated) completed surveys, for a response rate of 27%. After removing retailers that only sold product in 2016 and retailers missing 2017 retailer activity information, 255 eligible surveys were included in the analysis presented in "Part Two: Effectiveness" (108 responses representing 127 HIP-activated retailers and 147 responses representing 147 non-HIP-activated retailers).



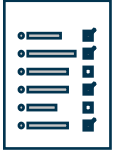
152 entries were completed in Health-e-link.



343 retailers sold at 311 points of sale.



279 individuals representing 298 retailers and 171 SNAP clients completed surveys describing their perceptions and experiences.

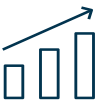


Survey of SNAP Clients Who Participated in the CSA Pilot. JSI surveyed SNAP clients participating in the CSA Pilot in 2017 (Appendix K), per the CSA Pilot evaluation plan. Given these participants were also using HIP, JSI included questions to understand how HIP impacted their experiences with the CSA. Thirty-eight (38) CSA Pilot partners were sent surveys to disseminate to the 759 SNAP households participating in their CSAs in 2017. A total of 171 SNAP client heads of household representing 16 CSA Pilot partners completed the survey, for a response rate of 23%.*



Retailer-focused Steering Committee Survey. Due to a shortage of time, JSI supplemented the Retailer-focused Steering Committee interviews with a survey to learn more about organizational experiences, as well as members' perspectives on retailers' experiences with HIP (Appendix E). Six Retailer-focused Steering Committee members representing six organizations responded.

Secondary Data



American Community Survey, 2012–2016. The United States Census Bureau's American Community Survey provides data on percent population in poverty by census tract.



HIP Retailer Data. Data on activation dates and USDA and HIP's retailer type classification were compiled from the BEACON Monthly FINI Retailer reports, REDE files, and DTA's Master List of Retailers. Names of retailers opting-out of HIP and the dates and reasons for opting-out of HIP were shared with JSI via email by DTA.

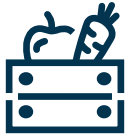


SNAP Clients' Demographic Data. Data collected through DTA's SNAP client eligibility system, BEACON, included race and ethnicity, household size, benefit level, first active, last active, address, and zip code. In addition, data on HIP participants were shared with JSI. These included number of households; households with children 18 or under; households with recipients 19–34, 35–59; 60+ number of clients; and clients with a disability.



SNAP and HIP Sales Data. Data on SNAP and HIP sales were collected through Conduent. Measures included: unique number of households that made a purchase (HIP and non-HIP) and earned and redeemed HIP; number and value of the purchase (HIP and non-HIP); number and value of HIP redemptions; and number and value of HIP earnings.

*Due to the timing of survey dissemination by JSI to CSA Pilot partners (September through November 2017), one 2017 CSA Pilot partner that on-boarded in December 2017 and its 10 participating SNAP households did not receive copies of the survey.



CSA Pilot Data. On a quarterly basis, DTA shared with JSI PDF versions of CSA pilot cancellation forms. In addition, three CSA partners participating in the CSA Pilot reported on the cost and duration of their shares; whether or not the produce in their shares was USDA Certified Organic; and a list of produce items included in each week's CSA box, including the quantity/unit and weight of each item (Appendix L).



MA's Supermarkets. Three sources were used to compile a list of MA's supermarket locations (n=574): 1) supermarketpage.com's marketing site (<http://supermarketpage.com/supermarketlist.php>) (n=389); 2) Standardized Assessors' Parcels' land use code for supermarkets in excess of 10,000 square feet (<https://docs.digital.mass.gov/dataset/massgis-data-standardized-assessors-parcels>) (n=172); and 3) Walmart Supercenters Google map search (www.googlemaps.com) (n=13).



SNAP Client HIP Utilization Data. Four sources were used to understand characteristics of SNAP clients who utilized HIP: 1) Conduent collected data on SNAP households utilizing HIP, including number of households, value of purchases at HIP points of sale, and number of households that met their monthly cap; 2) Project Bread tracked SNAP clients' utilization of the FoodSource Hotline for HIP, including call dates, reasons for calls, languages spoken, caller address, and sources of referral to the hotline; 3) several farmers markets conducted surveys to assess client perceptions of HIP; and 4) DTA collected information on SNAP clients who opted-out of HIP, including their average age and reasons for opting out. Data from all four sources were shared with JSI at agreed upon intervals.

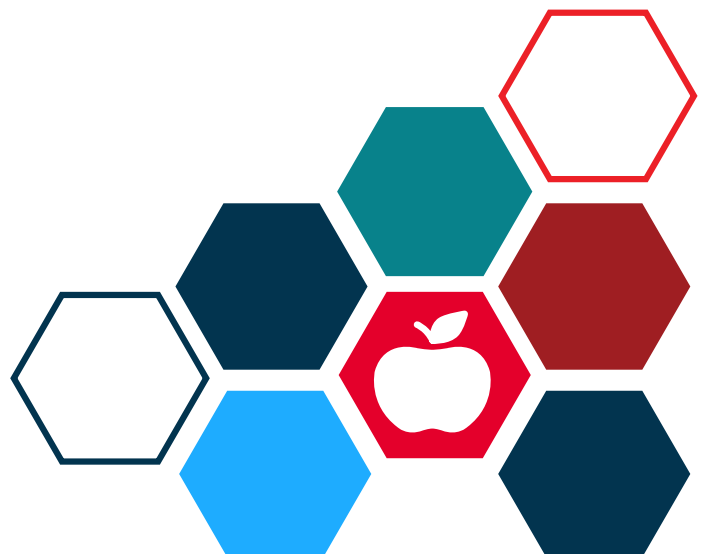
Report Purpose and Format

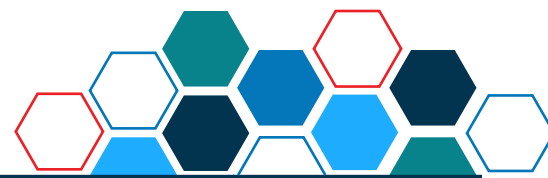
This report shares findings from the HIP evaluation, and is aligned with the RE-AIM Framework. Each of the five measures are presented in parts, and include a brief overview of the measure, related data collection, and findings. A in-depth description of the methods is presented in Appendix B.



PART ONE

Reach









Overview

The reach measure describes the number and characteristics of individuals participating or receiving the intervention.^{41,42} This section of the report presents information on the reach of HIP in terms of both retailers and HIP households.

Methods

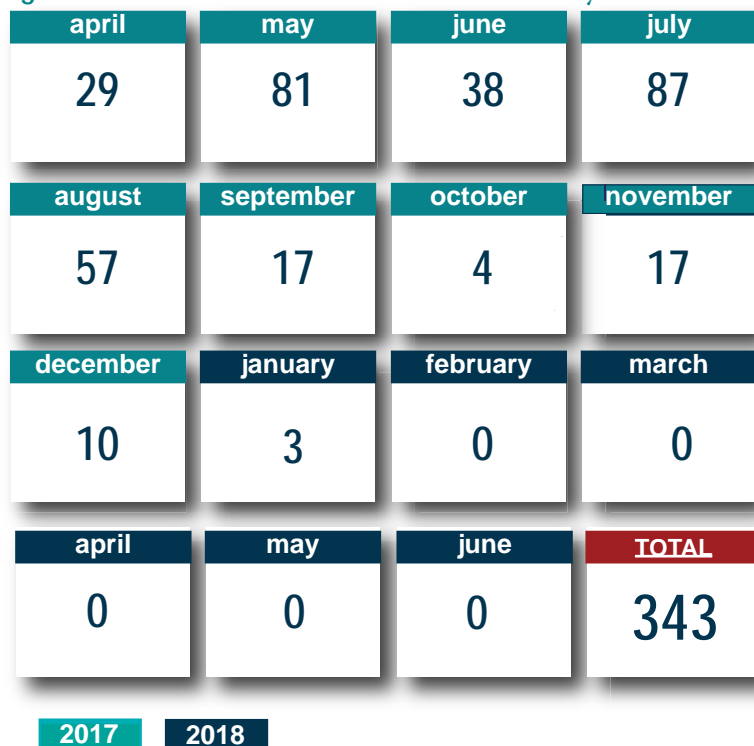
Method	Description
Environmental Scan	
	Meeting minutes, DTA email updates, and other documents like the HIP welcome notice and promotional flyer were reviewed.
Secondary Data	
	HIP retailer data files were used to determine: HIP activation dates, USDA retailer type classification, and DTA's HIP retailer classification.
	SNAP enrollment changes daily and therefore SNAP demographics also fluctuate. DTA shared BEACON Demographic reports with JSI twice per year—in April and October. JSI compared the demographics across reports and did not find any major discrepancies. Given that October 2017 was mid-program implementation, the October 2017 BEACON Demographic Report was used to estimate the percent of SNAP clients and households that utilized HIP out of all SNAP clients and households.
	DTA's HIP Client and Household Demographics report was used to present HIP household characteristics by county, as well as total number of unique SNAP households and clients that participated in HIP during the evaluation period. SNAP client opt-out information shared by DTA is also presented.
	Monthly Retailer Reports from Conduent were used to calculate HIP earnings and purchases. Monthly HIP Household Summary Reports were used to calculate the number of unique SNAP households that made a HIP-eligible purchase by month and by household size.

Findings

Retailers

Between April 1, 2017 and June 30, 2018, a total of 343 unique retailers were on-boarded to HIP—far exceeding the implementation year one recruitment goal of 242 retailers. In fact, in just 15 months, DTA was 14 retailers away from meeting its three-year recruitment goal of 357+ retailers. Ninety-seven percent of the retailers (334) were located in MA, and 3% (9) were from bordering states.* The majority (77%) of all retailers were activated May–August 2017, with one-quarter (25%) on-boarded in July 2017 (Figure 1).

Figure 1. Number of HIP Retailers Activated by Date



343 unique retailers
were on-boarded to HIP.

97% were
located in MA.

3% were from
bordering states
but sold in MA.



USDA Retailer Type Classification

In order to process HIP, all retailers were required to obtain SNAP authorization. In doing so, each retailer was assigned a FNS tracking number and categorized by type^ (Table 2).

Table 2. Retailer Type by USDA FNS Category (n=343)

Retailer Type	Number of Retailers (%)
Direct marketing farmer	247 (72%)
Farmers market	85 (25%)
Non-profit food buying co-op	5 (1%)
Delivery route	5 (1%)
Fruit/vegetable specialty	1 (1%)

* Retailers from other states were eligible if they sold produce in at least one MA location.

^FNS category descriptions are available here: <https://www.fns.usda.gov/ebt/definitions-farmers-markets-direct-marketing-farmers-and-other-related-terms>

DTA—HIP Retailer Classification

HIP was accepted at farmers markets, farm stands, mobile markets, and CSAs. In addition, fruit and vegetable growers sold at farmers markets. DTA defines these HIP retailer classifications as described below. Of all on-boarded HIP retailers where type of retail outlet could be determined (n=311), half (51%) were fruit and vegetable growers, 33% were farm stands, 27% were farmers markets, 23% were CSAs, and 3% were mobile markets. The majority (71%) of HIP retailers were associated with only one retail outlet type, however 22% and 7% did business at two and three different retail outlet types, respectively.

- ▶ **Fruit and vegetable growers.** Direct marketing farmers—farmers who have separate FNS numbers from farmers market managers—who may also sell to consumers, as long as some of the products being sold are grown and raised by the farmer processing SNAP transactions at the farmers market.
- ▶ **Farm stands.** Decentralized, direct farmers who sell products, of which at least some are grown and raised by the farmer processing SNAP transactions, at a fixed location (e.g., structure/building that is a stationary farm stand) either on or off the farm to consumers. Farmers stationed at a farmers market or selling product via a CSA program are not included in this definition.
- ▶ **Farmers markets.** Markets with a manager or managing committee, more than one farmer selling their products directly to the public, and where SNAP transactions are processed on behalf of multiple vendors.
- ▶ **CSAs.** Programs where direct marketing farmers, farmers markets, non-profits, or non-profit food buying co-ops offer shares of locally grown fruit and vegetable to SNAP clients utilizing MA's CSA Pilot automatic vendor payment system.
- ▶ **Mobile markets.** Cooperative selling venues where one or more farmer, farm associated organization, or non-profit organization directly aggregates local farm products to customers through a pre-determined delivery route. Products could be purchased from local farms or include produce from a wholesaler. Mobile markets may have multiple local farmers participating in the route directly.

HIP Active Status

Retailers joined and left HIP during different months throughout the entire HIP evaluation period. Between April 1, 2017 and June 30, 2018, less than 3% (n=10) of all HIP-activated retailers became inactivated. Three retailers were de-activated from HIP in 2017 and 7 in 2018. The largest number of HIP-activated retailers at any given time was between January and February 2018, when 338 retailers were active (99% of all HIP activated retailers across the entire evaluation period).

HIP Earnings

Although retailers may have been HIP-activated they may not have been making HIP earnings (i.e., not selling HIP-eligible fruits and vegetables). The

Across all HIP-activated retailers...



51% were fruit and vegetable growers.



33% were farm stands.



27% were farmers markets.



23% were CSAs.



3% were mobile markets.

Note: Retailers could sell at more than one outlet type; 32 HIP retailers were excluded due to missing retail outlet types.



HIP Defined

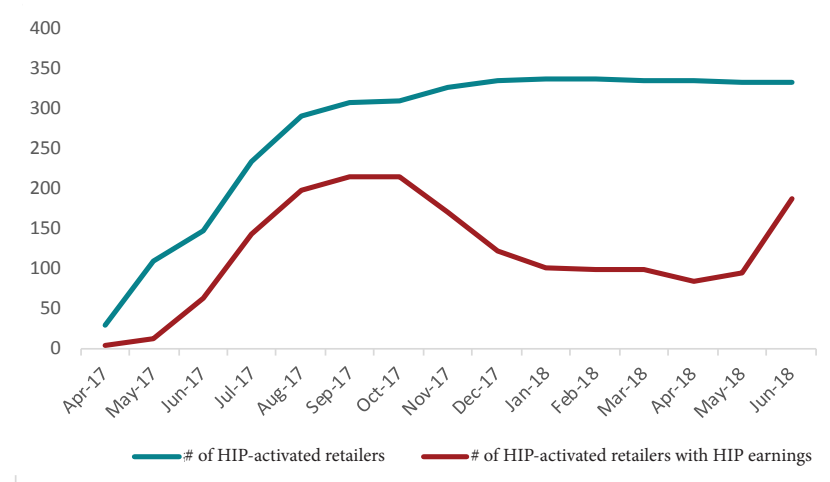
HIP-eligible purchases: SNAP purchases made at a HIP-activated retailer that included HIP-eligible foods

HIP earnings: Incentive dollars earned on HIP-eligible purchases up to households' monthly caps

HIP redemptions: HIP earnings spent on SNAP-eligible foods

proportion of HIP-activated retailers with positive HIP earnings reached its maximum in September 2017, when 214 out of 307 HIP-activated retailers had HIP earnings (70%). The proportion of HIP-earning retailers climbed during peak produce season in 2017, decreased during the winter and spring months, and began to climb again in June 2018 (Figure 2).

Figure 2. HIP-Activated Retailers and HIP-Earning Retailers by Month



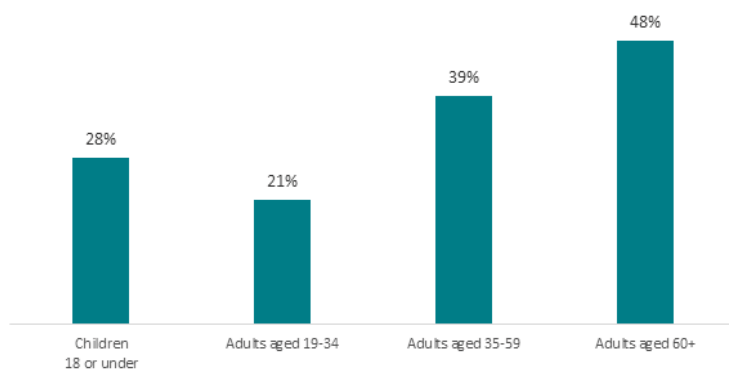
HIP Households

All MA SNAP clients were automatically enrolled in HIP—no application was required for clients to earn the incentive. Between April 1, 2017 and June 30, 2018, 39,868 SNAP households representing 74,207 SNAP clients participated in HIP (i.e., made a HIP-eligible purchase and earned HIP)—approximately 9% of all MA SNAP households and 10% of all SNAP clients.*

Household Characteristics

Of the 39,868 households participating in HIP between April 2017 and June 2018, 28% (11,244) had at least one child aged 18 or under, 21% (8,402) had at least one adult between the ages of 19-34, 39% (15,427) had at least one adult between the ages of 35-59, and 48% (19,172) had at least one adult aged 60 or more years old (Figure 3).

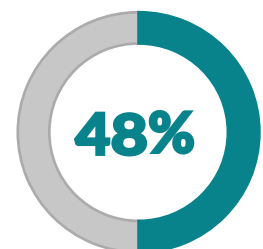
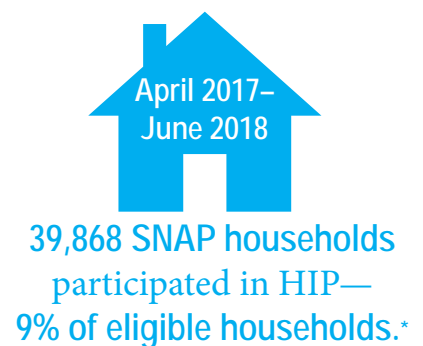
Figure 3. HIP Household Demographics



* Although from April 1, 2017 through June 30, 2018, 9% of all MA SNAP households participated in HIP, within any given month, less than 1% to nearly 5% of SNAP households participated. See "HIP Households with HIP-Eligible Purchase" below.



70% of HIP-activated retailers had HIP earnings in September 2017.



At least one adult aged 60 years or older lived in almost half of the households that participated in HIP.

Household Characteristics by County

Household demographics varied by county. Plymouth County had the largest proportion of households participating in HIP with at least one child aged 18 years or younger (36% or 418 out of 1,173 households), while Dukes County had the smallest (17% or 13 out of 78 households). Norfolk County had the largest proportion of households with at least one adult aged 60 or more years (64% or 1,293 out of 2,018 households), while Franklin County had the smallest (33% or 350 out of 1,061 households).



Norfolk County had the highest percentage of households with at least one adult ≥ 60 years.



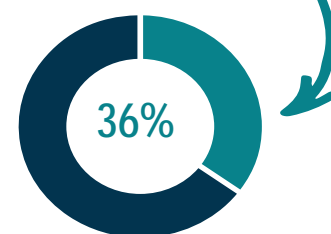
Plymouth County had the highest percentage of households with at least one child ≤ 18 years.

Table 3. HIP Household Demographics (April 2017–June 2018)

County	Total HH (n)	% of Households with HIP Clients by Age			
		≤ 18 years	19-34 years	35-59 years	≥ 60 years
Barnstable	319	25%	27%	36%	45%
Berkshire	794	30%	24%	46%	37%
Bristol	2,120	31%	24%	45%	38%
Dukes	78	17%	9%	33%	62%
Essex	5,800	34%	22%	39%	48%
Franklin	1,061	31%	28%	46%	33%
Hampden	6,454	33%	28%	47%	37%
Hampshire	1,114	28%	27%	45%	35%
Middlesex	5,522	22%	16%	34%	57%
Nantucket	0	-	-	-	-
Norfolk	2,018	21%	12%	30%	64%
Plymouth	1,173	36%	24%	46%	39%
Suffolk	8,344	24%	17%	31%	58%
Worcester	4,995	28%	22%	42%	44%
Not Available	76	24%	33%	30%	13%
Total	39,868	28%	21%	39%	48%

In addition to age, data were also collected for HIP clients with disabilities. Over one-third of the SNAP clients who participated in HIP reported a disability (36%). Dukes County had the largest proportion of recipients with a disability (46%) while Plymouth County had the smallest (30%; 705 out of 2,335 recipients).

Over one-third of HIP clients reported having a disability.

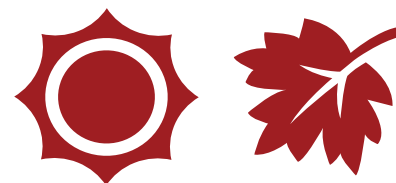
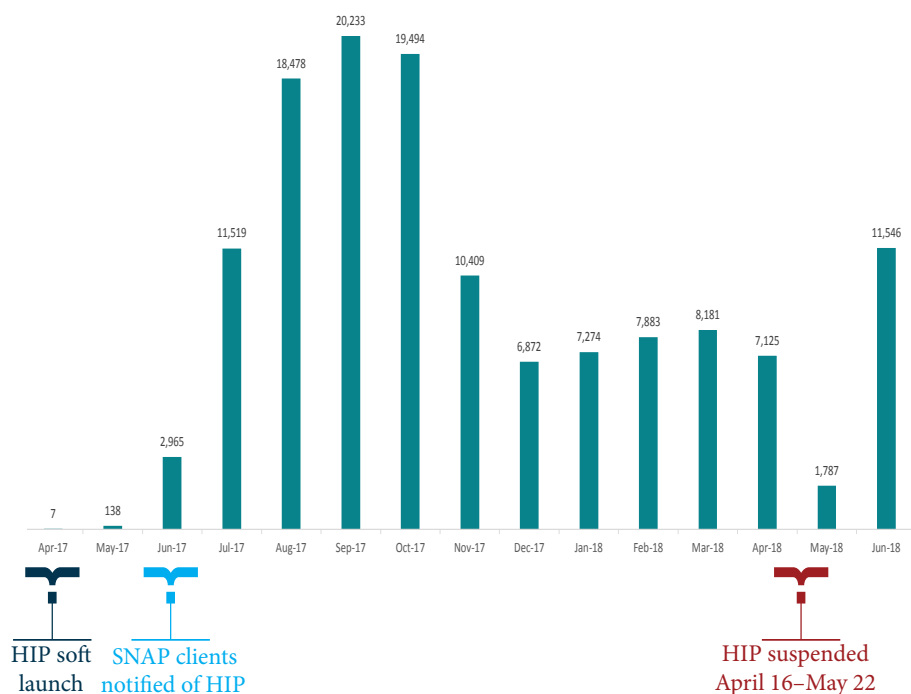


HIP Households with HIP-Eligible Purchase

HIP had a soft launch on April 1, 2017 as retailers were still being recruited and on-boarded to the program. At this time, there were 29 HIP-activated retailers from which seven SNAP households made a HIP-eligible purchase. By the end of May 2017, 111 retailers were HIP-activated and 138 SNAP households made a HIP-eligible purchase. In June 2017, DTA sent a HIP welcome notice mailing to all MA SNAP households notifying clients about the program (see HIP Welcome Notice and Promotional Flyer under "Part Four: Implementation" for more information). By the end of the month, 2,965 SNAP households had made a HIP-eligible purchase at one or more of the 148 HIP-activated retailers.

The largest numbers of SNAP households made HIP-eligible purchases July–October 2017, when the New England growing season was at its peak and 311 HIP retailers were active (Figure 4). Overall, HIP client utilization was higher during the summer/fall season (May–October) compared to the winter/spring season (November–April). This is likely due to the fact that HIP retailers were more accessible during the summer/fall season (288 locations where one or more HIP-activated retailers were selling compared to only 157 locations where one or more HIP-activated retailers were selling in winter/spring). See "Part Two: Effectiveness" in this report for more information.

Figure 4. Number of SNAP Households that Made a HIP-Eligible Purchase



HIP utilization was highest during the summer and fall (May–October).



SNAP household participation in HIP was highest in September 2017 when 20,233 households, 5% of all MA SNAP households, made a HIP-eligible purchase.

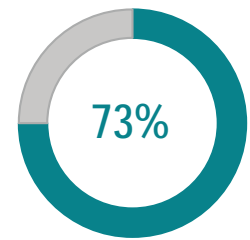


HIP was suspended April 16–May 22, 2018, due to a shortage of funding.

From December 2017 through March 2018 SNAP household participation in HIP trended upwards from 6,872 to 8,181 households that made a HIP-eligible purchase. This number dipped in April 2018 likely because of HIP's suspension starting April 22, 2018, and continuing through May 22, 2018, meaning there were only nine days in May during which time HIP could be utilized. When the program was fully active in June 2018, SNAP household utilization jumped to 11,546 households making HIP-eligible purchases.

Overall, in any given month, less than 1% (i.e., April 2017, May 2017, June 2017, and May 2018) to nearly 5% (i.e., September and October 2017) of SNAP households made HIP-eligible purchases.

Additionally, it should be noted that across all months (April 2017 through June 2018), 73% of SNAP households that participated in HIP utilized the program more than one time.



Almost three-fourths of SNAP households that participated in HIP utilized the program more than once.

Households with HIP-Eligible Purchase by Monthly Cap

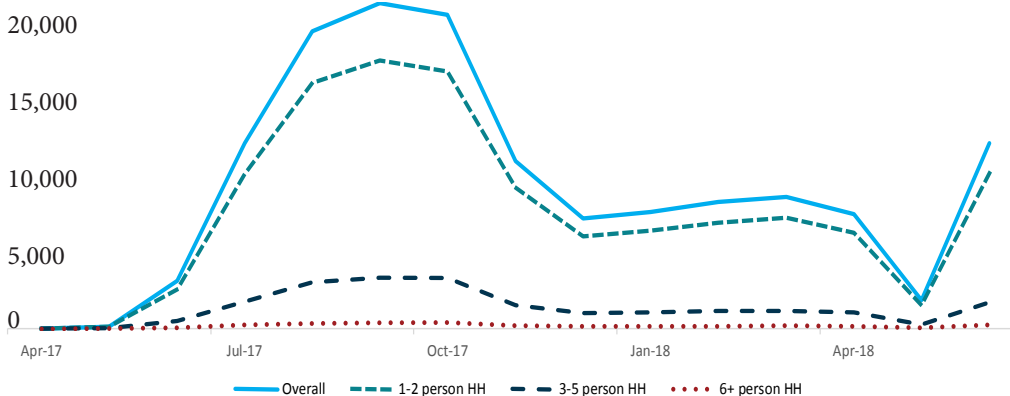
On average, 8,927 SNAP households made a HIP-eligible purchase per month. The number of unique households increased dramatically between April 2017 and September 2018 before decreasing sharply between October 2018 and December 2018.

The utilization of HIP-eligible varied by household size. On average per month, households with 1–2 people were 5.6 times more likely to make a HIP-eligible purchase compared to households with 3–5 persons (7,419 average households per month compared to 1,334 average households per month, respectively; Figure 5).



Households with 1–2 people were 5.6 times more likely to make a HIP-eligible purchase compared to households with 3–5 people.

Figure 5. Number of SNAP Households with a HIP-Eligible Purchase by Household Size



HIP Client Opt-Outs

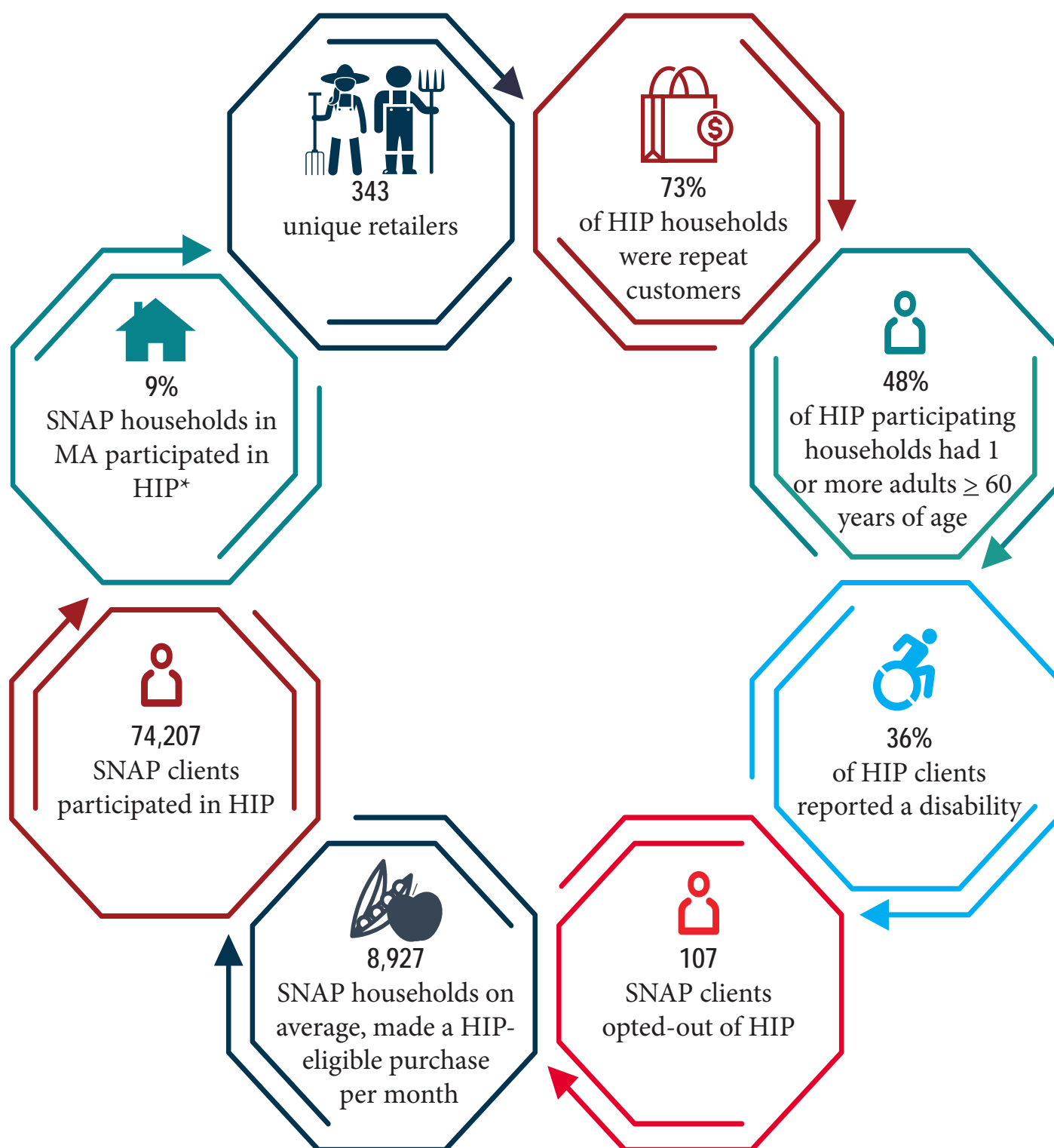
SNAP clients were automatically enrolled in HIP, and could choose to participate by purchasing eligible fruits and vegetables at a HIP-active retailer. Those who chose to not participate could do so without any changes being made to their SNAP benefits, unless they were originally signed up for a CSA at which point the SNAP client needed to stop the automated withdrawals.

Nonetheless, 107 SNAP clients opted-out of HIP. The majority of the opt-outs were made in June and July of 2017 around the time of the HIP welcome notice mailing (see HIP Welcome Notice and Promotional Flyer under Implementation). The average age of those who opted out was 71 years old. Most of the requests came via senior assistance units, and the most commonly reported reasons for opting out were difficulty getting to a HIP retailer due to disabilities, a lack of proximity to a HIP retailer, transportation issues, or medical issues.



HIP Reach

April 1, 2017 - June 30, 2018



* Although from April 1, 2017 through June 30, 2018, 9% of all MA SNAP households participated in HIP, within any given month, less than 1% to nearly 5% of SNAP households participated.

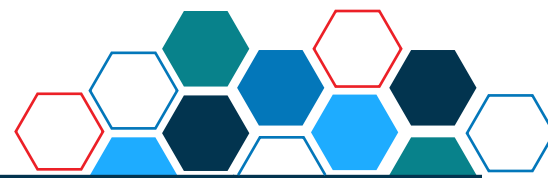


PART TWO

Effectiveness







Effectiveness












Overview

The effectiveness measure of the RE-AIM framework refers to the impact of the intervention, including anticipated as well as unanticipated outcomes.^{41,42} This evaluation measured the effectiveness in terms of access to fruits and vegetables and the impact on the local economy.

Methods

Method	Description
Interviews	
	Interviews with HIP Leadership Team members (Appendices F and G), Client- and Retailer-focused Steering Committee members (Appendices C and D), and HIP-activated retailers (Appendix H) were conducted to better understand the impact of HIP on SNAP clients, retailers, and the local economy.*
Environmental Scan	
	Meeting minutes and DTA email updates were reviewed.
	A cost-comparison analysis was conducted to compare the monetary value of a CSA with HIP to the price of purchasing the same items provided in a share at a grocery store. Instacart (https://www.instacart.com/), an online on-demand grocery delivery service, served as the grocery store comparison vendor. Once a month from November 2017 through January 2018, JSI searched Instacart for both non-organic and organic (where available) prices of products listed in CSA partners' product inventories.
	The point of sale data set was used to determine: 1) the number of non-SNAP farmers markets at which HIP-activated fruit and vegetable vendors were selling; 2) the unique sales locations at which one or more HIP-activated retailers were selling produce for three time periods (i.e, the full implementation period of April 1, 2017–June 30, 2018; summer/fall season of May 1, 2017 through October 31, 2018; and winter/spring season of November 1, 2017–April 30, 2018); 3) changes in geographic access to fruits and vegetables for SNAP clients resulting from HIP.

* Includes the follow-up survey of Retailer-focused Steering Committee members sent after one interview (Appendix E).

Method	Description
Surveys	
	In collaboration with DTA, Mass Farmers Markets, and DAR, JSI surveyed MA agricultural retailers to better understand the impact of HIP on them (Appendix J).
	JSI surveyed SNAP clients participating in the CSA Pilot in order to learn about SNAP households' experiences and satisfaction with both the CSA Pilot and HIP (Appendix K).
Secondary Data	
	HIP activation dates from the BEACON Monthly FINI Retailer report were included in the point of sale data set JSI compiled and used in HIP access analyses. These dates were also used to estimate HIP sales at point of sale locations.
	SNAP household address data from the October 2017 BEACON Demographic Report were geocoded to assess changes in geographic and space-time access for SNAP clients resulting from HIP.
	Data from American Community Survey, 2012-2016 were utilized to identify which census tracts had greater than 20% of the population living in poverty to determine healthy food deserts in MA.
	Monthly FINI Retailer Reports from Conduent were used to calculate HIP earnings and purchases by retailer and point of sale location, as well as to estimate the total number of daily servings of fruits and vegetables per person for all households.
	A cost-comparison analysis was conducted to compare the monetary value of a CSA with HIP to the price of purchasing the same items provided in a share at a grocery store. Three CSA partners participating in the CSA Pilot reported on the cost and duration of their shares; whether or not the produce in their shares was USDA Certified Organic; and a list of produce items included in each week's CSA box, including the quantity/unit and weight of each item (Appendix L).
	A list of MA's supermarkets was utilized to calculate walkable catchment areas (one mile from each supermarket) and, ultimately, to identify healthy food deserts in MA (those areas >1 mile from a supermarket with 20% of the population living in poverty).
	Farmers markets conducted surveys to assess client perceptions of HIP and results were shared with JSI. Conduent's Monthly FINI Household Summary and Monthly FINI Retailer reports were used to calculate: 1) how many SNAP households that made a HIP-eligible purchase met their monthly HIP incentive cap (overall and by household size), and 2) total number of daily servings of fruits and vegetables per person for all households.

Findings*

Changes in Access to Fruits and Vegetables

One of HIP's main goals was to increase access to healthy, nutritionally-sound fruits and vegetables for SNAP clients, or those in MA at risk of food insecurity. Increasing access to fruits and vegetables for SNAP clients is complex and multi-dimensional. It involves ensuring: 1) affordability of fruits and vegetables;¹⁷ 2) proximity to retailers who sell fruits and vegetables;¹⁷ 3) retailers with convenient hours and days of operation;¹⁸ 4) sufficient travel options to retailers;^{17,19,20} 5) quality fruits and vegetables;^{20, 21} and 6) availability of acceptable and culturally appropriate fruits and vegetables.^{20,21^}

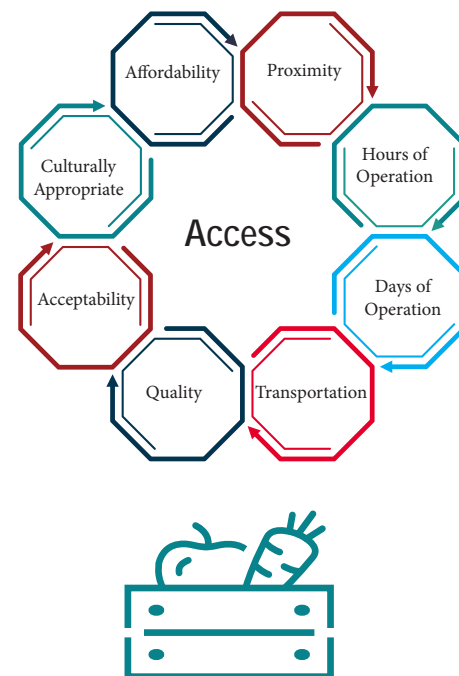
Affordability

As a financial incentive program, HIP increases the affordability of fruits and vegetables by enabling SNAP clients to purchase \$40, \$60, or \$80 worth of produce (depending on household size) without any impact on their monthly SNAP benefit allotment. Per the program's design, when clients spend \$1 of SNAP on fruits and vegetables, they earn \$1 of HIP (which functions exactly like SNAP dollars), resulting in no net loss in benefits up to the household cap.

Though data from the client perspective were limited, 91% of respondents who completed the 2017 CSA Farm Share and HIP Survey (n=161) strongly agreed or agreed that the HIP incentive linked with their CSA farm share made it easier for them to buy fresh fruits and vegetables. Additionally, SNAP clients reported that the CSA Pilot with the HIP incentive increased their ability to meet household food (88%, n=161), transportation (74%, n=156), housing (71%, n=155), and medical (63%, n=152) needs. These same sentiments were gleaned from document reviews (e.g., media activities) and farmers market surveys of clients (see page 26).

Affordability—Cost-Comparison Analysis

JSI conducted a cost-comparison analysis of the monetary value of a CSA with HIP and the price of purchasing the same items provided in a share at a grocery store. Instacart (<https://www.instacart.com/>), an online grocery delivery service, served as the grocery store comparison vendor. The three CSAs that provided their inventory information for this analysis represented the Western, Central, and Boston/Metrowest regions of MA and both non-USDA Certified Organic and USDA Certified Organic CSAs (Table 4).



91% of SNAP clients participating in a CSA surveyed strongly agreed or agreed that the CSA farm share with the HIP incentive made it easier for them to buy fresh fruits and vegetables.

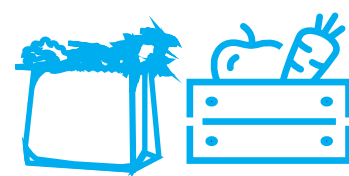


Instacart was used to compare the monetary value of a CSA with HIP to the price of purchasing the same items at a grocery store.

*At times, methods and analyses are presented to guide the reader in interpreting the findings. When methods are not described in the findings, they can be found in Appendix B.

^DTA recognizes cultural appropriateness as an important factor in food access, however, due to limited resources, JSI was unable to access this information at the time of the evaluation.

There were differences by region. The average monthly cost of the Western region CSA partner's share was \$110. Purchasing the same type and amount of product provided in the share on Instacart cost an average \$154.56 per month, which was \$44.56 more than the CSA price per month. In the Central region, the CSA partner's share was \$100, while the cost of purchasing the same type and amount of product on Instacart was \$86.30 per month, which was \$13.70 cheaper than the CSA price per month. The average monthly cost of the Boston/Metrowest region CSA partner's share was \$130, which was \$53.91 per month cheaper than Instacart's \$183.91 average monthly cost of the same products. Although the Central region CSA partner's share was, on average, \$13.70 per month more expensive than purchasing the same type and amount of product on Instacart, across all three regions, the average monthly price of a CSA was \$28.26 cheaper per month (Table 4).



Compared to Instacart, the CSA cost of the same produce was \$28.26 cheaper per month.



With HIP, the cost of a CSA share was 31–81% cheaper per month than the cost of the same produce on Instacart.

With the HIP incentive, each CSA share price was considerably cheaper (Table 5). Moreover, each CSA share price was considerably cheaper than Instacart's price (Figure 6). When applying the minimum monthly incentive amount a SNAP household could earn of \$40 for households with 1–2 people to the CSA share prices, the Western region CSA partner's monthly CSA price of \$70 was \$84.56 (55%) cheaper than Instacart's monthly price of \$154.56 for the same produce; the Central region CSA partner's monthly price of \$60 was \$26.30 (31%) cheaper than Instacart's monthly price of \$86.30; and the Boston/Metrowest region CSA partner's monthly price of \$90 was \$93.91 (51%) cheaper than Instacart's monthly price of \$183.91. When applying the maximum monthly incentive amount a SNAP household could earn of \$80 for households with six or more people, the Western region CSA partner's monthly CSA price of \$30 was \$124.56 (81%) cheaper than Instacart's monthly price of \$154.56 for the same produce; the Central region CSA partner's monthly price of \$20 was \$66.30 (77%) cheaper than Instacart's monthly price of \$86.30; and the Boston/Metrowest region CSA partner's monthly price of \$50 was \$133.91 (73%) cheaper than Instacart's monthly price of \$183.91.

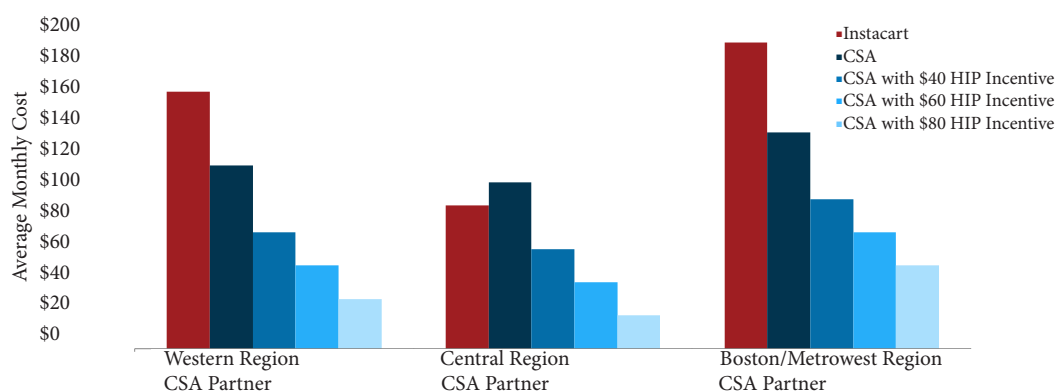
Table 4. Instacart-CSA Cost-Comparison Analysis Summary

Region	# of Weeks	USDA Certified Organic	Instacart	CSA	Instacart	CSA	Difference
			Overall Cost		Monthly Cost		
Western	20	No	\$772.82	\$550.00	\$154.56	\$110.00	\$44.56
Central	20	No	\$431.52	\$500.00	\$86.30	\$100.00	(\$13.70)
Boston/Metrowest	22	Yes	\$919.56	\$650.00	\$183.91	\$130.00	\$53.91
Average	21		\$707.97	\$566.67	\$141.59	\$113.33	\$28.26

Table 5. Monthly Cost of CSA with HIP Incentive by Monthly Cap

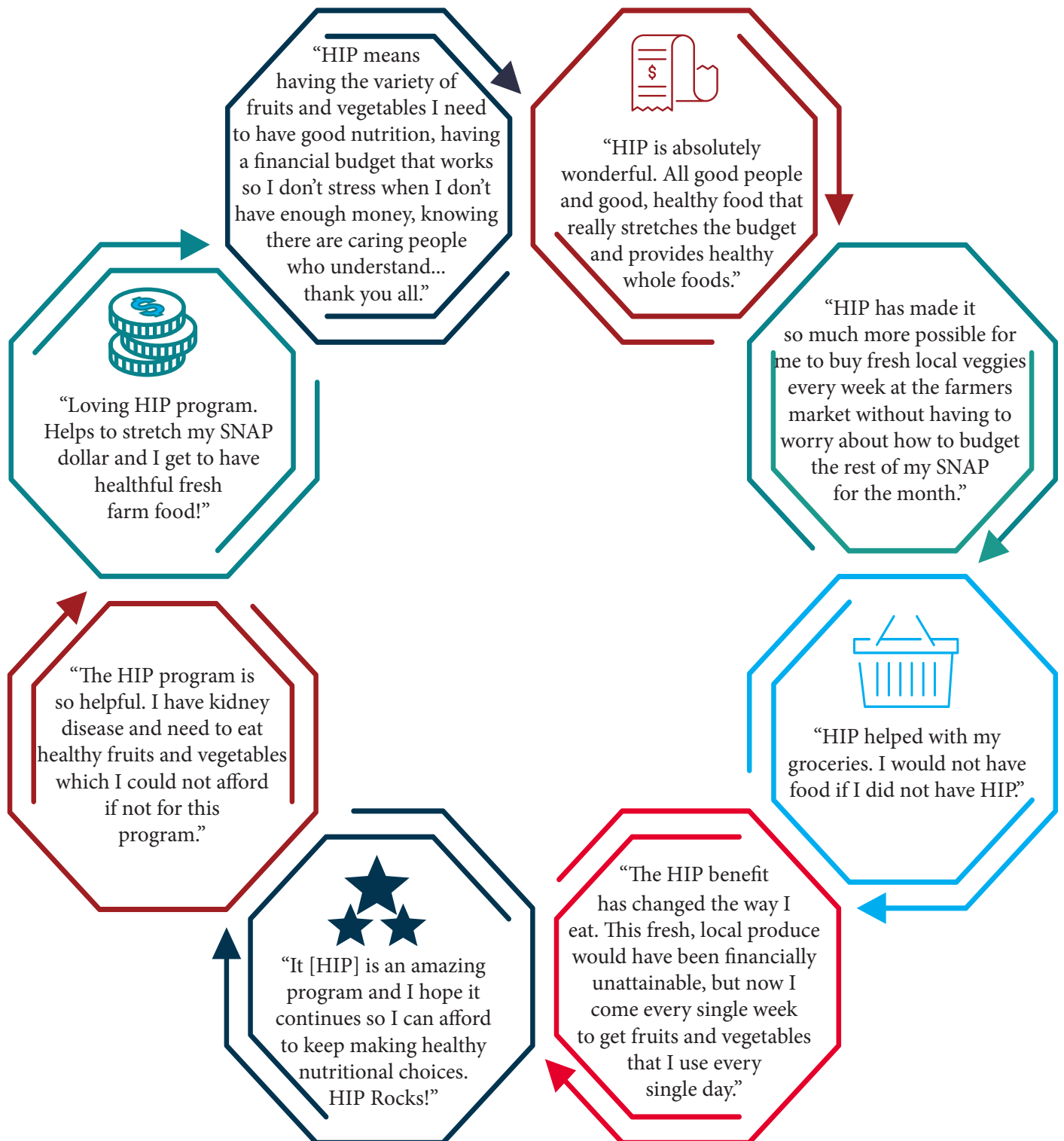
Region	CSA Share	Share Price Per Month		
		with \$40 HIP Incentive	with \$60 HIP Incentive	with \$80 HIP Incentive
Western	\$110.00	\$70.00	\$50.00	\$30.00
Central	\$100.00	\$60.00	\$40.00	\$20.00
Boston/ Metrowest	\$130.00	\$90.00	\$70.00	\$50.00

Figure 6. Average Monthly Cost of Instacart and CSA Shares



What Clients Say About HIP..*

HIP and the Affordability of Fresh Fruits and Vegetables



*A handful of farmers markets conducted their own surveys to assess SNAP client perceptions of HIP. The quotes presented are from SNAP clients that completed these surveys.

Geographic and Temporal Access

A number of studies have found fruits and vegetables to be more expensive than processed foods.⁴³ However, research on where the produce is purchased is more mixed. Some studies suggest that local produce found at farmers markets is more expensive compared to fruits and vegetables found at the supermarket.⁴⁴ Others have found local produce to be equal or slightly less expensive than supermarket produce.^{44, 45, 46, 47} Regardless of the research, when people perceive local produce to be costly, it can impact how much produce they purchase and where they go to buy their fruits and vegetables.¹⁷

Although SNAP clients may have had geographic and temporal access to SNAP-processing local agricultural retailers before HIP, cost, or perceptions of cost, may have influenced their shopping behaviors. Significant efforts were made by state and local agencies to inform SNAP clients of HIP, and the subsequent affordability of produce at farmers markets, farm stands, mobile markets, and CSAs. Therefore, this evaluation assessed changes in geographic and temporal access from HIP points of sale compared to supermarkets alone.

Decentralized Processing Model

A major factor that contributed to an increased number of points of sale was the decentralization of processing to enable individual fruit and vegetable vendors to process HIP. Traditionally, market managers were fully responsible for processing SNAP which limited the points of sale to those markets where the manager was SNAP-authorized. The decentralized model enabled HIP-activated fruit and vegetable vendors to offer HIP at all markets where they sold produce, regardless of whether or not the market managers at those markets were also activated. As a result, there was one or more HIP-activated fruit and vegetable vendors at 68 non-SNAP farmers markets (each market considered a unique sales address) in 61 different cities/towns throughout MA from April 1, 2017 through June 30, 2018.

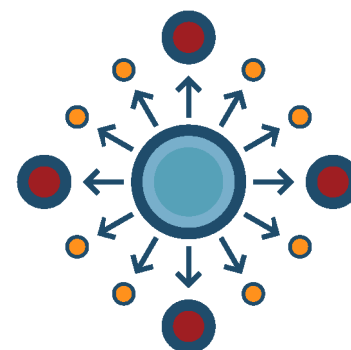
Healthy Food Deserts

Outside of farmers markets, farm stands, mobile markets, and CSAs, fruits and vegetables are generally obtained through large supermarkets with produce sections.⁴⁸ The term "healthy food desert" is used to describe geographic areas where supermarkets are not easily accessed or nutritious and affordable food is difficult to obtain. For evaluation purposes, healthy food deserts were defined as any census tract in MA with greater than 20% of the population living in poverty more than one mile from a supermarket.

Healthy food desert areas were identified where walkable access to supermarkets was not an option. A geographic information system (GIS), was used to produce access measures based on the spatial analysis of distance and density. A total of 574 supermarkets were geocoded by address (Figure 7) and then buffered for one mile in GIS to produce walkable catchment areas. Data for supermarkets came from three sources:



Geographic proximity
is based on a
reasonable walking
distance—one mile.



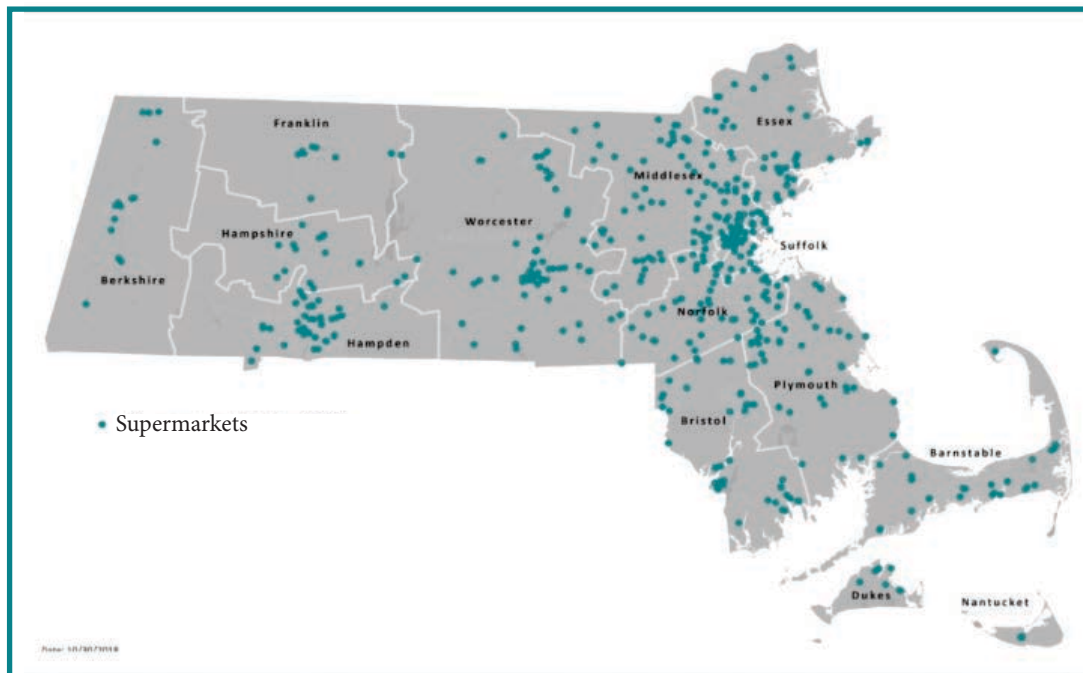
HIP changed SNAP
processing from
a centralized to a
decentralized model,
which enabled
authorized fruit and
vegetable vendors to
process the incentive.



Food desert was
defined as any census
tract with greater than
20% of the population
in poverty living
more than one mile
from a supermarket.

- ▶ supermarketpage.com (n=389) found at <http://supermarketpage.com/supermarketlist.php>
- ▶ Standardized Assessors' Parcels' land use code=Supermarkets in excess of 10,000 square feet (n=172) found at <https://docs.digital.mass.gov/dataset/massgis-data-standardized-assessors-parcels>
- ▶ Walmart Supercenters Google Map (n=13) found at googlemaps.com

Figure 7. Supermarkets Across MA (n=574)



Population-weighted mean geographic centers were calculated for each census tract in MA (n=1,567) and overlaid in GIS with walkable supermarket catchment areas. The tract centers not spatially intersecting with one or more walkable catchment areas were greater than one mile from a supermarket. Tracts with greater than 20% of the population in poverty were identified using American Community Survey 2012–2016, five-year estimates. Applying the two spatial and demographic criteria, 110 census tracts were identified as healthy food deserts (Figure 8). Over 69,000 SNAP households, or 17% of all SNAP households, were found to reside in a food desert tract.

Geographic Access Resulting from HIP

New or improved access resulting from HIP was assessed for healthy food deserts and for changes in access for SNAP households. A total of 311 points of sale were geocoded by address and mapped. A point of sale was listed once regardless of the number of retailers selling at the location. Each access measure was calculated for areas in the state as a "before" access, considering large supermarkets only, and an "after" access, including participating HIP points of sale. HIP points of sale for the full implementation period, April 2017–June 2018 were mapped (Figure 9).



110 census tracts were identified as healthy food deserts.



69,093 MA SNAP households, or 17% of all MA SNAP households, are located in a healthy food desert census tract.

Figure 8. Census Tracts Identified as Healthy Food Deserts (n=1,576)

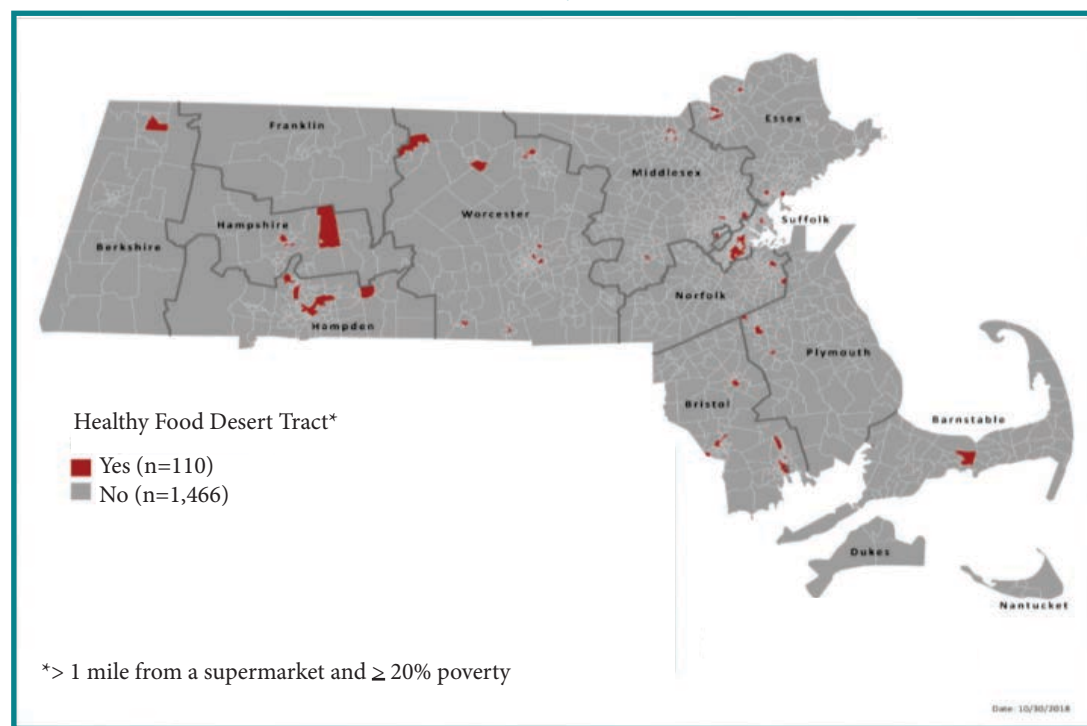
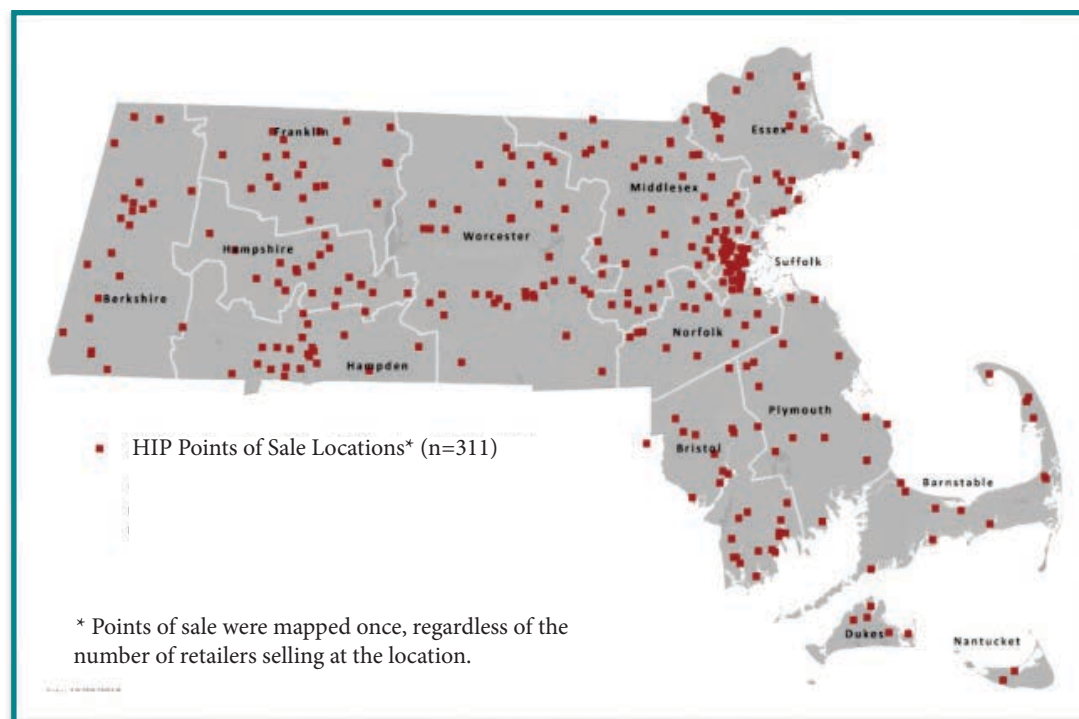


Figure 9. HIP Points of Sale (April 1, 2017–June 30, 2018) (n=311)



Inclusion of HIP points of sale mitigated or changed the healthy food desert determination for 58 of the 110 census tracts assessed as healthy food deserts based on supermarkets alone. Accordingly, these 58 census tracts, located in 50% of the counties across MA, were no longer more than one mile from a fruit and vegetable retail location (Figure 10). Compared to supermarkets alone, over 220,000 persons overall, and over 64,000 persons living in poverty, had walkable access to healthy foods as a result of HIP (Table 6).

Figure 10. Mitigated Healthy Food Deserts as a Result of HIP (n=1,576)

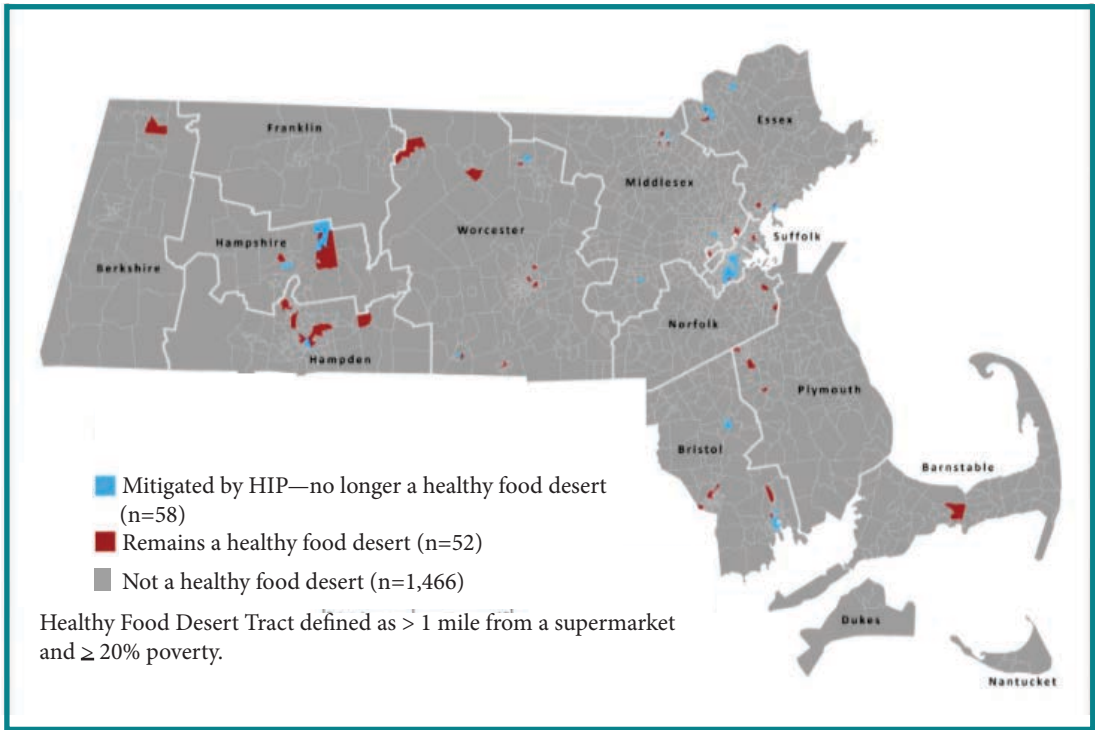


Table 6. Mitigated Healthy Food Deserts as a Result of HIP by County

County	Changed Tracts (n)	Total Population (n)	Population in Poverty (n)
Bristol	10	30,944	8,770
Essex	11	47,594	12,640
Hampden	2	9,172	3,789
Hampshire	4	18,241	5,897
Middlesex	4	18,096	4,589
Suffolk	25	91,478	26,488
Worcester	2	7,238	2,052
State Total	58	222,763	64,225

SNAP Clients Impacted by Geographic Access Resulting from HIP

Geographic access resulting from HIP on SNAP clients was assessed. SNAP household data from one point-in-time, October 2017, were used to geocode the addresses of 413,896 SNAP households, representing 711,108 persons. A total of 69,093 SNAP households were located in supermarket-defined healthy food deserts. This represented 17% of all SNAP households in MA. A total of 39,094 households were located in mitigated census tracts, meaning that 9% of all SNAP households were no longer in healthy food deserts as a result of HIP. The average distance between a SNAP household and a HIP point of sale across the state was 1.97 miles, with the longest distance in Barnstable County (4.37 miles) and shortest distance in Suffolk County (0.89 miles).

Space-Time Accessibility

Most studies of food access in the U.S. focus on a geographic distance constraint to define available food sources, or use a count within a geographic area, such as a county, to define sufficient or insufficient access.⁴⁹ However, there are also temporal constraints to food access specifically the demand pertaining to a consumer's discretionary time to shop for food as well as the supply in terms of the number of hours a retail location is open for business.¹⁷ On the demand side, individuals face life experiences and schedules that may pose challenges to accessing food. For example, work and other household responsibilities may detract from a person's discretionary time and make it difficult for him/her to buy food. Low-income, single parents, and full-time working mothers struggle the most with time constraints.^{18, 50, 51, 52, 53}

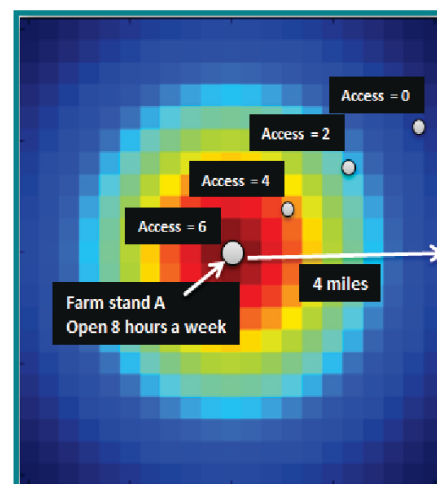
On the supply side, food retailers exhibit temporal variability as well.⁵⁴ Hours of operation hampers food access, as food is not temporally available when stores or markets are closed for business.⁵⁵ Supermarkets tend to be open many hours throughout the week; time is not usually a limiting factor in terms of access. However, farmers markets, farm stands, mobile markets, and CSAs are typically open for business fewer hours and during different seasons, therefore temporal constraint becomes a factor.

To measure both geographic accessibility with temporal availability, a space-time measure of access was created combining geographic accessibility with temporal availability. In this analysis, each supermarket and HIP retail location was marked with an attribute of open hours per week, which could have changed based on season. A spatial kernel density method was applied to these temporal access values with a spatial maximum distance of four miles. The kernel density method is a gravity model where a distance decay factor was applied to the temporal access value, reducing it as distance from the retail location increases; at the location the multiplier is one and at four miles the multiplier is zero.

The fruit and vegetable space-time access value, therefore, became a combination of open hours and distance from the retail site. In cases where more than one retail location was within four miles, then the access values



39,094 SNAP households, or 9% of all MA SNAP households, were located in a mitigated healthy food desert census tract as a result of HIP.

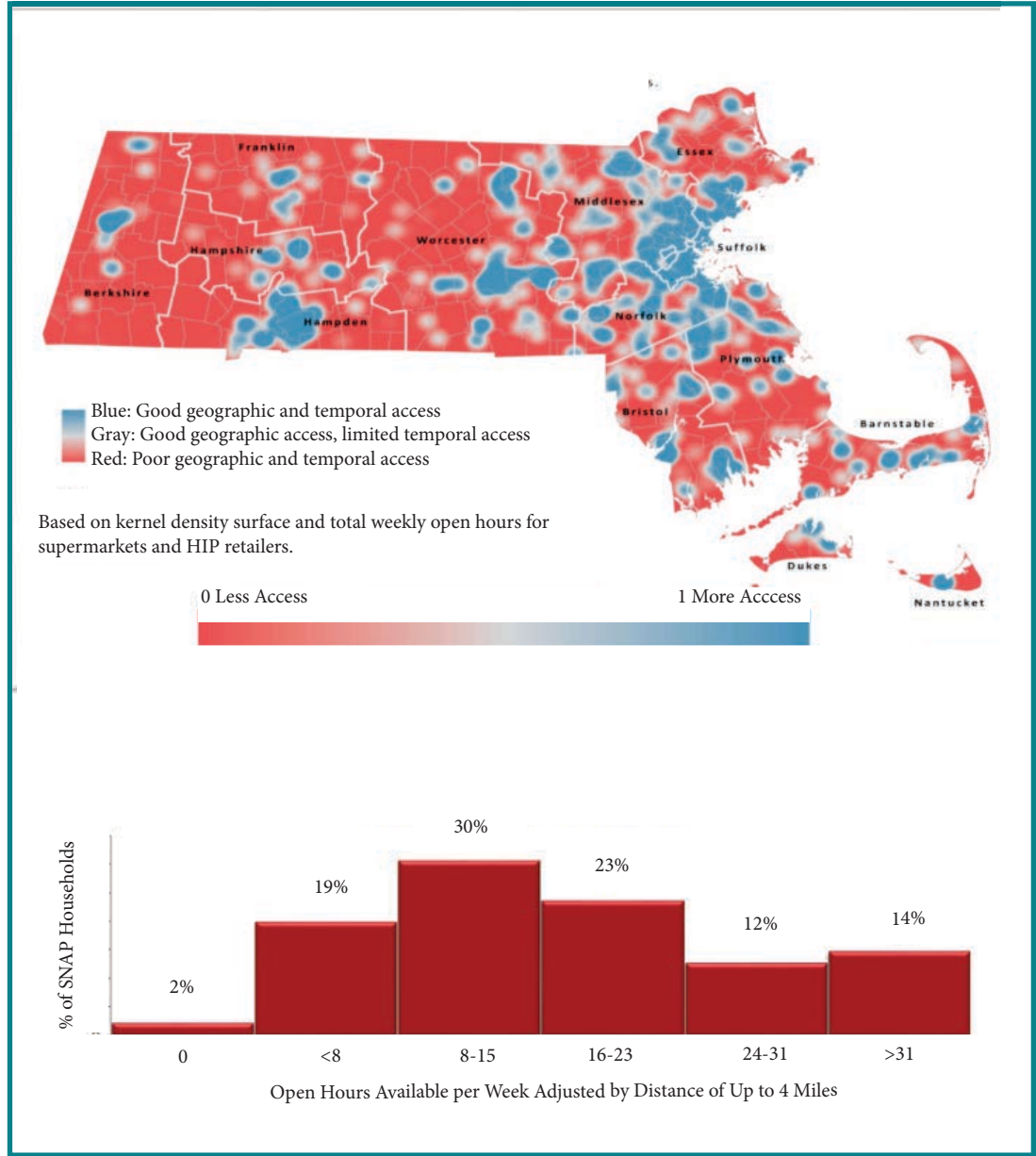


Kernel density method example showing where farm stand A is open for 8 hours per week.

were compounded or summed for that location. The result is a continuous raster (gridded) surface with access values for the entire state. This method has the advantage of being a more comprehensive calculation of true access than distance alone, but it has the limitation of being a more abstract value that is helpful in a relative sense, compared to other areas in the state.

There are areas of the state where geographic and temporal access is good (blue in Figure 11). Almost all SNAP households (98%) had access to fruits and vegetables either at a supermarket or HIP retailer, with 26% having at least 24 open hours of access per week adjusted by distance up to four miles.

Figure 11. SNAP Household Geographic and Temporal Access—Supermarkets and HIP (April 1, 2017–June 30, 2018)



From April 1, 2017–June 30, 2018, 87% of SNAP households saw an improvement in access to fruits and vegetables as a result of HIP, compared to supermarkets alone (Figure 12). Two percent of these SNAP households (6,000) lived further than four miles from a supermarket. As a result of HIP, these households were able to gain geographic and temporal access to fruits and vegetables; 4,000 were single-family (Figure 13).

Figure 12. Change in SNAP Household Geographic and Temporal Access as a Result of HIP (April 1, 2017–June 30, 2018)

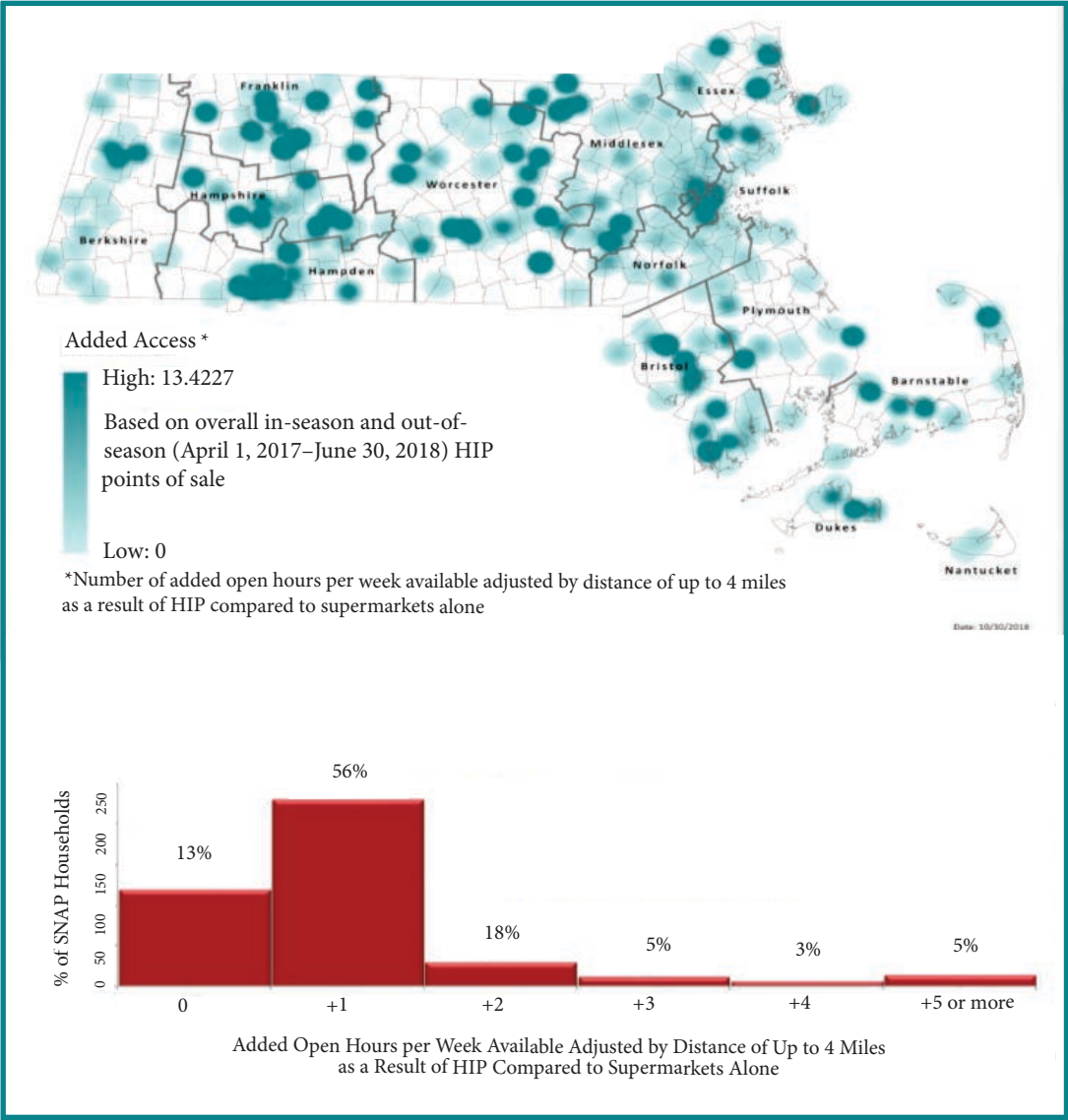
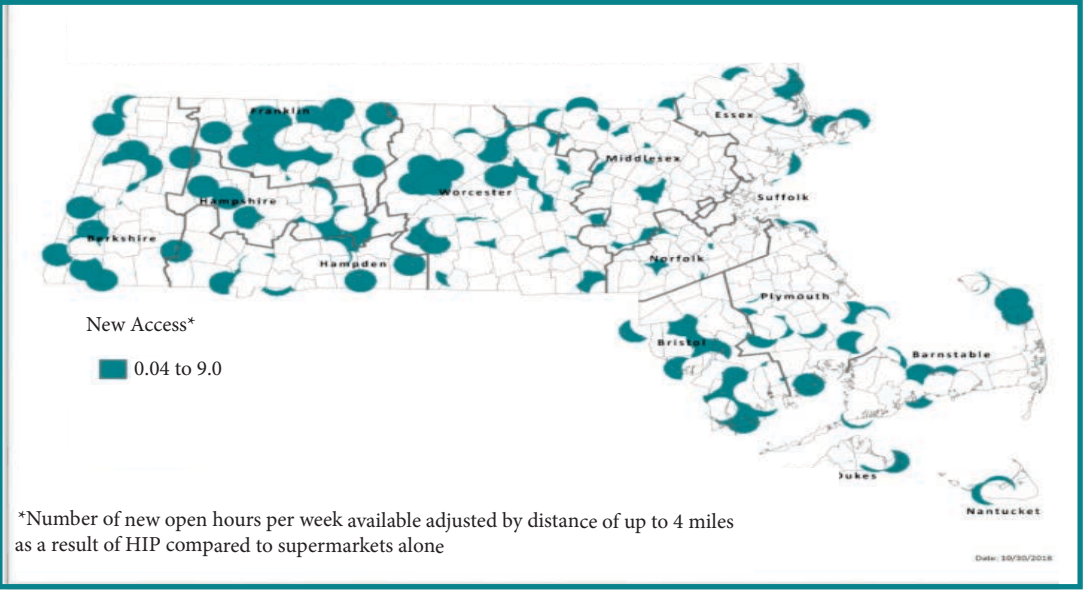
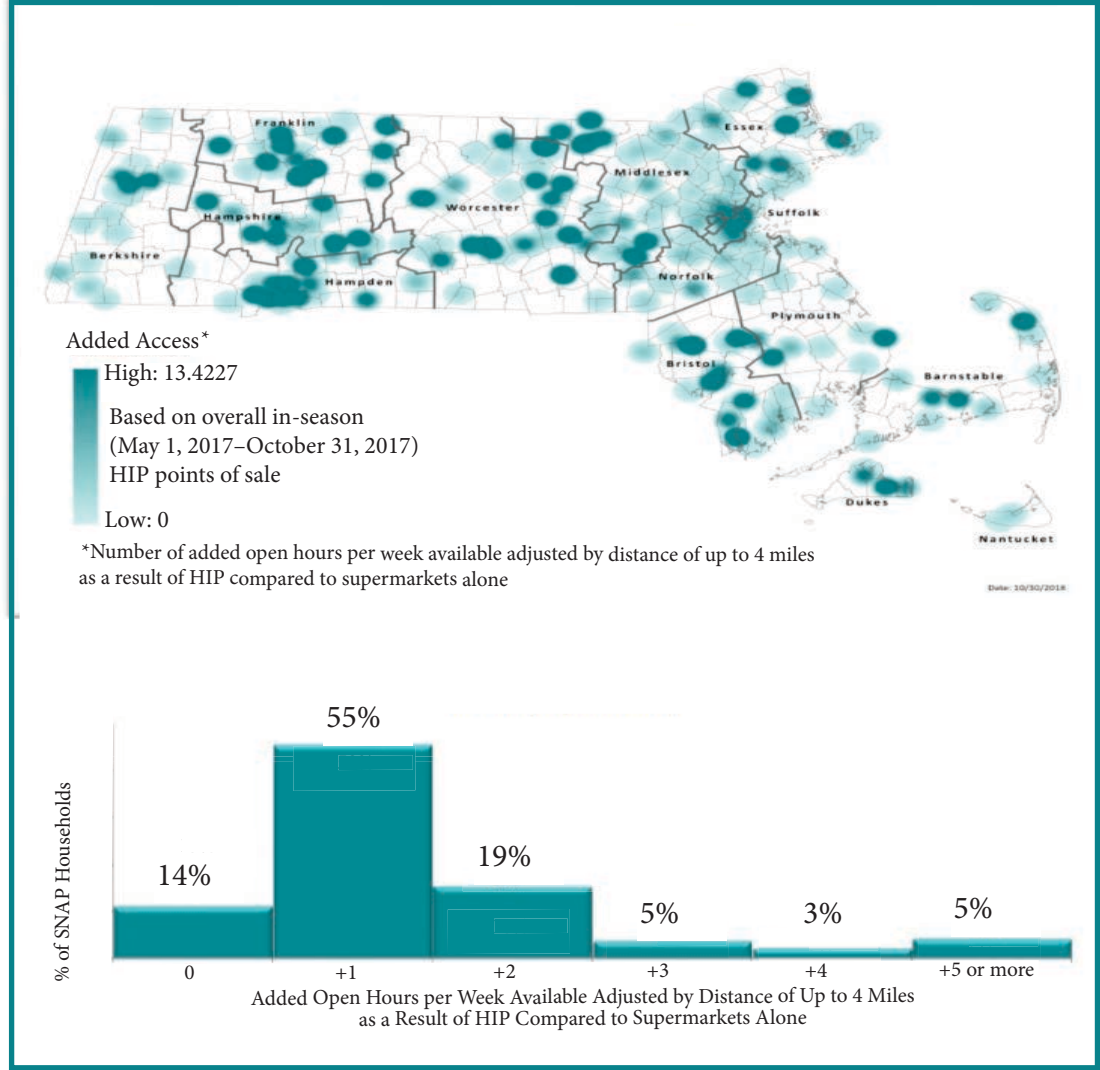


Figure 13. New Geographic and Temporal Access as a Result of HIP Over Supermarkets Alone (April 1, 2017–June 30, 2018)



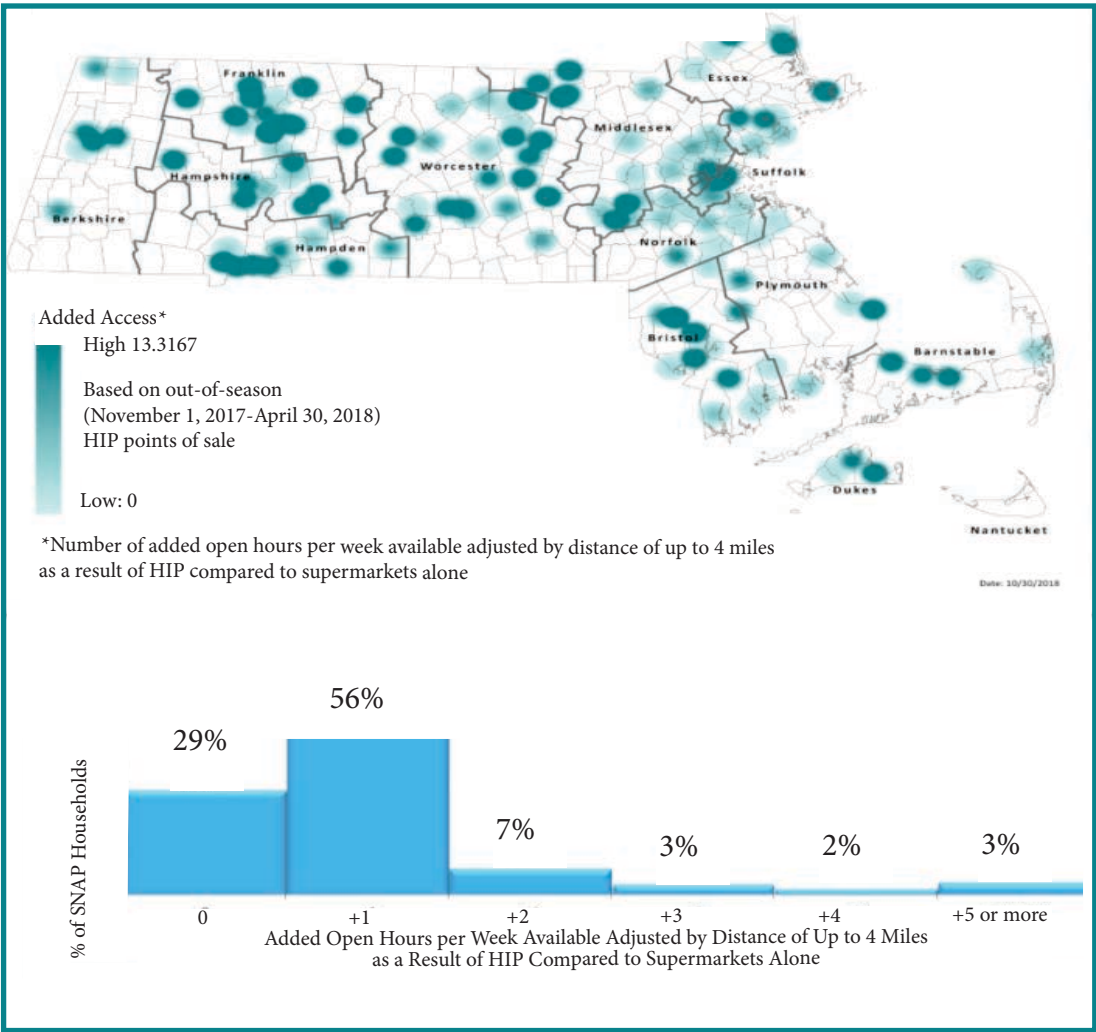
The summer and fall (May–October) are considered MA’s prime growing and selling seasons. From May 1, 2017 through October 31, 2017, HIP retailers were selling fruits and vegetables at 290 different points of sale throughout the Commonwealth. As a result, 86% of SNAP households experienced new or improved geographic and temporal access during this time period; about one-third (32%) experienced at least two open hours per week of added access adjusted based on distance of up to four miles (Figure 14).

Figure 14. Change in SNAP Household Geographic and Temporal Access as a Result of HIP (May 1, 2017–October 31, 2017)



The winter and spring (November–April) in MA are considered out-of-season for agricultural retailers. Nonetheless, from November 1, 2017 through April 30, 2018, HIP retailers were selling fruits and vegetables at 158 different points of sale throughout the Commonwealth. As a result, 71% of SNAP households experienced new or improved geographic and temporal access during this time period; 15% experienced at least two open hours per week of added access adjusted based on distance of up to four miles (Figure 15).

Figure 15. Change in SNAP Household Geographic and Temporal Access as a Result of HIP (November 1, 2017–April 30, 2018)



HIP Redemptions as a Percentage of HIP Earnings

A comparison of HIP redemptions* as a percentage of earnings** for each of the participating HIP points of sale was conducted. Given temporal constraints pertaining to a consumer’s discretionary time to shop for food as well as the supply in terms of the number of hours a retail location is open for business,¹⁷ it was assumed that a higher percentage of HIP redemptions in relation to

*HIP redemptions: HIP earnings spent on SNAP-eligible foods
 **HIP earnings: incentive dollars earned on HIP-eligible purchases up to households’ monthly caps

HIP earnings would be seen in healthy food desert areas mitigated by HIP, or in areas of new access, where HIP points of sale were the only options for SNAP clients within the defined access parameters. A higher percentage value at these locations would be a sign of greater reliance on the location for SNAP clients and an indicator that HIP filled a need in areas previously without access to fruits and vegetables.

Data indicate that HIP may have filled a need for SNAP clients in areas without supermarket access (Tables 7 and 8). There was a slightly higher percentage of HIP redemptions per earnings at HIP points of sale located in healthy food deserts (29%) compared to at HIP points of sale in all other areas (27%). In also looking at HIP points of sale in new access areas (accounting for both temporality and distance), redemptions per earnings were also higher there (33%) compared to all other HIP points of sale (25%).

Table 7. HIP Redemptions as a Percentage of Earnings in Mitigated Food Desert Tracts vs. All Other HIP Points of Sale

	HIP Redemptions as a Percentage of Earnings
HIP points of sale that are in mitigated food desert tracts (n=20)	29%
All other HIP points of sale (n=291)	27%

Table 8. HIP Redemptions as a Percentage of Earnings in New HIP Access Areas vs. All Other HIP Points of Sale

	HIP Redemptions as a Percentage of Earnings
HIP points of sale in new access areas (n=65)	33%
All other HIP points of sale (n=246)	25%

Transportation

Evidence suggests limited access to reliable transportation may be an impediment to accessing food.^{17, 18} Similarly, data from interviews with Steering Committee members and other sources (e.g., document reviews) indicated that transportation-related factors impeded SNAP clients' ability to access HIP. During the program's launch, when the majority of HIP-opt outs occurred and HIP-activated retailers were in the process of being on-boarded, SNAP clients opting out of HIP cited transportation issues. Fortunately, as the program unfolded, more points of sale closer to SNAP clients' homes became available (see Space-Time Accessibility above) and new partnerships developed between senior centers and farmers markets, reducing this barrier for some seniors. According to HIP retailers, some partnered with senior centers to establish new points of sale at or near senior centers (via CSAs, farmers markets, and farm stands), while others partnered with senior centers to organize transportation for seniors to farm stands.

33%

One-third of HIP earnings made at HIP retailers in new access areas were redeemed by those same HIP points of sale.



Transportation was a reported barrier to accessing HIP. Some community partners and senior centers organized transportation to help seniors access HIP.

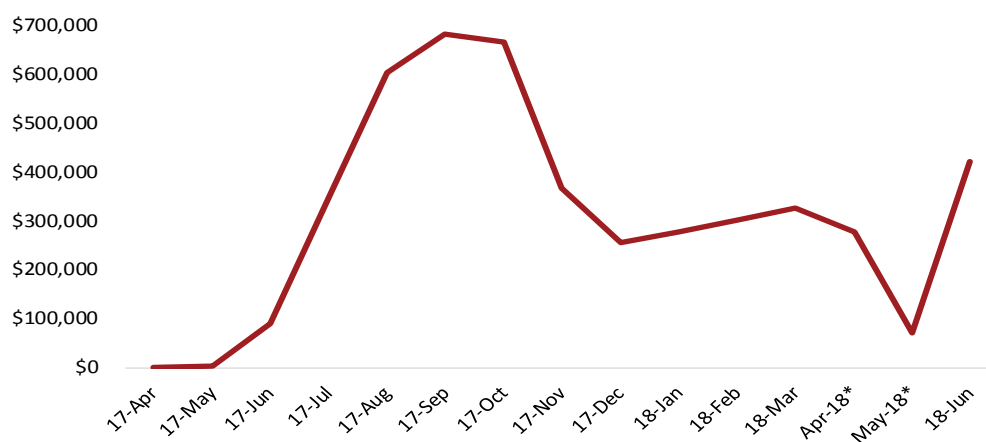
Quality

In 2017, SNAP clients enrolled in the CSA Pilot, and therefore utilizing HIP, were asked to indicate how much they agreed or disagreed with the statement: “The quality of the food received in the CSA Farm Share was very good.” The majority of respondents (95%, n=166) strongly agreed or agreed; 4% neither agreed nor disagreed; and 2% disagreed. It is promising that the large majority of clients felt the food received to be very good, because 100% of respondents (n=166) indicated that the quality of fresh fruits and vegetables was very important or somewhat important in their decision to participate in the CSA.

HIP Earnings

Throughout the evaluation period, 39,868 SNAP households representing 74,207 SNAP clients were able to access a HIP point of sale, make a HIP-eligible purchase, and earn the HIP incentive—approximately 9% of all SNAP eligible MA households and 10% of all SNAP clients (see “Part One: Reach” for more information). In fact, from April 1, 2017 through June 30, 2018 these SNAP households made over \$5 million (\$5,008,308) worth of HIP-eligible purchases and earned 4,697,297 HIP incentive dollars. Figure 16 shows the value of HIP earnings by month. The value of HIP earnings climbed rapidly in the beginning months of the program, rising to a maximum in September 2017 with \$682,113 HIP earnings. Earnings decreased during the slower selling seasons of winter and spring (November–April), and stopped altogether during the suspension (April 16–May 22, 2018), before rising again sharply in June 2018 when HIP was reinstated.

Figure 16. HIP Earnings by Month



*HIP was suspended April 16–May 22, 2018.

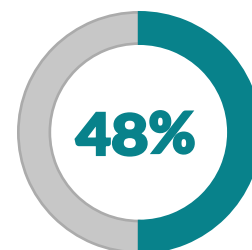


Massachusetts's SNAP clients earned almost 4.7 million HIP incentive dollars.

Monthly Caps

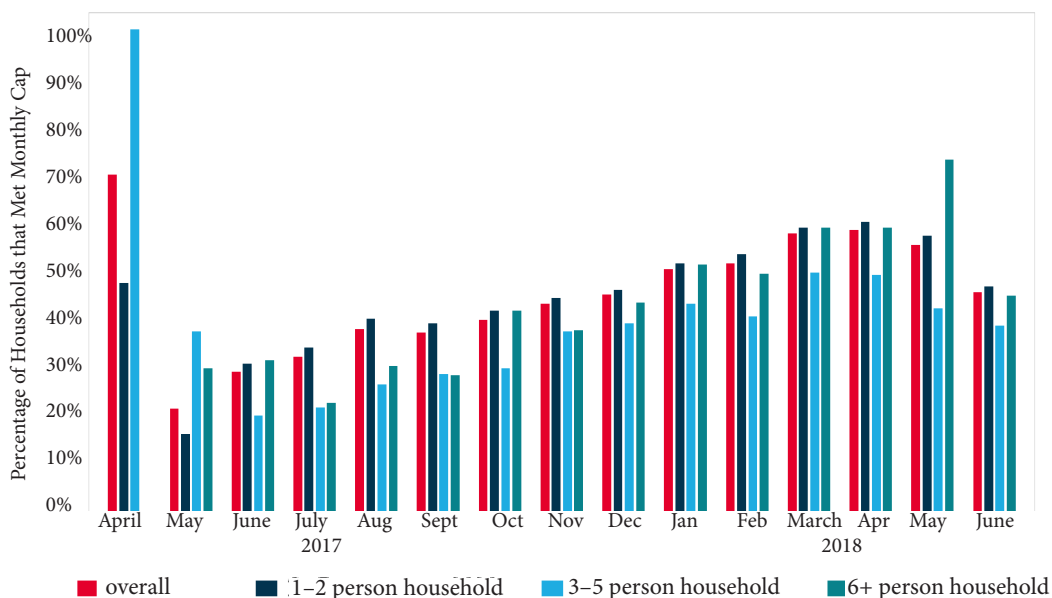
From April 1, 2017–June 30, 2018, an average of 48% of SNAP households that made a HIP-eligible purchase met their monthly cap (\$40, \$60, or \$80). It should be noted that April 2017 was an anomaly because it was the soft launch of HIP and only seven households made a HIP-eligible purchase during that month. From May 2017 through April 2018, there was a consistent upward trend in the percentage of households meeting their monthly caps, from 25% in May 2017 to 61% in April 2018 (Figure 17). This dropped slightly to 58% in May 2018 and even more to 48% in June 2018, likely a result of HIP's suspension (April 16, 2018–May 22, 2018).

Except for in April and May 2017 when the program first launched, 1–2 person households were more likely to meet their monthly caps than 3–5 person households. Among the three groups, 1–2 person households were most likely to meet their monthly caps (Figure 17).



Almost half of SNAP households that made a HIP-eligible purchase met their monthly cap (\$40, \$60, \$80).

Figure 17. Percent of Households that Met Their Monthly Cap by Household Size



Local Economy

Research indicates that buying local foods positively impacts the local economy through retention of local dollars.⁵⁶ Strengthening the local food system has not only shown to benefit small agricultural producers in terms of increased demand for their product and, therefore, increased sales, but it has also shown to generate new jobs and positively benefit industries that complement the food system (e.g., equipment dealers, agricultural processing businesses).⁵⁶ Thus, retention of local dollars means that monies are more likely to be reinvested with businesses and services in the community.

USDA NIFA acknowledged the benefits of strengthening local food systems by prioritizing FINI projects, like HIP, that included local or regionally-produced fruits and vegetables and connected low-income consumers to agricultural producers. This section of the report explores the impact of HIP on the local economy in terms of sales in local economies (i.e., cities/towns) throughout MA, the amount of HIP earnings redeemed by local agricultural retailers, and changes to HIP-activated retailers' businesses as a result of HIP.

Points of Sale

There were 311 unique sales addresses, or points of sale, at which one or more HIP retailer was selling fruits and/or vegetables. These 311 unique points of sale represented 321 unique HIP-activated retailers (an additional 22 retailers were excluded due to missing sales dates, times, or locations), 186 different MA cities and towns (out of 351 in total), and one city from the neighboring state of Rhode Island (Pawtucket). One hundred and eighty MA cities and towns, and one bordering town had a HIP purchase, earning, or redemption; six MA cities and towns had at least one HIP-activated retailer selling fruits and/or vegetables but did not have any HIP purchases, earnings, or redemptions.

Earnings and redemptions at HIP points of sale varied by county (Table 9). Middlesex and Worcester Counties had the largest number of HIP points of sale (n=53 and 41, respectively), while Dukes and Nantucket had the smallest (n=5 and 2, respectively). Suffolk County had the highest number and value of HIP purchases among all MA counties (68,069 purchases made for a total of \$1,268,876), followed closely by Middlesex (64,522 purchases made for a total of \$952,787). Dukes and Nantucket had the lowest number and value of purchases. Similarly, Suffolk and Middlesex Counties had the highest number of HIP earnings (66,774 earnings for a total of \$1,216,088 and 62,968 earnings for a total of \$895,985, respectively). Dukes and Nantucket had the lowest number and value of earnings. Middlesex County had the highest number and value of HIP redemptions, followed by Suffolk (33,592 redemptions for a total of \$234,934 and 27,564 redemptions for a total of \$220,959, respectively). Dukes and Nantucket had the lowest number and value of redemptions.

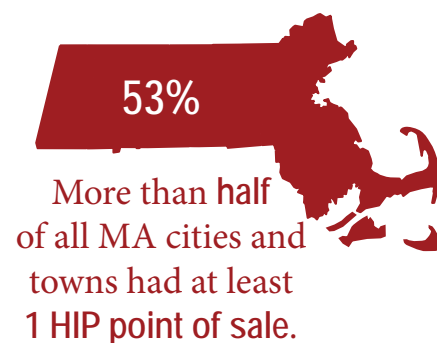


Table 9. HIP Sales by Points of Sale Locations by MA County (April 2017–June 2018)

MA County	POS* (n)	Purchases** (n)	Purchases** (\$)	Earnings* (n)	Earnings* (\$)	Redemptions** (n)	Redemptions** (\$)
Middlesex	53	64,522	\$952,787	62,968	\$895,985	33,592	\$234,934
Worcester	41	45,199	\$678,999	44,453	\$648,201	19,418	\$143,369
Bristol	28	12,128	\$147,785	12,008	\$140,070	6,459	\$39,496
Suffolk	26	68,069	\$1,268,876	66,774	\$1,216,088	27,564	\$220,959
Essex	24	17,611	\$287,059	17,004	\$257,182	8,706	\$65,029
Hampshire	22	8,875	\$155,885	8,604	\$128,243	4,581	\$33,883
Berkshire	21	5,185	\$64,151	5,155	\$61,210	3,368	\$23,221
Franklin	21	21,490	\$341,686	20,987	\$312,596	10,538	\$81,953
Norfolk	21	5,978	\$91,040	5,850	\$86,878	2,650	\$20,052
Hampden	20	40,689	\$802,730	39,536	\$743,093	15,873	\$128,799
Barnstable	13	1,747	\$28,413	1,728	\$27,569	732	\$6,140
Plymouth	13	5,633	\$73,598	5,539	\$70,711	2,974	\$15,987
Dukes	5	706	\$8,831	702	\$8,295	354	\$2,130
Nantucket	2	353	\$4,220	341	\$3,969	169	\$1,245
Total	310	298,185	\$4,906,060	291,649	\$4,600,090	136,978	\$1,017,197

*Represent HIP sales at different MA points of sale by one or more HIP-activated retailers. Does not include one border state point of sale in one border state city/town.

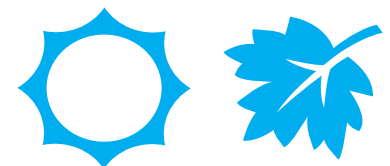
**SNAP purchases made at a HIP-activated retailer that included HIP-eligible foods.

+Incentive dollars earned on HIP-eligible purchases at a HIP-activated retailer up to households' monthly caps.

++HIP earnings spent on SNAP-eligible foods at a HIP-activated retailer.

Selling Season

In MA, there are two growing and selling seasons: summer/fall (May 1, 2017–October 31, 2017) and winter/spring (November 1, 2017–April 30, 2018). The summer and fall seasons are considered the peak growing and selling seasons for local agricultural retailers, as evidenced by the number of HIP points of sale; there were almost twice as many in the summer/fall months (n=290) compared to the spring/winter months (n=158). Moreover, in the summer/fall months, 180 MA cities and towns had one or more HIP points of sale selling fruits and/or vegetables, while only 111 did so in the winter/spring (Table 10).



180 Massachusetts cities and towns had one or more HIP points of sale in the summer/fall, while only 111 did in the winter/spring.

Table 10. Number of HIP Points of Sale and MA Cities/Towns by Season

Season	Number of HIP Points of Sale in MA	Number of Unique MA Cities/Towns
Full Implementation Period (5/1/17–6/30/18)^	310+	186+
Summer/Fall (5/1/17–10/31/17)^^^	290+	180+
Winter/Spring (11/1/17–4/30/18)^^^	158	111

+This does not include one border state point of sale in one border state city/town.

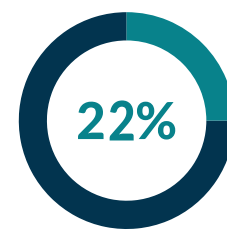
^22 retailers were excluded due to missing sales dates, times, or locations; 12 of the excluded had zero HIP purchases, earnings, or redemptions.

^^20 retailers were excluded due to missing sales dates, times, or locations; 12 of the excluded had zero HIP purchases, earnings, or redemptions.

^^^135 retailers were excluded due to missing sales dates, times, or locations; 90 of the excluded had zero HIP purchases, earnings, or redemptions.

Percent of HIP Redeemed by HIP-Activated Retailers

To earn the HIP incentive, SNAP clients had to spend their SNAP dollars on eligible fruits and vegetables sold by HIP-activated retailers. Once earned, HIP dollars functioned exactly like SNAP dollars, meaning clients could use them to purchase any SNAP-eligible item at any SNAP retailer (e.g., supermarkets, chains, small and medium grocers, convenience stores, and local agricultural retailers). The total value of HIP redemptions by HIP-activated retailers can thus be interpreted as the total dollar amount earned by local agriculture businesses that might otherwise have been spent elsewhere. Stated another way, this is money that SNAP clients earned from HIP and put directly back into MA's local agriculture economy by redeeming dollars at HIP retailers. Across the evaluation period, 22% of all HIP-earnings were redeemed by HIP-activated retailers for a total of \$1,035,714.21 across all HIP-activated retailers. SNAP households with a \$40 cap put 22% of their HIP earnings back into the agricultural economy compared to 21% of those with a \$60 cap and only 19% of those with an \$80 cap (Table 11).



Almost one-quarter (22%) of all HIP-earnings were redeemed by HIP-activated retailers.

Table 11. HIP Redemptions and Earnings by Household Size

Household Size (monthly cap)	Value of HIP Redemptions	Value of HIP Earnings	% of HIP Earnings Redeemed by HIP-Activated Retailers
1–2 person HH (\$40 cap)	\$815,620.1	\$3,642,159.12	22%
3–5 person HH (\$60 cap)	\$188,535.67	\$890,408.15	21%
6+ person HH (\$80 cap)	\$31,558.44	\$164,729.44	19%
Overall	\$1,035,714.21	\$4,697,296.71	22%

Changes to Business—What Both HIP and Non-HIP Retailers Reported

In January 2018, a survey of MA agricultural retailers was issued to better understand the impact of HIP on the local economy from the retailer's perspective. In the end, 255 survey responses were analyzed including 108 survey respondents representing 127 HIP-activated retailers and 147 survey respondents representing 147 non-HIP-activated retailers. Accordingly, survey results presented reflect the opinions and realities of 37% of all HIP-activated retailers (127 out of a possible 343) and 19% of non-HIP-activated retailers (147 out of a total possible 774) (see Appendix B for detailed methodology).

Respondent characteristics are summarized in Table 12. Overall, 58% of survey respondents reported that they were HIP-activated in 2017, while 42% were not. While all survey respondents sold product in 2017, only 15% reported having just sold product in 2017; 85% reported selling in both 2016 and 2017. Sixty-three percent (63%) of all survey respondents reported selling fruits, vegetables, and/or herbs. Almost all HIP-activated survey respondents (n=108) reported selling fruits, vegetables, and/or herbs (95%), compared to less than half (42%) of non-HIP-activated survey respondents (n=147).



95% of HIP-activated survey respondents sold fruits and vegetables compared to only 42% of non-HIP-activated respondents.

Retailer Survey

HIP and Non-HIP Retailer Survey Respondent Characteristics (n=255)

Table 12. HIP and Non-HIP Retailer Survey Respondent Characteristics

	Overall n (%)	Non-HIP-activated n (%)	HIP-activated n (%)
Year selling retail	255 (100.0)	147 (57.6)	108* (42.4)
2017 only	37 (14.5)	19 (12.9)	18 (16.7)
Both 2016 and 2017	218 (85.5)	128 (87.1)	90 (83.3)
Fruit, vegetable, or herb vendor	255 (100.0)	147 (57.6)	108* (42.4)
No	91 (35.7)	86 (58.5)	5 (4.6)
Yes	164 (63.3)	61 (41.5)	103 (95.4)
Retailer type in 2017	255 (100.0)	147 (57.6)	108* (42.4)
Single location farmers market	40 (15.7)	30 (20.4)	10 (9.3)
Multiple location farmers market	77 (30.2)	58 (39.5)	19 (17.6)
Farm stand	55 (21.6)	32 (21.8)	23 (21.3)
Mobile market	11 (4.3)	7 (4.8)	4 (3.7)
CSA	59 (23.1)	16 (10.9)	43 (39.8)
Other, none, or missing	13 (5.1)	4 (2.7)	9 (8.3)
Retailer type in 2016	218 (100.0)	128 (58.7)	90** (41.3)
Single location farmers market	26 (11.9)	21 (16.4)	5 (5.6)
Multiple location farmers market	73 (33.5)	53 (41.4)	20 (22.2)
Farm stand	45 (20.6)	27 (21.1)	18 (20.0)
Mobile market	10 (4.6)	6 (4.7)	4 (4.4)
CSA	47 (21.6)	15 (11.7)	32 (35.6)
Other, none, or missing	17 (7.8)	6 (4.7)	11 (12.2)

*One hundred eight (108) individuals responded that represented 127 HIP-activated retailers (i.e., unique HIP-activated FNS numbers).

**Ninety (90) individuals responded that represented 107 HIP-activated retailers (i.e., unique HIP-activated FNS numbers).

Retailers selling in both 2016 and 2017 were asked to compare the 2016 and 2017 selling seasons (Table 13). In summary, HIP-activated survey respondents were significantly more likely than non-HIP-activated survey respondents to have made a number of changes to their businesses in 2017, compared to 2016 ($p < 0.05$). For example, HIP-activated survey respondents were significantly more likely to create separate lines based on payment forms, rearrange their market displays to accommodate long lines, hire additional staff, and accept credit/debit (not including SNAP) for the first time.

Table 13. HIP-Activated and Non-HIP-Activated Retailer Perceptions and Changes; 2016 and 2017 Selling Seasons

	Overall (n, %)	Non-HIP- activated (n, %)	HIP-activated (n, %)	p-value+
Reported customer line length	186 (100.0)	107 (57.5)	79* (42.5)	<0.0001
Longer lines in 2017	101 (54.3)	43 (40.2)	58 (73.4)	
Lines the same length in 2017	55 (29.6)	39 (36.4)	16 (20.3)	
Shorter lines in 2017	30 (16.1)	25 (23.4)	5 (6.3)	
Changes made in 2017	218 (100.0)	128 (58.7)	90** (41.3)	
Increased social media				ns^
No	125 (57.3)	70 (54.7)	55 (61.1)	
Yes	93 (42.7)	58 (45.3)	35 (38.9)	
Created separate lines based on the payment form				0.0176 ‡
No	208 (95.4)	126 (98.4)	82 (91.1)	
Yes	10 (4.6)	2 (1.6)	8 (8.9)	
Rearranged display to accommodate long lines				0.0142
No	193 (88.5)	119 (93.0)	74 (82.2)	
Yes	25 (11.5)	9 (7.0)	16 (17.8)	
Hired additional staff				0.0006
No	186 (85.3)	118 (92.2)	68 (75.6)	
Yes	32 (14.7)	10 (7.8)	22 (24.4)	
Began accepting credit or debit cards (not including SNAP) for the first time				0.0013
No	185 (84.9)	117 (91.4)	68 (75.6)	
Yes	33 (15.1)	11 (8.6)	22 (24.4)	

+Based on chi square difference in proportions; not significant at $p=0.05$

‡ Based on Fisher's Exact test for difference in proportions; not significant at $p>0.05$.

* Seventy-nine (79) individuals responded that represented 96 HIP-activated retailers (i.e., unique HIP-activated FNS numbers).

**Ninety (90) individuals responded that represented 107 HIP-activated retailers (i.e., unique HIP-activated FNS numbers).

^ns = non-significant

Respondents were asked to rank the impact of HIP on their businesses in 2017 on a scale of -100 (negative impact and harmful) to 100 (positive impact and beneficial), regardless of their HIP activation status or type of product sold. Among non-HIP-activated survey respondents with reported sales in both 2016 and 2017 ($n=128$ respondents representing 128 non-HIP-activated retailers), the average impact of HIP on business was ranked slightly above zero at 4.8, while among HIP-activated survey respondents with reported sales in both 2016 and 2017 ($n=90$ respondents representing 107 HIP-activated retailers), the average ranking was very high at 65.4. This difference in reported mean impact by HIP-activation status was statistically significant at $p<0.0001$ (based on pooled T-test). Thus, HIP-activated survey respondents reported a more positive impact. In addition to ranking HIP's impact on business in 2017, survey respondents were asked to describe the impact. Both non-HIP-activated and HIP-activated survey respondents described increases in sales and number of customers; a few noted that this increased revenue enabled them to cultivate more land and hire additional staff.



Both HIP and non-HIP survey respondents said HIP had a **positive impact** on their businesses.

Retailer Staff—Jobs

The mean number of retail staff reported by HIP-activated survey respondents was higher in both 2016 and 2017 (4.6 and 4.4 staff, respectively) compared to non-HIP-activated survey respondents (2.5 and 2.4, respectively) ($p=0.02$ and 0.02 , respectively) (Table 14).



4.4 staff at HIP
retailers



2.4 staff at non-
HIP retailers

Table 14. Retailer Staff Comparisons by Year and HIP Status

	Mean (Std.)	Median	95% CI Mean	p-value*
Retailers in 2016				0.0226
Non-HIP-activated (n=128)	2.5 (3.5)	2.0	[1.9 to 3.1]	
HIP-activated (n=90)	4.6 (8.2)	2.0	[2.9 to 6.3]	
Retailers in 2017				0.0167
Non-HIP-activated (n=147)	2.4 (3.7)	2.0	[1.8 to 3.0]	
HIP-activated (n=108)	4.4 (7.9)	2.0	[2.9 to 5.9]	

*All folded F equality of variance tests showed significant evidence of unequal variance; thus the Cochran and Cox approximation for the p-value was used to determine significant differences in mean.

Customer Base

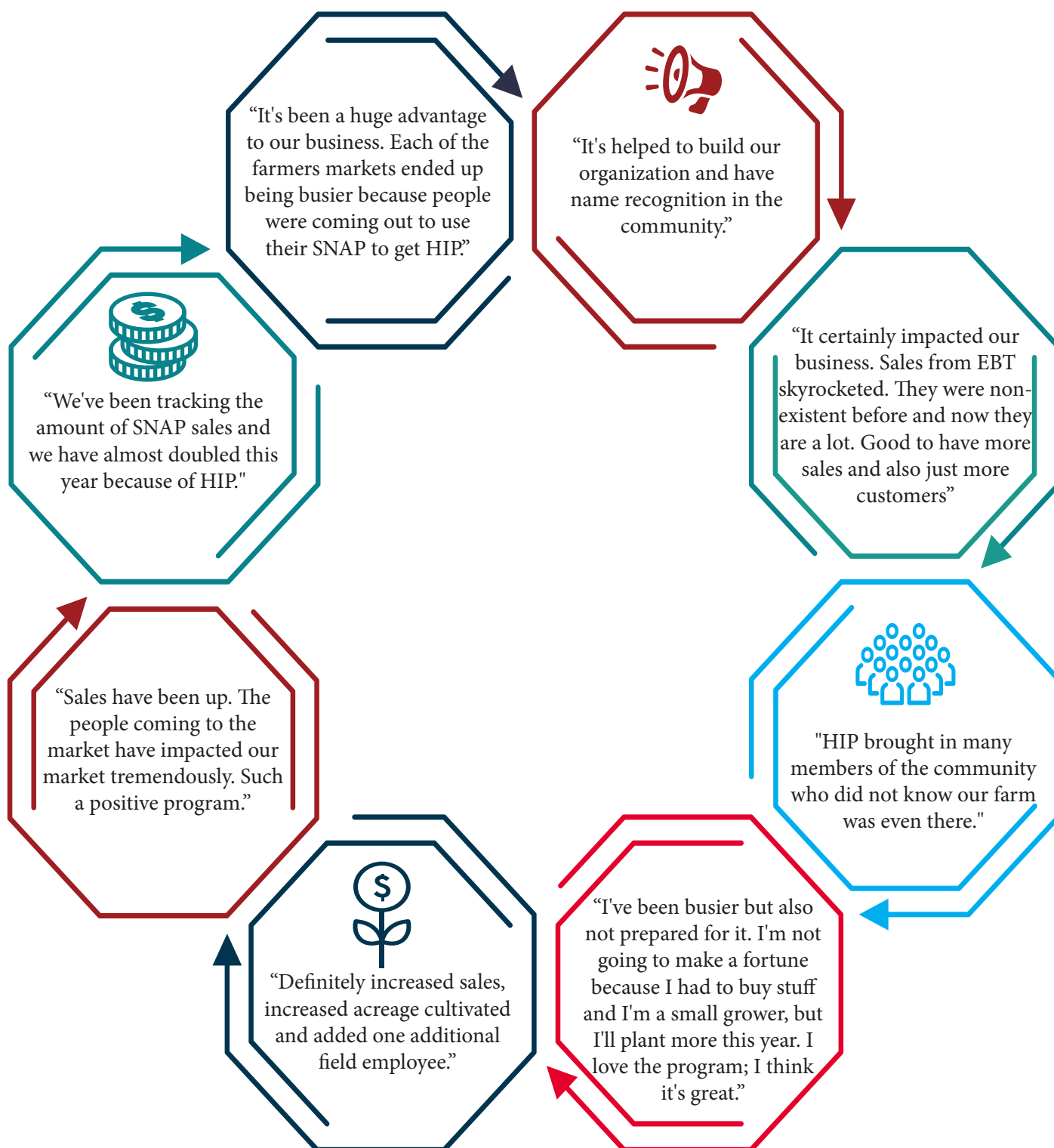
The mean number of reported customers using SNAP benefits in 2017 was noticeably higher (though not significant at $p<0.05$) among HIP-activated survey respondents than among non-HIP-activated survey respondents (228.7 SNAP customers compared to 42.0, respectively); Table 15. Similarly, the mean number of customers using WIC or other government benefits in 2017 was noticeably higher (though not significant at $p<0.05$) among HIP-activated survey respondents than among non-HIP-activated survey respondents (128.3 WIC or other benefit clients compared to 30.8, respectively).

Table 15. Government Benefit Use among Customers by Year and Retailer HIP Status

	Mean (Std.)	Median	95% CI Mean	p-value*
Customers using SNAP in 2016				ns^
Non-HIP-activated (n=88)	5.9 (14.5)	0.0	[2.8 to 8.9]	
HIP-activated (n=63)	155.6 (789.4)	4.0	[-43.2 to 354.4]	
Customers using SNAP in 2017				marginal
Non-HIP-activated (n=102)	42.0 (346.3)	0.0	[-26.0 to 110.0]	
HIP-activated (n=80)	228.7 (907.4)	25.0	[26.8 to 430.7]	
Customers using WIC or other government benefits in 2016				ns
Non-HIP-activated (n=90)	33.0 (211.6)	0.0	[-11.4 to 77.3]	
HIP-activated (n=64)	110.7 (513.6)	10.0	[-17.5 to 239.0]	
Customers using WIC or other government benefits in 2017				ns
Non-HIP-activated (n=103)	30.8 (197.9)	0.0	[-7.9 to 69.5]	
HIP-activated (n=79)	128.3 (553.3)	10.0	[4.4 to 252.2]	

What Retailers Say About HIP..

The Impact of HIP on HIP-activated Retailers' Businesses



Consumption

HIP incentivizes the purchasing of fruits and vegetables among SNAP clients with the short-term goal of increasing fruits and vegetable consumption to improve health long-term. The impact of HIP on fruit and vegetable consumption among SNAP clients is therefore of interest and value. Unfortunately, limited evaluation resources did not allow for the following of individual SNAP clients over time. Moreover, all MA SNAP clients were automatically enrolled in HIP. In this regard, there was a single statewide intervention group which eliminated the possibility of controlled experimental or quasi-experimental study designs to study the effect of HIP on fruit and vegetable consumption. Randomization of clients to intervention and control conditions was not possible, and JSI determined that no other potential control group (e.g., non-SNAP clients) was sufficiently comparable and appropriate. Because of the multifaceted nature of HIP implementation and because it was embedded in open, complex systems, conventional controls were not feasible.

Fortunately, the evaluation of the 2011–2012 Pilot implemented in Hampden County, MA was able to conduct a randomized control trial in which a group of SNAP households earned the incentive (intervention group) while another group did not (control group). The Pilot evaluation determined that intervention participants (respondents aged 16 and older) consumed almost a quarter of a cup (26%) more targeted fruits and vegetables per day than nonparticipants (report available online at <http://www.fns.usda.gov/ops/research-and-analysis>). The Pilot's findings indicate healthy incentives lead to increases in fruit and vegetable consumption among SNAP clients.

Although there are notable differences between the Pilot and HIP—the Pilot incentive was \$0.30 earned for every SNAP dollar spent while HIP was a dollar-for-dollar match and the Pilot incentive could be earned in at any SNAP-authorized retailer while the HIP incentive could be earned only at SNAP-authorized farmers markets, farm stands, mobile markets, and CSAs—this evaluation builds on the Pilot's findings by using HIP sales data, specifically HIP purchases, to estimate fruit and vegetable servings as an approximation of fruit and vegetable consumption. Data from Conduent's Monthly FINI Retailer Reports were used to calculate the number of daily servings of fruits and vegetables per person per month based on USDA's Economic Research Service's estimation that one cup (serving) of fruits and vegetables costs approximately \$0.50 (adjusting for inflation, the average cost per cup was estimated to be \$0.54 in 2017 and \$0.56 in 2018).⁵⁷ A detailed description of the methodology used to estimate fruit and vegetable consumption is available in Appendix B.

The average number of daily servings of fruits and vegetables per person across all months was 1.23 (1.44 for 1–2 person households, 0.86 for 3–5 person households, and 0.63 for 6+ person households) per day (Table 16 and Figure 18). Across all months except April 2017, the number of daily servings per person was greater in 1–2 person households than all other household sizes. Following May 2017 the number of servings per person for 3–5 person and 6+ person households closely followed one another. For all household



Pilot =
\$0.30
earned
for every
dollar



HIP =
\$1.00
earned
for every
dollar



HIP participants
purchased on average
**1.23 daily servings of
fruits and vegetables
per person.**

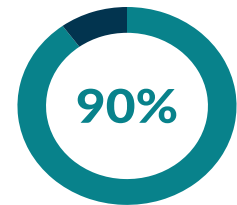
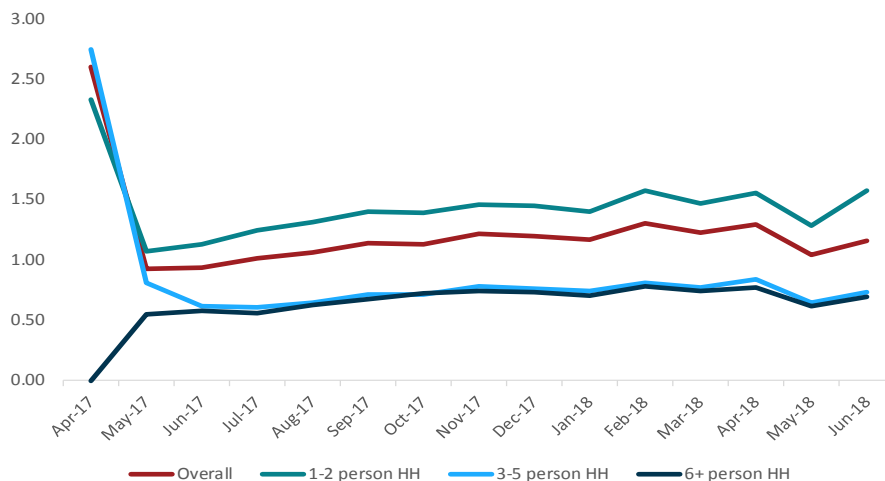
sizes, the number of daily servings per person steadily increased between the months of June 2017 and April 2018.

It should also be noted that 90% of SNAP clients participating in the CSA Pilot and utilizing HIP surveyed in 2017 (n=162) reported that the CSA Pilot with HIP increased the amount of fresh fruits and vegetables their families ate; 88% reported that it increased the variety of fresh fruits and vegetables their families ate (n=161); and 82% reported that it increased the frequency of eating fruits and vegetables by their families (n=159).

Table 16. Number of Daily Servings of Fruits and Vegetables per Person by Household Size and Month

Month	All HH	1-2 Person HH (\$40 cap)	3-5 Person HH (\$60 cap)	6+ Person HH (\$80 cap)
April 2017	2.61	2.33	2.74	0.00
May 2017	0.92	1.07	0.81	0.55
June 2017	0.93	1.13	0.61	0.58
July 2017	1.01	1.25	0.61	0.56
August 2017	1.07	1.32	0.64	0.62
September 2017	1.14	1.40	0.71	0.67
October 2017	1.13	1.39	0.71	0.72
November 2017	1.22	1.46	0.78	0.74
December 2017	1.20	1.45	0.76	0.73
January 2018	1.17	1.40	0.75	0.70
February 2018	1.30	1.58	0.81	0.78
March 2018	1.23	1.47	0.78	0.74
April 2018	1.30	1.56	0.84	0.77
May 2018	1.04	1.28	0.65	0.61
June 2018	1.16	1.57	0.73	0.70
Average	1.23	1.44	0.86	0.63

Figure 18. Number of Daily Servings of Fruits and Vegetables per Person by Household Size and Month

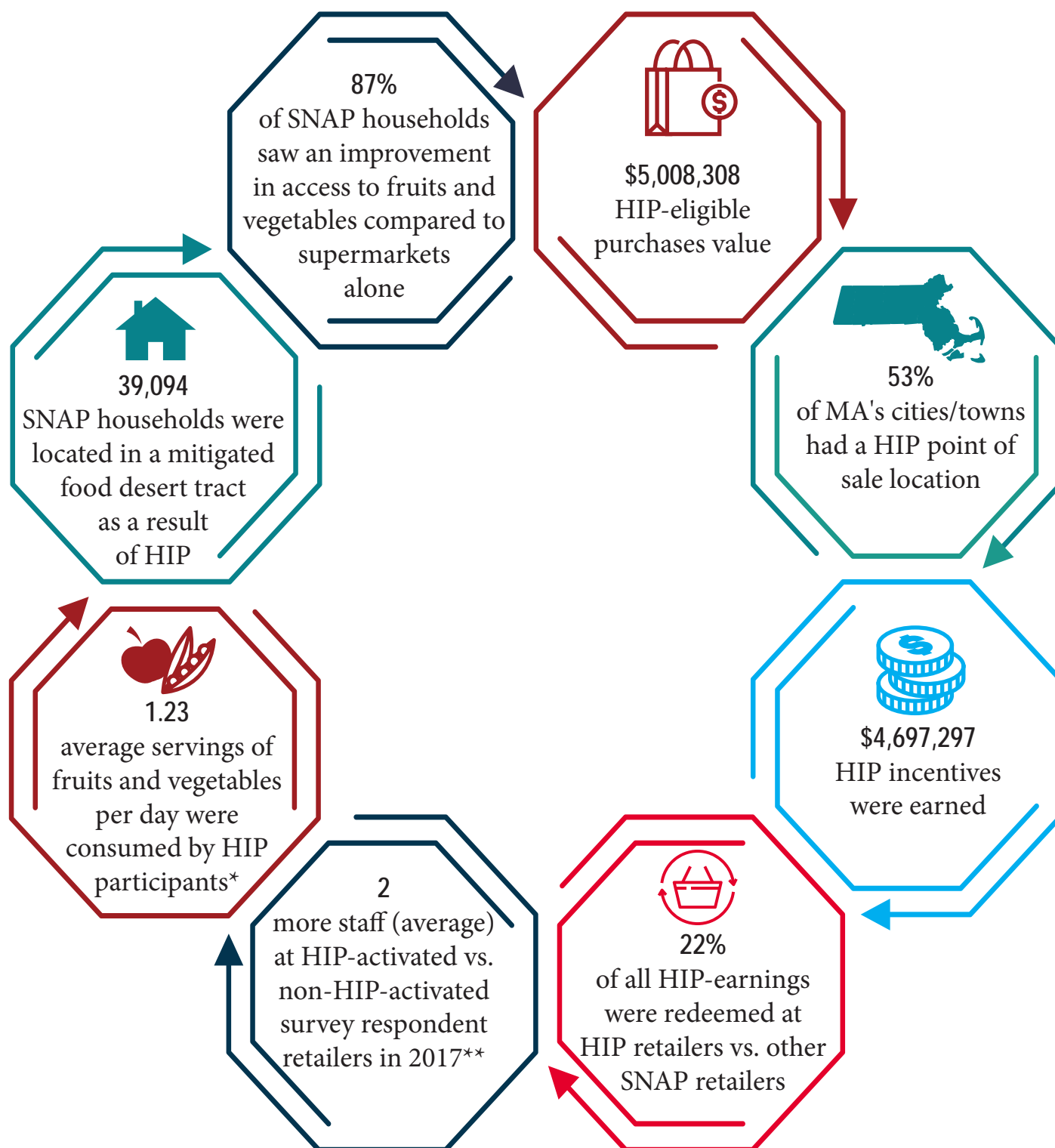


Almost all of the SNAP clients participating in the CSA Pilot earning HIP surveyed reported that these programs increased the amount of fruits and vegetables their families ate.

HIP has helped myself and my family eat healthy and add fresh vegetables to our diets. I am so grateful for this program.
~HIP participant

HIP Effectiveness

April 1, 2017–June 30, 2018



*Based on calculated consumption.

**Based on Retailer Survey results.



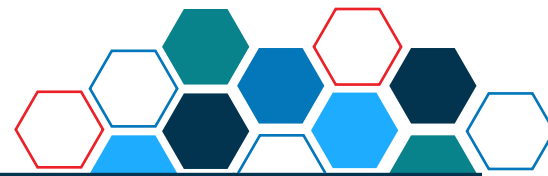


PART THREE

Adoption






Adoption



Overview

Adoption provides an overview of the uptake or institutionalization of an intervention by agencies and settings.^{41, 42} During the FINI grant application process, DTA assessed MA's food access landscape to identify and garner commitment from organizations critical to HIP's success. These organizations solidified their commitment to institutionalize HIP by creating systems and processes to support implementation and maintenance.

Methods

Method	Description
Interviews	
	Interviews with Client- and Retailer-focused Steering Committee members* (Appendices C and D) and HIP-activated retailers (Appendix H) were conducted to better understand partner organizations', retailers', and clients' experiences with the launch of HIP, including challenges and facilitators associated with retailer participation and client engagement. Interviews with HIP Leadership Team members were conducted to better understand Leadership Team member organizations' roles in the development of HIP (Appendices F and G).
Environmental Scan	
	Health-e-link entries submitted by Leadership Team and Steering Committee members helped to describe adoption (Appendix I).
	Meeting minutes, DTA email updates, grant applications, Pilot reports, and other relevant documents like DTA's list of HIP subcontractors, the list of Steering Committee member organizations, the HIP Community Partner Toolkit, the HIP Retailer Toolkit, and HIP technology partners' HIP-related scopes of work were reviewed. In addition, JSI collected information from DTA's, the Massachusetts Food System Collaborative (MFSC), Project Bread's, and Community Involved in Sustaining Agriculture's (CISA) websites.

* Includes the follow-up survey of Retailer-focused Steering Committee members sent after one interview (Appendix E).

Findings

Organizational Structure and Commitment

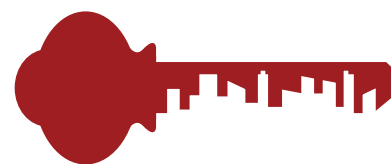
DTA was the lead agency of this multi-sectoral initiative (Figure 19). At the state-level, DTA sub-contracted with its sister agencies: DAR and the Massachusetts Department of Public Health (DPH). In addition, MFSC, the technology sub-contractors—Conduent and Novo Dia Group (NDG)—, and marketing firm, Sterling Marketing, Inc., played integral roles. Regional collaborators and sub-contractors included CISA, Food Bank of Western Massachusetts (FBWM), Mass Farmers Markets, Project Bread, and University of Massachusetts, Stockbridge School of Agriculture (UMass).

Figure 19. DTA FINI Grant Sub-contractors



State-level Adoption

At the state level, DTA (the Project Lead agency) recruited DAR and DPH to serve as Co-Project Leads, providing project oversight and technical assistance with a focus on regional retailer support and regional client support, respectively. A prior history of working with DTA and HIP's alignment with their missions facilitated these state agencies' commitments to the project.



Sustainability was a key concern in the development of HIP. To strengthen the involvement and commitment of partner organizations, DTA, DAR, and DPH worked to leverage resources, including technology, action plans, programs, websites, information systems, and maps.

Technology Partners

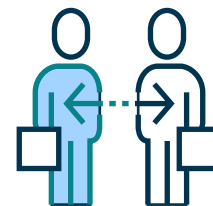
In MA, a number of technologies supported and processed SNAP including: 1) DTA's client eligibility system; 2) BEACON; 3) Conduent's Electronic Payment Processing Information Control (EPPIC) system; 3) NDG's Mobile Market+ (MM+) platform; 4) Mass Farmers Markets's eToken; and 5) third party processors (TPPs). To develop the first statewide electronic incentive processing system, it was critical for these partners to be engaged. Stakeholder involvement began in 2011, during the Pilot in Hampden County when technology enhancements were made to support electronic processing of incentives on SNAP EBT cards.

For two years—during the planning, start-up, and systems development phases of HIP—DTA attempted to engage all five of the national TPPs (FIS, Fiserv, First Data, Vantiv, and Worldpay). Three of the five worked with DTA on the Pilot, however, none of the TPPs would commit to support the processing of the HIP incentive. Accordingly, DTA and NDG, also involved in the Pilot, designed a way to process HIP that bypassed TPPs. NDG was subcontracted to support MM+ systems, serve as a technical advisor consultant for EBT, and work with DTA and Conduent to update their mobile incentive platform, MM+, and allow direct processing of HIP.

Expansion of the Electronic Incentive Statewide

The original design of HIP was aligned with SNAP processing and the use of TPPs that supported transactions as intermediaries between point of sale devices and EBT providers (Conduent for MA). The following modifications were made:

- ▶ **Indicating Client Enrollment.** BEACON—the SNAP client eligibility system in MA—was enhanced to indicate whether or not a client was enrolled in HIP (all SNAP clients were automatically defaulted to “yes”; those who selected to opt-out were changed to “no”) and the client's household size.
- ▶ **Calculate and Apply HIP Incentives Benefits.** The EBT system was programmed to calculate and apply HIP incentive benefits earned to SNAP benefit accounts. Unlike the Pilot where a 30 cents on the dollar match was offered, HIP provided a dollar-for-dollar match on eligible fruit and vegetable purchases. Conduent also needed to program a receipt to provide real-time cumulative incentives earned above the SNAP balance for customers.
- ▶ **Integrate the Incentive Into the Programming of the Existing SNAP CSA Vendor Payment System.** To ensure SNAP clients could participate in CSAs, Conduent needed to apply the earned incentive at the time of the SNAP client's benefit availability date and subsequent CSA payment.



In order for the **first** statewide electronic incentive processing system to be developed, it was critical for technology partners to be engaged.

- **Enable Modifications to An Account.** Conduent needed to program the system to be able to void HIP credit and debit reset the account activity clock under SNAP benefit aging rules when they occur. The system also needed to ensure appropriate transaction types of incentive returns, reversals, voids, manual voucher returns; and client card replacement fee adjustments were credited to the appropriate HIP funding line utilizing HIP benefit codes. In addition, DTA needed to be able to perform daily settlement and reconciliation of HIP incentive benefits; develop and modify reports; create the ability to reimburse retailers for redemption of HIP incentive benefits along with regular SNAP benefits; and support direct processing of HIP transactions from MM+, bypassing the need for a TPP.
- **Establish a Monthly Cap Based on Household Size.** Conduent needed to create three new HIP client type indicators based on household size to flag SNAP clients' monthly cap under the EPPIC administrative terminal's Recipient Information page. Based on these household size indicators, the EBT system needed to recognize SNAP clients, establish a calendar monthly cap for HIP incentive earnings, and track each HIP participant's monthly cumulative incentives earned to ensure the capped value was not exceeded.
- **Modify and Test the Software Updates and Provide Technical Assistance for EBT Terminals.** Recognizing the magnitude of this undertaking, DTA established subcontract agreements with Conduent and NDG to support HIP-related systems enhancements. Under these agreements, NDG and Conduent were responsible for testing the modified and enhanced HIP functionality; providing HIP benefit information and support to SNAP clients and EBT retailers through a client Automated Response Unit and customer service representatives (Conduent only); and offering HIP-eligible EBT-only retailers a point of sale terminal and/or a new load to function with HIP.*

HIP Expendable Trust

To allow for the accurate management of HIP funds, the State through the MFSC set up a trust called the Healthy Incentives Program Expendable Trust (Trust). In addition to enabling both private and government funds to “mix,” the trust helped private donors and funders ensure that their monies would be used entirely for HIP.

Massachusetts Local Food Action Plan

In 2013, the Massachusetts Food Policy Council (MFPC) launched a statewide planning process to address MA's local food system. USDA FNS awarded DTA the FINI grant in April 2015, while MFPC was still drafting its plan. As a member of MFPC, DTA was effective in incorporating HIP into the plan in December 2015.

* Although the Conduent, EBT-only terminal was a free option offered by the State, retailers were required to have electricity and an analog phone to operate the equipment.

**e-Token was only used at two farmers markets in 2017 and was phased out of both in 2018.



HIP Processing Options

Mobile Market+: a mobile incentive platform run by NDG that utilizes an iPod Touch or iPhone device to act as a wireless point of sale machine that processes SNAP/HIP transactions directly to Conduent.

Conduent, EBT-only terminal: a free EBT-processing terminal offered by the State that requires electricity and an analog phone log to operate; transactions are processed directly to Conduent.*

Manual vouchers: a small paper form that resembles a check used in the absence of a point of sale device, or if the point of sale device is not working. Manual vouchers are completed by the retailer and the EBT card holder, and authorized by the Conduent Retailer Customer Service Call Center at the time of the transaction.

SNAP CSA automated vendor payment system: an automatic process that takes place on the SNAP client's monthly benefit availability date. The predetermined amount is debited from the client's EBT account, and credited to the retailer's bank account.

e-Token: a mobile incentive platform run by Mass Farmers Markets that utilized an iPod Touch or iPhone device to act as a wireless point of sale machine that processed SNAP/HIP transactions at farmers markets.”

The MFPC accepted and approved the Massachusetts Local Food Action Plan (available at <https://mafoodsystem.org/static/plan/pdfs/MLFSPSummary.pdf>) with a goal to “reduce hunger and food insecurity, increase the availability of healthy food to all residents, and reduce food waste” in part by “[s]upport[ing] the Massachusetts Department of Transitional Assistance (DTA) Healthy Incentives Program to provide SNAP doubling at farmers markets and CSAs statewide.” MFSC was established by the MFPC to promote, monitor, and facilitate the implementation of the plan. Accordingly, MFSC became a member of the HIP Leadership Team.

MassGrown

DAR managed MassGrown (<https://massnrc.org/farmlocator/map.aspx>), a website known as the “gateway to farms, farmers markets, and fun ag-tivities.” One feature is an interactive map that allowed users to search by: 1) location type (e.g., CSA farms, farmers markets); 2) crops or activities (e.g., apples, blueberries); 3) distance (within one mile to statewide); and 4) nutrition programs. DTA worked with DAR to incorporate HIP as a new, searchable nutrition program on this map. When searching for HIP, the map displayed active retailers and their contact information, websites, and days and hours of operation. The purpose of incorporating HIP into this interactive map was to provide partner organizations and SNAP clients with an easy mechanism for locating HIP retailers.

Mass in Motion (MiM)

During the FINI grant application process, DPH agreed to leverage its existing statewide obesity prevention work, MiM, to support on-the-ground implementation of HIP. In Fiscal Year 2018, DPH added HIP to the list of approved strategies MiM community coalitions could choose to implement. In Fiscal Year 2019, MiM coalitions can continue to implement HIP as a MiM strategy, however DPH placed it under an umbrella strategy category of Healthy Food Retail and Distribution.

Women, Infants, and Children (WIC)

DPH’s Nutrition Division updated its WIC Management Information System to give staff the ability to record when they educate and refer WIC clients to HIP. This system enhancement allowed the State office to run reports, statewide and by local WIC programs, to assess the scope of HIP promotion in WIC clinics. In addition, DTA and DPH designed an e-Module to provide all WIC local program staff with an overview of HIP, instructions for WIC/HIP documentation, and resources for HIP referrals. The goal of this e-Module was to provide uniform HIP information. In May 2017, it was disseminated to WIC staff by email and, posted to the WIC Learning Center training website.

Regional-level Adoption

DTA sought regional partner organizations that were committed to increasing access to healthy foods and/or supporting local agriculture; had the capacity



The Massachusetts Food Policy Council aims to:

1. reduce hunger and food insecurity;
2. increase the availability of healthy food to all residents; and
3. reduce food waste in part by supporting HIP.

DTA and DPH provided regional support through...



to reach and address the needs of SNAP clients or agricultural retailers; were connected to other key partners; and represented diverse regions throughout the state. DTA described the process of identifying and obtaining commitment from partner organizations as an organic one—partners provided input and advice on who and how to include them in the project. Ultimately, given the amount of detail required to manage items related to SNAP clients and MA agricultural retailers, a decision was made to have two separate committees dedicated to each group: a Client-focused Steering Committee and a Retailer-focused Steering Committee.

Client-Focused Steering Committee

The Client-focused Steering Committee* consisted of 12 regional partners. Three were subcontractors of DTA's FINI grant (the FBWM, Project Bread, and UMass). See Appendix M. Members of this committee were charged with providing SNAP client outreach, HIP and nutrition education, marketing, and technical assistance in materials development; hosting a HIP client support hotline (Project Bread); and providing culturally-appropriate foods education, promotion, and training to nutrition education partners (UMass).

Retailer-Focused Steering Committee

The Retailer-focused Steering Committee* consisted of nine regional partners. Three were subcontractors of DTA's FINI grant (CISA, Mass Farmers Markets, and UMass). See Appendix N. Members of this committee were charged with managing retailer outreach and training; on-the-ground support for buy-locals** and retailers; technical assistance in materials development; and providing culturally appropriate foods education, promotion, and training to farmers (UMass).

The regional partners took their commitments seriously and made a number of changes within their organizations. Examples that showcase the types of changes statewide include:

- ▶ **Project Bread's FoodSource Hotline.** As a DTA subcontractor, Project Bread agreed to serve callers from around the State by leveraging its existing FoodSource Hotline—a comprehensive statewide information and referral service for people in MA facing hunger. Accordingly, the FoodSource Hotline answered SNAP clients' questions about HIP. All HIP partners (state agencies, community-based organizations, buy-locals, and retailers) were instructed to direct SNAP clients with questions to this hotline. Moreover, the FoodSource Hotline number was listed on the HIP welcome notice, HIP promotional flyer, and the HIP webpage on Mass.gov. Project Bread staff tracked HIP caller information, including call dates, reasons for calls, languages spoken by callers, cities/towns of callers, and sources of referral to the hotline.

*DTA, DAR, DPH, and JSI also served on the committee.

**Buy-locals are organizations that support local farms and agriculture by working to connect farmers to their surrounding communities and vice versa. Information on MA's buy-locals is available online here: <https://www.mass.gov/service-details/buy-local-groups>.



Client-Focused
Steering Committee
consisted of 12
regional partners.



Project Bread's
FoodSource Hotline
was a primary source
of HIP information for
SNAP clients.

- ▶ **Incorporation of HIP into Existing Organizational Websites.** A number of partner organizations dedicated space for HIP on their existing websites. Project Bread added a page with the HIP promotional flyer (English) and additional information about the Healthy Incentives Program to its website available at: <http://www.projectbread.org/reusable-components/accordions/healthy-incentives-program.html>.*

CISA dedicated an entire section of its website to HIP resources for retailers (<https://www.buylocalfood.org/resources-for-farmers/healthy-incentives-program/>), including SNAP/HIP on-boarding process instructions and resources, HIP retailer resources (e.g., HIP outreach flyers, signage, and advocacy materials), and a HIP resources and FAQ page for market managers.

- ▶ **Retailer Support Message Board.** In August 2017, CISA launched a retailer support message board using Trello, a web-based project management application, that relies on “cards” to organize information. The board was intended to be a one-stop-shop for those who were supporting retailers to find information, ask questions, share resources, and trade stories.
- ▶ **Retailer On-boarding Training and Google Form.** CISA developed an on-boarding training and Google form for staff supporting retailers. The training helped farmers get the appropriate permissions checked off, so that they could begin to process HIP.
- ▶ **HIP Dedicated Staff.** A number of partner organizations hired staff who were dedicated to HIP implementation. In April 2017, Healthy Hampshire hired a part-time HIP Outreach Coordinator. Some of her responsibilities included: 1) designing and hosting a webinar to update social service providers and other interested stakeholders on the HIP rollout; 2) working with CISA and other key partners to design and translate outreach materials; 3) designing a volunteer program to install HIP concierges at markets; 4) working with the FBWM to update and disseminate HIP informational materials; and 5) attending farmers markets to interact with retailers, market managers, and other key stakeholders to better understand the gaps in support and knowledge needed to be addressed. In June 2017, CISA hired a full-time staff person to support retailers (either directly or indirectly through buy-locals) which was deemed an essential piece of HIP implementation and maintenance, especially given the complex program and on-boarding process. For the 2017 summer season, the Worcester Regional Environmental Council (REC) hired an unpaid intern to attend and provide HIP information at several farmers markets and mobile market sites and on the REC website.
- ▶ **Expand Staff Responsibilities to Include HIP.** Several partner organizations ensured HIP implementation by expanding the job descriptions of existing staff. For example, Berkshire Grown made the Outreach & Program Manager position the point person for



Organizational websites had dedicated spaces for HIP.



A message board was created to serve as a one-stop-shop for those who were supporting retailers to find information, ask questions, share resources, and trade stories.



New staff were hired at various organizations to work specifically on HIP-related activities.

* This site has been taken down.

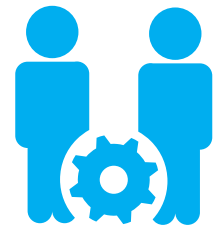
Berkshire retailers with questions. The Outreach & Program Manager was also tasked with helping farmers on-board to HIP; outreaching to farmers to recruit new farmers; troubleshooting issues with card readers; answering retailer questions; and coordinating with DAR, CISA, DTA, and others. Additionally, Mass Farmers Markets' program assistants and staff traveled to various markets to educate market managers about the HIP on-boarding process, managed grants related to SNAP support funding; and promoted SNAP and HIP accessibility via social media and on-site promotional flyers. In addition, Mass Farmers Markets hired Mandarin, Cantonese, Russian, and Spanish translators and interpreters to ensure HIP was accurately explained to non-English speakers. EBT Coordinators helped to swipe cards and host educational tours of the market. Project Bread provided two HIP Outreach Interns to work with a health center and farmer to promote its CSA, recruit members, and manage pick-up day distribution. The health center needed a volunteer because it did not have staff available to set up the program, promote and recruit members, or manage the pick-up day distribution. The farm partner was also not able to provide any administrative time.

- ▶ **Resident Champions Pilot Program.** With funding from the Greater Worcester Community Foundation, REC piloted a resident champions program at a low-income housing development in Worcester. Through this pilot program, REC formed a partnership with the Youth Programs and Resident Services Coordinator to provide outreach and education about HIP and accessibility of SNAP retailers with a small stipend.
- ▶ **Healthy Eating Promotion Through Food Demonstration and Nutrition Handouts.** Ascentrial Care Alliance staff promoted healthy eating through food demonstrations and nutrition handouts every week at the Westfield Farmers Market. In addition, information on the HIP benefit was handed out, and discussed with participants.

Community-level Adoption

Community-based organizations, non-profits, buy-locals, and municipalities across MA embraced and adopted HIP. Two ways they did this: organized transportation for seniors to farmers markets and farm stands and provided retailers with translation services to enhance their interactions with non-English speaking clients.

Retailers also made organizational and systems changes to support HIP including hiring translators; bringing on new fruit and vegetable vendors to meet increased demand; and partnering with senior centers to establish new points of sale at or near the centers (via CSAs, farmers markets, and farm stands) or organize transportation for seniors to farm stands. In addition, retailers hired interns and recruited volunteers to help provide customer service and outreach to SNAP and HIP clients, run HIP payments, and develop a HIP/SNAP cheat sheet. They built greenhouses to increase crop production and expanded their selling season.



Staff positions from various organizations were expanded to include HIP-related activities.



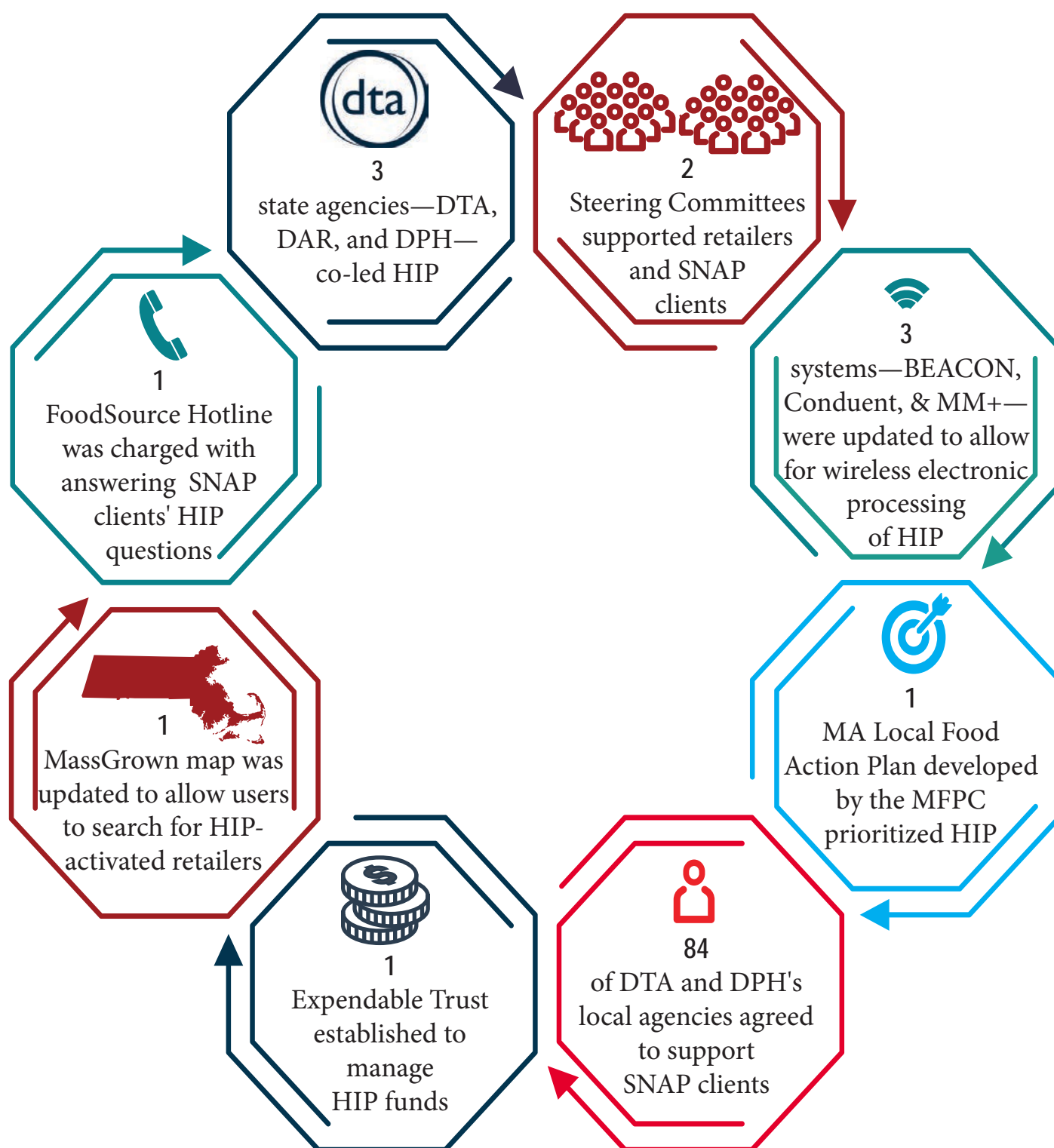
Food demonstrations and handouts were made available.



Transportation was made available for harder to reach populations through community partnerships.

HIP Adoption

April 1, 2015–June 30, 2018



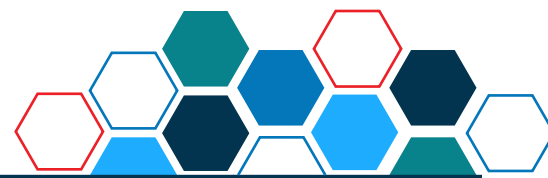


PART FOUR

Implementation







Implementation



Overview

This section of the report describes the activities and processes that were undertaken.^{41, 42} The implementation of HIP included a number of diverse stakeholders (see "Part Three: Adoption") working together, and separately, to carry out various activities and to create systems at the state, regional, and local levels. This section of the report describes implementation from three perspectives: organizational (systems), retailer, and individual SNAP client.

Methods

Method	Description
Interviews	
	Interviews with Client and Retailer-focused Steering Committee members* (Appendices C and D) and HIP-activated retailers (Appendix H) were conducted to better understand partner organizations', retailers', and clients' experiences with the launch of HIP. Interviews with HIP Leadership Team members were conducted to better understand Leadership Team member organizations' roles in the implementation of HIP (Appendices F and G).
Environmental Scan	
	Health-e-link entries submitted by Leadership Team and Steering Committee members helped to describe implementation (Appendix I)
	Meeting minutes, DTA email updates, media mentions, and documents like DTA's November 2017 MFPC HIP slide deck, the HIP Community Partner Toolkit, DPH's count of WIC local agencies and WIC referrals to HIP, DAR's counts of MassGrown views, DAR's records of statewide farmers markets visits, DTA's records of dates/locations of retailer sign-up events, HIP Retailer Toolkit, the April 2017 HIP retailer letter, and the HIP welcome notice and promotional flyer were reviewed. Additionally, DTA's, Project Bread's, DAR's, and CISA's websites were reviewed.
Secondary Data	
	HIP activation dates from the BEACON Monthly FINI Retailer Report and DTA's Master List of Retailers were used to calculate the percent of retailers that were HIP-activated May 2017 through August 2017.

* Includes the follow-up survey of Retailer-focused Steering Committee members sent after one interview.

Findings

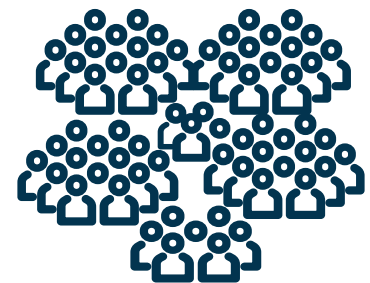
Developing Statewide Capacity to Implement HIP

Community partners across the state, including buy-local organizations, DTA local offices (n=22), WIC local agencies (n=31), MiM coalitions (n=27), SNAP-Ed providers (n=4), and others were instrumental “on-the-ground” in supporting both SNAP clients and HIP retailers. The HIP Leadership Team—comprised of DTA, DAR, DPH, MFSC, and JSI—along with input from community and buy-local partners worked to build local-level capacity. In addition to presentations and trainings, there were a number of tools and resources created to support capacity building.

- ▶ **MassGrown.** As described in “Part Three: Adoption,” DAR worked with DTA to update its MassGrown website (<https://massnrc.org/farmlocator/map.aspx>) to incorporate HIP as a new, searchable nutrition program on its interactive map to provide HIP partner organizations and SNAP clients with an easy mechanism for locating HIP retailers. From June through September 2017, when HIP implementation was in full swing, the website and map had 73,558 and 25,200 page views, respectively.
- ▶ **HIP Community Partner Toolkit.** In June 2017, DTA released a HIP Community Partner Toolkit that included a: 1) client FAQ; 2) community partner train-the-trainer slide deck with script; 3) list of eligible foods; and 4) a client promotional flyer. All of these items were in English and Spanish with the exception of the flyer which was available in 15 languages (Appendix O).
- ▶ **HIP Stakeholder Meeting.** On December 14, 2017, the HIP Leadership Team organized a four-hour gathering of 67 HIP partners (market managers, state department leads, buy-local staff, farmers, etc.) representing 47 state and community organizations and retailers. During the first half of the meeting, updates were provided on HIP implementation and data collected-to-date were shared. The second half of the meeting was spent brainstorming solutions for identified challenges, including long-term sustainability (e.g., fundraising).
- ▶ **Regular Communication on Implementation Activities.** The DTA HIP Coordinator regularly communicated with partners to keep them informed about HIP implementation activities. The most common method of communication was email; Steering Committee members and other community partners said that ongoing communication was important in their understanding of HIP. Despite his intention to send email updates frequently, the HIP Coordinator, stated that limited time and resources kept him from being able to do so.



HIP promotional
flyer was available
in 15 languages.



67 individuals representing
47 organizations and
retailers met to discuss
HIP implementation
and sustainability.

- ▶ **MiM.** DPH provided guidance to assist the MiM grantees in addressing policy, systems, and environmental change (a MiM requirement) through HIP. Dorchester, Franklin, Hampshire, Melrose/Wakefield, and Springfield chose HIP as one of their primary MiM strategies. Other communities, like New Bedford, Medford, and Taunton, also supported HIP (e.g., disseminated materials), but did not pursue it as one of their primary strategies.



5 communities worked on HIP as a primary MiM strategy.

Retailer Recruitment

From the beginning of HIP implementation, DTA and its partner organizations faced barriers to retailer recruitment: farmer time constraints and skepticism regarding both state and federal government. Recognizing that farmers are busy and often cautious of state and federal government's intentions, DTA, alongside the other HIP Leadership Team member organizations, prioritized direct contact to recruit and on-board retailers. This helped expedite the process and personalize the experience. Recruitment was multi-pronged and included in-person interactions as well as printed materials. The most commonly used strategies are described below.

- ▶ **Statewide Farmers Markets Visits.** DTA, DAR, and other sister agencies visited farmers markets statewide to highlight the importance of healthy local food access and local agriculture. DTA and DAR conducted 10 visits which helped build relationships and connect with community and farming partners.
- ▶ **Retailer Working Groups.** Buy-local partners established retailer working groups to support recruitment efforts. During interviews with buy-local partners, many believed that the working group sessions elicited valuable feedback, as anticipated, given retailers' competing priority of time, participation was not very high.
- ▶ **Retailer Sign-Up Events.** To recruit and on-board new retailers "on the spot," DTA, in partnership with DAR, conducted 13 sign-up events between December 2016 and May 2018 (Table 17). These events were planned primarily around existing conferences and agricultural events (e.g., Central Mass Grown's Annual Meeting, Mass Farmers Markets Association's Annual Meeting), or at the request of partners. Each event was staffed by six to eight individuals representing FNS, USDA, DTA, DAR, and MarketLink (the provider of MM+), as well as at least one community partner. Sign-up events lasted between four and eight hours and provided an opportunity for stakeholders to have face-to-face interactions with hundreds of farmers and market managers. Three stations were set up to expedite and simplify the on-boarding process: 1) a SNAP authorization station to help farmers obtain an FNS number; 2) a HIP station to provide information on the HIP program; and 3) an equipment station to help farmers start or complete an online application to receive equipment from MarketLink.



10 site visits were conducted by DTA and DAR, which helped connect community and farming partners.



186 retailers were on-boarded at one of 13 sign-up events.

Retailers appreciated having this “one-stop shop” made available to sign up for everything; 186 retailers on-boarded to HIP during these sign-up events. DTA’s HIP Coordinator noted that this face-to-face engagement helped to strengthen relations with key stakeholders, including FNS headquarters, FNS North East Regional Office (NERO), DAR, community partners, and buy-local organizations.

Table 17. Sign-up Events by Year

Year	Sign-up Events (n)	Retailers on-boarded (n)
2016	2	7
2017	9	170
2018	2	9
Total	13	186

- ▶ **HIP Retailer Letter.** In April 2017, DTA sent a letter to farmers and market managers across the state to increase awareness of HIP and provide information about how the roll-out of the program would affect their businesses (Appendix P).

Factors Contributing to Retailer Participation

During interviews, retailers asked to describe the factors that motivated them to participate in HIP. A number of themes emerged (Table 18).

Table 18. Factors Contributing to Retailer Participation*

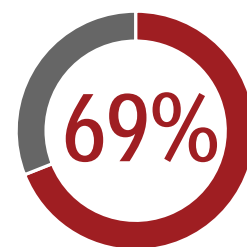
Factor	% of Retailers Who Reported (n=71)
Willingness to support low-income residents’ access to healthy foods	69%
Desire to increase business	31%
Trust and relationships with a HIP partner or agency (e.g., DTA, CISA)	30%
Interest in being part of a larger initiative	24%
Ease of on-boarding to the program	18%
Interest in promoting locally grown food	13%
Demand from clients	10%
Get equipment and support	10%
Leverage resources	5%

*Retailers were asked “What factors motivated you to participate in HIP?”. Open-ended responses were coded into categories.

“I went to a workshop about getting on-boarded with SNAP a year ago [2016]... it seemed like a pain, but then tons of people were pushing me to do it [sign up for HIP]. Funding was available for the machines and CISA had a workshop where DTA and USDA helped with the paperwork and process. It was all laid out in a way that made it accessible. If they hadn’t done that, I might not have signed up.
~HIP Retailer”

“It [HIP] is just a fantastic program...it’s great for SNAP cardholders as well as me [retailer] financially.
~HIP Retailer

It just seemed logical. I’m interested in as many avenues as I can to move my fruit. I wanted to be accessible to people as well.
~HIP Retailer

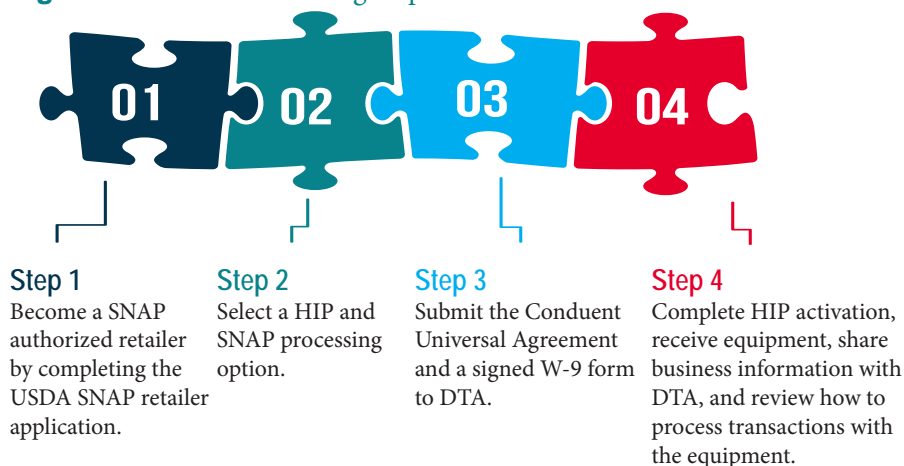


Over 2/3rds of HIP retailer interview participants (n=71) reported their desire to support low-income residents’ access to healthy foods as a contributing factor to their participation in HIP.

Retailer On-boarding

A four-step process, involving multiple organizations and paperwork, was required for retailers to become HIP-activated (Figure 20).

Figure 20. HIP On-boarding Steps



The whole process was cumbersome. Emails that came out from DTA were informative and helpful, but the process had so many steps.

~HIP Retailer

As indicated during interviews, retailers generally felt the on-boarding process included a lot of paperwork and required a number of steps, leading some to question their involvement. Those who were at the sign-up events were generally happy to have had the opportunity to engage with all required parties in the same place, and to walk through all four steps with the appropriate organizations. This made HIP “accessible,” and was seen as a major time-saver, contributing to retailers’ participation.

In 2014, USDA FNS contracted with the Farmers Market Coalition (FMC) to administer a free SNAP EBT Equipment Program, which provided eligible farmers markets and direct marketing farmers with free equipment and services. SNAP-authorized farmers markets and direct marketing farmers were able to apply for this free equipment to process both SNAP and HIP, which was reported to be a “selling” point in getting retailers involved in HIP.

Technical Support

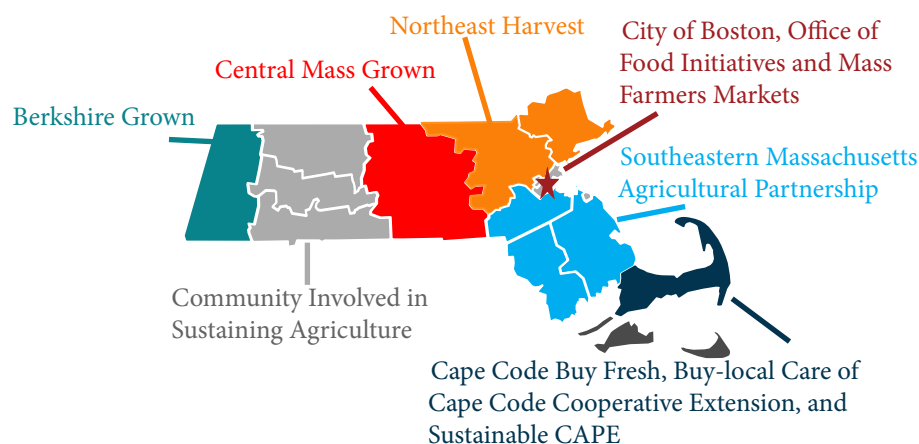
The complexity of HIP in relation to redemptions, earnings, processing payment, equipment, household eligibility, acceptable fruits and vegetables, and the pace within which it was launched required the involvement of many. The HIP Leadership Team and Steering Committee member organizations, with support from other community partners (e.g., buy-local organizations), were instrumental in increasing awareness about the program, on-boarding retailers, trouble-shooting (e.g., equipment), assessing retailer and client needs, and building local-level capacity. These partner organizations developed resources, tools, and a regional support system to support retailers.

State and Local Support. DTA and its state and community partners, especially buy-local organizations, worked diligently to develop resources and tools to support retailers' capacity to process HIP. Upon activation, DTA personally connected with each retailer via email and phone to ensure they had a good understanding of HIP goals and processes. This support from the HIP Coordinator continued through implementation. DTA also worked with buy-local organizations to implement a train-the-trainer model to provide peer support (Figure 21). In addition, CISA dedicated an entire section of its website to HIP resources for retailers (<https://www.buylocalfood.org/resources-for-farmers/healthy-incentives-program/>). These included HIP outreach flyers, signage, and advocacy materials, as well as a HIP resources and FAQ page for market managers.



DTA and its state and community partners developed resources and tools to support retailers' capacity to process HIP.

Figure 21. Regional HIP Technical Support Providers by County



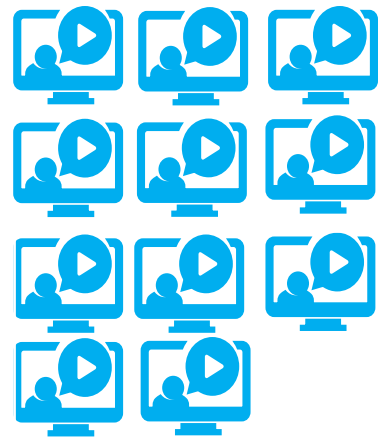
Trainings. Multiple trainings were held for farmers markets' market managers that capitalized on existing relationships and services. For example, in-person trainings were held with Boston market managers to provide an overview of HIP. Information about the program was also shared at CISA's annual meeting for market managers and at a retailer sign-up event hosted by Berkshire Grown. In addition, 11 informational webinars were held for market managers and fruit and vegetable growers.

Signage. The Steering Committees developed signage with the HIP logo to be used by all retailer types—farmers markets, farm stands, mobile markets, and CSAs.

HIP Planning Guide. In collaboration with DTA, DAR, other buy-local organizations, market managers, and other HIP partners, CISA led the development of a HIP Planning Guide for winter farmers markets' market managers (Appendix Q). The guide was disseminated in December 2017 to winter farmers market managers and was posted on the MassGrown website.

Retailer Toolkit. A retailer toolkit was made available on buy-local websites (see: <https://www.buylocalfood.org/resources-for-farmers/healthy-incentives-program/>). Nineteen useful documents with information on HIP, processes, and program contact information were included in the toolkit. The following examples can also be found in Appendix R.

- ▶ **HIP Processing Options for Farmers Flowchart.** This “user-friendly” flowchart guided retailers through various processing options for SNAP and HIP. For example, if retailers answered “yes” to: 1) selling fruits and vegetables; 2) having a farm stand; and 3) having access to electricity and an analog phone line at the stand, they were directed to DTA to obtain a free EBT-only terminal.
- ▶ **HIP Retailer Activation Process Slide Decks.** These two sets of slide decks were created to guide HIP retailers through the Conduent and MM+ authorization and activation processes. These slide decks included “12 helpful things retailers needed to know before completing the authorization and activation processes.”
- ▶ **MM+ NDG One-pager.** This one-pager was created to walk retailers through the process of performing a HIP transaction on MM+. It provided step-by-step instructions with visuals to enhance the learning process.
- ▶ **SNAP & HIP On-boarding Process One-pager.** This one-pager was created to provide a detailed description on the on-boarding process.



11 webinars were held for market managers and fruit and vegetable growers.

SNAP Client Engagement and Education

All MA SNAP clients were automatically enrolled in HIP—no application was required for clients to earn the incentive. The HIP Leadership Team, Steering Committee member organizations, and other community partners implemented a number of strategies to increase client engagement and participation in the program, including:

- ▶ **HIP Welcome Notice and Promotional Flyer.** In June 2017, DTA sent a HIP welcome notice and promotional flyer to all SNAP clients (approximately 425,000 households in the Commonwealth) (Appendices S and O.4 and O.5). The notice was provided in both English and Spanish, and identified types of participating HIP retailers (e.g., farmers markets, farm stands, mobile markets, and CSAs), explained how HIP worked, and provided contact information for DTA and Project Bread's FoodSource Hotline for anyone wanting more information. While key informants deemed this recruitment strategy effective in reaching clients, the cost (materials, printing, and postage) prohibited DTA from sending more than one statewide notice. However, since the initial mailing, the flyer was made available on DTA's website in 15 different languages: Arabic, Cantonese, Cape Verdean, English, French, Haitian Creole, Italian, Khmer, Korean, Mandarin, Polish, Portuguese, Russian, Spanish, and Vietnamese.
- ▶ **Partner SNAP Client Engagement Efforts.** HIP partners used existing events and resources to engage clients. For example, between April 1, 2017–June 30, 2018, a total of 7,400 household referrals were documented during WIC consultations, and the number of participants who received HIP information was much greater. WIC coordinators conducted outreach activities (e.g., resources tables and presentations) to increase HIP awareness at farmers markets, schools, day care centers, homeless providers, and health and human service agencies throughout the State. In addition, WIC distributed 31,681 sets of WIC Farmers Market coupons. Local agencies were supposed to provide HIP education with each distributed set.

The Boston Public Health Commission's Farm Fresh Campaign (developed as part of a three-year grant for the Let's Get Healthy, Boston! USDA grant) advertised HIP on public transportation trains in Boston. The Brockton Farmers Market market manager worked with the Fuller Craft Museum and the Brockton Public Schools to design and disseminate an informational flyer to all 17,000 Brockton Public School students. In summer 2017, two Retailer-focused Steering Committee members—Healthy Hampshire and CISA—, alongside a Client-focused Steering Committee member—the FBWM—launched a Farmers Market Ambassador program to recruit and train volunteers on HIP to support SNAP clients at farmers markets in western MA. An estimated 10-20 volunteers were trained under this program.



Approximately 425,000
SNAP households
received the HIP welcome
notice in June 2017.



Many partners helped
to engage SNAP clients
through...

- WIC referrals;
- WIC Outreach Activities;
- Farm Fresh Campaign;
- Informational Flyers; and
- Farmers Market Ambassadors.

Although some markets like the Northampton Winter Market were able to benefit from this program, most markets in western MA did not because by the time volunteers were trained the market managers no longer expressed a need for extra help. This model was deemed successful by Healthy Hampshire and something worth replicating. Healthy Hampshire, FBWM, MiM Springfield, and CISA collaborated to create a customer-facing HIP retailer-focused Facebook page (www.facebook.com/hippioneervalley). As of October 2018, 599 people liked the page and 620 people were followers.

- ▶ **HIP and MassGrown Webpages.** DTA developed a webpage for SNAP clients (<https://www.mass.gov/service-details/healthy-incentives-program-hip>) as a primary source of information. The site provided information on HIP (including the HIP flyer); marketed Project Bread's FoodSource Hotline as a source of information, provided a link for clients to learn how to incorporate fruits and vegetables into meals (www.mahealthyfoodsinasnap.org), and linked to the MassGrown website and map.
- ▶ **HIP Receipt.** Upon making a HIP-eligible purchase, SNAP clients were provided a paper receipt that detailed their SNAP/EBT account balance, the HIP benefit earned for that purchase, as well as the total HIP benefits earned that month. An example can be found in Appendix T.

During interviews and meetings, retailers, buy-local organizations, and SNAP client support service organizations communicated that the majority of SNAP clients were confused by the receipt. Rather than stating how many HIP incentive dollars were left, the receipt provided the amount of HIP earned month-to-date. Clients had to determine their monthly allotment (which they often did not know) and subtract the HIP earned month-to-date (on their receipt) to determine how many HIP incentive dollars they had left. Retailers were often asked to explain this information at the point of sale.

- ▶ **HIP Balance Check Call Line.** SNAP clients' EBT cards provided a toll-free number clients could call to check their SNAP and HIP balances. Retailers, buy-local organizations, and SNAP client support service organizations said that clients were usually unfamiliar with this resource. Even when clients knew to call, they often faced similar issues in understanding how many HIP incentive dollars they had left to earn in a given month because the call line reported on HIP earned month-to-date, similar to the HIP receipt.



620 followers of the HIP retailer-focused Pioneer Valley Facebook page.



HIP receipt provided the amount of HIP earned month-to-date.



Toll-free call line was made available for SNAP clients to check their balance.

Decentralization Processing

HIP was originally designed with a model of centralized processing of the incentive at farmers markets by market managers. This model reflected the SNAP processing structure at the majority of MA farmers markets at the time—market managers would swipe SNAP clients' EBT cards in exchange for physical tokens to be used by the client when purchasing foods from vendors at the markets. During the planning, startup, and systems development phases of the project, DTA solicited feedback from market managers, retailers, buy-locals, community partners, and farmers to discuss creating a statewide HIP token to align with the existing model. The proposed alternative was to make the process entirely electronic. To do this would involve providing fruit and vegetable vendors at farmers markets their own point of sale devices to process both SNAP and HIP directly. The pros and cons of both models were weighed with input from all stakeholders, and ultimately the electronic, decentralized processing model was selected. This model was selected because it was consistent with project goals of simplifying and improving the process for retailers and purchasing experience for SNAP clients by: removing the burden from market managers to have to settle transactions with individual fruit and vegetable vendors; paying farmers directly; increasing SNAP client anonymity at farmers markets; and allowing SNAP clients to immediately take the earned benefit and spend it at the market (if desired).

Diversity at HIP Points of Sale

Although the increase in racial, cultural, and socioeconomic diversity at HIP retail points of sale has been a commonly reported success, there were reported challenges. To start, SNAP clients frequently faced language and cultural barriers when attempting to interact with HIP retailers. This inhibited effective communication about their needs and understandings of the program. It also hindered SNAP client recruitment efforts and at times tested client-retailer interactions. While some markets fully embraced the diversity, others did not. In isolated incidences, clients experienced negative interactions with, and racist comments from both, HIP retailer staff and privileged customers who expressed resentment in “losing their market.” Addressing inappropriate vendor behavior as well as making markets more welcoming to clients of all cultures and socioeconomic statuses became a top priority for DTA and its partners. Appropriate actions and interventions were taken to ensure a positive experience for all. Some examples included:

- ▶ **Bilingual Outreach Manager.** One market hired a bilingual outreach manager to communicate with Spanish-speaking SNAP clients.
- ▶ **HIP Cheat Sheets.** One retailer created HIP cheat sheets in various languages to help with communication barriers at the market. The sheets provided information on how to earn HIP, check balances, etc.

Farmers markets are often praised for being a place for communities to come together, but we have heard from many low-income clients and communities of color that the markets do not always feel this way. Slowly, HIP is playing a part in changing this for the better.
~Buy-local Staff

One of the biggest successes of the program is breaking down the cultural barrier to farmers market access...unfortunately we have heard several frustrated and racist comments from both customers and farmers who miss their old farmers market experience and aren't happy with the lines and crowds.
~HIP Partner

- ▶ **Partnered with Community Agencies Serving Non-English Speaking Clients.** One retailer partnered with an adult day health center serving Chinese seniors. Center staff worked with the retailer to translate information regarding HIP to improve the clients' experiences.
- ▶ **Farmers Market Ambassador Program.** In partnership with CISA and the FBWM, Healthy Hampshire launched a Farmers Market Ambassador Program. One goal was to make farmers markets more welcoming to all community members. Volunteers were recruited and trained to support vendors, market managers, and SNAP clients at farmers markets in western MA.

Barriers to HIP Implementation

Throughout HIP implementation, there were a number of factors that impeded progress.

- ▶ **Trust with Government-run Program.** Some retailers were distrustful of state and federal government, and, therefore, hesitant to participate in this government-run program. DTA worked to overcome this barrier by prioritizing direct contact and building trust in their recruitment efforts. Additionally, some funders were hesitant to support a government project.
- ▶ **Delays with Equipment.** DTA did not allocate funding for equipment into the HIP budget given that retailers could get free equipment through the SNAP EBT Equipment Program. While this decision enabled project costs to be spent elsewhere, retailers were reliant on grant funds. Unfortunately, there was a six-to-eight week lapse in grant funding at the start of HIP (May 2017), when the demand was high. As a result, over 70 MA retailers ended up on a wait list for equipment during the optimal selling season. Once the activation process was completed, the retailer was marketed as a HIP retailer (e.g., posted on MassGrown), regardless of whether or not they had received equipment. HIP notifications were sent to SNAP clients in June 2017. Upon notification, SNAP clients would show up to these points of sale expecting to earn the HIP incentive but couldn't because the retailer did not have the processing equipment. This added confusion and frustration with the program from both the retailer and SNAP client perspectives. Retailers had to explain (sometimes with language barriers) why they couldn't process HIP and attend to unhappy customers. Overtime, and with the support of FMC, retailers received their equipment.
- ▶ **Timing of Launch.** The majority of all retailers (77%) were HIP-activated during the peak selling months of May 2017 through August 2017. During interviews, retailers described how challenging it was to balance new program logistics with the already demanding roles and responsibilities they have during peak seasons.

3 common barriers to retailer recruitment*



distrust of state or federal government



complex on-boarding process



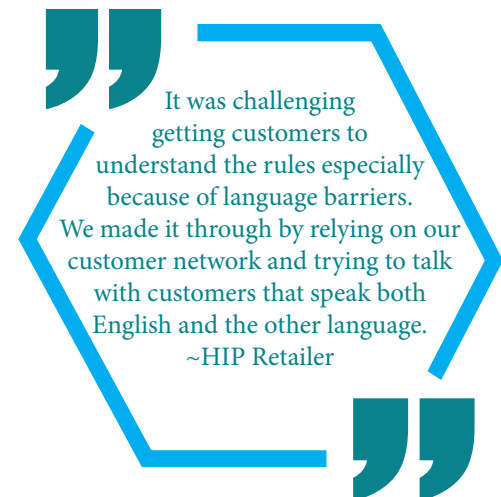
unfamiliar technology

*Themes gleaned from HIP Steering Committee and Leadership Team interviews, Steering Committee meeting minutes, and December 2017 HIP Coalition meeting minutes.

DTA sent out a mailing to SNAP clients about the HIP program before we had the equipment. We fielded a ton of phone calls. It took a lot of staff time to educate and answer questions about what we offer. The clients were a bit frustrated because there was a great program [HIP], but folks couldn't use it yet. It would have been smoother if we had the equipment.
~HIP Retailer

We have not been able to implement HIP at the Holyoke Farmers Market. Each farmer needs to have an EBT terminal to process the cards and add the extra SNAP dollars, but none of them have it yet. It is already August and some farmers have been waiting a couple of months now. We have a lot of complaints.
~Manager of the Holyoke Farmers Market
Source: American Agriculture

- ▶ **Limited Number of EBT Processing Machines.** HIP retailers reported that the limited number of EBT processing machines was problematic. This meant that the existing machines either were needed at more than one location or were overly relied on at any given location.
- ▶ **Steep Learning Curve.** Many retailers felt the on-boarding process was complicated with its multiple steps and, for many, new technology. Despite numerous efforts to educate retailers about HIP. There was a steep learning curve. To become HIP-activated, retailers needed to be SNAP-authorized. In addition to learning how to process both SNAP and HIP, retailers needed to learn new technology (e.g., iPad); identify HIP-eligible foods; process HIP transactions manually or on MM+; print and explain receipts to SNAP clients; take client PIN and card numbers; download transaction data; and, confirm if CSA applications had been processed (when applicable).
- ▶ **Lines and Increased Foot Traffic.** HIP brought new customers to HIP points of sale. Although a positive outcome, some retailers did not have the resources to manage the increased demand. In these situations, customers often had to wait in long lines, which caused them to be frustrated with their shopping experience.
- ▶ **Language Barriers.** HIP brought a new, diverse customer base to the various points of sale (see Diversity at HIP Points of Sale above). Unfortunately, retailers were often not able to communicate in an effective way. This was especially challenging given that HIP was a new program to both retailers and clients alike.
- ▶ **Balancing Administrative Burdens with Desire to Best Serve Customers.** Given that retailers had direct interactions with SNAP clients at the point of sale, they were, by default, expected by SNAP clients to understand HIP. Originally, HIP was to be processed by the market managers. However, the input of various partners and retailers resulted in a decentralized model where the farmers, themselves, would process payment. The role of explaining HIP processes was therefore shifted from market managers to fruit and vegetable vendors who were not accustomed to responding to questions about SNAP and HIP processing, eligibility, and balances. As a result, retailers struggled to best serve their customers. One example of clients' lack of understanding was the fact that they would often not know their SNAP balance, or have a very low balance (e.g., \$1). In such situations, retailers had to process multiple transactions to help clients maximize the incentive (e.g., swipe the card for \$1 for the client to earn \$1 HIP, then swipe the card again on that earned \$1 for the client to earn another \$1 HIP). For example, one market manager reported swiping a client's card 36 separate times to enable the client to maximize the monthly incentive. At other times, the machine would not read the EBT card forcing retailers to manually enter the card number. This was especially problematic when clients wanted to do multiple transactions.



3 common barriers experienced by retailers at the point of sale:

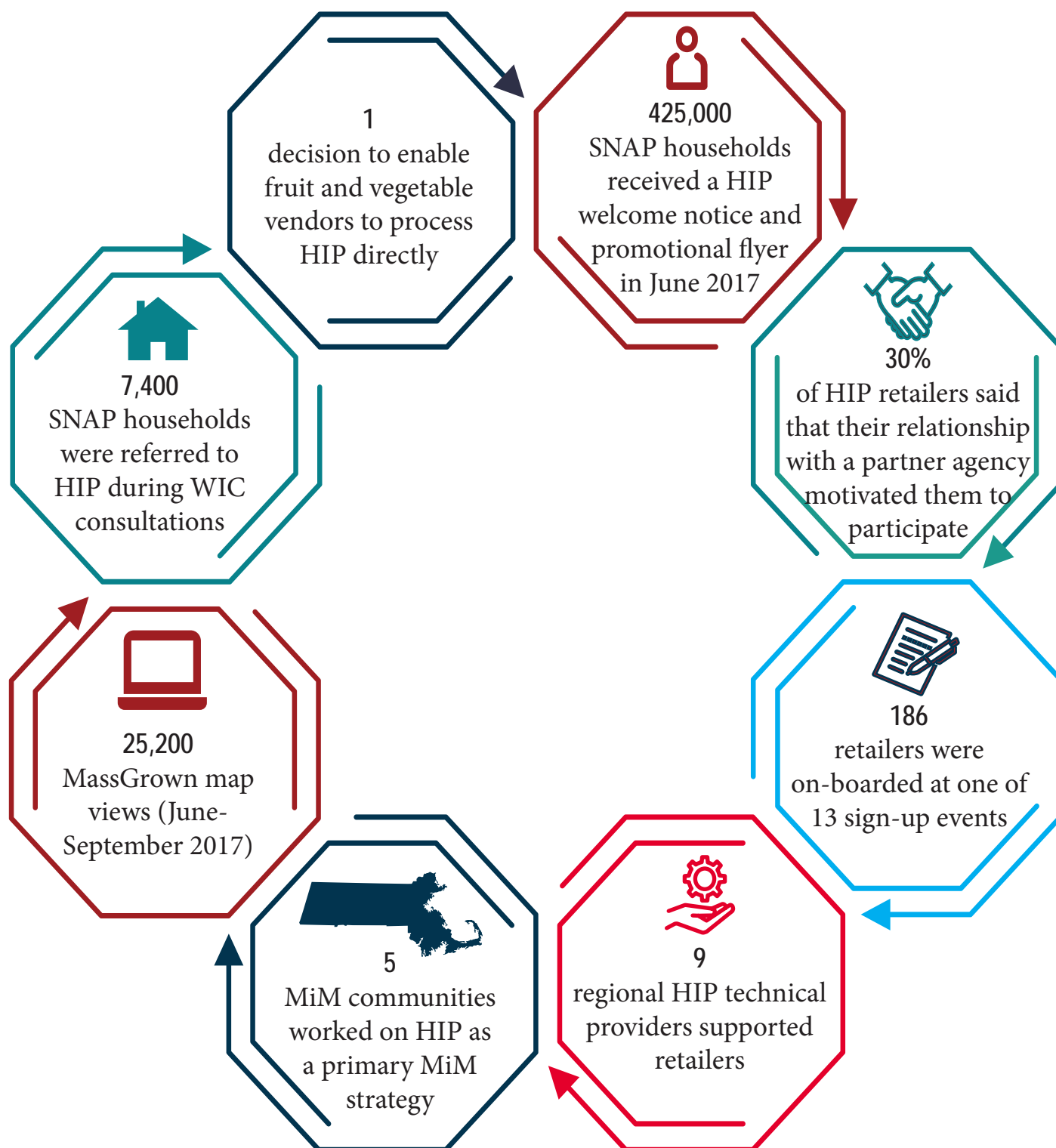
- ⚠ **Multiple transactions** were often needed for clients to earn their maximum incentive.
- ⚠ **Time was needed to explain HIP processes** at the points of sale when retailers faced other demands.
- ⚠ **Retailers had to swipe or manually enter EBT numbers multiple times** because SNAP clients did not know their balance and/or cards were worn or did not work.

*Themes gleaned from HIP retailer interviews and December 2017 HIP Coalition meeting minutes.

- ▶ **Nationwide Interruptions in EBT Processing.** In August 2017, Conduent experienced three nationwide interruptions for all EBT processing, including SNAP and HIP. While this was unrelated to the technology updates made in MA to process HIP, it impacted processing.

HIP Implementation

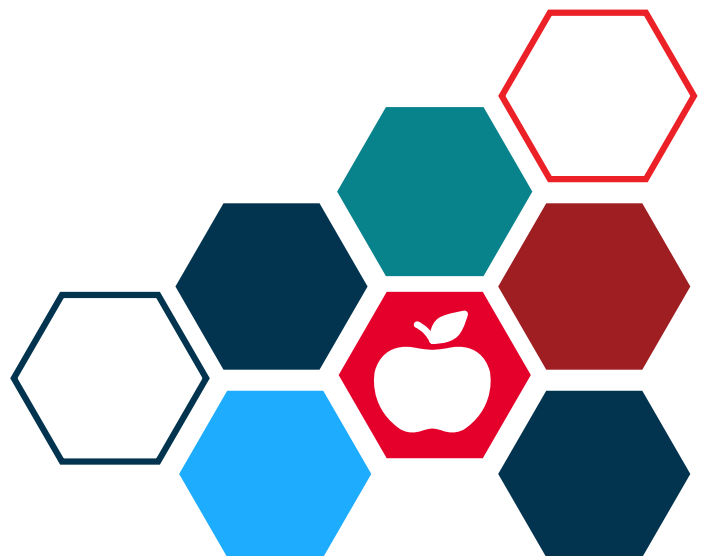
April 1, 2015–June 30, 2018



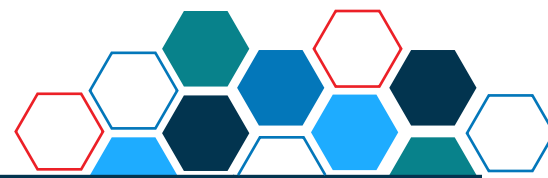


PART FIVE

Maintenance






Maintenance



Overview

Maintenance refers to the extent to which a program becomes institutionalized or part of routine organizational practices and policies. It speaks to whether or not barriers to implementation have been prevented or mitigated and whether the program will be sustained.^{41, 42}

Methods

Method	Description
Interviews	
	Interviews with Client and Retailer-focused Steering Committee members* (Appendices C and D) and HIP-activated retailers (Appendix H) were conducted to better understand partner organizations', retailers', and clients' experiences with the launch of HIP, including challenges and facilitators associated with retailer participation and client engagement. Interviews with HIP Leadership Team members were conducted to better understand Leadership Team member organizations' roles in the sustainability of HIP (Appendices F and G).
Environmental Scan	
	Meeting minutes, DTA email updates, media mentions, documents, and MFSC's and NDG's websites were reviewed.
Secondary Data	
	Conduent's Monthly FINI Retailer Reports were used to determine HIP incentives earned.

Findings

Higher than Anticipated Demand for HIP

The demand for HIP exceeded expectations. Findings from interviews, document reviews, and meeting minutes suggest the demand resulted from SNAP participants' food insecurity and/or inability to otherwise purchase/afford fruits and vegetables (select quotes presented on page 26).

The total HIP budget of \$6.8 million (\$3.4 million from FINI grant and \$3.4 million in required non-federal match) was projected to cover start-up costs, systems development, and testing over two years as well as implementation,

* Includes the follow-up survey of Retailer-focused Steering Committee members sent after one interview (Appendix E).



\$6.8 million projected to fund HIP for the four year grant were expended by April 2018 (two years earlier than anticipated).

including a dollar-for-dollar match for three years. In April 2018, these monies had been expended (two years earlier than budgeted).

The State's recognition of and commitment to HIP's success was of the utmost importance when, in summer 2017, it became clear that DTA and partners had grossly underestimated the program's level of uptake. Based on the Pilot data and other projections, DTA had budgeted \$1.25 million in incentive dollars for the three years of implementation. In September 2017, six months into the program, the project surpassed the budgeted amount by over \$430,000; at the end of September 2017 over \$1.73 million in HIP incentives had been earned in just six months. The high uptake of the incentive by SNAP clients was not just a reflection of a well-designed program, but a clear indication of the high need of MA food-insecure residents. Ensuring HIP's sustainability became all the more pressing.

Coordination and Collaboration Across Partners

The formation and growth of any collaborative effort, especially one of this nature, has many challenges. Agreeing to a common goal and building an "ecosystem" of nonprofits, government agencies, retailers, neighborhood groups, community leaders, etc. who implement strategies and coordinate integrated activities among them in order to achieve the goal is a complicated undertaking. Coordination of activities and strategies within this ecosystem likely leads to feelings of shared ownership and overall success. Throughout the various data collection efforts, partners referred to HIP as DTA's project and some expressed complacency while others expressed frustration with what appeared to be a desire for control. It is unclear if these frustrations grew in response to a passionate HIP Coordinator, the need for an organization to spearhead the efforts, or something else. Regardless of the reason, if partners do not feel they are contributors, or that they are contributing equally it can be challenging to garner their support and commitment for the long-term. DTA tried to engage partners through Steering Committees, calls with the Leadership Team, and in-person convenings. In some cases, the conversations were dominated by the HIP Coordinator, but this was nearly unavoidable as he was centrally involved in all aspects of the program.

In December 2017, DTA went through an organizational realignment to better position its staff to do the work necessary for supporting SNAP clients. One change was a greater focus on Food Security and Nutrition under which SNAP Outreach, SNAP Policy, SNAP Education, and HIP were aligned. The Department also created three new SNAP Outreach Worker positions to support client and community partner engagement activities that focus on SNAP and HIP. Furthermore, with the closing of the FINI grant and de-obligation of subcontracts in late spring 2018, the HIP Leadership Team and Steering Committees were dissolved. In their place, a HIP Advisory Council was established to monitor and evaluate HIP long-term. DTA assigned the following organization to the council: DTA, CISA, DAR, DPH, MFSC, Project Bread, and the Worcester County Food Bank.

Coordination and communication across partners is critical, but can be challenging.



Improving the alignment of funding and strategies to support HIP's goals was critical to long-term success. In a strategic effort to more accurately manage HIP costs and funds, DTA set up the Trust, which allowed private and government funds (both restricted and unrestricted) to “mix” and to be spent on HIP only. The Trust further enabled DTA to track exactly where monies were spent. This eased financial contributors' concerns about donating money to the state as well as increased their confidence that all contributions were in fact being spent on HIP.

By its complex nature, institutionalization and adoption of organizational practices were required by state, regional, and community organizations throughout MA to implement HIP. Many partners shifted their work to support HIP goals, and in some cases embedded strategies in their own organizational plans. For example, many organizations leveraged resources, expanded and created new staff and volunteer roles to support the program, and established internal processes to support HIP. Unfortunately, despite attempts to streamline efforts and develop systems (e.g., CISA's Google Form), partners were busy with the rollout of HIP. It was extremely difficult, with the rate and intensity of implementation, to keep partners informed and to update information constantly.

The lack of coordinated and collaborative processes was very apparent in terms of data collection. Many organizations were tracking information. For example, DAR listed active HIP retailers on MassGrown but the information may not have aligned with the most-up-to-date information from DTA. Despite the evaluator's exerted efforts to create a central location for data, many partners had existing systems and spreadsheets. Dedicating time to sync these systems, or to use a more central location, in the midst of a rapid program rollout, was deemed impossible. To ensure sustainability of HIP, it will be critical to establish a more coordinated and collaborative process for sharing information. Not only will this help to ensure that high-quality data are collected and shared, but also help to ensure partner engagement.

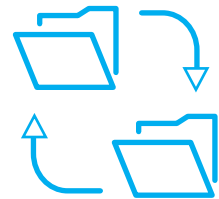
Uncertainty and Trust

Due to the unanticipated high client demand for fresh fruits and vegetables, in April 2018, HIP ran out of grant funds for the incentive—two years earlier than predicted. Accordingly, DTA had to terminate subcontracts with its partners (initial conversations regarding this matter occurred in early 2018) and suspend the program on April 16, 2018.

This led to feelings of frustration, uncertainty, and challenged retailers' and clients' trust in government. Overall, subcontractors and partners felt their contributions to HIP were substantial, and without a subcontract, they would be challenged to provide the same level of support. Some partners, however, were able to continue with their activities. For example, HIP remained a DPH MiM strategy.



A HIP Trust was created to allow both private and government funds to be pooled.



HIP partners needed an organized way of compiling and sharing information.



HIP increased sales dramatically...I would like to expand my business, however, this could lead to major problems if HIP funding is not continued.
~HIP Retailer



Feelings of uncertainty and diminishing trust in the government was reported by retailers who had made investments in HIP and felt “blindsided” by the suspension. During a February 2018 meeting of MA agricultural retailers, organized by the Mass Farmers Markets, retailers shared their frustrations and concerns. Many had already made major investments as a result of HIP (e.g., purchased seeds/crops to harvest, built a greenhouse), and were concerned that they would take a loss without HIP. Others were worried about the negative impact the suspension would have on them in terms of resources and time, given that they were on the front line and would likely be the first to interact with many clients looking to earn or redeem HIP.

Retailers communicated how demanding it was to educate clients and to respond to callers looking for more information on HIP during the rollout, and were worried about having the “man power” to respond to questions about the suspension without the assurance of HIP income. DTA and DAR held seven in-person regional meetings throughout the State and two conference calls (March 28 and April 11, 2018) to further inform retailers and partners of the suspension, and to give them tools and resources for communicating with SNAP clients.

DTA and its partners were equally as concerned about the negative impact the suspension would have on clients, who were beginning to understand how HIP worked. As such, DTA took deliberate and strategic steps to inform buy-locals, community organizations, retailers, and clients about the program’s suspension. To start, on March 23, 2018, DTA disseminated a flyer in 15 languages to SNAP clients who had participated in HIP, informing them that the last day to earn benefits would be April 15, 2018 (Appendix U). Additionally, DTA placed robo calls in eight languages to SNAP clients’ homes to alert them of the suspension and left an automated message about the suspension on the SNAP assistance call line. Both DTA and DAR programmed alert banners on their HIP-related websites. DTA also created a push notification about the suspension via the DTA Connect App, and mailed a letter to all SNAP CSA participants. Project Bread’s FoodSource Hotline informed all callers about the suspension and answered related questions.

State-level Advocacy and Support

From the beginning of HIP, efforts were made to ensure that state representatives, legislators, and the public were aware of the program and its benefits. Many of these awareness and advocacy efforts were spearheaded by MFSC, alongside numerous other buy-local and community-based organizations. As a result, in summer 2017, the MA Legislature and MA Governor Baker invested \$1.35 million for HIP in the Fiscal Year 2018 state budget.

Efforts to educate stakeholders like the MA State Legislature were ongoing. For example, on September 30, 2017, MA State Representative William Pignatelli joined MFSC, Berkshire Grown, and Indian Line farm in Egremont, MA to talk about HIP at the Great Barrington Farmers Market. A video from this visit is available on YouTube here: https://www.youtube.com/watch?v=dlzgA_LbQJM&feature=youtupe (“State Healthy Incentives Program (HIP) touted in Great Barrington”). As a result of these efforts, from April 1, 2017 through



Retailers expressed frustrations and concerns when they learned of the HIP suspension.

HIP has been so successful that we need to urge our legislators to include funding in their next budget to support the program so that it can continue.
~Director of Berkshire Grown

Source: Berkshire Grown (2018, January 8). Retrieved from: <https://berkshiregrown.org/hip-making-local-food-affordable-reaches-community-support/>.

June 30, 2018, HIP received 108 media mentions in online newspapers/news sources. Sixty-three percent of these media mentions were earned in the months following the December 2017 HIP Coalition meeting (January–June 2018).

In early 2018, when the budgetary concerns were growing and the longevity of HIP was in question, the MFSC and other non-government groups encouraged MA residents to call their state representatives and ask them to support HIP. For example, in its January 2018 newsletter, the Director of Berkshire Grown highlighted the HIP success and urged residents to take action. “HIP has been so successful that we need to urge our legislators to include funding in their next budget to support the program so that it can continue,” MFSC also organized a HIP Lobby Day held March 1, 2018, at the MA State House. More than 80 advocates, farmers, and SNAP recipients met with legislators and staff to educate them about HIP and the need for ongoing funding.

These advocacy efforts led to Governor Charlie Baker signing into law a supplemental budget, passed by the Legislature on May 21, 2018, that included an additional \$2.15 million for HIP for the remainder of the state’s fiscal year (through June 30, 2018). As a result of this additional funding, HIP was reinstated, effective May 23, 2018.

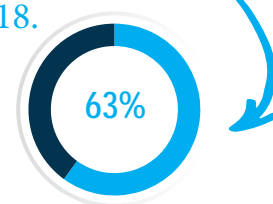
MFSC’s HIP campaign continued and resulted in MA budgeting \$4 million in the Fiscal Year 2019 state budget, reflecting the State’s commitment to the program. MFSC has reported its ongoing plans to advocate for the inclusion of HIP in the Fiscal Year 2020 state budget. Nonetheless, balancing budgeted funds with client demand will be a continued challenge. As such, a decision was made to operate HIP on a seasonal schedule in an effort to maximize the utilization of the program vs. changing the program’s design (e.g., reducing monthly caps).

Equipment

One unique function of HIP is electronic processing of the incentive. Unlike other incentive programs that rely on coupons, tokens, or manual transactions, HIP is primarily processed electronically. While this is imperative for a statewide program, it comes with many challenges including the availability of affordable, consistent EBT processing equipment options. As described under “Part Three: Adoption” above, none of the five national TPPs were willing to engage with DTA to process HIP. As a result, DTA coordinated with Conduent and NDG to bypass TPPs and allow direct processing of HIP from MM+ to Conduent.

Although this workaround proved that SNAP/HIP EBT-processing can be done without TPPs, it limited the EBT processing equipment options to two options: MM+ and Conduent, and EBT-only Terminals. EToken was temporarily available as a HIP-processing option in 2017, but was taken offline in 2018.

63% of media mentions were earned January–June 2018.



Over 80 advocates, including farmers and SNAP recipients, participated in a HIP Lobby Day.



The Massachusetts State Government committed \$7.5 million to HIP through Fiscal Year 2019.



DTA coordinated with Conduent and NDG to bypass TPPs and allow direct processing of HIP from MM+ to Conduent.

Moreover, retailers continue to be reliant on often unpredictable grant funds and contracts to receive this equipment. Fortunately, in 2017 the USDA FNS equipment grant funds included NDG's MM+ as one of three SNAP EBT equipment and service provider options. However, when FMC's contract ended with USDA FNS in November 2017, the federal government issued a competitive bid process. In early 2018, a new contractor, Financial Transaction Management, was selected to administer the program. NDG was no longer included as an equipment provider for the USDA FNS equipment grant program. On July 2, 2018, NDG announced it could not sustain operations and it, along with its MM+ application, would be suspended effective July 31, 2018.

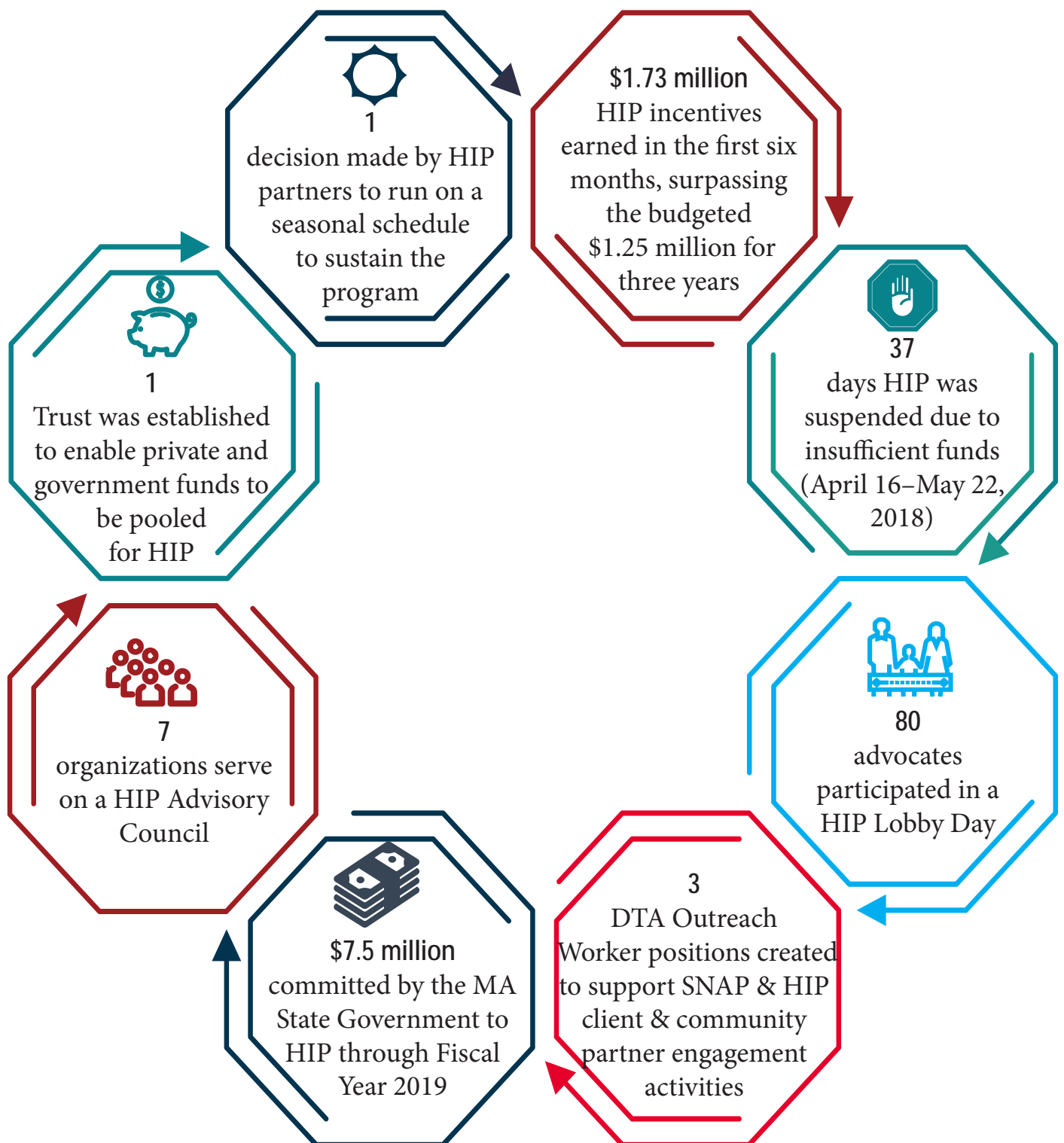
NDG is the largest supplier of SNAP payment processing equipment to farmers markets in the country. On July 27, 2018, the state of New York, in partnership with the New York Farmers Market Federation, announced a six-month agreement with NDG that ensured all users of MM+ nationwide could continue operating MM+ without any service disruption. NDG is currently working with the New York Farmers Market Federation and many other groups to construct a permanent solution starting in February 2019. Unless other processing strategies are proposed, HIP's sustainability is dependent on this solution.



NDG in
collaboration with the
New York Farmers Market
Federation and many
other groups are working
to construct a permanent
solution to the continued
use of MM+.

HIP Maintenance

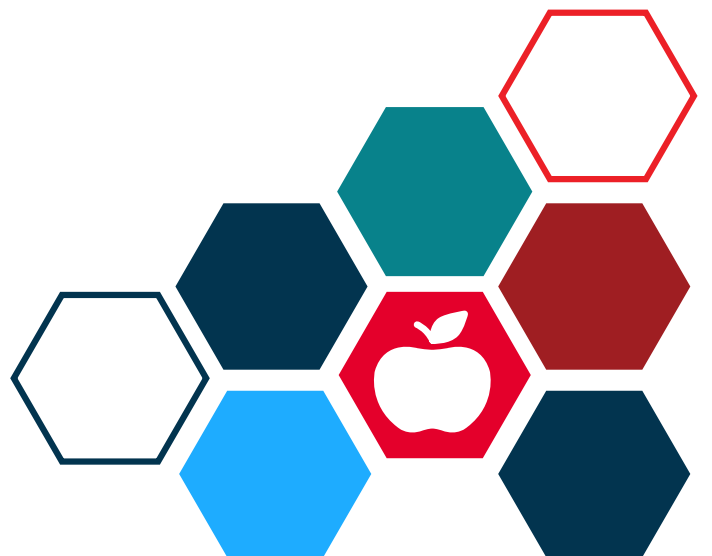
April 1, 2015–June 30, 2018



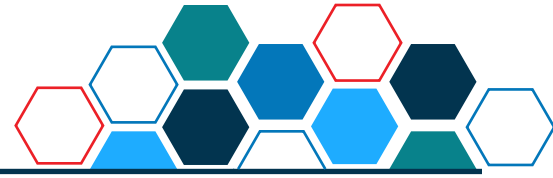


PART SIX

Discussion



Discussion



Healthy, nutritious food is critical to human existence; it provides physical sustenance and plays an essential economic role in society. The FINI grant program, specifically HIP, demonstrates positive progress towards increasing the purchase of fruits and vegetables among SNAP clients by providing incentives at the point of sale. DTA and its partners built on the lessons learned from the Pilot and other relevant projects to develop HIP, a statewide, electronic incentive program. As a result, there were many documented successes. There were also many challenges, some that were overcome and some that still prevail, as DTA expanded HIP statewide and shifted from all SNAP-authorized retailers to SNAP-authorized and HIP-activated farmers markets, farm stands, mobile markets, and CSAs.

Given that HIP was the first statewide incentive program, data on the reach, effectiveness, adoption, implementation, and maintenance of HIP are valuable in terms of the program's sustainability in the Commonwealth, and replication throughout the U.S. The following section poses some follow-up questions and "healthy food for thought" to guide future efforts.

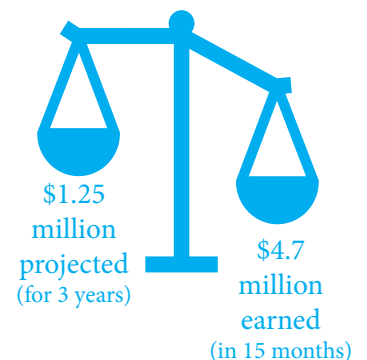
"Healthy Food for Thought"

Why did the amount of incentives earned exceed projections?

Using findings from the Pilot and other incentive programs, DTA projected that 1.25 million dollars' worth of HIP incentives would be earned by SNAP clients over a three-year implementation period. SNAP clients earned this amount in less than six months and nearly \$4.7 million in incentives were earned in just over one year. This is 3.8 times the projected amount in approximately one-third of the projected time. Many factors likely contributed to the higher-than-projected utilization of the program.

Improvements in Geographic and Temporal Access

The unexpected large number of retailers on-boarded in the first year of the program likely contributed to the higher-than-projected amount of HIP earnings because it resulted in improvements in geographic and temporal access to fruits and vegetables for SNAP clients. In implementation year one, the retailer recruitment goal was 242 retailers. By the end of August 2017—just five months into the program—292 FNS numbers, or retailers, were HIP-activated. In a little over a year (15 months), DTA was 14 retailers away from meeting its three-year goal of 357+ retailers (343 retailers were on-boarded by the end of June 2018). The large number of retailers on-boarded in the



HIP earnings exceeded projections by 380% in approximately one-third of the projected amount of time.

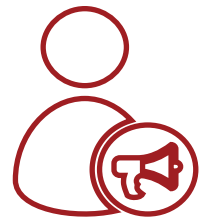
early months of the program led to increased HIP points of sale throughout MA. As a result, 9% of SNAP households (39,094 households) were located in mitigated healthy food desert census tracts (i.e., prior to HIP, the census tract had >20% of the population in poverty and households lived more than one mile from a supermarket; after HIP, households lived one mile or less from a HIP-activated retailer), and therefore had to travel less distance to access fruits and vegetables. Moreover, 87% of SNAP households experienced geographic and/or temporal improvements in access to fruits and vegetables as a result of HIP, compared to supermarkets alone. In fact, the average distance between a SNAP household and a HIP point of sale across the state was 1.97 miles, with the longest distance in Barnstable County (4.37 miles) and the shortest distance in Suffolk County (0.89 miles). Per Olsho et al., SNAP rebates could be smaller in practice than anticipated if there are increased time or transportation costs associated with changing where one shops.⁵⁸ With HIP, utilization was higher than anticipated, which may be in part a result of the fact that SNAP clients experienced improvements in geographic and temporal access to fruits and vegetables as a result of the program. This may have resulted in no changes to or improvements in the amount of time and/or transportation costs associated with reaching a HIP-activated retailer.



The large amount of HIP earnings may be a result of improvements in geographic and temporal access to fruits and vegetables.

Awareness of HIP

To earn the HIP incentive, SNAP clients had to be aware of the program, know how use it, and know where to use it. This evaluation clearly demonstrated a strong commitment by both state and local partners to prioritize SNAP client engagement and education. In addition to a history of working together, MA has a robust network of community partners, including buy-local organizations, non-profits, and safety-net providers that helped to increase awareness of HIP among both SNAP clients and local agricultural retailers. The diversity in awareness activities—from the incorporation of HIP into existing organizational websites, to organizations dedicating staff time to support HIP, to the hiring of translators and making information available in multiple languages—likely contributed to the higher-than-expected HIP earnings. At a minimum, the HIP promotional flyer was instrumental in educating SNAP clients about the program; there was a noticeable increase in the number of SNAP households earning the incentive after the HIP welcome notice and promotional flyer were distributed.



State and local partners made concerted efforts to increase awareness of HIP among SNAP clients and agricultural retailers.

In addition to general awareness of the program, SNAP clients needed to understand what foods were eligible and how to earn and redeem the incentive. Implementation data show that numerous efforts were made to enhance SNAP clients' understanding of how HIP worked, including trainings and a toolkit being made available so that both market managers and farmers could help explain HIP. The HIP receipt and HIP balance call line, while not perfect, also provided information on HIP earnings to ensure SNAP clients understood their incentive amount.

Stigma

Stigmatization or fear of being stigmatized is a major barrier to participating in SNAP and incentive programs.^{59, 60} HIP's electronic processing of the incentive may have helped SNAP clients overcome concerns related to stigma compared to use of tokens and coupons. EBT cards look like credit cards, and therefore may be less obvious than other forms of incentives. Reductions in stigma may have therefore encouraged use of the incentive. Seventy-three percent (73%) of HIP households utilized HIP more than one time. These data suggest that SNAP clients were comfortable participating in the program, but additional research should be conducted to better understand the benefits of an electronic payment system and stigma in terms of incentive programs.

Buffering Poverty

While unemployment is at a 15-year low, incomes have not kept up with the basic costs of living (e.g., housing and child care) in MA. The minimum wage (\$10 in 2016 and \$11 in 2017) is a "poverty wage" in most counties across the state. According to the Living Wage Calculator, the average "living wage" for a single parent household with two children is estimated at \$32.98 per hour.⁶¹ An incentive, even as small as \$40 per month (HIP incentive allotment for households with 1–2 people) helps to fill this significant gap. Qualitative data from this evaluation suggest that HIP increased SNAP clients' ability to meet household food, transportation, housing, and medical needs. The ability to stretch one's household budget by purchasing healthy, fresh produce may have contributed to the high-level of HIP earnings and discrepancy with the lower amount projected.

Differences between the Pilot and HIP

While it is important to use evidence to inform project development and expansion, there were many differences between the Pilot and HIP. The Pilot was implemented five years prior to HIP. It was a county-wide program versus a statewide program. The Pilot was implemented in all SNAP-authorized retailers, whereas HIP was implemented only at farmers markets, farm stands, mobile markets, and CSAs. The incentive was \$0.30 for every dollar spent and HIP was \$1.00 for every dollar up to a monthly cap. These factors, as well as the unanticipated large number of retailers on-boarded during the program's launch, partner-level engagement efforts to make SNAP clients and retailers aware of HIP, and changes in costs of living challenged the ability to accurately project incentive earnings with statewide expansion.

What factors may have led to only 9% of all MA SNAP households participating in HIP?

Despite the general sentiment that HIP helped SNAP clients afford locally grown, fresh fruits and vegetables, only 9% of all MA SNAP households participated.* Unfortunately, the limited resources allocated to the evaluation prevented JSI from collecting individual-level data. However, the findings do support several likely explanations including: language barriers, a lack of

*Although from April 1, 2017 through June 30, 2018, 9% of all MA SNAP households participated in HIP, within any given month, less than 1% to nearly 5% of SNAP households participated.



Electronic processing of an incentive may reduce stigma, a barrier to participation in SNAP and incentive programs.



HIP increased SNAP clients' ability to meet household food and other daily needs.



Only 9% of MA SNAP households participated in HIP.

cultural competency, transportation issues, and uncertainty/lack of trust.

Language Barriers and Cultural Competency

SNAP demographic data indicate that almost one-quarter (23%) of SNAP households speak another language other than English at home. Language barriers likely prevented SNAP clients from participating in HIP. A major communication strategy, the HIP promotional flyer—mailed to approximately 425,000 SNAP households—was only sent in English and Spanish. Available resources and the date within which the flyer needed to be sent prevented the sending of the flyer in additional languages. While DTA did prioritize language, and ultimately worked with partners to have the flyer translated into 15 languages which were made available on several websites, it is unclear how frequently they were utilized, or if other documents required translation. Additionally, the high costs of mailing flyers to SNAP households prevented DTA from distributing another mailing of the translated information. Many SNAP clients may have been unaware of HIP or where and how to participate.

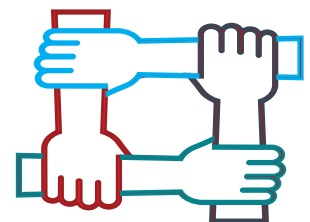
Furthermore, while increases in diversity at local agricultural retailer points of sale was an agreed upon success, the customer-retailer experience was reportedly challenged. Language barriers complicated the interactions, causing confusion and frustration among non-English speaking SNAP clients and retailers. This was compounded by the decentralization of HIP in which individual fruit and vegetable vendors versus market managers at farmers markets processed HIP directly. As a result, these vendors bore the majority of the responsibility of having to explain HIP to SNAP clients. While some efforts were made to improve communication to enhance the HIP experience, there was not a concerted effort across the state. Many farmers were ill-equipped to communicate with non-English speaking customers.

More broadly, data suggest greater challenges related to diversity that likely impacted participation and/or experience at the point of sale, including racism and classism. While many retailers embraced a more diverse customer-base, HIP stakeholders reported seeing some retailers engaging in disturbing behaviors that would make SNAP clients not want to return.

The customer base at farmers markets is changing amongst a historically “middle-to-upper class, white space”. A deeper understanding, and appreciation for economic and cultural differences could help to ensure a positive experience for retailers and customers alike. HIP-activated retailers should be encouraged, or required, to attend trainings on class and cultural sensitivity. In addition, community-based organizations could help retailers to understand cultural differences in shopping behaviors to more positively interact with people from varying backgrounds. Retailers should hire a more diverse sales force, or engage with community-based organizations, to ensure markets are welcoming to everyone. For example, advocates from social service agencies, community members, and volunteers who are able to speak multiple languages may help reduce language barriers at points of sale. Addressing class, language, and cultural barriers and divides will be a



Language barriers
may have prevented
SNAP client
participation in HIP.



Addressing class,
language, and
cultural barriers is
key to ensuring HIP
has the greatest, most
equitable impact.

continued challenge, but critical to ensuring nutrition incentive programs, such as HIP, are able to have the greatest, most equitable impact.

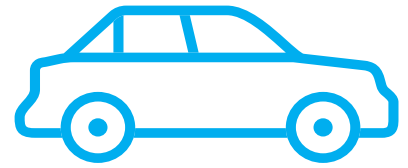
Transportation Issues, Older Adults, and People with Disabilities.

Transportation is another possible reason why more SNAP clients did not participate. SNAP clients were automatically enrolled in HIP, and while it was not necessary to opt-out of the program, 107 SNAP clients did. Common reasons for opting out of the program were transportation issues, difficulty in getting to a HIP retailer due to disabilities, and a lack of proximity to a HIP retailer. While these reasons were stated from a small number of SNAP clients in the first few months of the program when the majority of retailers were still on-boarding, Steering Committee members also indicated during interviews that transportation was often a barrier for SNAP clients to accessing HIP. These findings are consistent with McDermot et al. who found transportation barriers impacted access for SNAP clients to farmers markets.⁶²

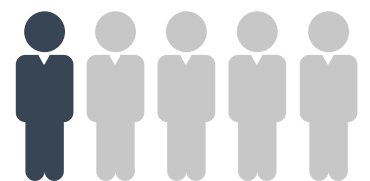
As previously indicated, community partners helped to overcome this challenge by providing transportation from social service agencies to farmers markets. This type of support should be further evaluated, particularly in areas where there is a high number of adults aged 60 or older or people with disabilities who may have transportation barriers. For example, earnings and redemptions at HIP points of sale were the smallest in Dukes County. Part of this is explained by the small number of SNAP households. Yet, among them, there was a high percentage of SNAP clients who were 60 or more years old (62%) and who reported a disability (48%). The population of U.S. adults 65 is projected to more than double to 98 million in 2060.⁶³ Persons reaching age 65 have an average life expectancy of an additional 19.3 years (20.5 years for women and 17.9 years for men).⁶³ Although improved healthcare has led to a progressively increasing life expectancy among older adults, studies suggest they have higher rates of chronic disease, more disability, and lower self-rated health than members of the previous generation at the same age.⁶⁴ Moreover, 28% of non-institutionalized older persons live alone, that is 8.8 million women and 3.8 million men.⁶³ By 2056, the population aged 65 years and older will be larger than those youth under 18 years,⁶⁵ suggesting the importance of improving this population's health status. Increasing access to reliable and affordable transportation to ensure access to healthy, affordable foods, especially among older adults, may be of particular importance.

Uncertainty and Lack of Trust

DTA expended considerable resources on participant notifications, training materials, and training sessions, yet numerous stakeholders and retailers reported seeing and experiencing SNAP client confusion about HIP. Furthermore, according to research by the Pew Research Center, trust in the government is among the lowest levels in the past half-century.^{66, 67} Only 20% of Americans report that they can trust the government always or most of the time,⁶⁰ and only 20% described government programs as being well-run.⁶⁷ Being a federally-funded program run by the state government may have impacted both retailer and SNAP client participation. DTA and its partners



Transportation issues among SNAP clients contributed to non-participation in HIP.



Only one-fifth (20%) of Americans feel that they can trust the government always or most of the time.

implemented a number of sign-up events to ease the on-boarding process for retailers. Among those interviewed, retailers felt both the sign-up events and the personal connections with various agencies were major reasons for their involvement in HIP. Although many local, regional, and state organizations made concerted efforts to establish a connection with SNAP clients, and to increase their awareness of the benefits of HIP, it is possible that some or all of the nearly 91% of SNAP households who did not participate may have been skeptical in the partially government-funded program.

Increasingly over time, there were more HIP earnings and redemptions. Enhanced awareness and understanding of HIP were likely factors. However, the suspension of HIP likely provoked feelings of uncertainty and a lack of trust. DTA and its partners made salient efforts to ensure that both SNAP clients and retailers were informed of the HIP suspension. Retailers expressed frustrations with the uncertainty of funding and if/when HIP would be reinstated. (SNAP client response to the suspension was not evaluated.) Frustrations were further exacerbated by the investments many retailers made as a result of their participation in HIP and promise that the program would be run for three years (e.g., built a greenhouse, purchased a van for a mobile market, planted additional seeds).

How did HIP impact the local economy?

In addition to the potential to provide health benefits, healthy incentive programs are thought to have economic benefits. Similar to other studies,^{68, 69, 70} there were reported benefits to local agricultural retailers as a result of HIP. In general, both HIP-activated and non-HIP-activated survey respondents reported that HIP had positive impacts on their businesses, but the reported impact was significantly higher among HIP-activated survey respondents compared to non-HIP-activated survey respondents. Over \$5 million dollars in HIP-eligible purchases went to local retailers; almost \$4.7 million in HIP earnings. These findings demonstrate that shoppers spent additional SNAP beyond their matched benefits at HIP-activated retailers.

Similar to other evaluations,^{68, 69, 70} our findings also show that HIP-activated retailers benefited in terms of cultivating more land and hiring staff. During interviews, and on the retailer survey, retailers reported that increased revenue afforded them to increase their acreage cultivated and hire additional staff. Moreover, survey respondents representing HIP-activated retailers reported a significantly higher number of staff compared to non-HIP-activated retailers (4.4 vs. 2.4, respectively).

Is HIP sustainable?

Within MA, there is a strong network of partners and a developed local agricultural community that support HIP. Furthermore, the state's recognition of, and commitment to, HIP's success has been clearly demonstrated through the state's fiscal budget allocations and through the goals of the MFPC. Having both allocated funds and a coalition of partners working to support HIP



HIP positively impacted
HIP-activated survey
respondents' local
agricultural retailer
businesses.

suggest that the program can, and will be sustained. However, a number of factors could jeopardize this reality.

First, the long-term commitment of, and involvement by, both state and local partners is unclear. Maintaining commitment, and ensuring valuable contributions by multiple partners can be difficult, especially when the long-term funding of the program is uncertain. Efforts spent fundraising, or advocating for HIP, could exhaust partners. Without dedicated funding, incentive programs are not likely to be sustained. Yet, every year since 2009, MA SNAP clients have redeemed over 1 billion SNAP dollars at MA USDA SNAP-authorized retailers (e.g., supermarkets, chains, small and medium grocers, convenience stores, and local agricultural retailers). Comparatively, HIP is an extremely small fraction of this total spending. In fact, if all HIP earnings from April 1, 2017 through June 30, 2018 (approximately \$4.7 million) had been redeemed by any MA USDA SNAP-authorized retailer during this same time period, HIP would have accounted for only 0.32% (less than one third of one percent) of total SNAP dollars spent. Thus although the MA state government's commitment to the program is essential for HIP's continued existence and success, the numbers illuminate that fact that if the federal government allocated even 1% or less of its MA federal SNAP dollars to HIP, it would have huge implications in terms of program sustainability. More importantly, in doing so, the federal government would be supporting the increased purchasing of fruits and vegetables by SNAP clients and the strengthening of MA's local economy.

Second, DTA demonstrated that issuing direct financial incentives through SNAP EBT cards was technically and operationally feasible at farmers markets, farm stands, mobile markets, and CSAs. The use of a statewide, electronic processing system was progressive, and worth replicating across the U.S. Unfortunately, in 2018, NDG was no longer included as an equipment provider for USDA FNS' equipment grant program, threatening the sustainability of MM+. Without MM+, or an adaptation of the system, retailers will not be able to process HIP beginning March 2019. The sustainability of HIP, and replication of statewide electronic processing is dependent on a solution.

Third, an increased understanding of the impact of HIP on the local economy, in addition to the health benefits of a nutrition incentive program, may help to garner funding and support. From the beginning, the HIP evaluation was limited in terms of resources. A small percentage of the HIP budget was allocated to evaluation, restricting the ability to conduct a more rigorous evaluation. In addition, the demands placed by the national FINI evaluator, per DTA's grant agreement with USDA, restricted what JSI could do with this state-level evaluation. While data helped decision-makers to understand the impact of HIP, moving forward, there is no requirement in terms of a continuous HIP evaluation. To better understand the impact of a state-level incentive program, its sustainability, as well as to ensure quality improvements, it is recommended that some monies be allocated to evaluation in the immediate future. In summary, there are many systems in place in MA to



HIP's sustainability is dependent in part on resolving financial and equipment challenges.

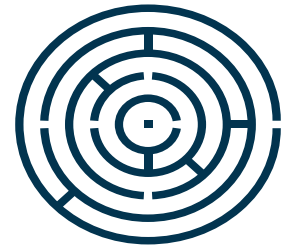
ensure the sustainability of HIP, and to ensure the utmost impact. Despite financial and equipment challenges, if a statewide incentive program can be sustained, it is likely to happen in MA.

What were the limitations of the HIP evaluation?

Although the evaluation provided insight into the reach, effectiveness, adoption, implementation, and maintenance of HIP, several limitations should be noted. First, the multifaceted nature of HIP, and the fact that it was embedded in open, complex systems restricted the evaluation design and ability to have conventional controls; randomization of clients to intervention and control conditions was not possible. SNAP clients were automatically enrolled in HIP, making it a single statewide intervention group and limiting the possibility of controlled experimental or quasi-experimental study designs. Within the state, there were no other groups (e.g., non-SNAP clients) that were comparable. Moreover, the amount budgeted by DTA for the state-level evaluation was minimal (less than 10% of the total budget amount), and restricted costly study designs looking at individual-level knowledge and behaviors (e.g., consumption). Given that a controlled or quasi-experiment could not be conducted, causation between HIP and changes in individual behavior could not be established; rather, only associations from evaluation findings could be suggested.

Second, a primary purpose of the state-level evaluation contract was to compile and submit data per the national FINI evaluation requirements, which included a large number of variables per unit of measure (e.g., FNS number) per quarter. When HIP was decentralized, meaning individual fruit and vegetable vendors at farmers markets could process the incentive directly, the number of HIP-activated FNS numbers increased exponentially. While the dollar amount allocated to the evaluation stayed the same, it became extremely resource intensive to meet the national FINI evaluation requirements. As such, part way through executing the evaluation plan, JSI was forced to shift evaluation resources designated to assess individual-level perceptions, behaviors, and challenges to fulfill the national FINI evaluation requirements. For example, focus groups with both HIP and non-HIP participants could no longer be conducted. Nonetheless, JSI conducted a survey of CSA Pilot clients who were also participating in HIP. Although CSA Pilot participants were a very specific subset of HIP users, and results may not reflect the opinions of those utilizing HIP at farmers markets, farm stands, or mobile markets, survey findings did provide insight at the individual-level. These survey data should be used with caution, as self-report measures have well-known challenges, including potentially inaccurate recall behaviors, ability to understand key concepts (e.g., servings of fruits and vegetables), and social desirability biases. Even so, self-report measures are the most feasible and cost-effective methods for assessing behaviors in population-level evaluations.

Third, although JSI was able to obtain detailed information about SNAP and HIP clients through organizations serving them, including HIP retailers, the information was primarily about HIP participants. SNAP clients who did not



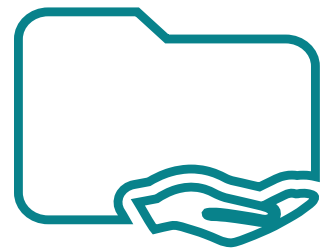
HIP was multifaceted and embedded in open, complex systems, restricting the evaluation design.

utilize HIP were not engaged in the evaluation. Future funding should be made available to better understand the barriers, challenges, and reasons for non-participation. This would be an essential next step to identifying additional strategies needed to improve accessibility of fruits and vegetables for SNAP clients.

Fourth, there is evidence, including from the Pilot, that indicate nutrition incentive programs can positively impact fruit and vegetable consumption.^{71, 72, 73, 74} Further reports such as Policy Link's "Access to Healthy Foods and Why It Matters" provide sufficient evidence that access is associated with consumption.²⁰ As such, the primary purpose of this evaluation was to assess access rather than consumption. That said, JSI adapted methods described in the Pilot to estimate calculated consumption (not actual consumption). These calculations can be used to indicate diet patterns but data are limited by the calculations and assumptions made.

Fifth, a multi-level program such as HIP, in addition to the national evaluation requirements, called for data to be collected from state and local partners, including retailers. Creating a mechanism for a diverse group of stakeholders to consistently share information proved difficult. JSI developed an online platform, Health-e-link, for subcontractors and partners to compile and share information, but from June 2017 through January 2018, there were only 152 entries. Contributing to the underutilization was that many of the subcontractors had pre-existing systems within which their organizations collected information. Because Health-e-link was an additional step for subcontractors and partners to take, each shared their records in the format within which it was collected. JSI worked to extract relevant information, but data were often duplicative, inconsistent, or incomplete. To ensure consistent and high-quality data, the evaluation team would make individual requests to relevant stakeholders for clarification, and was the ultimate keeper of the most up-to-date data (e.g., retailer on-boarding dates, hours of operation, etc.). A plan was being finalized to create a combined data source, either through an existing organizational system, or through Health-e-link, but was quickly averted when subcontracts were canceled as a result of limited grant funding.

Further complicating data collection was the number of data elements required to meet the national FINI evaluation. A large number of data elements were required quarterly per retailer (FNS number), a portion of which needed to be reported by retailers and their partners (e.g., number of paid staff and number of volunteers). The original intent was to use Health-e-link for data sharing but the agricultural community is very busy, and many have minimal-resources (e.g., staff), and limited experience with technology. Retailers who managed HIP alongside all of their many other responsibilities prioritized HIP implementation over evaluation. Engaging the agriculture community, especially at the launch of HIP, and during MA's prime growing and selling season, was difficult. JSI worked diligently to connect with retailers. Numerous methods were used including emails and phone interviews with retailers to gather baseline information (which was



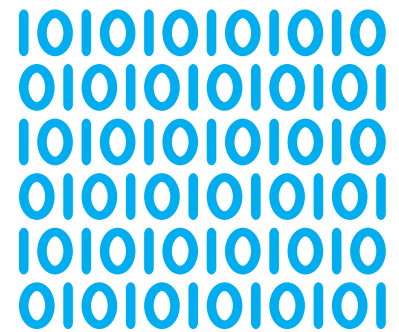
Creating a mechanism for diverse stakeholders to consistently share information proved difficult.

entered by JSI into the system) and to introduce retailers to Health-e-link. Unfortunately, the decentralization of HIP and the large number of retailers that were HIP activated during the first year prevented JSI from making individual connections with all of them.

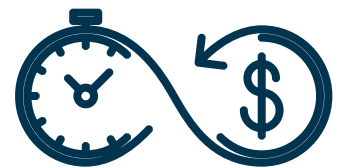
Farmers markets, fruit and vegetable vendors selling at farmers markets, farm stands, mobile markets, and CSAs are a unique group of retailers in that their operating schedules vary seasonally, monthly, weekly, and, sometimes, even daily. While a national requirement was to assess and report on hours and days of operation by each day of the week, it was extremely difficult to do in this environment (compared to a grocery store, for example, that is open consistently throughout the year). In addition, although DTA and DAR worked to compile day/time information for farmers markets, farm stands, mobile markets, and CSAs on MassGrown, the list did not include the names of vendors selling at farmers markets. Rather, DTA shared a separate list of HIP-activated fruit and vegetable vendors selling at MA farmers markets. The data from both sources were not always comprehensive, so JSI supplemented these lists by searching retailer websites and Facebook pages for hours of operation. Ultimately, the hours of operation used in the access and local economy impact analyses were a compilation of numerous data sources reliant upon both secondary data shared by DTA and DAR and primary data collected by JSI.

One of the primary evaluation questions was to understand SNAP clients' changes in access to fruits and vegetables as a result of HIP. While the electronic processing of HIP made it possible to collect sales data across the state, and by hundreds of retailers, data were provided by FNS number and not sales location. In order to calculate sales by location, JSI had to estimate HIP purchases, earnings, and redemptions at points of sale as a percentage of the amount of time each retailer (i.e., each FNS number) spent at the point of sale (i.e., a percentage of their operating hours; see Estimating HIP Purchases, Earnings, and Redemptions by Sales Location and Season in Appendix B for more information). This estimation has its limitations in that it does not account for the fact that a fruit and vegetable vendor, for example, may have had a lot of HIP sales at one location despite spending less time compared to fewer sales at another location where he/she spent more time. Nonetheless, having estimated incentive sales per location at a statewide level helped to describe impact on local economies.

Sixth, the CSA Pilot evaluation was a subset of the overall HIP evaluation given that SNAP clients could earn HIP through their CSA participation. One of the goals of the CSA Pilot evaluation was to assess whether the CSA had cost savings compared to a grocery store. Given that the CSA Pilot was implemented statewide, and grocery stores varied by location, and resources limited statewide data collection, JSI used Instacart, an online on-demand grocery delivery service, as the grocery store comparison vendor for this analysis. Instacart prices may not reflect local variations in produce prices, which could be cheaper or more expensive than Instacart's prices. Future



Data from various sources had to be compiled to determine HIP-activated retailers' hours of operation.



HIP sales data by point of sale location are estimates based on the proportion of time each retailer (FNS number) spent at a point of sale location.

cost-comparison analyses should consider identifying the prices of produce at grocery stores near each CSA. In addition, seasonal prices were not collected. The evaluation was delayed for reasons beyond the evaluator's control, and inventory lists were not received from CSA partners until after the CSA share season was over. Accordingly, the comparison prices may not reflect seasonal variability of produce prices. Instacart prices may have been slightly higher for out-of-season produce. At times, prices of produce offered by the CSAs were not available on Instacart (e.g., red Russian kale, green curly kale, mustard greens, etc.). In such cases, the prices of similar products were used (e.g., kale for red Russian kale and green curly kale) to compare Instacart prices. When similar products were not available, JSI staff visited a grocery store, Market Basket, to find the product's price (e.g., endive, fennel, and dandelions). This means that the Instacart price of the share and average Instacart price per month of the share do not represent exact one-to-one CSA product-to-Instacart price comparisons. Also, for the USDA certified organic CSA partner, organic prices were not available on Instacart for all of the CSA products, so non-organic prices were used. In these cases, the Instacart price likely underestimates the cost of the CSA produce at a grocery store because non-organic produce is on average cheaper than organic produce.

Seventh, several assumptions were made in presenting changes in geographic and temporal access resulting from HIP compared to supermarkets alone. While the geographic and temporal access to fruits and vegetables may be better as a result of HIP, it is possible that SNAP clients were unaware of HIP or the location of the HIP point of sale. It is also probable that despite improved geographic and temporal access to fruits and vegetables in terms of to the HIP point of sale, it may be less convenient for SNAP clients because of their inability to purchase other household necessities. Future evaluation efforts should be made to understand a more holistic sense of access.

Despite these limitations, enormous amounts of information were collected, compiled, and analyzed to present a more complete depiction of HIP. Data presented in this report should be used by DTA and its partners to make program improvements, ensure maximum impact, and to sustain a high-quality program. Lessons learned through this statewide, electronic nutrition incentive program could provide insights to others looking to develop and implement a similar program.



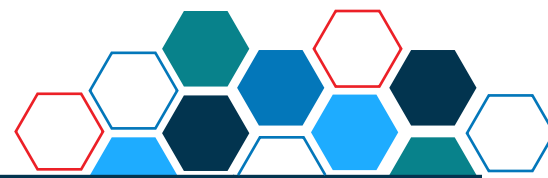
Data presented in this report should be used by DTA and its partners to make improvements, ensure maximum impact, and to sustain a high-quality program.



References



References



1. Azetsop J, Joy TR. Access to nutritious food, socioeconomic individualism and public health ethics in the USA: a common good approach. *Philos Ethics Humanit Med*. Oct 29 2013;8:16.
2. U.S. Department of Agriculture ERS. Definitions of Food Security. Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>. Accessed October 19, 2018.
3. Liu Y, Njai RS, Greenlund KJ, Chapman DP, Croft JB. Relationships between housing and food insecurity, frequent mental distress, and insufficient sleep among adults in 12 US States, 2009. *Prev Chronic Dis*. Mar 13 2014;11:E37.
4. Stahre M, VanEenwyk J, Siegel P, Njai R. Housing Insecurity and the Association With Health Outcomes and Unhealthy Behaviors, Washington State, 2011. *Prev Chronic Dis*. Jul 9 2015;12:E109.
5. Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gundersen C, Kurdyak P. Association between household food insecurity and annual health care costs. *CMAJ*. Oct 6 2015;187(14):E429-436.
6. Bhargava V, Lee JS. Food Insecurity and Health Care Utilization Among Older Adults in the United States. *J Nutr Gerontol Geriatr*. Jul-Sep 2016;35(3):177-192.
7. Bhargava V, Lee JS. Food Insecurity and Health Care Utilization Among Older Adults. *J Appl Gerontol*. Dec 2017;36(12):1415-1432.
8. Berkowitz SA, Meigs JB, DeWalt D, et al. Material need insecurities, control of diabetes mellitus, and use of health care resources: results of the Measuring Economic Insecurity in Diabetes study. *JAMA Intern Med*. Feb 2015;175(2):257-265.
9. Kushel MB, Gupta R, Gee L, Haas JS. Housing instability and food insecurity as barriers to health care among low-income Americans. *J Gen Intern Med*. Jan 2006;21(1):71-77.
10. Cook J, Poblacion A. An Avoidable \$2.4 Billion Cost - The Estimated Health-Related Costs of Food Insecurity and Hunger in Massachusetts: Children's Health Watch; 2018.
11. Cook JT, Frank DA, Levenson SM, et al. Child food insecurity increases risks posed by household food insecurity to young children's health. *J Nutr*. Apr 2006;136(4):1073-1076.

12. Berkowitz SA, Basu S, Meigs JB, Seligman HK. Food Insecurity and Health Care Expenditures in the United States, 2011-2013. *Health Serv Res.* Jun 2018;53(3):1600-1620.
13. United States Department of Agriculture ERS. Using data from the December 2015, 2016, and 2017 Current Population Survey Food Security Supplements.
14. Rose D. Economic determinants and dietary consequences of food insecurity in the United States. *J Nutr.* Feb 1999;129(2S Suppl):517S-520S.
15. Strickhouser S, Wright JD, Donley AM. Food Insecurity Among Older Adults, Full Report, 2015 Update. University of Central Florida, Institute for Social and Behavioral Science, Department of Sociology. Accessed on November 11, 2018, at: https://www.aarp.org/content/dam/aarp/aarp_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf
16. Hamelin A-M, Habicht J-P, Beaudry M. Food Insecurity: Consequences for the Household and Broader Social Implications. *The Journal of Nutrition.* 1999;129(2):525S-528S.
17. U.S. Department of Agriculture Economic Research Service. Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. 2009. Retrieved from: https://www.ers.usda.gov/webdocs/publications/42711/12716_ap036_1_.pdf?v=0
18. Chen X, Clark J. Measuring Space-Time Access to Food Retailers: A Case of Temporal Access Disparity in Franklin County, Ohio. *The Professional Geographer.* June 2015; 68(2):175-188.
19. Strome S, Johns T, Scicchitano M J, Shelnutt K. Elements of Access: The Effects of Food Outlet Proximity, Transportation, and Realized Access on Fresh Fruit and Vegetable Consumption in Food Deserts. *International Quarterly of Community Health Education.* 2016; 37(1): 62-70.
20. Bell J MG, Hagan E, Rubin V, and A Karpyn. Access to Healthy Food and Why It Matters: A Review of the Research. The Food Trust 2013.
21. Williams L K, Thornton L, Crawford D, Ball K. Perceived quality and availability of fruit and vegetables are associated with perceptions of fruit and vegetable affordability among socio-economically disadvantaged women. *Public Health Nutrition.* Jan 2012; 15(7):1262-1267.
22. World Health Organization Regional Office for the Eastern Mediterranean. Nutrition Food Insecurity. World Health Organization 2019. Retrieved from: <http://www.emro.who.int/nutrition/food-security/>
23. Larson NI, Story MT, Nelson MC. Neighborhood environments: disparities in access to healthy foods in the U.S. *Am J Prev Med.* Jan

2009;36(1):74-81.

24. Treuhaft S KA. The Grocery Gap, Who Has Access to Healthy Food and Why It Matters: Policy Link and The Food Trust; 2010.
25. Zick CD, Smith KR, Fan JX, Brown BB, Yamada I, Kowaleski-Jones L. Running to the store? The relationship between neighborhood environments and the risk of obesity. *Soc Sci Med*. Nov 2009;69(10):1493-1500.
26. Grimm KA, Moore LV, Scanlon KS, Centers for Disease C, Prevention. Access to healthier food retailers - United States, 2011. *MMWR Suppl*. Nov 22 2013;62(3):20-26.
27. Lehmann Y, Morland K, Godbold J. Supermarkets: components of causality for healthy diets. *Arch Intern Med*. Jan 23 2012;172(2):195-196; author reply 196-197.
28. Morland K, Diez Roux AV, Wing S. Supermarkets, other food stores, and obesity: the atherosclerosis risk in communities study. *Am J Prev Med*. Apr 2006;30(4):333-339.
29. Morland K, Wing S, Diez Roux A. The contextual effect of the local food environment on residents' diets: the atherosclerosis risk in communities study. *Am J Public Health*. Nov 2002;92(11):1761-1767.
30. Morland KB, Evenson KR. Obesity prevalence and the local food environment. *Health Place*. Jun 2009;15(2):491-495.
31. Manon M HC. Food for Every Child in Massachusetts: The Food Trust; 2010.
32. McGuire S. State Indicator Report on Fruits and Vegetables, 2013, Centers for Disease Control and Prevention, Atlanta, GA. *Adv Nutr*. Nov 2013;4(6):665-666.
33. U.S. Department of Agriculture ERS. SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States. Washington DC: US Dept of Agriculture; 2013.
34. Yen ST, Andrews M, Chen Z, Eastwood DB. Food Stamp Program Participation and Food Insecurity: An Instrumental Variables Approach. *American Journal of Agricultural Economics*. 2008;90(1):117-132.
35. Borjas G. Food insecurity and public assistance. *J Public Econ*. 2004;88(7-8):1421-1443.
36. DePolt RA, Moffitt RA, Ribar DC. Food Stamps, Temporary Assistance for Needy Families and Food Hardships in Three American Cities. *Pacific Economic Review*. 2009;14(4):445-473.
37. Mykerezzi E, Mills B. The Impact of Food Stamp Program

Participation on Household Food Insecurity. *American Journal of Agricultural Economics*. 2010;92(5):1379-1391.

38. Andreyeva T, Tripp AS, Schwartz MB. Dietary Quality of Americans by Supplemental Nutrition Assistance Program Participation Status. *Am J Prev Med*. 2015;49(4):594-604.
39. Condon E, Drilea S, Jowers K, Lichtenstein C, Mabli J, Madden Em, Niland K. Diet Quality of Americans by SNAP Participation Status: Data from the National Health and Nutrition Examination Survey, 2007-2010: Walter R. McDonald & Associates, Inc. and Mathematica Policy Research for the Food and Nutrition Service; 2015.
40. U.S. Department of Agriculture. National Institute of Food and Agriculture. Food Insecurity Nutrition Incentive (FINI) Grant Program. Found at: <http://www.nifa.usda.gov/funding/cfp/cfp.html>.
41. Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health*. Sep 1999;89(9):1322-1327.
42. King DK, Glasgow RE, Leeman-Castillo B. Reaiming RE-AIM: using the model to plan, implement, and evaluate the effects of environmental change approaches to enhancing population health. *Am J Public Health*. Nov 2010;100(11):2076-2084.
43. Rao M, Afshin A, Singh G, Mozaffarian D. Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis. *BMJ Open*. 2013; 3: 1-16.
44. Salisbury K, Curtis K, Pozo V, Durward C. Is Local Produce Really More Expensive? A Comparison of Direct Market and Conventional Grocery Produce Pricing. Food Distribution Research Society. *Journal of Food Distribution Research*. 2018; 49(1): 13-21.
45. Donaher E, Lynes J. Is local produce more expensive? Challenging perceptions of price in local food systems. *Local Environment*. 2016; 22(6): 746-763.
46. McGuirt J, Jilcott S, Liu H, Ammerman A. Produce Price Savings for Consumers at Farmers' Markets Compared to Supermarkets in North Carolina. *Journal of Hunger & Environmental Nutrition*. 2011; 6: 86-98.
47. Wheeler A, Chapman-Novakofski K. Farmers' Markets: Costs Compared With Supermarkets, Use Among WIC Clients, and Relationship to Fruit and Vegetable Intake and Related Psychosocial Variables. *Journal of Nutrition Education and Behavior*. 2014; 46(3S): S65-S70.
48. Glanz K, Sallis JF, Saelens BE, Frank LD. (2007) Nutrition Environment Measures Survey in stores (NEMS-S): development and evaluation. *Am.J.Prev.Med*. 32:282-89.

49. Walker, R. E., Keane, C. R., & Burke, J. G. (2010). Disparities and access to healthy food in the United States: A review of food deserts literature. *Health & place*, 16(5), 876-884.
50. Lee, J., and M. Kwan. 2011. Visualisation of socio-spatial isolation based on human activity patterns and social networks in space-time. *Tijdschrift voor Economische en Sociale Geografie* 102 (4): 468–85.
51. Eikenberry, N., and C. Smith. 2004. Healthful eating: Perceptions, motivations, barriers, and promoters in low- income Minnesota communities. *Journal of the American Dietetic Association* 104 (7): 1158–61
52. Mancino, L., B. Lin, and N. Ballenger. 2004. The role of economics in eating choices and weight outcomes. Washington, DC: USDA Economic Research Service.
53. Powell, L., S. Slater, D. Mirtcheva, Y. Bao, and F. J. Chaloupka. 2007. Food store availability and neighborhood characteristics in the United States. *Preventive Medicine* 44 (3): 189–95.
54. Widener, M., and J. Shannon. 2014. When are food deserts? Integrating time into research on food accessibility. *Health & Place* 30:1–3.
55. Weber, J., and M. Kwan. 2002. Bringing time back in: A study on the influence of travel time variations and facility opening hours on individual accessibility. *The Professional Geographer* 54 (2): 226–40.
56. Hughes, D. and K. Boys. What We Know and Don't Know About the Economic Development Benefits of Local Food Systems. CHOICES a publication of the Agricultural & Applied Economics Association 2015; 30(1): 1-6.
57. Stewart, H., Hyman, J., Buzby, J. C., Frazão, E., and Carlson, A. (2011). How much do fruits and vegetables cost? (EIB-71). Washington, DC: U.S. Department of Agriculture, Economic Research Service.
58. Olsho, L.E.W., et al., Rebates to Incentivize Healthy Nutrition Choices in the Supplemental Nutrition Assistance Program. *Am J Prev Med*, 2017. 52(2S2): p. S161-S170.
59. Freedman, D.A., et al., Farmers' Market Use Patterns Among Supplemental Nutrition Assistance Program Recipients With High Access to Farmers' Markets. *J Nutr Educ Behav*, 2017. 49(5): p. 397-404 e1.
60. Haynes-Maslow, L., et al., Low-Income Individuals' Perceptions About Fruit and Vegetable Access Programs: A Qualitative Study. *J Nutr Educ Behav*, 2015. 47(4): p. 317-24 e1.
61. Living Wage Calculation for Massachusetts. Massachusetts Institute of Technology. 2018. Retrieved from: <http://livingwage.mit.edu/states/25>

62. McDermot, D., B. Igoe, and M. Stahre, Assessment of Healthy Food Availability in Washington State-Questioning the Food Desert Paradigm. *J Nutr Educ Behav*, 2017. 49(2): p. 130-136 e1.
63. Department of Health and Human Services, A.o.A., A Profile of Older Americans: 2014.
64. King, D.E., et al., The status of baby boomers' health in the United States: the healthiest generation? *JAMA Intern Med*, 2013. 173(5): p. 385-6.
65. Colby SL and O. JM, The Baby Boom Cohort in the United States: 2012 to 2060. U.S. Department of Commerce Economics and Statistics Administration. United States Census Bureau. 2014.
66. Public Trust in Government Remains Near Historic Lows as Partisan Attitudes Shift. Pew Research Center. 2017. Retrieved from: <http://www.people-press.org/2017/05/03/public-trust-in-government-remains-near-historic-lows-as-partisan-attitudes-shift/>
67. Beyond Trust: How Americans View Their Government. Pew Research Center. 2015. Retrieved from: <http://www.people-press.org/2015/11/23/beyond-distrust-how-americans-view-their-government/>
68. Baronberg, S., et al., The impact of New York City's Health Bucks Program on electronic benefit transfer spending at farmers markets, 2006-2009. *Prev Chronic Dis*, 2013. 10: p. E163.
69. Freedman, D.A., et al., Comparing farmers' market revenue trends before and after the implementation of a monetary incentive for recipients of food assistance. *Prev Chronic Dis*, 2014. 11: p. E87.
70. Lindsay, S., et al., Monetary matched incentives to encourage the purchase of fresh fruits and vegetables at farmers markets in underserved communities. *Prev Chronic Dis*, 2013. 10: p. E188.
71. Herman, D.R., et al., Effect of a Targeted Subsidy on Intake of Fruits and Vegetables Among Low-Income Women in the Special Supplemental Nutrition Program for Women, Infants, and Children. 2008. 98(1): p. 98-105.
72. Jilcott Pitts, S.B., et al., Farmers' market use is associated with fruit and vegetable consumption in diverse southern rural communities. *Nutr J*, 2014. 13: p. 1.
73. Olsho, L.E., et al., Financial incentives increase fruit and vegetable intake among Supplemental Nutrition Assistance Program participants: a randomized controlled trial of the USDA Healthy Incentives Pilot. *Am J Clin Nutr*, 2016. 104(2): p. 423-35.
74. Young, C.R., et al., Improving fruit and vegetable consumption among low-income customers at farmers markets: Philly Food Bucks, Philadelphia, Pennsylvania, 2011. *Prev Chronic Dis*, 2013. 10: p. E166.



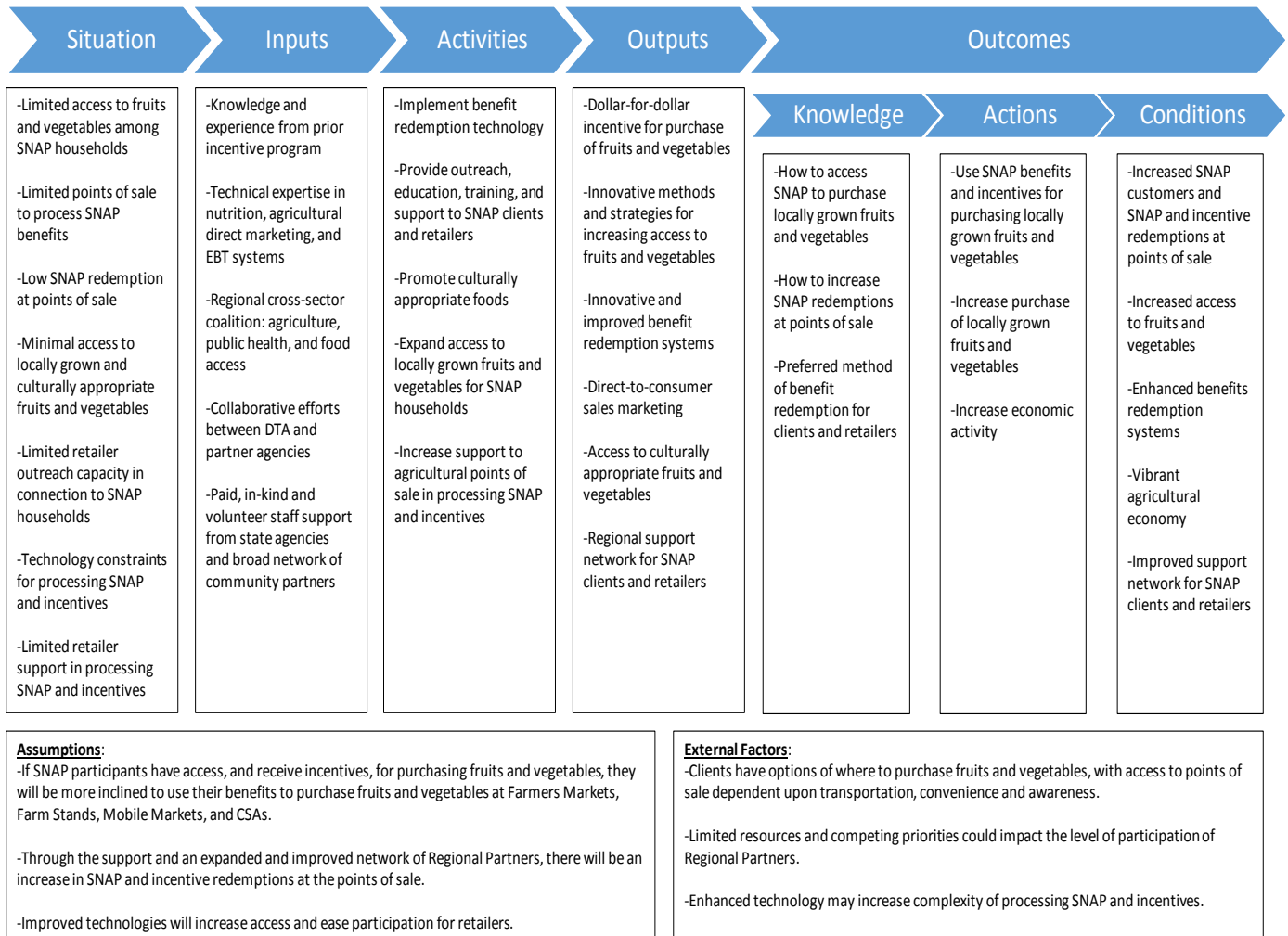
Appendices

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Appendix B. Detailed Methodology
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Appendix F. Leadership Team Interview Guide
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Appendix A.

HIP Logic Model



Appendix B. Detailed Methodology



Evaluation Methods

JSI implemented a mixed-methods evaluation that included a number of qualitative and quantitative data sources, collected and/or compiled from various partners, JSI's own data collection efforts, and available secondary data sources.

Data Sources and General Description of Analysis

Interviews

Steering Committee (Group) Interviews. JSI collaborated with DTA to prepare interview guides (Appendices C and D) to better understand retailers' and clients' experiences with the launch of HIP, including challenges and facilitators associated with retailer participation and client engagement. JSI conducted group phone interviews with Client- and Retailer-focused Steering Committee members (with the exception of individuals on the Leadership Team) during regularly scheduled Steering Committee meetings in August and October 2017. The interviews were recorded with consent from each member. During each interview, eight individuals spoke representing eight Client-focused Steering Committee member organizations and seven Retailer-focused Steering Committee member organizations. The Steering Committee meetings were temporarily canceled in November and December 2017 and permanently canceled January 2018 due to uncertainties regarding the future of HIP, impacting the ability to conduct additional interviews.

Leadership Team (Individual) Interviews. In an effort to better understand Leadership Team member organizations' roles in the development, implementation, and sustainability of HIP, JSI interviewed all Leadership Team members. DTA approved the interview guide used to interview DPH-MiM, DPH-Nutrition division/WIC Program, DAR, and MFSC in October 2017, for one hour (Appendix F). A separate interview guide was developed to interview the DTA HIP Coordinator in May and June 2017 (Appendix G). The DTA HIP Coordinator was interviewed four times over the phone; each interview lasted one hour. Additionally, Westat, the national FINI Grant evaluator, conducted a key informant interview with the DTA HIP Coordinator in September 2017.

Retailer (Individual) Interviews. In June 2017, JSI and DTA developed a 19-question interview guide to facilitate interviews with HIP-activated retailers (Appendix H). The purpose of these interviews was to learn about HIP retailers' experiences before HIP and with HIP on-boarding. In 2017, JSI emailed 124 HIP-activated retailers in three separate batches (first group received an email on 8/14/17, second on 9/15/17, and third on 11/15/17) requesting 30 minutes of their time for a phone interview. After this initial email was sent, JSI followed up with three reminder emails, each a week apart. Of the 124 HIP-activated retailers contacted, 71 participated in an interview, 35 did not respond, and 18 responded but were unable to participate. Interviews were conducted between August 18, 2017 and December 20, 2017, and ranged from 20 to 45 minutes in length. Thank you emails and information on how to log onto the Health-e-link system were sent to all the retailers who were interviewed.

A member of the evaluation team reviewed all interview notes and identified themes and noteworthy information. The evaluation team met regularly to discuss emerging insights and synthesize findings in an iterative process. In preparing the report, JSI chose quotes to be representative of findings and provide the reader with additional detail. The selected quotes were edited for clarity and identifying information was removed.

Environmental Scan

Document Review. DTA, DAR, DPH, MFSC, and other HIP partners shared a number of HIP-related documents with JSI throughout the evaluation period. Documents included, but were not limited to, DTA's list of HIP subcontractors; structure of HIP Steering Committees and member organizations; HIP technology partners' HIP-related scopes of work; the HIP Community Partner Toolkit; the HIP Retailer Toolkit; the April 2017 HIP retailer letter; DTA's November 2017 MFPC HIP slide deck; retailer on-boarding documentation; HIP-related PowerPoint slide decks; and promotional materials like the HIP welcome notice and promotional flyer. Additionally, HIP email updates from DTA, media activities, meeting minutes, and HIP-related websites and Facebook pages were reviewed (all described below in more detail). Documents were reviewed to better understand the history, philosophy, target audience, and activities of HIP stakeholders with the overall goal of providing a rich, detailed description of HIP adoption, implementation, and maintenance, as well supplementing the reach and effectiveness measures.

HIP Email Updates from DTA. Throughout implementation, the DTA HIP Coordinator shared regular updates via email on HIP partner activities; retailer recruitment, on-boarding, and processing; funding statuses; and other HIP-related information. A member of the evaluation team reviewed the emails and identified themes and other noteworthy information. The evaluation team met regularly to discuss emerging insights and synthesize findings.

Media Activities. From April through September 2017, DTA tracked news articles in which HIP was mentioned and shared them with JSI. From October 2017 through June 2018, JSI tracked online news articles via Google Alerts for "Healthy Incentives Pilot" and "Healthy Incentives Program." Several JSI staff members reviewed the list and identified noteworthy information to supplement the implementation and maintenance measures.

Meeting Minutes. JSI took notes during Steering Committee meetings, Leadership Team meetings, JSI's biweekly check-ins with DTA, CSA Regional Working Group meetings, webinars held by the national FINI evaluator, and at the December 2017 HIP Coalition meeting, February 2018 MA Agricultural Retailer meeting, March 2018 Farmers Market meeting, and April 2017 webinar on HIP's suspension. Several JSI staff members reviewed the emails and identified themes and other noteworthy information. JSI met regularly to discuss emerging insights and synthesize findings.

Websites and Facebook Pages Review. JSI supplemented the retailer points of sale information (days, times, and location of operation) available via the MassGrown website/map export and DTA's Master List of HIP Retailers with information found on retailer websites and Facebook accounts. Additionally, JSI reviewed HIP-related websites from numerous organizations at various points throughout the evaluation period to stay up-to-date on HIP-related activities. Websites included, but were not limited to, DTA's Mass.gov website (<https://www.mass.gov/service-details/healthy-incentives-program-hip>); MFSC's website (<https://mafoodsystem.org/projects/hip-orgs/>); CISA's website (<https://www.buylocalfood.org/resources-for-farmers/healthy-incentives-program/>); and NDG's website (<https://www.novodiagroup.com/ndgmupdate-august-2/>). On a quarterly basis, JSI exported a list of active HIP retailers from DAR's MassGrown website and map. The export included times of operation, whether the retailer accepted WIC, Senior Farmers Market Coupons, or EBT-SNAP; the retailer's website; and the retailer's phone number. Separately, DAR provided JSI with the number of page views for the website and map June through September 2017. JSI reviewed the websites and pages for noteworthy information to supplement the adoption and implementation measures.

Health-e-link Data System. In the spring of 2017, JSI worked with members of the HIP Leadership Team (including DTA staff), HIP Steering Committees, Westat, and the Academic Advisory Group to design and develop Health-e-link, a web-based platform, to track HIP implementation strategies systematically (Appendix I). Steering Committee members, HIP Leadership Team members, retailers, and community partners documented the types of strategies implemented, purpose of the strategies, locations and populations targeted, associated HIP goals, costs of implementation, earned media, and additional information needed to meet USDA grant reporting requirements. From June through December 2017, 83 individuals (including JSI staff) were on-boarded to the system. Retailer set-up via Health-e-link was staggered to give

retailers time to familiarize themselves with and start implementing HIP before asking them to report on the program via Health-e-link (e.g., retailers that were HIP-activated in April were not on-boarded until June). From June 2017 through January 2018, 152 entries were made. A member of the evaluation team reviewed the qualitative data for each entry and identified themes and other noteworthy information. The evaluation team met regularly to discuss emerging insights and to synthesize findings. In preparing the report, JSI chose quotes to be representative of findings and to provide the reader with additional detail. Selected quotes were edited for clarity and identifying information was removed. Unfortunately, Health-e-link was underutilized (see Limitations in the Discussion section of the report).

Instacart. Once a month from November 2017 through January 2018, JSI searched Instacart (<https://www.instacart.com/>), an online on-demand grocery delivery service, for both non-organic and organic (where available) prices of products listed in CSA partners' product inventories. JSI tracked each product's name, type (organic vs. non-organic), price per amount, and date the price was collected via Instacart in a Microsoft Excel spreadsheet. When prices were not available for a CSA product via Instacart, JSI agreed on proxy prices (e.g., the Instacart price of kale was used to represent red Russian kale and green curly kale, the Instacart price of garlic was used to represent garlic scapes). If a proxy price for a product was not available or reasonable, JSI visited a grocery store, Market Basket, to find the product's price (e.g., endive, fennel, and dandelions). Prices were then averaged across all three months to get an average Instacart non-organic and organic (where available) price per unit for each product. See the cost-comparison analysis below.

Point of Sale. JSI compiled a data set of HIP retailers' sales locations, dates, and times from information shared through the MassGrown website and map exports, DTA's Master List of HIP Retailers, and retailer websites and Facebook pages. The data set included each retailer's FNS number; name; website; HIP active date; HIP inactive date (if applicable); main mailing address; main mailing city; main mailing state; and main mailing zip code. It also listed information about each location at which the retailer was selling produce throughout the evaluation period. This included the FNS of the primary retailer at the sales location or non-SNAP if the primary retailer was not SNAP-authorized (e.g., the farmers market if the retailer is a fruit and vegetable vendor at the market); name of the primary retailer at the sales location; sales address; sales city; sales state; sales zip code; sales start date; sales end date; sales start time; sales end time; days of the week the retailer was operating at the sales location during the dates and times; and whether or not WIC or Senior Farmers Market Coupons were accepted by the primary retailer at the sales location. See the Estimating HIP Purchases, Earnings, and Redemptions by Sales Location and Season and Effect of HIP on Healthy Food Desert Tracts and SNAP Households analyses below.

Surveys

Retailer Surveys. JSI developed a survey for all MA agricultural retailers in collaboration with DTA, DAR, and Mass Farmers Markets (Appendix J). The purpose of the survey was to assess MA's agricultural landscape, specifically the business outcomes for the 2016 (comparison) and 2017 farming seasons in order to understand the impact of HIP on retailers. DTA worked with DAR and Mass Farmers Markets to compile a comprehensive list of retailers throughout the Commonwealth. Both SNAP-authorized and non-SNAP-authorized retailers were included on the list if they either produced animal products or produce or represented a farmers market where retailers sold product in MA during 2016 and/or 2017. Using these criteria, DTA, DAR, and Mass Farmers Markets, together, identified 1,033 individuals representing MA agricultural retailers and their email addresses. The contact information for 37 retailers was not available, but JSI was able to identify their contact information online. A total of 1,070 individuals representing 1,111 retailers were invited to participate in the survey via SurveyMonkey® between January 26 and February 7, 2018. Two hundred ninety-six (296) of these individuals represented 337 HIP-activated retailers (contact information for six HIP-activated retailers was missing); the remaining 774 individuals represented 774 non-HIP-activated MA agricultural retailers. Twenty-one of the non-HIP-activated retailers emails bounced back, resulting in a total of 1,049 individuals representing 1,090 retailers who received the invitation. Two reminder emails were sent to non-responders between January 25 and February 5, 2018.

Retailers were prompted to provide information about their vending activity and sales locations; retailer staff; customer base; retail environment (eg., length of customer lines); gross sales income; HIP-activation status; and overall impact of HIP on their business for both 2016 and 2017 seasons. In total, 279 respondents completed surveys, for a response rate of 27% (279/1,049). These respondents included 113 individuals representing 132 HIP-activated retailers and 166 individuals representing 166 non-HIP-activated retailers. After removing retailers that only sold product in 2016 and retailers missing 2017 retailer activity information, 255 eligible surveys were included in the analysis (108 responses representing 127 HIP-activated retailers and 147 responses representing 147 non-HIP-activated retailers). This means survey results presented in this report reflect the opinions and realities of 37% of all HIP-activated retailers (127 HIP-activated retailers/343 total HIP-activated retailers) and 19% of non-HIP-activated retailers (147 non-HIP-activated retailers/774 total non-HIP-activated retailers). Overall rates were calculated for each variable by retailer HIP activation status. Chi-square tests for equality of proportions were applied to all categorical variables in order to identify significant differences in proportion between HIP-activated and non-HIP-activated retailers, assessed on an alpha-level of 0.05. For variables in which continuous data were gathered, overall mean, standard deviation, and range were calculated. In addition, independent t-tests were applied to identify significant differences in mean between HIP-activated and non-HIP-activated retailers, assessed on an alpha-level of 0.05. In cases with unequal variance across comparison groups, the Cochran and Cox approximation for the p-value was used instead of the pooled test p-value. Unequal variance across comparison groups was determined by the folded F value produced by the test on equality of variances, assessed on an alpha level of 0.05. All analyses were conducted using SAS version 9.4.

Survey of SNAP Clients Who Participated in the CSA Pilot. As part of the CSA Pilot evaluation, JSI surveyed SNAP clients participating in the CSA Pilot in 2017. Given these participants were also using HIP, JSI included HIP-related questions to understand how HIP impacted their experiences with the CSA. With input from DTA, Project Bread, and DTA's translation contractor, Interpreters & Translators, Inc., JSI drafted the survey questions (Appendix K). From September 2017–November 2017, JSI provided CSA Pilot partners with hard copies of the survey in English and Spanish for them to disseminate to their enrolled SNAP households. At the time, there were 51 CSA Pilot partners in 2017, 38 of which had a total of 759 enrolled SNAP households. (One CSA partner joined the CSA Pilot in December 2017 with 10 enrolled SNAP households was not sent copies of the survey due to the timing of their on-boarding to the CSA Pilot and HIP and survey dissemination.) CSA Pilot partners disseminated hard copies of the survey to participating clients and mailed them back to JSI through January 2018. A total of 171 SNAP client heads of household completed the survey (166 in English and 5 in Spanish) representing 16 of the CSA Pilot partners, for a response rate of 23% (171 respondent households / 759 households invited to participate in the survey). The 171 respondent households also represented 22% of all participating CSA Pilot SNAP households in 2017 (171 respondent households / 769 total participating households in 2017). Frequency distributions were assessed for survey response size, CSA retailer, and all other survey items using SAS version 9.4.

Retailer-focused Steering Committee Survey. JSI supplemented the Retailer-focused Steering Committee interviews with a survey to learn more about organizational experiences, as well as members' perspectives on retailers' experiences with HIP (Appendix E). The survey questions were purposefully more specific than the interview guide questions because JSI would not be able to probe respondents based on their responses. On October 24, 2017, JSI disseminated the 11-question survey via SurveyMonkey® to 12 Retailer-focused Steering Committee members representing the nine Retailer-focused Steering Committee member organizations (excluding the Leadership Team). A reminder email was sent via SurveyMonkey® on November 13, 2017 to eight non-respondents encouraging them to complete the survey. The survey closed on November 28, 2017, with a response from six Retailer-focused Steering Committee members representing six organizations. JSI reviewed the survey findings and identified themes and other noteworthy information.

Secondary Data

American Community Survey, 2012–2016. The United States Census Bureau’s American Community Survey provides data on percent population in poverty by census tract. These survey data were used to identify healthy food desert areas without walkable access to supermarkets. See the Effect of HIP on Healthy Food Desert Tracts and SNAP Households analysis below.

BEACON Monthly FINI Retailer Report. On a monthly basis, DTA shared with JSI the BEACON Monthly FINI Retailer Report that included retailers names; FNS numbers; FNS business types; FINI retailer types; HIP activation start dates; HIP activation end dates; cities; and postal codes.

REDE File. On a monthly basis, DTA uploaded a file onto Health-e-link for JSI to access and download. This REDE file listed retailers’ FNS number, authorization status codes, descriptions, and dates; retailers’ names, main addresses, mailing addresses, business types, telephone numbers, and counties; owners’ names; and alternate telephone numbers.

DTA’s Master List of HIP Retailers. At least monthly, DTA shared via a secure server a spreadsheet that included HIP-activated retailers and those in the process of becoming HIP-activated. DTA compiled each retailer’s name; FNS number; HIP processing system; HIP activation date; FNS and HIP business type; and the FNS active start date. If the retailer was a farmers market, the start date; main address; mailing address; contact information; and hours of operation were also provided (when accessible). Sums, frequencies, and percentages of HIP retailer type were calculated using Microsoft Excel 2016.

Retailer Opt-Outs. On an ongoing basis, DTA emailed JSI the names of HIP-activated retailers who no longer wanted to participate in the program; dates these retailers opted-out; and their reasons for opting-out.

BEACON Demographic Report. Twice a year (in October and April), DTA shared with JSI a MA SNAP client caseload data file from its SNAP client eligibility system, BEACON. The file included the following information: Client ID; monthly benefit amount; race/ethnicity code; client home address (last known); postal code; length of participation; first active date for benefits; last active date for benefits; and household size. SNAP enrollment changes daily and therefore SNAP demographics also fluctuate. JSI compared the demographics across reports and did not find any major discrepancies. Given that October 2017 was mid-program implementation, the October 2, 2017, BEACON demographic report data file was used to approximate the total number of SNAP households (count of client IDs) and the total number of SNAP clients (sum of household size) for the evaluation period using Microsoft Excel 2016.

HIP Client and Household Demographics. DTA’s Office of Budget and Policy Analytics compiles the count of households; households with children 18 or under, individuals ages 19–34, individuals ages 35–59, individuals age 60+; count of clients; clients age 18 or under, age 19–34, age 35–59, age 60+, and clients with a disability. Demographic information for clients with disabilities was only available at the client-level (not household). DTA shared HIP household and client demographics with JSI for the date range of April 1, 2017 through June 30, 2018. Sums, frequencies, and percentages were calculated in Microsoft Excel 2016.

MA SNAP Sales Data. DTA shared with JSI January 2005 through July 2018 MA SNAP sales data broken down by month. These data were used to calculate the percent of HIP comprised of all SNAP sales April 1, 2017–June 30, 2018.

Conduent’s Monthly FINI Household Summary Report. On a monthly basis, DTA shared with JSI a Monthly FINI Household Summary Report from Conduent in both PDF and Excel format by month and household size (1–2 person households, 3–5 person households, and 6+ person households). The files included SNAP number of households; SNAP value of purchases at FINI retailers; FINI number of households; FINI value of purchases; households with FINI purchases

(categorized as 0, 1, 2, 3, 4, 5, and 6 or more purchases); number of households that met their monthly cap; number of purchases that earned FINI; value of FINI incentive earnings; number of purchases where FINI was redeemed; value of FINI redemptions; number of households with expunged FINI benefits; and value of FINI expungements. Sums, frequencies, and percentages were calculated in Microsoft Excel 2016.

Conduent's Monthly FINI Retailer Consolidated Summary Report. On a monthly basis, DTA shared with JSI a Monthly FINI Household Summary Report from Conduent in both PDF and Excel format by month and household size (1–2 person households, 3–5 person households, and 6+ person households). The files included the retailer type; total number of stores; stores with FINI purchases, FINI earnings, FINI redemptions; unique number of households that made a SNAP purchase by retailer; number of SNAP purchases; value of SNAP purchases; unique number of households that made a FINI purchase by retailer and by purchases; number of FINI purchases; value of FINI purchases; unique number of households that earned FINI by retailer and by purchases; number of FINI earnings; value of FINI earnings; unique number of households that redeemed FINI by retailer and by purchases; number of FINI redemptions; value of FINI redemptions; number of electronic SNAP vouchers and their value; number of manual SNAP vouchers and their value; number of electronic FINI vouchers and their value of electronic; and number of manual FINI vouchers and their value. Sums, frequencies, and percentages of business type were calculated in Microsoft Excel 2016.

Conduent's Monthly FINI Retailer Report. On a monthly basis, DTA shared with JSI a Monthly FINI Retailer Report from Conduent. The files included the following information by household size: retailer name; retailer FNS number; retailer type; FINI retailer status; unique number of households that made a SNAP purchase by retailer; number of SNAP purchases; value of SNAP purchases; unique number of households that made a FINI purchase by retailer; number of FINI purchases; value of FINI purchases; unique number of households that earned FINI by retailer; number of FINI earnings; value of FINI earnings; unique number of households that redeemed FINI by retailer; number of FINI redemptions; value of FINI redemptions; number of electronic SNAP vouchers; value of electronic SNAP vouchers; number of manual SNAP vouchers; value of manual SNAP vouchers; number of electronic FINI vouchers; value of electronic FINI vouchers; number of manual FINI vouchers; and value of manual FINI vouchers. Sums, frequencies, and percentages were calculated in Microsoft Excel 2016.

CSA Pilot Cancellation Forms. On a quarterly basis, DTA shared PDF versions of CSA pilot cancellation forms with JSI. Participating SNAP households had the option to cancel their participation in the CSA Pilot at any time by completing and submitting a cancellation form to either the CSA program contact or to the DTA project manager. Once received, the DTA project manager processed the form and client participation was discontinued immediately. The cancellation form included the client's name, EBT card number, reason for cancellation, and date of cancellation. A member of the evaluation team reviewed all cancellation forms and coded reasons for cancellation into categories.

CSA Product Inventories. In October 2017, JSI invited the 52 CSA partners participating in the CSA Pilot to report on the cost and duration of their shares; whether or not the produce in their shares was USDA Certified Organic; and a list of produce items included in each week's CSA box, including the quantity/unit and weight of each item (Appendix L). At the end of the fall 2017 season, three CSA partners shared their inventory information. One CSA partner's inventory list also included the weight of each product (e.g., 1 bag of arugula at .3 pounds lbs). See Cost-Comparison Analysis below.

MA Supermarkets. Three sources were used to compile a list of MA's supermarkets (n=574): 1) supermarketpage.com's marketing site found at <http://supermarketpage.com/supermarketlist.php> (n=389); 2) Standardized Assessors' Parcels' land use code for supermarkets in excess of 10,000 square feet found at <https://docs.digital.mass.gov/dataset/massgis-data-standardized-assessors-parcels> (n=172); and 3) Walmart Supercenters Google map search found at www.googlemaps.com (n=3). This information was used to identify and conduct an analysis on healthy food deserts without walkable access to supermarkets. See Effect of HIP on Healthy Food Desert Tracts and SNAP Households analysis below.

Project Bread's FoodSource Hotline Caller Information. Project Bread staff tracked HIP caller information, including call dates, reasons for calls, languages spoken, cities/towns of callers, and sources of referral to the hotline. Project Bread compiled and shared the data with JSI. Sums, frequencies, and percentages were calculated in Microsoft Excel 2016.

SNAP Client Feedback. A handful of farmers markets conducted their own surveys to assess client perceptions of HIP. These survey findings were shared with JSI along with one client's feedback sent in an email.

SNAP Client Opt-Outs. DTA provided JSI with the total number of SNAP clients that opted-out of HIP between April 1, 2017 and June 30, 2018, that included average age and reasons for opting-out.

Specific Analyses

Estimating HIP Purchases, Earnings, and Redemptions by Sales Location and Season

Data were analyzed for the full research period (April 2017 through June 2018), as well as by season (May through October 2017 and November 2017 through April 2018). Information for sales location, start and end dates and times, and days of the week in which retailers were selling produce for the period between April 1, 2017 through March 31, 2018 were recorded for all HIP-activated retailers in Microsoft Excel 2016. Each specific location and time period recorded for a HIP retailer, (hereafter called retail points) were collected from DTA's Master List of HIP Retailers as well as from publicly-available online sources like MassGrown, retailer Facebook pages, and retailer web pages. This master list of retail points was cleaned and modified to include only retail points for the period in which the retailer was HIP-activated.

Using Microsoft Excel 2016 and Kutools for Excel, retail points were cleaned to include only those dates when the retailer was both HIP-activated and selling produce. Retail points with missing days or times, retail start and/or end date, were excluded from the analysis. If any portion of the retail point extended beyond the research period, then the final retail start or end dates were modified to only include sales dates within the research period. For example, if the retail point began before April 1, 2017 and extended into the research period, then the final retail start date was determined to be April 1, 2017. Any retail points that lay completely outside of the research period were excluded from the analysis. Final start and end times were determined by both the sales start and end dates as well as by the HIP start and end dates. If the retailer became HIP-activated before the sales start date, then the sales start date was used as the final start date. If the retailer became HIP-activated after its sales start date, then the HIP start date was used as the final start date. The same logic applied when determining final end dates, whereby the date that occurred first was used as the final end date. If the HIP end date was not recorded, then the sales end date was used as the final end date.

April, May, and June 2017 retail points were used to approximate 2018 data for these same months. Retail dates between April 16, 2018 and May 22, 2018 were excluded, due to the HIP suspension. Retail points from 2017 data that included April 1–15 and May 23–June 30 were used to approximate 2018 data. Retail points within these time periods were cleaned separately, using the same process described above and then merged into the final master list.

Using the final start and end dates described above and the days of the week active, the total number of days selling produce per retail point was calculated. Following this, the total number of hours per day per retail point was calculated and multiplied by the total number of days active to obtain the total number of season hours selling produce for each retail point. The final total number of season hours for each retail point was then aggregated by retailer in order to determine the number of hours over the research period and across all location that retailers were selling produce while HIP-activated. Next, each retail point was assigned a proportion of time by retailer. This proportion was based on the total number of hours at the retail point divided by the total number of hours across all other locations that each individual retailer was selling produce. Conduent sales data were then matched by retailer for each retail point for the following FINI variables: number and value of purchases; number and value of earnings; number and value of redemptions. These

values were multiplied by the proportion of time for every retail point in order to assign the proportion of sales attributed to each retail point. All sales data were aggregated by specific location, in order to find the total purchases, earnings, and redemptions for each specific MA location in which HIP produce was sold (regardless of the retailer).

Effect of HIP on Healthy Food Desert Tracts and SNAP Households

The following steps were taken to identify the effect of HIP on healthy food desert tracts and SNAP households.

1. Identified healthy food desert areas without walkable access to supermarkets. The term "food desert" is used to describe geographic areas where nutritious and affordable food is difficult to obtain. This analysis narrowed the definition to focus on walkable access to fruit and vegetables. Outside of farmers markets, farm stands, mobile markets, and CSAs, it was assumed that fruits and vegetables are generally obtained through large supermarkets with produce sections. A healthy food desert was defined as any census tract in MA with greater than 20% population in poverty and greater than one mile from a supermarket. Using the source data for MA supermarkets, a total of 574 supermarkets were geocoded by address onto a map and then buffered for one mile to produce walkable catchment areas. Population-weighted mean centers were then calculated for each census tract in MA and overlaid in GIS with supermarket catchments. Those not spatially intersecting were greater than one mile for a supermarket. Tracts with greater than 20% in poverty were identified using American Community Survey 2012–2016 five-year estimates. A total of 110 census tracts were identified as healthy food deserts when the two spatial and demographic criteria were applied.

2. Identified HIP points of sale. Information on sales location, start and end dates, start and end times, and days of the week in which HIP retailers were selling produce for the period between April 1, 2017 through March 31, 2018 were compiled from MassGrown, retailer Facebook pages, and retailer web pages and recorded in Microsoft Excel 2016. Each physical address at which one or more HIP retailers were selling produce was considered one point of sale location. After cleaning the data to unique points of sale addresses, a total of 311 sales locations were geocoded by address for the full study period of April 2017 through June 2018 using GIS; 289 for the "in-season" summer/fall time frame of May 2017 through October 2017; and 154 for the "out-of-season" winter/spring time frame of November 2017 through April 2018.

3. Mapped HIP points of sale by address over healthy food desert tracts. Using GIS, a total of 311 HIP points of sale locations were geocoded by address over the 110 census tracts identified as healthy food deserts to determine which census tracts were no longer more than one mile from a fruit and vegetable retail location.

4. Mapped SNAP households. Using data from the October 2017 BEACON Demographic Report, 413,896 SNAP households, representing 711,108 persons, were geocoded by address using GIS and mapped. SNAP households from October 2017 were used to assess the impact of the mitigated food deserts tracts by HIP on SNAP households.

5. Conducted space-time accessibility analysis. Most studies of food access, or food deserts, focus on a geographic distance constraint to define in or out of high- or low-access. For healthy food deserts defined here, the high population in poverty measure (population >20% in poverty) has been added as a criterion. However, there are also temporal constraints to food access, specifically when retail locations are open for business. Supermarkets tend to be open many hours in a week and are less of a constraint, but when adding in farmers markets and farm stands that may be open significantly less time, often as little as Saturday morning only, then the temporal constraint becomes a bigger factor and should be included in the measure of access. Accordingly, as a second step, a space-time measure of fruit vegetable access was created that combines geographic accessibility with temporal availability. In this method, each supermarket and HIP retail location was tagged with an attribute of open hours per week. This value may change based on seasonal time frames (e.g., summer/fall defined as May through October vs. winter/spring defined as November through April).

A spatial kernel density method was applied to these temporal access values with a spatial maximum distance of 4 miles. The kernel density method is a gravity model; a distance decay factor is applied to the temporal access value reducing it

as distance from the retail location increases. At the location, the multiplier is one; at four miles the multiplier is zero. The fruit and vegetable space-time access value becomes a combination of open hours and distance from the retail site. When more than one retail location is within four miles, then the access values compound or sum for that location.

The result is a continuous raster (gridded) surface with access values for the entire state. This method has the advantage of being a richer calculation of true access than distance alone, but it has the limitation of being a more abstract value that is primarily helpful in a relative sense, compared to other areas in the state.

GIS maps were generated to show the fruit and vegetable space-time accessibility for all areas in the State. Additionally, delta maps were generated for the “in-season” summer/fall time frame of May through October 2017 and the “out-of-season” winter/spring time frame of November 2017 through April 2018 to show the added access based on HIP compared to supermarkets alone.

6. Identified the change in access for SNAP households. To determine the overall access to healthy foods and the change in access due to HIP in relation to where SNAP clients live, the time-space access values were overlaid with SNAP households (based on the October 2017 BEACON Demographic Report) in GIS.

HIP Redemptions as a Percentage of Earnings

Using the estimated HIP earnings and redemptions by sales location (see Estimating HIP Purchases, Earnings, and Redemptions by Sales Location), HIP redemptions as a percentage of earnings was calculated by HIP sales locations in a mitigated food desert tract (n=20)—see Effect of HIP on Healthy Food Desert Tracts and SNAP Households for how mitigated food desert tracts were determined—and all other sales locations (n=291). It was also calculated by HIP sales locations in new access areas (n=65)—see space-time accessibility analysis in Effect of HIP on Healthy Food Desert Tracts and SNAP Households—compared to all other sales locations.

Calculating the Total Number of Daily Servings of Fruits and Vegetables per Person for All Households

The following steps were taken to calculate a computed total number of daily servings of fruits and vegetables consumed per person for all households.

1. Calculate the number of individuals consuming fruits and vegetables purchased from HIP retailers (consumers). The Conduent Monthly FINI Retailer Reports provided information about the number of unique households that made HIP purchases by household (HH) sizes of 1–2 person HH, 3–5 person HH, and 6+ person HH. Each household size was thus assigned an estimate of persons per house:

of consumers from 1–2 person HH = $1.5 * (\# \text{ unique } 1\text{--}2 \text{ person HH})$

of consumers from 3–5 person HH = $4 * (\# \text{ unique } 3\text{--}5 \text{ person HH})$

of consumers from 6+ person HH = $6 * (\# \text{ unique } 6+ \text{ person HH})$

of consumers (all HH sizes) = $1.5 * (\# \text{ unique } 1\text{--}2 \text{ person HH}) + 4 * (\# \text{ unique } 3\text{--}5 \text{ person HH}) + 6 * (\# \text{ unique } 6+ \text{ person HH})$

For each month, the number of unique households (by size) was then multiplied by the estimated number of persons per household (by size) in order to generate an estimate for each month’s total number of individuals consuming fruits and vegetables purchased at HIP retailers.

2. Calculate the average household size. The total number of consumers was calculated using the methodology above and the total number of unique HH reported in the Conduent Monthly FINI Retailer Reports. Totals were calculated for each month between April 2017 and June 2018. The average number of consumers per HH for all sizes combined was then estimated by dividing the estimated sum of monthly number of consumers per HH by the sum of monthly unique households.

For all HH sizes:

$$\text{Average HH size} = (\text{April 2017 \# consumers}) + \dots + (\text{June 2018 \# consumers}) \\ (\text{April 2017 \# unique HH}) + \dots + (\text{June 2018 \# unique HH})$$

Following this methodology, the average HH size was determined to be 1.96 people. The average HH size for 1–2 person HH, 3–5 person HH, and 6+ person HH was 1.5, 4, and 6 people per HH, respectively.

3. Calculate the total monthly value of HIP purchases. From the Conduent Monthly FINI Retailer Reports, the value of HIP purchases provided for each retailer was added up for each month to obtain the monthly total value of HIP purchases.

4. Calculate the number of servings per month. Existing research by USDA's Economic Research Service estimates that one cup (serving) of fruits or vegetables cost approximately \$0.50.⁵⁷ Adjusting for inflation, the average cost per cup of fruits or vegetables was estimated to be \$0.54 in 2017 and \$0.56 in 2018. For each month, the total number of servings per person was thus calculated by multiplying the total monthly value of HIP purchases (calculated above) by the cost per cup.

For any month in 2017:

$$\# \text{ of servings per person} = (\text{total monthly value of HIP purchases}) / \$0.54$$

For any month in 2018:

$$\# \text{ of servings per person} = (\text{total monthly value of HIP purchases}) / \$0.56$$

7. Calculate the number of daily servings per person per month. For each month, the number of servings per person was divided by the total number of consumers to find the number of monthly servings of fruits and vegetables per person per month. This value was then divided by the number of days in each month.

For each month:

$$\# \text{ daily servings per person} = \# \text{ monthly servings per person} / \# \text{ consumers} / \# \text{ days in the month}$$

The same methodology was used to calculate the number of daily servings per person for all households and by each household size.

Cost-Comparison Analysis

A cost-comparison analysis was conducted to better understand the monetary value of a CSA compared to purchasing the same items at a grocery store. The product inventories from three CSA partners were used in this analysis. Instacart (<https://www.instacart.com/>), an online on-demand grocery delivery service, served as the grocery store comparison vendor.

1. Obtain CSA partners' product inventories. In October 2017, JSI invited the 52 CSA partners participating in the CSA Pilot as of that time to contribute to the evaluation of the CSA Pilot by providing a list of their inventory. JSI provided partners with a CSA Weight and Inventory Tool Template (Appendix L) that asked partners to report on the cost and duration of their shares; whether or not the produce in their shares was USDA Certified Organic; and a list of produce items included in each week's CSA box, including the quantity/unit and weight of each item. At the end of the fall 2017 season, three CSA partners from MA's Western, Central, and Boston/Metrowest regions shared their inventory information. The Western and Boston/Metrowest regions CSA partners' weekly CSA product inventories included the cost of the entire CSA share and product type per unit in the share per week (e.g., the week of June 7th included 2 heads of broccoli, 1 bunch of kale, etc.). The Central region CSA partner's inventory list also included the weight of each product (e.g., 1 bag of arugula at .3 pounds).



2. Calculate the monthly cost of each CSA. To calculate the monthly cost of each CSA, the weekly cost was first obtained by dividing the total cost of the CSA share by the number of weeks of the CSA share. That number was then multiplied by four.

3. Calculate the monthly cost of each CSA with HIP. To calculate the monthly cost of a CSA with HIP, JSI subtracted \$40, \$60, and \$80 from the calculated monthly cost of each CSA to represent a 1–2 person SNAP household, 2–3 person SNAP household, and 6+ person SNAP household, respectively.

4. Determine Instacart prices per unit for each CSA product. Once a month from November 2017 through January 2018, JSI searched Instacart for both non-organic and organic (where available) prices of products listed in the CSA inventories. JSI tracked each product's name, type (organic vs. non-organic), price per amount, and date the price was collected via Instacart in a Microsoft Excel spreadsheet. When prices were not available for a CSA product via Instacart, JSI team staff agreed on proxy prices where reasonable (e.g., the Instacart price of kale was used to represent red Russian kale and green curly kale, the Instacart price of garlic was used to represent garlic scapes). If a proxy price for a product was not available or reasonable, JSI staff visited a grocery store, Market Basket, to find the product's price (e.g., endive, fennel, and dandelions). In cases where the Instacart product units did not match the CSA product units (e.g., Instacart reported price per pounds for tomatoes and the Western region CSA partner reported the unit for tomatoes as "each"), the Central region CSA partner's pounds of product per unit information was utilized to make the conversion (e.g., the average weight of each tomato reported in the Central region CSA partner's inventory was 0.47 lbs). JSI obtained a conversion unit from Market Basket when a conversion was needed for one of the Western and Boston/Metrowest regions CSA partners' product lists that was not also on Central region CSA partner's product inventory list. In the end, prices were averaged across all three months to get an average Instacart non-organic and organic (where available) price per unit for each product.

5. Calculate the monthly cost of each CSA with Instacart prices. The Instacart price/unit/product list was compared to each CSA's weekly product list to calculate the weekly cost. Each week's product lists were different so the weekly costs varied from week to week for each CSA partner. Non-organic prices were used for two CSA partners since they are not USDA Certified Organic. The third partner was USDA Certified Organic, so, when available, organic Instacart prices were used to calculate the weekly cost of the CSA. The weekly Instacart costs were summed to get a total cost of the CSA for each CSA partner. This total was then divided by the total number of weeks of the CSA share to get an average weekly cost. That number was then multiplied by four to obtain the average monthly cost of each CSA with Instacart prices.

6. Compare the monthly costs of the CSAs. The monthly cost of each CSA, monthly cost of each CSA with HIP, and the monthly cost of each CSA with Instacart prices were then compared by calculating the difference in prices between the three.

Appendix C. Client-focused Steering Committee Interview Guide



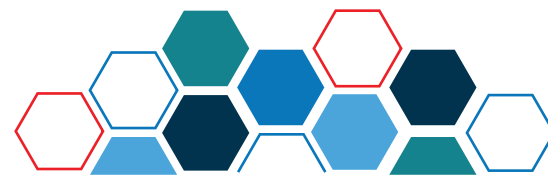
1. Since April 1st how would you describe traffic to the different retailers? Differences by areas? By month? Have you heard of benefits to the clients?
2. What would you say impacts clients' redemption and participation in HIP? Does this vary by retailer types – farmers markets, farm stands, and mobile markets? Challenges? Facilitators?
3. What do you feel are the top three most critical elements (e.g., resources, partners) to ensuring the success of HIP to date? What needs to happen to ensure HIP is sustainable?
4. From your perspective, what has been challenging? What has facilitated the implementation?
5. In your opinion, what has facilitated the launch of HIP? (Probes: Does anything come to mind in terms of the EBT system or technical aspects, operations, HIP awareness, partnerships?)
6. In your opinion, what has been challenging during the launch of HIP? (Probes: Does anything come to mind in terms of the EBT system or technical aspects, operations, HIP awareness, partnerships?)
7. Now specifically thinking about client engagement, what have you observed (or heard) has facilitated or served as a barrier? What is working well? What could be done to better engage clients/retailers?
8. In your opinion, do you feel SNAP clients are aware of HIP? Aware of where they can participate in HIP? Why do you feel this way? What has helped (or would help) to increase awareness?
9. Based on what you have heard, or seen, what has helped to ensure SNAP clients can access HIP retailers?
10. In terms of incentive earnings and redemption, what is working well? What could help to increase earnings and redemption?
11. SNAP clients who are not utilizing HIP - have you talked with them about why this is the case? What needs to be done to increase participation? Among SNAP clients who are utilizing HIP - have you talked with them about why? What is most appealing to them?
12. Have you heard of, or seen any, negative experiences with HIP? If so, what? What positive experiences have you heard of, or seen?

Appendix D. Retailer-focused Steering Committee Interview Guide



1. Since April 1st how would you describe traffic to the different retailers? Differences by areas? By month? Have you heard of benefits to the retailers?
2. What would you say impacts retailers' participation in HIP? Challenges? Facilitators?
3. What do you feel are the top three most critical elements (e.g., resources, partners) to ensuring the success of HIP to date? What needs to happen to ensure HIP is sustainable?
4. From your perspective, what has been challenging? What has facilitated the implementation?
5. In your opinion, what has facilitated the launch of HIP? (Probes: Does anything come to mind in terms of the EBT system or technical aspects, operations, HIP awareness, partnerships?)
6. In your opinion, what has been challenging during the launch of HIP? (Probes: Does anything come to mind in terms of the EBT system or technical aspects, operations, HIP awareness, partnerships?)
7. Now specifically thinking about retailer engagement, what have you observed (or heard) has facilitated or served as a barrier? What is working well? What could be done to better engage clients/retailers?
8. In your opinion, do you feel SNAP clients are aware of HIP? Aware of where they can participate in HIP? Why do you feel this way? What has helped (or would help) to increase awareness?
9. Based on what you have heard, or seen, what has helped to ensure SNAP clients can access HIP retailers?
10. In terms of incentive earnings and redemption, what is working well? What could help to increase earnings and redemption?

Appendix E. Retailer-focused Steering Committee Survey



Dear HIP Retailer-focused Steering Committee Members,

This survey is a follow-up from the October 2017 HIP Steering Committee meeting. We are issuing this survey to continue to learn about both your organization's and your perspectives on retailers' experience with HIP to-date.

Note that although the JSI team will be able to see your individual responses, all responses will be kept confidential; information will be reported at an aggregate level only. Please feel comfortable to give open and honest responses.

We thank you in advance for your time!

If you have any questions, please contact Laura Ruggiero at laura_ruggiero@jsi.com.

Best,

The HIP Evaluation Team at JSI Research & Training Institute, Inc.

1. In order from most to least, please describe what you feel are the top three ways your organization has been contributing to HIP this year (e.g., helping to recruit retailers; reviewing and providing feedback on outreach and training materials; providing translation and interpretation for training sessions; providing facilities for meetings; serving as an information and referral resource to HIP clients; or any other way you feel your organization has contributed).

2. Are there ways in which your organization could be contributing to/supporting HIP that it hasn't yet done? What ways? What is needed to allow your organization to contribute this?

3. Over the past year, what has been the most effective mechanism for keeping your organization informed about HIP? (e.g., Steering Committee meetings, monthly email updates from DTA, MDAR map/website, working group meetings, one-on-one conversations/emails with partners) Has one form of communication worked better than another in terms of keeping your organization informed?

4. Thinking about recruiting retailers to process HIP, what has facilitated this recruitment? What has served as a barrier to this recruitment? What could be done better to recruit/engage retailers?

5. Thinking about onboarding retailers to be able to process HIP (setting them up to be SNAP authorized if they weren't before, working with third party processors, obtaining equipment, etc.), what has facilitated this onboarding? What has been challenging? Why?

6. Thinking about retailers' experiences with processing the HIP incentive on their EBT machines for SNAP clients, have there been any challenges? What is working well?

7. There has been an increase in retailers participating in HIP. What has helped to make this happen (e.g., recruitment efforts, ease of onboarding to process HIP, retailers hearing of financial benefits to processing HIP)? What could be done to onboard more retailers? Why are some retailers not participating?

8. In your opinion, how do you feel HIP has impacted HIP-authorized retailers?

9. What do you see as critical elements in sustaining HIP beyond securing long-term funding?

10. Please share here any final thoughts you have about HIP that you weren't able to share above.

Thank you for your feedback!

Appendix F. Leadership Team Interview Guide



General

1. Please tell me how you would describe HIP to a decision-maker (e.g., Governor, legislator).
2. On a scale from 1-10, where 1 is not at all successful and 10 is very successful, how successful do you feel HIP has been this year? If 7 or higher: What made it successful? 6 or lower: What needs to happen to ensure success in future years?
3. What has your organization's experience been like over this past year? What has facilitated or served as a barrier in terms of your organization supporting HIP implementation?
4. In order from most to least, please describe what you feel are your organization's top three factors contributing to HIP this year. (e.g., helping to recruit retailers; reviewing and providing feedback on outreach and training materials; providing translation and interpretation for training sessions; providing facilities for meetings; serving as an information and referral resource to HIP clients)
5. If another state was wanting to implement HIP, what advice would you give them? What factors are most critical?
6. What has been the most helpful/effective in keeping your organization informed about HIP activities (e.g., monthly steering committee meetings, leadership team meetings, dissemination of informational materials, etc.)?
7. What needs to happen to ensure the sustainability of HIP?
8. In terms of the evaluation, what would be the most valuable information to know about HIP? How would you use the information?

Organizations/Partnerships

1. Do any organizations stand out to you in terms of their level of support over this first year? What have they done? Why do you think they have done this?
2. In your opinion, how important is a Leadership Team to the success of HIP?
3. What **two** organizations on the Leadership Team has your organization worked with the most over the past year to support HIP? How have you collaborated? Does your organization work with members of the Steering Committee? If so, who and how?
4. Are there any organizations you have struggled to engage over this past year? Who and why?
5. Has your relationships with the other Leadership Team organizations changed as a result of your involvement with HIP? (DTA, DPH, MDAR, MA Food Systems Collaborative) If yes, how?

Clients

1. In your opinion, how do you feel HIP has impacted SNAP clients?
2. What would you say impacts clients' redemption and participation in farmers markets, farm stands, and mobile markets?
3. In your opinion, is HIP helping SNAP clients? If so, how? If not, why not?
4. In your opinion, do you think SNAP clients are consuming more fruits and vegetables as a result of HIP? If yes, why? If no, why not?

Retailers

1. In your opinion, how do you feel HIP has impacted retailers?
2. What would you say impacts retailers' participation in CSAs, farmers markets, farm stands, and mobile markets?

Electronic Systems Setup and Testing

1. Were you involved in the testing/setup of the electronic systems? Who/what has been a barrier/challenge to the system setup?

Specific Questions

1. (MDAR) Talk to me about your recruitment of retailers. What challenges do you face? What assets do you have?
2. (DPH MiM) HIP is now a MiM strategy for MiM coordinators to implement this year (2017-2018.) Can you talk about how this came to be?
3. (DPH WIC) What systems are in place to make SNAP clients aware of HIP?
4. (MA Food Systems Collaborative) We heard you championed the legislature and 1.35 million was included in the 2018 Fiscal Year state budget for HIP. Can you talk a bit about this effort?

Appendix G. DTA HIP Coordinator Interview Guide



General

1. How does HIP align with the overall goals of DTA?
2. In your opinion, who/what organization has been most instrumental in getting HIP off and running? Please describe.

Recruitment & Onboarding of Retailers

1. Talk to me about your recruitment of retailers. What challenges do you face? What assets do you have?
2. If another state DTA contacted you and asked about your onboarding process, what would be the most critical elements to share? What do they need to know?
3. Among the retailers who have signed on, and are engaged in HIP, would you say there are any common characteristics? Why do you think they want to participate? What are their reservations/challenges?

Recruitment & Onboarding of Partner Organizations

1. Talk to me about the formation of the Steering Committees. How did you recruit partner organizations to serve on the Steering Committees? Did any seek you out?
2. Do any partners stand out to you in terms of their level of support? What have they done? Why do you think they have done this?
3. What has facilitated or served as a barrier in terms of partner organizations supporting HIP implementation?
4. Are there any key partners you would like to be engaged with HIP, but haven't yet been able to get their support? Who and why?
5. What do you think has been the most helpful/effective in keeping partner organizations informed about HIP activities and/or bringing partner organizations up to speed about HIP (e.g., monthly Steering Committee meetings, dissemination of informational materials, etc.)?

Coalition Setup/Creation and Organization

1. What benefit(s) does each leadership team organization bring to the table? (MDAR, DPH, DTA, MA Food System Collaborative, and JSI)
2. Was it difficult to engage partners?
3. HIP is now a MiM strategy for MiM coordinators to implement this year (2017-18). Can you talk about how this came to be?

“Onboarding” of Clients

1. What systems are in place to make SNAP clients aware of HIP?

Electronic Systems Setup and Testing

1. What has the electronic systems setup involved? Who/what has facilitated the system setup? Who/what has been a barrier/challenge to the system setup?

Appendix H.

HIP-Activated Retailer Interview Guide



1. What is your title?
2. What farmers markets/retailer locations are you associated with?
3. Before HIP, did you already accept SNAP?
4. If you processed SNAP before HIP, have you done any media/outreach specifically to SNAP clients before?
 - a) Where?
 - b) How?
 - c) Who paid for it?
5. What factors motivated you to participate in SNAP? (open-ended response question; JSI coded responses into categories)
6. What factors motivated you to participate in HIP? (open-ended response question; JSI coded responses into categories)
7. Have you redeemed incentives from other nutrition assistance programs in the past like WIC Farmers Market Nutrition Program, WIC Cash Value vouchers, or the Senior Farmers Market Nutrition Program?
 - a) WIC Farmers Market Nutrition Program - y/n
 - b) WIC Cash Value vouchers - y/n
 - c) Senior Farmers Market Nutrition Program - y/n
 - d) Other: _____
8. Do you plan to continue (or to start) redeeming these incentives moving forward?
 - a) WIC Farmers Market Nutrition Program - y/n
 - b) WIC Cash Value vouchers - y/n
 - c) Senior Farmers Market Nutrition Program - y/n
 - d) Other: _____
9. Have you purchased anything new, in terms of equipment that helps in your ability to participate in HIP since January 1, 2017? (y/n)
 - a) Were these items purchased “out of pocket”?
 - b) Were these items purchased with other grant funds like the Farmers Market Coalition (FMC) grant?
 - c) Details

10. Do you have an EBT machine?
 - a) If so, when did you get it?
 - b) Additional info
11. Have you experienced any barriers/challenges in the onboarding process of HIP? (ex. USDA, Farmers Market Coalition, Worldpay, Novo Dia Group, Conduent, DTA, or MDAR)
12. What has helped you the most in your onboarding of HIP?
13. Do you have any documented procedures for supporting HIP? (i.e., anything formalized in writing for your business processing)
 - a) If so, where are they made available? How?
14. What community based organizations do you typically work with?
15. Have you had experience working with a third party processor?
 - a) If yes, who? (e.g., WorldPay, FIS, Fiserv, Vantiv, First Data)
 - b) If yes, what has your experience been like? (prompts: What's been helpful/challenging?)
16. How many paid staff were involved in establishing HIP at your retailer?
17. How many paid volunteers were involved in establishing HIP at your retailer?
18. How many paid staff from your retailer were involved in administration (promotion, outreach, operation) of the incentive program?
19. Did you offer education activities? If yes, were they:
 - a) Federally funded SNAP-Ed nutrition programs and activities
 - b) EFNEP and/or Education extension offered nutrition education activities
 - c) Other: _____
20. How has HIP impacted your business? (Prompt could be hiring new staff, increased sales, etc.)
21. Additional notes/comments

Appendix I.

Health-e-link Data System Questions



1. What city(ies)/town(s) does this entry involve/impact? (select all)
2. What neighborhood(s)/retailer(s) does this entry involve/impact? (select all)
3. What type of strategy are you reporting? (select one)
 - ☐ Program (e.g., nutrition class)
 - ☐ Practice (e.g., two CBOs start sharing a truck without signing a formal joint-use agreement)
 - ☐ Policy (e.g., organizational mandate to provide services to enroll clients into SNAP onsite; signing of a memorandum of understanding to share use of a truck)
 - ☐ Environmental change (e.g., installation of an electronic payment system)
 - ☐ Media (e.g., a Facebook post promoting HIP at a Farmers Market)

If reporting on **Media**, select the type(s):

 - ☐ Facebook
 - ☐ Flyer
 - ☐ Newspaper article/publication
 - ☐ Presentation
 - ☐ Twitter
 - ☐ Website, URL:
 - ☐ Other:
4. Name of the strategy:
5. What is the primary purpose of the strategy? (select one)
 - ☐ Providing information or enhancing skills (e.g., media outreach regarding HIP benefits, community engagement meeting with key decision-makers)
 - ☐ Enhancing services and support (e.g., ongoing health-related translation services for Spanish-speaking community residents)
 - ☐ Modifying access, barriers, or opportunities (e.g., installment of electronic payment system)
 - ☐ Modifying policies or broader conditions (e.g., enhancement to DTA's client eligibility system)

6. What HIP goal does this strategy primarily address? (select one)

- ☐ Improve access to and affordability of local fruits and vegetables for low-income households participating in SNAP
- ☐ Expand local capacity of participating retailers (including farmers markets, farm stands, mobile markets, and CSAs) that provide access to fruits and vegetables for underserved consumers
- ☐ Strengthen the local economy by supporting purchases from local farmers
- ☐ Address hunger and nutrition through a more sustainable Massachusetts food system
- ☐ General

7. If reporting on a program that is an education activity offered by a retailer, is the education activity any of the following? (select all)

- ☐ A federally funded SNAP-Ed nutrition program or activity
- ☐ Expanded Food and Nutrition Education Program (EFNEP) and/or Education extension offered nutrition education/activity
- ☐ Other (please specify in *Description of Strategy* below)

8. Description of the strategy.

9. Strategy Start Date: _____/_____/_____

10. Strategy Frequency: (select one)

- ☐ One time
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Yearly

11. Strategy End Date: _____/_____/_____ **or** ☐ No end date as strategy is ongoing

12. Have you reported on this strategy in the past?

- ☐ Yes
- ☐ No
- ☐ I don't know

13. What level does this strategy primarily target? (select only one)

- ☐ State
- ☐ Region
- ☐ County
- ☐ City/Town
- ☐ Neighborhood
- ☐ Organization
- ☐ Individual/Family

14. Please provide the estimated number of people reached by the strategy.

If reporting on a **Program, Practice, Policy, or Environmental change**:

Sector	Estimated # of People Reached
Clients	
Retailer staff & volunteers	
Community-based organization staff & volunteers	
Other: _____	

If reporting on **Media**:

- Facebook, # of people reached by Facebook posts(s): _____
- Flyer, # of flyers distributed: _____
- Newspaper article/publication, # of articles/publications distributed: _____
- Presentation, # of participants at the presentation: _____
- Twitter, total # of impressions for tweet(s): _____
- Website, website analytics # of people reached: _____
- Other, to be determined by you: _____

15. Please provide the estimated cost of this strategy below.

☐ If paid staff, volunteers, equipment/supplies/materials, or other costs are accounted for on a different (primary) strategy's form/entry, select this check box and do not complete the bullets below. Name of primary strategy: _____

Paid Staff

- Number of staff paid by retailers: _____
 - Were new retailer staff hired? ☐ Yes / ☐ No
 - If yes, were they trained? ☐ Yes / ☐ No
- Number of staff paid by other organizations: _____
- Total number of staff hours (include both retailer and other staff) paid by FINI Grant: _____
- Total number of staff hours (include both retailer and other staff) paid by funds external to FINI Grant: _____

Volunteers

- Number of retailer volunteers: _____
- Number of volunteers from other organizations: _____

- Total volunteer hours (include both retailer volunteers and volunteers from other organizations): _____

Equipment/Supplies/Materials

- Estimated \$ amount paid by FINI Grant: _____
- Estimated \$ paid by funds external to FINI Grant: _____

Other (e.g., transportation, space, token, scrip, etc.)

- Estimated \$ amount paid by FINI Grant: _____
- Estimated \$ paid by funds external to FINI Grant: _____
- Was money spent purchasing token or scrip? ☐ Yes / ☐ No

16. Please describe any successes you have had with implementing this strategy?

17. Please describe any challenges you have had with implementing this strategy. If applicable, also describe how you are working to overcome these challenges.

18. Please provide any other information you would like to share with regards to this strategy.

Appendix J. Survey of MA Agricultural Retailers



In collaboration with the Massachusetts Department of Agriculture (MDAR) and the Massachusetts Department of Transitional Assistance (DTA), Mass Farmers Markets is looking to assess Massachusetts' agricultural landscape through a survey among retailers.

You are receiving this email because our records indicate you are, or were in the past two years, a Massachusetts agricultural and/or farmers market retailer.

As a Massachusetts agricultural and/or farmers market retailer, you are invited to participate in a 10-15 minute survey. Your participation in the survey is voluntary and we hope you will see value in sharing your experience. Your individual information will be compiled with other retailers' information and used to describe Massachusetts' agricultural and farmers market retailers' experiences. Mass Farmers Markets, MDAR, and DTA will use this information to plan future strategies and direct resources. The more retailers that participate, the more the information collected will represent the Massachusetts market and needs and interests of its retailers.

The survey is being administered and analyzed by JSI Research & Training Institute, Inc. (JSI), a third-party consulting firm located in Boston. It is important to know that your answers will not be linked in any way to you or your farm and shared with any of the partners.

Mass Farmers Markets, MDAR, and DTA are committed to working with Massachusetts' agricultural and farmers market retailers. Upon completion of the survey, your name will be entered into a drawing for one of five \$100 Amazon gift cards. Thank you in advance for completing this survey by Monday, February 5th at 5 pm.

Should you have any questions in completing this survey, please contact jsihealthelink@jsi.com or 1-844-385-3653.



* 1. In which city/town is your farm/specialty food business **physically** located; the location where you grow or produce your product? This may not be the same location where you sell your product.

<input type="checkbox"/> Acton	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Northborough
<input type="checkbox"/> Acushnet	<input type="checkbox"/> Granby	<input type="checkbox"/> Northbridge
<input type="checkbox"/> Adams	<input type="checkbox"/> Great Barrington	<input type="checkbox"/> Orange
<input type="checkbox"/> Agawam	<input type="checkbox"/> Greenfield	<input type="checkbox"/> Orleans
<input type="checkbox"/> Amherst	<input type="checkbox"/> Groton	<input type="checkbox"/> Pittsfield
<input type="checkbox"/> Andover	<input type="checkbox"/> Hadley	<input type="checkbox"/> Plainville
<input type="checkbox"/> Arlington	<input type="checkbox"/> Halifax	<input type="checkbox"/> Plymouth
<input type="checkbox"/> Ashland	<input type="checkbox"/> Harwich	<input type="checkbox"/> Provincetown
<input type="checkbox"/> Ashley Falls	<input type="checkbox"/> Haverhill	<input type="checkbox"/> Quincy
<input type="checkbox"/> Athol	<input type="checkbox"/> Hawley	<input type="checkbox"/> Randolph
<input type="checkbox"/> Attleboro	<input type="checkbox"/> Hingham	<input type="checkbox"/> Raynham
<input type="checkbox"/> Barnstable	<input type="checkbox"/> Holden	<input type="checkbox"/> Reading
<input type="checkbox"/> Barre	<input type="checkbox"/> Holliston	<input type="checkbox"/> Rehoboth
<input type="checkbox"/> Bedford	<input type="checkbox"/> Holyoke	<input type="checkbox"/> Revere
<input type="checkbox"/> Belchertown	<input type="checkbox"/> Hopkinton	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bellingham	<input type="checkbox"/> Hubbardston	<input type="checkbox"/> Salem
<input type="checkbox"/> Belmont	<input type="checkbox"/> Hyannis	<input type="checkbox"/> Sheffield
<input type="checkbox"/> Berlin	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Shelburne Falls
<input type="checkbox"/> Bernardston	<input type="checkbox"/> Lanesborough	<input type="checkbox"/> Sherborn
<input type="checkbox"/> Beverly	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Somerville
<input type="checkbox"/> Billerica	<input type="checkbox"/> Lee	<input type="checkbox"/> South Hadley
<input type="checkbox"/> Bolton	<input type="checkbox"/> Leicester	<input type="checkbox"/> Southborough
<input type="checkbox"/> Boston	<input type="checkbox"/> Lenox	<input type="checkbox"/> Southwick
<input type="checkbox"/> Braintree	<input type="checkbox"/> Leominster	<input type="checkbox"/> Springfield
<input type="checkbox"/> Brimfield	<input type="checkbox"/> Lexington	<input type="checkbox"/> Sterling
<input type="checkbox"/> Brockton	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Stockbridge
<input type="checkbox"/> Brookfield	<input type="checkbox"/> Littleton	<input type="checkbox"/> Stoughton
<input type="checkbox"/> Brookline	<input type="checkbox"/> Longmeadow	<input type="checkbox"/> Sudbury

<input type="checkbox"/> Buckland	<input type="checkbox"/> Lowell	<input type="checkbox"/> Swansea
<input type="checkbox"/> Burlington	<input type="checkbox"/> Lunenburg	<input type="checkbox"/> Taunton
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Lynn	<input type="checkbox"/> Tewksbury
<input type="checkbox"/> Canton	<input type="checkbox"/> Malden	<input type="checkbox"/> Truro
<input type="checkbox"/> Carlisle	<input type="checkbox"/> Marblehead	<input type="checkbox"/> Waltham
<input type="checkbox"/> Charlton	<input type="checkbox"/> Marshfield	<input type="checkbox"/> Ware
<input type="checkbox"/> Chicopee	<input type="checkbox"/> Mattapoisett	<input type="checkbox"/> Wareham
<input type="checkbox"/> Clarksburg	<input type="checkbox"/> Maynard	<input type="checkbox"/> Warwick
<input type="checkbox"/> Colrain	<input type="checkbox"/> Medford	<input type="checkbox"/> Watertown
<input type="checkbox"/> Concord	<input type="checkbox"/> Medway	<input type="checkbox"/> Wayland
<input type="checkbox"/> Dalton	<input type="checkbox"/> Melrose	<input type="checkbox"/> Wellfleet
<input type="checkbox"/> Dartmouth	<input type="checkbox"/> Merrimac	<input type="checkbox"/> West Bridgewater
<input type="checkbox"/> Dedham	<input type="checkbox"/> Methuen	<input type="checkbox"/> West Brookfield
<input type="checkbox"/> Deerfield	<input type="checkbox"/> Middleborough	<input type="checkbox"/> West Stockbridge
<input type="checkbox"/> Dover	<input type="checkbox"/> Milford	<input type="checkbox"/> West Tisbury
<input type="checkbox"/> Dracut	<input type="checkbox"/> Millis	<input type="checkbox"/> Westfield
<input type="checkbox"/> East Dennis	<input type="checkbox"/> Montague	<input type="checkbox"/> Westford
<input type="checkbox"/> Easton	<input type="checkbox"/> Nantucket	<input type="checkbox"/> Westhampton
<input type="checkbox"/> Edgartown	<input type="checkbox"/> New Bedford	<input type="checkbox"/> Westminster
<input type="checkbox"/> Egremont	<input type="checkbox"/> New Braintree	<input type="checkbox"/> Weston
<input type="checkbox"/> Everett	<input type="checkbox"/> Newbury	<input type="checkbox"/> Westport
<input type="checkbox"/> Fairhaven	<input type="checkbox"/> Newburyport	<input type="checkbox"/> Weymouth
<input type="checkbox"/> Fall River	<input type="checkbox"/> Newton	<input type="checkbox"/> Wilbraham
<input type="checkbox"/> Falmouth	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Williamstown
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> North Adams	<input type="checkbox"/> Winchester
<input type="checkbox"/> Framingham	<input type="checkbox"/> North Andover	<input type="checkbox"/> Windsor
<input type="checkbox"/> Franklin	<input type="checkbox"/> North Brookfield	<input type="checkbox"/> Worcester
<input type="checkbox"/> Gill	<input type="checkbox"/> Northampton	
<input type="checkbox"/> Other (please specify)		

2. We are interested in retail activity over the past few years. Please indicate which of the following time periods you were a retailer.

- ☐ January 1 to December 31, 2016
- ☐ January 1 to December 31, 2017
- ☐ January 1, 2016 to December 31, 2017
- ☐ I was not a retailer during this time

Massachusetts Agriculture Retailer Survey

Retail

The following questions ask about your retail activities during 2016 and/or 2017. Please answer the questions based on your activities during this time frame.

* 3. What type of items did you produce in 2016 and/or 2017? (Check all that apply.)

- ☐ Dairy
- ☐ Fish
- ☐ Fruit
- ☐ Honey/Maple
- ☐ Meat/Poultry
- ☐ Nuts and/or seeds
- ☐ Vegetables
- ☐ Specialty foods
- ☐ Other (please specify)

* 4. In 2016, in which city(ies) or town(s) were you a retailer (where you sold your product)? (Please select all that apply.)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> I was not a retailer in 2016. | <input type="checkbox"/> Gill | <input type="checkbox"/> Northampton |
| <input type="checkbox"/> Acton | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Northborough |
| <input type="checkbox"/> Acushnet | <input type="checkbox"/> Granby | <input type="checkbox"/> Northbridge |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Great Barrington | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Agawam | <input type="checkbox"/> Greenfield | <input type="checkbox"/> Orleans |

<input type="checkbox"/> Amherst	<input type="checkbox"/> Groton	<input type="checkbox"/> Pittsfield
<input type="checkbox"/> Andover	<input type="checkbox"/> Hadley	<input type="checkbox"/> Plainville
<input type="checkbox"/> Arlington	<input type="checkbox"/> Halifax	<input type="checkbox"/> Plymouth
<input type="checkbox"/> Ashland	<input type="checkbox"/> Harwich	<input type="checkbox"/> Provincetown
<input type="checkbox"/> Ashley Falls	<input type="checkbox"/> Haverhill	<input type="checkbox"/> Quincy
<input type="checkbox"/> Athol	<input type="checkbox"/> Hawley	<input type="checkbox"/> Randolph
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<input type="checkbox"/> Barnstable	<input type="checkbox"/> Holden	<input type="checkbox"/> Reading
<input type="checkbox"/> Barre	<input type="checkbox"/> Holliston	<input type="checkbox"/> Rehoboth
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<input type="checkbox"/> Belmont	<input type="checkbox"/> Hyannis	<input type="checkbox"/> Sheffield
<input type="checkbox"/> Berlin	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Shelburne Falls
<input type="checkbox"/> Bernardston	<input type="checkbox"/> Lanesborough	<input type="checkbox"/> Sherborn
<input type="checkbox"/> Beverly	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Somerville
<input type="checkbox"/> Billerica	<input type="checkbox"/> Lee	<input type="checkbox"/> South Hadley
<input type="checkbox"/> Bolton	<input type="checkbox"/> Leicester	<input type="checkbox"/> Southborough
<input type="checkbox"/> Boston	<input type="checkbox"/> Lenox	<input type="checkbox"/> Southwick
<input type="checkbox"/> Braintree	<input type="checkbox"/> Leominster	<input type="checkbox"/> Springfield
<input type="checkbox"/> Brimfield	<input type="checkbox"/> Lexington	<input type="checkbox"/> Sterling
<input type="checkbox"/> Brockton	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Stockbridge
<input type="checkbox"/> Brookfield	<input type="checkbox"/> Littleton	<input type="checkbox"/> Stoughton
<input type="checkbox"/> Brookline	<input type="checkbox"/> Longmeadow	<input type="checkbox"/> Sudbury
<input type="checkbox"/> Buckland	<input type="checkbox"/> Lowell	<input type="checkbox"/> Swansea
<input type="checkbox"/> Burlington	<input type="checkbox"/> Lunenburg	<input type="checkbox"/> Taunton
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Lynn	<input type="checkbox"/> Tewksbury
<input type="checkbox"/> Canton	<input type="checkbox"/> Malden	<input type="checkbox"/> Truro
<input type="checkbox"/> Carlisle	<input type="checkbox"/> Marblehead	<input type="checkbox"/> Waltham
<input type="checkbox"/> Charlton	<input type="checkbox"/> Marshfield	<input type="checkbox"/> Ware
<input type="checkbox"/> Chicopee	<input type="checkbox"/> Mattapoissett	<input type="checkbox"/> Wareham

<input type="checkbox"/> Clarksburg	<input type="checkbox"/> Maynard	<input type="checkbox"/> Warwick
<input type="checkbox"/> Colrain	<input type="checkbox"/> Medford	<input type="checkbox"/> Watertown
<input type="checkbox"/> Concord	<input type="checkbox"/> Medway	<input type="checkbox"/> Wayland
<input type="checkbox"/> Dalton	<input type="checkbox"/> Melrose	<input type="checkbox"/> Wellfleet
<input type="checkbox"/> Dartmouth	<input type="checkbox"/> Merrimac	<input type="checkbox"/> West Bridgewater
<input type="checkbox"/> Dedham	<input type="checkbox"/> Methuen	<input type="checkbox"/> West Brookfield
<input type="checkbox"/> Deerfield	<input type="checkbox"/> Middleborough	<input type="checkbox"/> West Stockbridge
<input type="checkbox"/> Dover	<input type="checkbox"/> Milford	<input type="checkbox"/> West Tisbury
<input type="checkbox"/> Dracut	<input type="checkbox"/> Millis	<input type="checkbox"/> Westfield
<input type="checkbox"/> East Dennis	<input type="checkbox"/> Montague	<input type="checkbox"/> Westford
<input type="checkbox"/> Easton	<input type="checkbox"/> Nantucket	<input type="checkbox"/> Westhampton
<input type="checkbox"/> Edgartown	<input type="checkbox"/> New Bedford	<input type="checkbox"/> Westminster
<input type="checkbox"/> Egremont	<input type="checkbox"/> New Braintree	<input type="checkbox"/> Weston
<input type="checkbox"/> Everett	<input type="checkbox"/> Newbury	<input type="checkbox"/> Westport
<input type="checkbox"/> Fairhaven	<input type="checkbox"/> Newburyport	<input type="checkbox"/> Weymouth
<input type="checkbox"/> Fall River	<input type="checkbox"/> Newton	<input type="checkbox"/> Wilbraham
<input type="checkbox"/> Falmouth	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Williamstown
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> North Adams	<input type="checkbox"/> Winchester
<input type="checkbox"/> Framingham	<input type="checkbox"/> North Andover	<input type="checkbox"/> Windsor
<input type="checkbox"/> Franklin	<input type="checkbox"/> North Brookfield	<input type="checkbox"/> Worcester
<input type="checkbox"/> Other (please specify)		

* 5. In 2017, in which city(ies) or town(s) were you a retailer (where you sold your product)? (Please select all that apply.)

<input type="checkbox"/> I was not a retailer in 2017.	<input type="checkbox"/> Gill	<input type="checkbox"/> Northborough
<input type="checkbox"/> I was at the same locations as in 2016	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Northbridge
<input type="checkbox"/> Acton	<input type="checkbox"/> Granby	<input type="checkbox"/> Orange
<input type="checkbox"/> Acushnet	<input type="checkbox"/> Great Barrington	<input type="checkbox"/> Orleans
<input type="checkbox"/> Adams	<input type="checkbox"/> Greenfield	<input type="checkbox"/> Pittsfield
<input type="checkbox"/> Agawam	<input type="checkbox"/> Groton	<input type="checkbox"/> Plainville
	<input type="checkbox"/> Hadley	<input type="checkbox"/> Plymouth

<input type="checkbox"/> Amherst	<input type="checkbox"/> Halifax	<input type="checkbox"/> Provincetown
<input type="checkbox"/> Andover	<input type="checkbox"/> Harwich	<input type="checkbox"/> Quincy
<input type="checkbox"/> Arlington	<input type="checkbox"/> Haverhill	<input type="checkbox"/> Randolph
<input type="checkbox"/> Ashland	<input type="checkbox"/> Hawley	<input type="checkbox"/> Raynham
<input type="checkbox"/> Ashley Falls	<input type="checkbox"/> Hingham	<input type="checkbox"/> Reading
<input type="checkbox"/> Athol	<input type="checkbox"/> Holden	<input type="checkbox"/> Rehoboth
<input type="checkbox"/> Attleboro	<input type="checkbox"/> Holliston	<input type="checkbox"/> Revere
<input type="checkbox"/> Barnstable	<input type="checkbox"/> Holyoke	<input type="checkbox"/> Richmond
<input type="checkbox"/> Barre	<input type="checkbox"/> Hopkinton	<input type="checkbox"/> Salem
<input type="checkbox"/> Bedford	<input type="checkbox"/> Hubbardston	<input type="checkbox"/> Sheffield
<input type="checkbox"/> Belchertown	<input type="checkbox"/> Hyannis	<input type="checkbox"/> Shelburne Falls
<input type="checkbox"/> Bellingham	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Sherborn
<input type="checkbox"/> Belmont	<input type="checkbox"/> Lanesborough	<input type="checkbox"/> Somerville
<input type="checkbox"/> Berlin	<input type="checkbox"/> Lawrence	<input type="checkbox"/> South Hadley
<input type="checkbox"/> Bernardston	<input type="checkbox"/> Lee	<input type="checkbox"/> Southborough
<input type="checkbox"/> Beverly	<input type="checkbox"/> Leicester	<input type="checkbox"/> Southwick
<input type="checkbox"/> Billerica	<input type="checkbox"/> Lenox	<input type="checkbox"/> Springfield
<input type="checkbox"/> Bolton	<input type="checkbox"/> Leominster	<input type="checkbox"/> Sterling
<input type="checkbox"/> Boston	<input type="checkbox"/> Lexington	<input type="checkbox"/> Stockbridge
<input type="checkbox"/> Braintree	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Stoughton
<input type="checkbox"/> Brimfield	<input type="checkbox"/> Littleton	<input type="checkbox"/> Sudbury
<input type="checkbox"/> Brockton	<input type="checkbox"/> Longmeadow	<input type="checkbox"/> Swansea
<input type="checkbox"/> Brookfield	<input type="checkbox"/> Lowell	<input type="checkbox"/> Taunton
<input type="checkbox"/> Brookline	<input type="checkbox"/> Lunenburg	<input type="checkbox"/> Tewksbury
<input type="checkbox"/> Buckland	<input type="checkbox"/> Lynn	<input type="checkbox"/> Truro
<input type="checkbox"/> Burlington	<input type="checkbox"/> Malden	<input type="checkbox"/> Waltham
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Marblehead	<input type="checkbox"/> Ware
<input type="checkbox"/> Canton	<input type="checkbox"/> Marshfield	<input type="checkbox"/> Wareham
<input type="checkbox"/> Carlisle	<input type="checkbox"/> Mattapoisett	<input type="checkbox"/> Warwick
<input type="checkbox"/> Charlton	<input type="checkbox"/> Maynard	<input type="checkbox"/> Watertown
<input type="checkbox"/> Chicopee	<input type="checkbox"/> Medford	<input type="checkbox"/> Wayland

<input type="checkbox"/> Clarksburg	<input type="checkbox"/> Medway	<input type="checkbox"/> Wellfleet
<input type="checkbox"/> Colrain	<input type="checkbox"/> Melrose	<input type="checkbox"/> West Bridgewater
<input type="checkbox"/> Concord	<input type="checkbox"/> Merrimac	<input type="checkbox"/> West Brookfield
<input type="checkbox"/> Dalton	<input type="checkbox"/> Methuen	<input type="checkbox"/> West Stockbridge
<input type="checkbox"/> Dartmouth	<input type="checkbox"/> Middleborough	<input type="checkbox"/> West Tisbury
<input type="checkbox"/> Dedham	<input type="checkbox"/> Milford	<input type="checkbox"/> Westfield
<input type="checkbox"/> Deerfield	<input type="checkbox"/> Millis	<input type="checkbox"/> Westford
<input type="checkbox"/> Dover	<input type="checkbox"/> Montague	<input type="checkbox"/> Westhampton
<input type="checkbox"/> Dracut	<input type="checkbox"/> Nantucket	<input type="checkbox"/> Westminster
<input type="checkbox"/> East Dennis	<input type="checkbox"/> New Bedford	<input type="checkbox"/> Weston
<input type="checkbox"/> Easton	<input type="checkbox"/> New Braintree	<input type="checkbox"/> Westport
<input type="checkbox"/> Edgartown	<input type="checkbox"/> Newbury	<input type="checkbox"/> Weymouth
<input type="checkbox"/> Egremont	<input type="checkbox"/> Newburyport	<input type="checkbox"/> Wilbraham
<input type="checkbox"/> Everett	<input type="checkbox"/> Newton	<input type="checkbox"/> Williamstown
<input type="checkbox"/> Fairhaven	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Winchester
<input type="checkbox"/> Fall River	<input type="checkbox"/> North Adams	<input type="checkbox"/> Windsor
<input type="checkbox"/> Falmouth	<input type="checkbox"/> North Andover	<input type="checkbox"/> Worcester
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> North Brookfield	
<input type="checkbox"/> Framingham	<input type="checkbox"/> Northampton	
<input type="checkbox"/> Franklin		
<input type="checkbox"/> Other (please specify)		

* 6. Which of the following best describes your retail type in 2016? (Select all that apply)

- ☐ I was not a retailer in 2016.
- ☐ Vendor at a single Farmers Market location
- ☐ Vendor at multiple Farmers Market locations
- ☐ Farm Stand
- ☐ Mobile Market
- ☐ Community Supported Agriculture (CSA)
- ☐ Other (please specify)

* 7. Which of the following best describes your retail type in 2017? (Select all that apply)

- ☐ I was not a retailer in 2017.
- ☐ Vendor at a single Farmers Market location
- ☐ Vendor at multiple Farmers Market locations
- ☐ Farm Stand
- ☐ Mobile Market
- ☐ Community Supported Agriculture (CSA)
- ☐ Other (please specify)

* 8. How many retail staff (selling product vs. producing it), did you have between...

January 1
and
December
31, 2016

January 1
and
December
31, 2017

* 9. How did your customer lines in 2017 compare to those in 2016?

- ☐ My customer lines were longer in 2017 compared to 2016
- ☐ My customer lines were the same in 2017 compared to 2016
- ☐ My customer lines were shorter in 2017 compared to 2016
- ☐ I do not know
- ☐ Not applicable - I was not a retailer in 2016 or 2017

10. If you were a retailer at a Massachusetts **farmers market in 2017**, please comment on anything **positive** at the market(s) that facilitated you selling your product. If nothing at the markets facilitated you selling product, please state "Nothing." *(If you did not sell at a farmers market in 2017, skip this question.)*

11. If you were a retailer at a Massachusetts **farmers market in 2017**, please comment on any **disruptions** you experienced at the market(s). If you did not experience any disruptions, please state "I did not experience any." *(If you did not sell at a farmers market in 2017, skip this question.)*

Massachusetts Agriculture Retailer Survey

Customer Base

The following questions ask about your customers during 2016 and 2017. Please answer the questions based on your activities during this time frame.

12. Between January 1 and December 31, 2016, how many of your customers (on average) were identified as the following. (Skip this question if you were not a retailer in 2016.)

NOTE: If you were a vendor at multiple locations, please average your customer base at the locations where you did the most business.

Individuals using **SNAP**
(food stamps) to purchase
foods (#)

Individuals using
government benefits
(e.g., WIC, Senior
coupons) **not including**
SNAP (#)

Individuals **not using any**
form of government
benefit (#)

13. Between January 1 and December 31, 2017, how many of your customers (on average) were identified as the following. (Skip this question if you were not a retailer in 2017.)

NOTE: If you were a vendor at multiple locations, please average your customer base at the locations where you did the most business.

Individuals using **SNAP**
(food stamps) and/or
Healthy Incentives
Program (HIP) to
purchase foods (#)

Individuals using
government benefits
(e.g., WIC, Senior
coupons) **not including**
SNAP or HIP (#)

Individuals **not using any**
form of government
benefit (#)

Massachusetts Agriculture Retailer Survey

Sales

The following questions ask about your sales during 2016 and/or 2017. Please answer honestly as this information will not be linked to you or your individual farm Rounding to the nearest dollar amount is encouraged.



14. Between **January 1 and December 31, 2016** what did you gross in sales?

Total gross sales (\$)

15. Between **January 1 and December 31, 2016** how much did you gross in the following sales...

SNAP (food stamps) (\$)

Another government
benefit (e.g., WIC, Senior
coupons) not including
SNAP (\$)

Cash (\$)

Credit/Debit (not
benefited) (\$)

16. What amount did you **gross in sales** between **January 1 and December 31, 2017**?

Total gross sales

17. Between January 1 and December 31, 2017, how much did you gross in the following sales...

SNAP (food stamps)
include Healthy Incentives
Program (HIP)

Another government
benefit (e.g., WIC, Senior
coupons) not including
SNAP or HIP

Cash

Credit/Debit (not
benefited)

18. If your sales were different between the two years, what do you think contributed to the difference?
(Skip this question if you were not a retailer in either 2016 or 2017.)

19. Did you do any of the following in 2017?

- ☐ Increase social media marketing
- ☐ Create separate lines depending on form of payment (e.g., cash only vs. credit/debit/EBT card)
- ☐ Rearrange your market display to accommodate long lines
- ☐ Hire additional staff
- ☐ Accept credit/debit cards (not including SNAP) for the first time
- ☐ Other (please specify)

Massachusetts Agriculture Retailer Survey

Additional Information

20. Did you become a Healthy Incentives Program (HIP)-authorized vendor in 2017?

- ☐ Yes
- ☐ No, but I do know about HIP
- ☐ No, and I do not know about HIP
- ☐ Not applicable

21. If you became a HIP-authorized vendor in 2017, in what month did you become HIP-authorized?

- | | | |
|-----------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> April | <input type="radio"/> July | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> August | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> September | <input type="radio"/> December |

* 22. Regardless if you were a HIP authorized retailer, or not, please indicate how you feel HIP impacted your business in 2017?

Negatively	No Impact	Positively
<input type="range"/>		

23. As a follow-up to the previous question, please provide details on how HIP impacted your business in 2017.

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Appendix K. Survey of SNAP Clients Who Participated in the CSA Pilot



[K.1. Survey of SNAP Clients Who Participated in the CSA Pilot \(English\)](#)

[K.2. Survey of SNAP Clients Who Participated in the CSA Pilot \(Spanish\)](#)

Appendix K.1. Survey of SNAP Clients Who Participated in the CSA Pilot (English)



SNAP CSA Farm Share and Healthy Incentives Program (HIP) Survey: 2017

Because you are/have been a participant in the 2017 SNAP CSA Farm Share using the Healthy Incentives Program (HIP), you are being asked to tell us about your experience. The survey should take 5-10 minutes. Your participation is voluntary and you can choose to stop at any time. All responses will be kept strictly confidential and the information from this survey will never be presented in a way that could identify you. Your answers will not affect your benefits from the program in any way.

When marking your responses, please fill in the circle(s) completely.

incorrect marks

correct mark

1. Which month(s) did you participate in the CSA Farm Share in 2017? *(mark all that apply)*

☐ January

☐ April

☐ July

☐ October

☐ February

☐ May

☐ August

☐ November

☐ March

☐ June

☐ September

☐ December
2. Was this your first time participating in a CSA Farm Share?

☐ Yes → skip to Q4
 ☐ No
3. Before this CSA Farm Share, how did you pay for your vegetable and/or fruit CSA Farm Share?

☐ Cash

☐ SNAP (food stamps)/EBT only

☐ Check

☐ Credit/debit

☐ Combination of cash and SNAP (food stamps)/EBT

☐ Combination of credit/debit and SNAP (food stamps)/EBT
4. How did you hear about this CSA Farm Share? *(mark all that apply)*

☐ A CSA Farm Share staff member

☐ A flyer about the CSA Farm Share Program and/or HIP

☐ A friend or family member

☐ MassGrown website

☐ A local health center

☐ Department of Transitional Assistance's HIP website

☐ A local community agency (e.g., WIC office)

☐ Other: _____
5. How important were the following in your decision to participate in this CSA Farm Share?

	Very Important	Somewhat Important	Not At All Important
a. The quality of fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The variety of fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Accepts SNAP (food stamps)/EBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Supporting local farmers/businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Meeting other community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The location of pick-up site (convenience)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The community partners involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The low price/good deal of the CSA Farm Share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The HIP incentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Wanted to include more fresh fruits and vegetables in my family's diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Wanted to eat more locally grown produce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Wanted to have more money to meet other daily needs (e.g., buying gas, medications, other food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



HEALTHY
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6. Please indicate how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree Or Disagree	Disagree	Strongly Disagree
a. The information shared with me before the CSA Farm Share helped me to make my decision to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The enrollment process (e.g., paperwork) for the CSA Farm Share was easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My experience paying for my CSA with my EBT card was easy – I did not experience any issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My experience earning the HIP incentive was easy - the incentive dollars were always applied in a timely manner and without errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The CSA Farm Share with the HIP incentives made it easier for me to buy fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The CSA Farm Share price was very affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The quality of the food received in the CSA Farm Share was very good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The service I received by the CSA staff was very good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The timeliness of the share delivery was very good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I will continue to buy local fruits and vegetables (e.g., produce from MA farms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please indicate how the CSA Farm Share with HIP incentive changed the following:

	Increased A Lot	Increased Some	Stayed The Same	Decreased Some	Decreased A Lot
a. The amount of fresh fruits and/or vegetables my family ate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The variety of fresh fruits and/or vegetables my family ate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The frequency of eating fruits and/or vegetables by my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The ability to meet household food needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The ability to meet transportation needs (e.g., extra money in pocket to pay for gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The ability to meet housing needs (e.g., extra money in pocket to pay rent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The ability to meet medical needs (e.g., extra money in pocket to pay for medications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. If you were not able to pick up your CSA Farm Share every week, tell us why. *(mark all that apply)*
If you were able to pick up your share each week, you can skip this question.

- ☐ I still had vegetables from the week before
- ☐ Pick-up was at an inconvenient time
- ☐ Pick-up was at an inconvenient location
- ☐ I forgot
- ☐ I could not go to the pick-up site because of work, illness, or other reasons
- ☐ Transportation issues
- ☐ Other: _____

9. Do you have any comments or stories to share about this experience?

10. Would you be interested in participating in the CSA Farm Share next year?

- ☐ Yes ☐ Yes, but only if the HIP incentive is still available ☐ No

If no, why not? _____

Thank you for taking the time to complete this survey! If you have any questions regarding this survey, please contact Laura Ruggiero at laura_ruggiero@jsi.com or 617.385.3708. If you have questions regarding the CSA Farm Share or HIP please contact your CSA program staff or Frank Martinez Nocito (DTA) at frank.martineznocito@state.ma.us or 413-772-3411.

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Appendix K.2. Survey of SNAP Clients Who Participated in the CSA Pilot (Spanish)





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Encuesta del Programa CSA Farm Share de SNAP y del Programa de Incentivos Saludables (HIP): 2017

Porque usted es/ha sido participante del Programa SNAP CSA Farm Share (agricultura apoyada por la comunidad) usando el Programa de Incentivos Saludables (HIP), le pedimos que nos cuente acerca de su experiencia. La encuesta debe tomar 5-10 minutos. Su participación es voluntaria y puede optar por dejarla en cualquier momento. Todas las respuestas serán estrictamente confidenciales y la información de esta encuesta nunca será presentada de manera que pueda identificarle. Sus respuestas no afectarán sus beneficios del programa de ninguna manera.

Cuando marque sus respuestas, por favor llene el círculo completamente.

marcas incorrectas



marca correcta



1. ¿En qué mes o meses participó en el programa CSA Farm Share en 2017? (marque todo lo que corresponda)

- ☐ Enero ☐ Abril ☐ Julio ☐ Octubre
☐ Febrero ☐ Mayo ☐ Agosto ☐ Noviembre
☐ Marzo ☐ Junio ☐ Septiembre ☐ Diciembre

2. ¿Fue esta la primera vez que participó en un programa CSA Farm Share?

- ☐ Sí → pase a la P4 ☐ No

3. Antes de este CSA Farm Share, ¿cómo pagaba por sus vegetales y/o frutas de CSA Farm Share?

- ☐ Dinero en efectivo ☐ SNAP (cupones para alimentos)/EBT solamente
☐ Cheque ☐ Crédito/débito
☐ Combinación de dinero en efectivo y SNAP (cupones para alimentos)/EBT ☐ Combinación de crédito/débito y SNAP (cupones para alimentos)/EBT

4. ¿Cómo se enteró de este CSA Farm Share? (marque todo lo que corresponda)

- ☐ Por un miembro del personal de CSA Farm Share (agricultura apoyada por la comunidad)
☐ Por un amigo o miembro de familia
☐ En un centro de salud local
☐ En una agencia de la comunidad local (ej., la oficina de WIC)
☐ Por un volante sobre el Programa CSA Farm Share y/o HIP
☐ En el sitio web de MassGrown
☐ En el sitio web de HIP del Departamento de Asistencia Transicional
☐ Otro: _____

5. ¿Qué tan importante fue lo siguiente en su decisión de participar en este CSA Farm Share?

	Muy Importante	Algo Importante	Nada Importante
a. La calidad de las frutas y vegetales frescos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. La variedad de las frutas y vegetales frescos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Aceptan SNAP (cupones para alimentos)/EBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. El apoyo a los agricultores/negocios locales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Conocer a otros miembros de la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. La ubicación del lugar de recogida (conveniencia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Los colaboradores de la comunidad involucrados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Pregunta 5 (Continuación)

5. ¿Qué tan importante fue lo siguiente en su decisión de participar en este CSA Farm Share?

	Muy Importante	Algo Importante	Nada Importante
h. El precio bajo/buen precio del CSA Farm Share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. El incentivo HIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Quería incluir más frutas y vegetales frescos en la dieta de mi familia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Quería comer más productos de cultivo local	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Quería tener más dinero para satisfacer otras necesidades diarias (ej., compra de gasolina, medicamentos, otros alimentos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes afirmaciones:

	Muy de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Muy en desacuerdo
a. La información que me dieron antes del CSA Farm Share me ayudó a tomar mi decisión de participar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. El proceso de inscripción (ej., el papeleo) para el CSA Farm Share fue sencillo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mi experiencia del pago de mi CSA con mi tarjeta EBT fue fácil, no tuve problemas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mi experiencia de ganar incentivos HIP fue fácil, los dólares de incentivos siempre se aplicaron de manera oportuna y sin errores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. El CSA Farm Share con los incentivos HIP me facilitó la compra de frutas y vegetales frescos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. El precio de CSA Farm Share era un precio muy bueno	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Los alimentos recibidos en el CSA Farm Share eran de muy buena calidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. El servicio que recibí por el personal del CSA Farm Share fue muy bueno	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. La puntualidad de la entrega del CSA Farm Share fue muy buena	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Seguiré comprando frutas y vegetales locales (ej., productos de granjas de MA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Por favor, indique cómo el CSA Farm Share con los incentivos HIP cambió lo siguiente:

	Aumentó mucho	Aumentó algo	Se quedó igual	Disminuyó algo	Disminuyó mucho
a. La cantidad de frutas y/o vegetales frescos que mi familia comió	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. La variedad de frutas y/o vegetales frescos que mi familia comió	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Draft



HEALTHY
COMMUNITIES

Pregunta 7 (Continuación)

7. Por favor, indique cómo el CSA Farm Share con los incentivos HIP cambió lo siguiente:

	Aumentó mucho	Aumentó algo	Se quedó igual	Disminuyó algo	Disminuyó mucho
c. La frecuencia con que mi familia come frutas y/o vegetales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. La capacidad para satisfacer las necesidades alimentarias del hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. La capacidad para satisfacer las necesidades de transporte (p.ej., dinero extra en el bolsillo para pagar gasolina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. La capacidad para satisfacer las necesidades de vivienda (p.ej., dinero extra en el bolsillo para pagar el alquiler)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. La capacidad para satisfacer las necesidades médicas (p.ej., dinero extra en el bolsillo para pagar medicamentos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Si no pudo recoger su CSA Farm Share cada semana, díganos por qué. (marque todo lo que corresponda)

Si pudo recoger su share cada semana, puede pasar esta pregunta por alto.

- ☐ Todavía tenía vegetales de la semana anterior
- ☐ La recogida era a una hora inconveniente
- ☐ La recogida era en un lugar inconveniente
- ☐ Se me olvidó
- ☐ No pude ir al lugar de recogida debido al trabajo, enfermedad u otras razones
- ☐ Problemas de transporte
- ☐ Otro: _____

9. ¿Tiene algún comentario o relato para compartir acerca de esta experiencia?

10. ¿Estaría usted interesado en participar en el CSA Farm Share el próximo año?

- ☐ Sí ☐ Sí, pero solo si el incentivo de HIP todavía está disponible ☐ No

En caso contrario, ¿por qué no? _____

¡Gracias por tomar el tiempo para completar esta encuesta! Si tiene alguna pregunta sobre esta encuesta, comuníquese con Laura Ruggiero en laura_ruggiero@jsi.com o 617.385.3708. Si tiene preguntas relacionadas con CSA Farm Share o HIP, comuníquese con el personal del programa CSA o Frank Martinez Nocito (DTA) en frank.martineznocito@state.ma.us o 413-772-3411.

Draft



Appendix L. CSA Weight and Inventory Tool Template



	A	B	C	H	I	J	K
1	SNAP CSA Share Weight & Inventory Tool						
2	Cost of Share: \$ [Insert cost per share]						
3	Duration of Share: [Insert duration of share]						
4	USDA Certified Organic? [Y or N]						
5	[INSERT CSA PROGRAM NAME]						
6	[Insert Share Option 1 Name]						
	Total CSA Share Weight (lbs./oz.)						
7	Week	Produce Items	Quantity/u nit	Sample Share Weight #1	Sample Share Weight #2	Sample Share Weight #3	*Avg. Weight
8	EXAMPLE	Tomatoes	6 each	13.125	12.5	12.825	12.8166667
9	1-Sep-14	Broccoli	2 heads	*Avg. Weight will calculate automatically.			
10		Kale	1 bunch				
11		Corn	4 each				
12		Peppers	4 each				
13		Summer squash	6 each				
14		Carrots	1 bag				
15							
16	1	[Insert item #1]		0	0	0	0
17	[INSERT DATE]	[Insert item #2]					
18		[Insert item #3]					
19		[Insert item #4]					
20		[Insert item #5]					
21		[Insert item #6]					
22		[Insert item #7]					
23							
24	2	[Insert item #1]		0	0	0	0
25	[INSERT DATE]	[Insert item #2]					
26		[Insert item #3]					
27		[Insert item #4]					
28		[Insert item #5]					
29		[Insert item #6]					
30		[Insert item #7]					
31							
32	3	[Insert item #1]		0	0	0	0
33	[INSERT DATE]	[Insert item #2]					
34		[Insert item #3]					
35		[Insert item #4]					

Share Option 1 | Share Option 2 | Share Option 3

Appendix M.

Client-focused

Steering Committee



Organization
Massachusetts Department of Transitional Assistance (Lead Agency)
Ascentria Care Alliance
Community Action! Of Franklin, Hampshire & North Quabbin Regions
Food Bank of Western Massachusetts
Foodchoices4all
Greater Boston Food Bank
John Snow, Inc. Healthy Communities
Kit Clark Senior Services
Massachusetts Department of Agricultural Resources
Massachusetts Department of Public Health
Merrimack Valley Food Bank
Project Bread
Share our Strength Cooking Matters
University of Massachusetts Extension Nutrition Education Program
University of Massachusetts Stockbridge School of Agriculture
Worcester County Food Bank

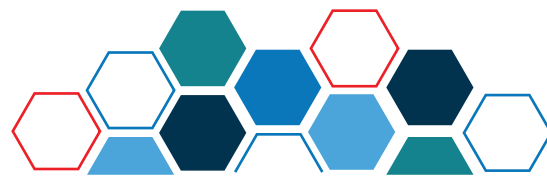
Appendix N.

Retailer-focused Steering Committee



Organization
Massachusetts Department of Transitional Assistance (Lead Agency)
City of Boston, Mayor's Office of Food Initiatives
Community Involved in Sustaining Agriculture
Healthy Hampshire – Mass in Motion/Collaborative for Educational Services
John Snow, Inc. Healthy Communities
Just Roots
Massachusetts Department of Agricultural Resources
Massachusetts Department of Public Health
Mass Farmers Market
Metropolitan Area Planning Council
Sustainable CAPE – Center for Agricultural Preservation & Education
University of Massachusetts Stockbridge School of Agriculture
Worcester Regional Environmental Council

Appendix O. HIP Community Partner Toolkit



[O.1. Client FAQ](#)

[O.2. HIP Community Partner Train-the-Trainer Slide Deck with Script](#)

[O.3. List of Eligible Foods](#)

[O.4. HIP Promotional Flyer \(English\)](#)

[O.5. HIP Promotional Flyer \(Spanish\)](#)

Appendix O.1.

Client FAQ



Healthy Incentives Program (HIP) Frequently Asked Questions (FAQ): Participants



What is HIP?

HIP is a program that can help you buy more locally grown fruits and vegetables. When you buy fruits and vegetables with SNAP/Food Stamps at participating farmers markets, mobile markets, farm stands or Community Supported Agriculture (CSA) farm share programs, you will earn extra money on your SNAP/EBT card.

How does HIP work?

HIP matches SNAP/Food Stamp dollars spent on eligible fruits and vegetables at participating farmers markets, mobile markets, farm stands and CSA farm share programs to earn HIP incentives up to a maximum monthly benefit based on the size of your household. You will need to spend SNAP/Food Stamp dollars on fruits and vegetables to earn HIP incentives. It's easy to earn HIP and the benefit is added directly back to your SNAP/EBT card and can be used towards any future SNAP eligible purchase at any SNAP retailer.

What is the maximum HIP incentives I can earn each month?

Depending on the size of your household, you can earn up to an additional \$40 per month for 1-2 member households, up to \$60 per month for 3-5 member households, and up to \$80 per month for households with 6 or more members— on top of your regular monthly benefits.

Where can I earn HIP incentives?

You can earn HIP incentives by shopping at participating farmers markets, mobile markets, farm stands and CSA farm share programs throughout the state, and buying HIP eligible fruits and vegetables. HIP incentives cannot be earned at other food stores such as supermarkets, convenience stores, or bodegas, however you can spend your earned HIP benefit at these locations on any future SNAP/Food Stamps purchase. To find a participating farmers market, mobile market, farm stand or CSA farm share program near you, go to www.mass.gov/HIP or call *Project Bread's FoodSource Hotline* at 1-800-645-8333. Look for the HIP logo when shopping at participating farmers markets as not every farmer may be participating.

What are HIP eligible fruits and vegetables?

HIP eligible foods are fresh, canned, dried and frozen fruits and vegetables without added sugar, salt, fats or oils. For example, onions, pears, broccoli, canned tomatoes, applesauce, frozen berries, and dried mushrooms, are all HIP eligible foods. Fresh herbs, as well as vegetable seeds and starter plants for your garden (e.g., tomato seeds or tomato plants) are also eligible for HIP. Food items that do not qualify include vegetable and fruit juices (including apple cider),

ornamental and decorative fruits and vegetables, blueberry muffins and other baked goods, dried spices and herbs.

How do HIP eligible foods help me and my family?

Eating plenty of fruits and vegetables every day helps to keep you healthy! Eating more fruits and vegetables is linked to a lower risk of heart disease, diabetes, high cholesterol, and some kinds of cancer. It also helps to maintain a healthy weight. The more fruits and vegetables a family eats, the healthier they will be!

Can I buy foods other than fruits and vegetables with my earned HIP benefit?

Yes, the earned HIP benefit can be spent on any SNAP eligible foods. It can be used right away, or saved for a future SNAP purchase at any retailer that accepts SNAP/Food Stamps.

What is a farmers market?

A farmers market is a market where you can buy Massachusetts' grown produce and other foods from a group of farmers.

What is a farm stand?

A farm stand is an on-farm store where you can buy produce right from the hands that picked them.

What is a community supported agriculture (CSA) farm share program?

A CSA farm share program is a membership-based service that provides your family with fresh fruits and vegetables every week. Traditionally, the CSA model requires full payment in advance, but this is not always possible for everyone. That is why the CSA farm share program allows SNAP/Food Stamp customers to enjoy all the benefits of joining a CSA while paying monthly (using SNAP) instead of all at once. Contact a participating farm to sign-up with a CSA farm share program.

What is a mobile market?

Markets that bring farm-fresh produce right to your community.

How do I keep track of my HIP benefit balance?

The HIP benefit is added directly and immediately to your SNAP/EBT card when you buy HIP eligible fruits and vegetables at a participating farmers market, mobile market, farm stand or CSA farm share program. Your receipt will show your SNAP/EBT account balance, the HIP benefit earned for that purchase, as well as the total HIP benefits you have earned that month. You may also call the number on the back of your EBT card (1-800-997-2555) to check your SNAP or HIP balances.

Who should I contact if I have any problems using my SNAP/EBT card for HIP?

For questions or concerns regarding your SNAP/EBT card, call the number on the back of your card (1-800-997-2555).

Who do I call if I have questions about HIP?

For questions about how HIP works or where you can earn HIP incentives, please call *Project Bread's FoodSource Hotline* at 1-800-645-8333. More information about the program can be found online at: www.mass.gov/hip. You may also email us at DTA.HIP@state.ma.us.

Appendix O.2. HIP Community Partner Train-the-Trainer Slide Deck with Script



FINI: Healthy Incentives Program (HIP)

- Expansion of the Healthy Incentives Pilot = **Healthy Incentives Program**
- Builds upon established HIP (Pilot) infrastructure and lessons learned
- Massachusetts statewide coalition
- Provides incentive benefit at following statewide POS:
 - Seasonal, winter and year-round Farmers' Markets
 - Farm Stands
 - Mobile Markets
 - Community Supported Agriculture (CSA)
- April 1st began gradual roll out





MA SNAP Enrollment: Summary

- SNAP Recipients: 766,649
- SNAP Households: 445,434
- SNAP Enrollment: 1 in 9 MA Residents
- Average SNAP HH benefit: \$214.81/m or \$7.05/d
 - 36% SNAP Recipients Age 18 or under
 - 19% SNAP Recipients Age 60+
 - 35% SNAP Recipients with a disability
- SNAP clients live in every city & town across the Commonwealth

Note: DTA, April 2017



How Does HIP Work?

- Dollar for dollar match on fruit & veggie purchases
- \$40/\$60/\$80 cap per month based on household size
- Available to SNAP clients statewide – automatically enrolled (once HIP, always HIP)
- Incentive instantly applied to SNAP EBT card
- Available immediately for any future SNAP purchase
- Clients will need to spend SNAP to earn HIP
- HIP benefit available for a 3-year period, starting April 1st
- Expungement at 365 days (following SNAP rules) or 90 days after FINI program ends
- Beacon & EPPIC enhancements



Why is HIP Unique?

- Massachusetts will be the first statewide incentive program
- One of only three FINI projects led by a state agency
- One of the largest FINI projects of all (47) grantees
- MA is well-positioned given decade of incentives experience
- Emphasizes importance of broad, diverse, private-public support
- More fresh, healthy, local food for hundreds of thousands of SNAP families
- Increased sales for local farmers, strengthened local economies
- Massachusetts Local Food Action Plan priority

SNAP CSA Pilot & HIP

- Community Supported Agriculture (CSA)
- DTA, FNS, Xerox Project Bread & CSA programs
- Pilot in its fourth season, now year-round
- Participating clients' SNAP benefits are debited on monthly recurring basis on their benefit issuance date
- Receive weekly shares at predetermined community sites
- Monthly payment process is automated and immediately credits the CSA program
- Clients are allowed to make a partial payment with SNAP benefits and pay balance with cash, check or credit card
- HIP benefit now applied immediately after payment
- In 2017, expecting 50 CSA programs statewide



HIP Eligible Foods

- Any variety of **fresh whole or cut fruits and vegetables** without added salts, sugars, fats, or oils.
- Any variety of **canned, dried or frozen fruits and vegetables** without added salts, sugars, fats, or oils.
- All locally grown fruits and vegetables, reflective of seasonal availability.
- SNAP fruit and vegetable staple food group.





HIP Goals & Outcomes

➤ ***Project goals:***

- Reduce barriers to SNAP client and retailer participation
- Increase availability of locally grown fruits and vegetables for SNAP clients
- Assess the impact of the new incentive program on participants' purchase of fruits and vegetables to inform future expansion

➤ ***Intended project outcomes:***

- Increased purchase of fruits and vegetables by SNAP clients
- Increased usage of SNAP benefits for purchasing locally grown fruits and vegetables at the four points of sale
- Established sustainable statewide matching/incentive program



HIP Statewide Coalition

- Massachusetts' Interdepartmental partnership (DTA, DAR, DPH)
- Support of broad, diverse coalition of community partners
- Primary Regional Partners: Southeast, Eastern, Northeast, Central, Western
 - Mass Farmers Markets
 - "Buy Locals" (9)
 - Project Bread
 - Food Banks (4)
 - UMass Stockbridge School of Agriculture
 - DTA Local Offices (21) statewide
 - DTA-SNAP Nutrition Education (SNAP Ed) Providers
 - WIC Program Community Coordinators & Local Offices
 - Mass in Motion (27 Grantees—60 Communities)
 - Massachusetts Food System Collaborative
- Local Community Partners e.g., non-profits, municipalities, community organizations
- Direct farms, farmers markets, non-profits



Engagement Strategies

- Gradual rollout – beginning April 1st
- HIP Regional Working Groups
- Year-1 Strategies: Theme - EDUCATION
 - Clients: Promotional fliers, PB Hotline, MassGrown retailer map
 - Retailers: SNAP retailer sign-up events, Informational Webinars, toolkits, signage
 - Partners: Toolkits, social media campaign, disseminate
 - DTA: HIP On-line Guide, training module



Benefits to Farmers

- Direct farmer to customer processing of SNAP & HIP payments
- Credit & debit options, depending on EBT POS device
- SNAP payments made directly to farmer bank account
- Customers pay exact SNAP amount & earn exact HIP amount
- Extensive statewide program promotion & outreach
- Increased fruit & vegetable sales
- Farmers can use same FNS# and POS device at multiple locations
- Reduces administrative burden



HIP – EBT Processing

1. **Xerox EBT-only terminals:** free option through State
2. **SNAP CSA payment system:** expanded statewide and year-round. No EBT equipment required.
3. **Mobile incentives platforms (eToken and Mobile Market+):** utilizes an iPod Touch or iPhone device and acts as a wireless POS machine.
4. **Manual vouchers:** used to process SNAP benefit purchases or return transactions in the absence of a POS device, or if the POS device is not working.
5. **Wireless EBT terminals:** pursuing additional free option

HIP Information & Resources

- Project Bread's FoodSource Hotline: 800-645-8333
- MassGrown website
- www.mass.gov/hip
- DTA.HIP@state.ma.us
- DTA – HIP Notices (Welcome, Adjustment, Opt-out)
- Xerox-IVR system - EBT card: 800-997-2555
- HIP Retailer Call-line: 888-987-4487
- DTA Online Guide Page - HIP
- DTA Connect App? DTA TAOs?





Evaluation

- **JSI Research & Training Institute** (State contractor)
 - Rigorous self-evaluation (process and outcome)
 - MA Statewide Evaluation Plan
 - Baseline HIP Retailer Core Data Set
 - Baseline Client Data Set
 - IRB Submission/Approval
 - Academic Advisory Group
- **Westat** (Independent Federal contractor)
 - Comprehensive program evaluation - Cluster design
 - Required to participate
 - Contribute to minimum data set
 - Collaborate to identify comparison sites



HIP Phases & Timeframe

April 2015 – April 2016

Planning and Start-Up

December 2015 – April 2017

Systems Development and Testing

April 2017 – March 2020

Implementation (HIP benefit availability)

December 2015 – March 2020

Operations and Evaluation

April 2020 – June 2020

Closeout





State Agency Contacts

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Kim Etingoff

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617-624-5452

David Webber

Department of Agricultural Resources

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617-626-1754

Healthy Incentives Program: www.mass.gov/hip

Appendix O.3. List of Eligible Foods



Healthy Incentives Program (HIP) Eligible Food Guidelines



Requirements and Specifications for HIP Fruit and Vegetable Purchases*

Any variety of **fresh whole or cut fruits and vegetables** without added salts, sugars, fats, or oils.¹

Any variety of **canned,² dried or frozen fruits and vegetables** without added salts, sugars, fats, or oils.³

**The types of fruits and vegetables incentivized in this program include a preference for, all locally grown fruits and vegetables, at the four points of sale. These same qualifying fruits and vegetables are also considered SNAP staple foods in the fruit and vegetable staple food group.*

Staple foods do not include accessory foods such as coffee; tea; cocoa; carbonated and non-carbonated drinks, candy; condiments; and spices.

¹*Products that are considered accessory foods, as well as multiple ingredient foods that are not primarily composed of qualifying fruits and vegetables, are **NOT** HIP eligible foods such as: Spices; ornamental and decorative fruits and vegetables; gourds; painted pumpkins; items such as blueberry muffins and other baked goods; infant food in fruit and vegetable variety; and fruit and vegetable juices.*

²*“Canned” refers to processed food items in cans or other shelf-stable containers, e.g., jars, pouches. Small amounts of sugar are added to some foods that are naturally sugar containing, during the canning process to maintain the integrity of the vegetable (sweet peas and corn) and are allowed.*

³*Also **excludes** catsup or other condiments; olives; honey, maple syrup.*

Examples of HIP Eligible Fruits and Vegetables (without added salt, sugar, fat, or oil)

- ALL fresh whole or cut fruits and vegetables
- SNAP eligible seeds and plants intended for cultivation and consumption (e.g., tomato seeds or tomato plants)
- White potatoes
- Dried beans
- Herbs (fresh)
- Mushrooms
- Nuts
- Garlic, onions, scallions
- Tomatoes: diced, pureed, paste, sauce, whole
- Applesauce
- Pickled vegetables or fruits (e.g., includes sauerkraut, lacto-fermented products, and pickles)

Examples of HIP non-Eligible Fruits and Vegetables

- Catsup or other condiments
- Olives
- Dried herbs and spices
- Creamed or sauced vegetables
- Vegetable-grain (pasta or rice) mixtures
- Breaded vegetables
- Ornamental and decorative fruits and vegetables; gourds; painted pumpkins; fruit baskets
- Foods that come in baskets, ceramic or decorative containers
- Items such as blueberry muffins and other baked goods
- Fruit and vegetable juices, cider, smoothies

Frequently Asked Questions

Q. Can foods other than fruits and vegetables be purchased with the HIP earned incentive?

A. Any eligible SNAP foods can be purchased with the incentive earned from purchasing approved HIP fruits and vegetables. For example, a HIP incentive is not earned when purchasing spices, however spices may be purchased with the earned HIP benefit.

Q. What are HIP (FINI) qualifying fruits and vegetables?

A. The definition of HIP (FINI) qualifying fruits and vegetables includes any variety of fresh, canned, dried, or frozen whole or cut fruits and vegetables without added sugars, fats, or oils, and salt (i.e. sodium). If sugars, fats, oils, or salts are present as a listed ingredient on the product's nutrition label, then that product is generally not considered a HIP (FINI) qualifying fruit or vegetable.

Appendix O.4. HIP Promotional Flyer (English)



Earn More SNAP Dollars with the Healthy Incentives Program!

Spend your SNAP dollars on farm-fresh fruits and vegetables at participating Healthy Incentives Program (HIP) retailers and have the amount of your purchase instantly added back to your EBT card!

Farmers Markets

Look for participating farmers at regularly scheduled markets in your town or nearby, selling fresh fruits and vegetables.

Farm Stands

On-farm stores where you can buy fresh fruits and vegetables, right from the hands that picked them.

Mobile Markets

Markets that bring farm-fresh produce right to your community.

CSA Farm Shares

Membership-based service that provides your family with fresh fruits and vegetables every week.

Look at what you can earn each month! (based on household size)

\$40 1-2 PEOPLE | **\$60** 3-5 PEOPLE | **\$80** 6+ PEOPLE

FIND A HIP LOCATION NEAR YOU

Visit www.mass.gov/hip for a directory, call Project Bread's FoodSource Hotline at 1-800-645-8333, or look for the HIP logo.

How does HIP work?



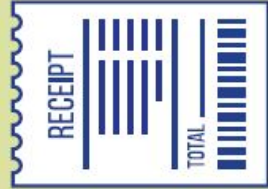
1

You are already enrolled!
Use your SNAP dollars to buy farm-fresh fruits and vegetables at a HIP retailer.



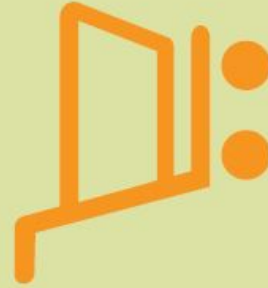
2

An equal amount of money, up to your monthly limit, is instantly added back to your EBT card.



3

Your receipt will show the amount of additional SNAP dollars you've earned.



4

Spend your earned benefits anywhere that accepts SNAP.



Supported by USDA FNI and the Commonwealth of Massachusetts.

Appendix O.5. HIP Promotional Flyer (Spanish)



¡Gane más dólares de SNAP con el Programa de Incentivos Saludables!

Use sus dólares de cupones de alimentos/SNAP en frutas y vegetales frescos de la granja con los vendedores que participan en el Programa de Incentivos Saludables (HIP) ¡Y reciba de inmediato el valor de su compra en su tarjeta de EBT hasta su límite mensual!



Mercados de granjeros

Busque a los granjeros participantes en los mercados programados regularmente en su ciudad o en lugares cercanos a usted, donde venden frutas y vegetales frescos.



Granjas con puestos fijos

Tiendas en granjas donde usted puede comprar frutas y vegetales frescos, directamente de las manos que los cosecharon.





Mercados móviles

Mercados que llevan productos de granja frescos directamente a su comunidad.



CSA Farm Shares

Servicio por membresía que le brinda a su familia frutas y vegetales frescos cada semana.


¡Mire cuánto puede ganar cada mes! (según la composición familiar)

\$40 1-2 PERSONAS | **\$60** 3-5 PERSONAS | **\$80** 6 PERSONAS O MÁS


ENCUENTRE UN SITIO HIP CERCA A USTED

Visite www.mass.gov/hip para acceder al directorio,
llame a la línea directa y gratuita FoodSource de Project Bread
al 1-800-645-8333, o busque el logo HIP.

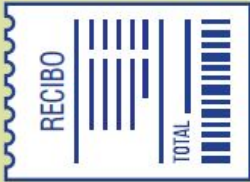
¿Cómo funciona HIP?




1



2



3




4

¡Usted está inscrito! Use sus dólares de SNAP para comprar frutas y vegetales frescos de granja a un vendedor minorista de HIP.

La misma cantidad de dinero, hasta su límite mensual, se acreditará en su tarjeta de EBT.

Su recibo mostrará la cantidad adicional de dólares de SNAP que ha ganado.

Gaste los beneficios recibidos en cualquier lugar donde acepten SNAP.



Patrocinado por el estado de Massachusetts y el programa FINI del Departamento de Agricultura de los Estados Unidos.

Appendix P. HIP Retailer Letter



April 2017

Dear Farmer:



We would like to let you know about an exciting new program that will help bring new customers and increased sales to your farm stand, CSA or to farmers markets where you vend. Beginning this April, the Departments of Transitional Assistance (DTA), Agricultural Resources (DAR) and Public Health (DPH) will roll out the Healthy Incentives Program (HIP) across Massachusetts, a new SNAP matching program which will benefit both SNAP participants and local farmers for three years (until March 2020). SNAP is the Supplemental Nutrition Assistance Program, formerly known as food stamps. As a fruit and/or vegetable grower, we want to let you know how you can benefit, since the success of this program depends on your participation!

Last year, approximately \$1.2 billion dollars in SNAP benefits were redeemed at retailers in Massachusetts and one of the goals of this new program is to encourage increased purchases of healthy, locally grown fruits and vegetables directly from Massachusetts farmers like you. Currently, over 771,000 Massachusetts residents receive SNAP benefits.

The Healthy Incentives Program (HIP) will provide \$1.25 million in match to SNAP customers for purchases of fruits and vegetables at farmers markets, farm stands, mobile markets, and CSAs.

How Does HIP Work?

- **Fruit & Vegetable Farmers will process their own SNAP and HIP transactions at all locations.**
- Incentives will be calculated and instantly applied directly to the SNAP recipient's EBT card, available immediately for any future SNAP eligible purchase.
- SNAP customers will be encouraged to spend their HIP benefits where they earn them.
- Payments to farmers made directly within 1-2 business days.

- More fresh, healthy, local food for hundreds of thousands of families receiving SNAP benefits who will receive a dollar-for-dollar match, up to a monthly cap, based on household size, on those purchases so they can buy more food.

SNAP Household Size	Monthly Cap Amount
1-2	\$40
3-5	\$60
6+	\$80

- Additional customers and sales for local farmers.

A broad coalition of community partners, including federal and state agencies, Buy Local organizations, food banks, and non-profits are working together to implement the program in Massachusetts.

How Can Farmers Participate?

We will be holding several in-person SNAP retailer sign-up events and informational webinars over the coming weeks. Please see the attached list for webinar and SNAP sign-up dates and locations. **For the webinars only, please RSVP through the Eventbrite links so we can send you the webinar details.**

- Please plan to attend one of the upcoming webinars so you can learn more about the program.
- If you are already a SNAP retailer, please contact us so we can work with you to make sure you can process HIP, as your current EBT terminal may not be set-up to process the new benefit.
- If you are not a SNAP retailer already, please plan to attend one of the sign up events or webinars. We encourage you to attend one of the sign-up events, if possible, since USDA, DTA and DAR will be on site to assist you with your application and answer questions. **At these drop-in information sessions you can get your farm authorized for SNAP and receive your USDA FNS number the very same day.**
- For more information, please contact us or one of the representatives from the following organizations in your area:

HIP Regional Partner Contacts

1. **Barnstable County:** Cape Cod Buy Fresh, Buy Local care of Cape Cod Cooperative Extension Kim Concra at kconcra@barnstablecounty.org or 508-375-6884 and Sustainable CAPE, Gretel Norgeot at gretel.norgeot@gmail.com or 508-237-9492
2. **Berkshire County:** Berkshire Grown, Jaime Paxton at jamie@berkshiregrown.org or 413-528-0041

3. **Bristol, Norfolk, Plymouth Counties**: SEMAP (Southeastern Massachusetts Agricultural Partnership), Kendra Murray at Kmurray@semaponline.org or 508-971-7888
4. **City of Boston**: City of Boston, Office of Food Initiatives, Catalina Lopez-Ospina at catalina.lopez-ospina@boston.gov or 617-635-2841
5. **Greater Boston Region**: Mass Farmers Markets, at hip@massfarmersmarkets.org or 781-893-8222
6. **Hampshire, Hampden and Franklin Counties** (or if your region is not listed): CISA (Community Involved in Sustaining Agriculture), Innocent Nwosu at innocent@buylocalfood.org or 413-665-7100
7. **Middlesex and Essex Counties**: Northeast Harvest, Joy Nowak at joy@topsfieldfair.org or 978-887-5000
8. **Worcester County**: Central Mass Grown, Mackenzie May at mackenzie@centralmassgrown.org or 508-523-3463

Thank you again for your support. We look forward to working with you.

Sincerely,

Frank Martinez Nocito
Project Director, HIP
Dept. of Transitional Assistance
frank.martineznocito@state.ma.us

413-772-3411

David Webber
Program Coordinator
Dept. of Agricultural Resources
David.webber@state.ma.us

617-626-1754

Appendix Q. HIP Planning Guide



WINTER HIP PLANNING

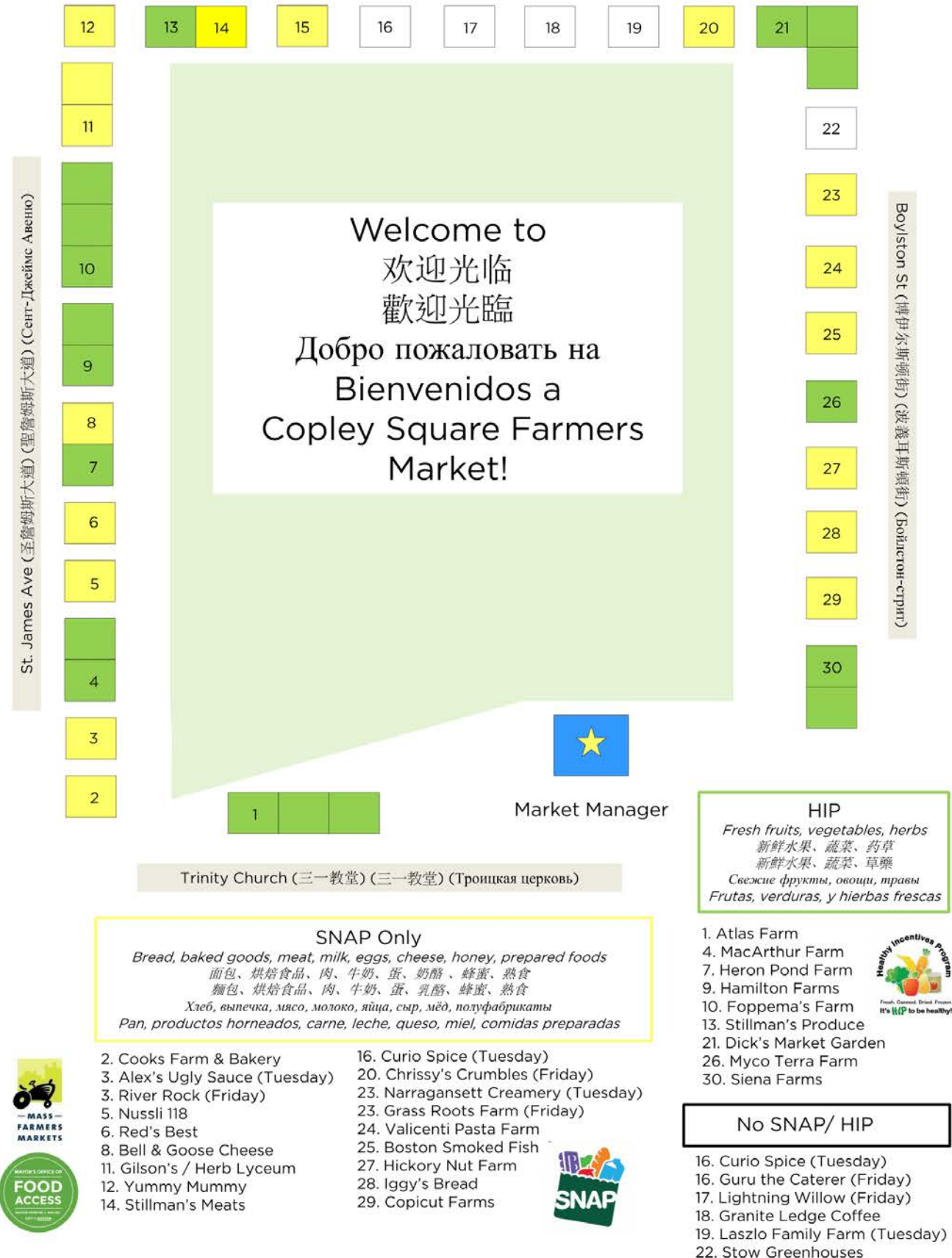
Planning Considerations for 2017-2018 Winter Farmers Market Season

Background

This year, many Massachusetts' farmers markets where SNAP customers could earn HIP benefits saw greater numbers of shoppers than previous seasons, and there are fewer market options for shoppers to earn their benefit during the winter months. Knowing this, markets should be prepared for these high volumes to continue or increase, while also allowing for the possibility that the decrease in market accessibility and winter weather could cancel out a potential HIP effect.

DESIGN and LAYOUT OF MARKET

- ☐ Is there adequate parking? Clear signage for walking & driving entrance/exit/traffic flow?
- ☐ If your market is held indoors, consider the occupancy capacity according to the fire code. Is your current venue large enough to accommodate greater numbers of shoppers? Ensure your evacuation plan is clear to vendors.
- ☐ Consider the flow of people around HIP-eligible stands. Is there enough room for shoppers to browse while allowing other shoppers to still pass by? Be prepared to move vendors around as necessary. Is there room for long lines without negatively impacting the market as a whole as well as adjacent vendors?
- ☐ Are vendors' stands set up in such a way that they can accommodate multiple shoppers making purchases at once? Some vendors have created separate lines for cash (cash only) and debit/credit/EBT shoppers to control long lines. SNAP-only lines are not permissible under USDA regulations.



SUPPORTING NEW SNAP CUSTOMERS

- ☐ Offer market maps to customers, and have a large map displayed at the market entrance (sample map **above**). Label which vendors are HIP-active.
- ☐ What HIP signage will the market have? Display HIP signage at the market manager's table, and encourage your vendors to display their HIP logos or other signage prominently. Have extra HIP signage for vendors, especially for the first couple of markets. Available from DTA or MDAR.
 - ☐ Find promotional HIP flyers in 14 languages on the sidebar of <http://www.mass.gov/agr/massgrown/hip.htm>.
 - ☐ Contact your Buy Local partner or DTA for more HIP logo signage.
 - ☐ Find more signage options at www.buylocalfood.org/hip-retailer-resources.
- ☐ New winter market customers may be unfamiliar with seasonal availability of products. Consider programming and information regarding how to cook and store winter crops, and be prepared for comments from shoppers on the changing HIP product selection. Support ideas:
 - ☐ create recipe cards or have a “recipe of the week”;
 - ☐ cooking demonstrations;
 - ☐ encourage vendors to explain their products proactively; and
 - ☐ be clear on online and through other social media or newsletters, info on weekly product selection.
- ☐ What HIP informational support will you have ready? Consider printing out FAQ cards or pages with answers to frequently asked questions about HIP. See examples at www.buylocalfood.org/hip, www.buylocalfood.org/hip-espaol, and official FAQ at <http://www.mass.gov/agr/massgrown/docs/hip-faq.pdf>.
- ☐ Recruit volunteers to support HIP at the market, answering questions about HIP and produce and assisting vendors with transactions. Identify these volunteers with bright T-shirts or signs.
- ☐ Familiarize yourself with the answers to these commonly asked HIP questions:
 - ☐ Can I get a refund if a vendor messes up my HIP matching?
 - ☐ If the produce is free why do I have to use my EBT card?
 - ☐ What products can I earn HIP on?
 - ☐ Does HIP roll over from month to month? Why doesn't HIP roll over?
 - ☐ Why don't HIP and SNAP hit on the same day?
 - ☐ How do I check my HIP balance?
 - ☐ Why can't I spend my HIP money? (confusion on HIP Earned Month To Date [MTD] “balance” actually meaning HIP “used”)
 - ☐ Where else can I use my HIP benefits [other than the market where they are currently shopping]?
 - ☐ Do I need to spend all my HIP benefits at one time?

- ❑ Have a plan for working with:
 - ❑ People attempting to make HIP purchases with insufficient SNAP funds.
 - ❑ Not all vendors willing to run multiple transactions when SNAP benefits are low but HIP balance remains.
 - ❑ Farmers not training staff members on HIP program.
 - ❑ Language barriers with new HIP shoppers.
 - ❑ Shoppers not understanding that HIP is not extra money but a reimbursement.
 - ❑ Technical difficulties associated with MM+ app, printers, iPads, etc.
 - ❑ Language barriers when referring shoppers to DTA to check balance or navigate particularly tricky issues.

MULTILINGUAL SUPPORT

- ❑ What are the most prominent languages spoken in your community, besides English? It is essential to create signage, informational flyers, and other resources in multiple languages to enhance the HIP earning experience of our multilingual neighbors and reduce any potential confusion as clients learn about the new program. These may include signs that say “Earn HIP here!” or “You must have a SNAP balance to earn HIP”. Use frequently asked questions to inform the types of signs that need to be made.
- ❑ Consider hiring interpreters at your market. These individuals are key in enhancing the understanding of HIP and overall market experience amongst multilingual shoppers. There may be community resources available in your area that offer in-person interpretation and translation services. Mass Farmers Markets offers grants for SNAP support at markets that could pay for interpreters or other outreach at market.

HIP VENDORS and PRODUCE SELECTION

- ❑ How many HIP vendors are you planning on having at your market? What kind of products will they be offering? Will they be able to handle a high volume of HIP shoppers? Actively recruit vendors selling a variety of HIP-eligible produce.
 - ❑ Contact your Buy Local partner or David Webber (MDAR) to ask about connections with additional produce vendors or vendors with value-added HIP products, which help to extend the growing season and increase the number of HIP-eligible foods.
- ❑ Encourage vendors to become HIP-active ahead of time.
- ❑ Ensure vendors are clear on which of their items are HIP-eligible. Consider asking vendors to label their HIP versus non-HIP items, or otherwise physically separate them if possible.

HIP OUTREACH and MARKETING

- ❑ To encourage continuity of customers who attended summer markets, make sure summer customers know where to find HIP. Ask summer market managers to talk to customers and hand out winter HIP flyers like the ones **below**.
- ❑ Talk to community partners (e.g. Senior Centers, faith-based, social service agencies) about HIP, share HIP location flyers, and ask about transportation to the winter markets. At some markets, community groups and elder care centers bus residents who use HIP to the market location. Explicit coordination with these groups can help stagger their arrivals to the market and even out the flow of customers.
- ❑ Include HIP in your winter market newsletter, radio, Facebook, Instagram, and other advertising.

BE HIP THIS WINTER!

- 1) Visit buylocalfood.org/hip
- 2) Select "Farmers' Markets - Winter" from the Location Type list for seasonal results
- 3) Click on map icons for location info



Confirmed for 2017-2018 Winter Season:

Farmers' Markets

Amherst Winter Farmers' Market
City Soul Farmers' Market (Springfield)
Farmers' Market in Forest Park (Springfield)
Go Fresh Mobile Market (Springfield)
Greenfield Winter Farmers' Market
Northampton Winter Farmers' Market
STCC Farmers' Market (Springfield)
Westfield Winter Farmers' Market
Wilbraham Winter Farmers' Market

Farm Stands

Atlas Farm Stand, Deerfield
Clarkdale Fruit Farms, Deerfield
D&R Farm, Hampden
Fungi Ally, Hadley
Granny's Place, Agawam
Hagers Farm Market, Shelburne
Simple Gifts Farm, Amherst
Sweet Morning Farm, Leyden
Uppingit Farm, Gill
Urban Artisan Farm, Springfield

...and more to come!



WINTER FARMERS MARKETS



Earn more SNAP Dollars with the Healthy Incentives Program (HIP) at a farmers market near you!

MONDAYS

8:00AM - 8:00PM
Boston Public Market
100 Hanover St

10:00AM - 12:00PM
Fresh Truck South Boston
West 9th Street
202 W 9th St

12:30 PM - 2:30PM
Fresh Truck South Boston
Mary Ellen McCormack
Old Colony Ave & Devine Way

3:00PM - 6:00PM
Fresh Truck South End
South End Health Center
1601 Washington St

4:00PM - 7:00PM
Fresh Truck East Boston
Maverick Square
201 Summer St

TUESDAYS

8:00AM - 8:00PM
Boston Public Market
100 Hanover St

8:30AM - 10:30AM
Fresh Truck Dorchester
Neponset Health Center
398 Neponset St

11:00AM - 1:00PM
Fresh Truck South Boston
Old Colony
256 E 9th St

1:30PM - 3:30PM
Fresh Truck Dorchester
Bowdoin Street Health Center
230 Bowdoin St

4:00 PM - 7:00PM
Fresh Truck Jamaica Plain
South St BHA
125 South St

WEDNESDAYS

8:00AM - 8:00PM
Boston Public Market
100 Hanover St

10:00AM - 12:00PM
Fresh Truck Dorchester
Sarah Care
1225 Dorchester Ave*

12:30PM - 2:00PM
Fresh Truck South Boston
West Broadway
7 Joyce Hayes Way

3:00PM - 6:00PM
Fresh Truck Dorchester
Franklin Field BHA
90 Ames St

SATURDAYS

8:00 AM - 8:00PM
Boston Public Market
100 Hanover St

10:00AM - 1:00PM

Dorchester Winter Farmers
Market
6 Norfolk St*^

10:00AM - 2:00PM

Roslindale Winter Farmers
Market
Sou's of Italy Hall
30 Birch St*^

SUNDAYS

10:00AM - 8:00PM
Boston Public Market
100 Hanover St

*Tentative location
^First day of market to be
announced

THURSDAYS

8:00AM - 8:00PM
Boston Public Market
100 Hanover St

12:00PM - 2:00PM
Fresh Truck Roxbury
Grove Hall Senior Center
51 Geneva Ave*

3:00PM - 6:00PM
Fresh Truck Hyde Park
Thomas M. Menino YMCA
1137 River St

4:00PM - 7:00PM
Fresh Truck Charlestown
Medford St & Tufts Ave

FRIDAYS

8:00AM - 8:00PM
Boston Public Market
100 Hanover St

11:30AM - 12:30PM
Fresh Truck Dorchester
Heath
2 Kingbird Rd

1:00PM - 2:30PM
Fresh Truck Brookline
Village at Brookline
77 Village Way

3:00PM - 6:00PM
Fresh Truck South End
South End Health Center
1601 Washington St

CITY of BOSTON

cityofboston.gov/farmersmarkets



SHARE YOUR EXPERIENCES WITH US!

- ☐ Please document and share your observations, requests, and ideas for HIP's first winter season with your Buy Local partner, DTA, or the state's HIP evaluation team, JSI Research & Training Institute.
- ☐ Consider collecting customer feedback, too, with a customer comment card jar or postcards.
- ☐ Your feedback will be incorporated into a revised version of this Farmers Market Manager guide, to support spring and summer market managers in 2018.
- ☐ Your experiences will help inform future SNAP state and national policy.

TELL US WHAT YOU THINK ABOUT HIP!

WHAT DO YOU LOVE? WHAT ELSE DO YOU NEED?



HIP Vendor: _____ Date: _____

City: _____ Name (optional): _____

Questions about HIP? Call DTA at 1-877-382-2363

Appendix R. Retailer Toolit



- R.1. HIP Processing Options for Farmers Flowchart
- R.2. HIP Retailer Activation Process Slide Deck
- R.3. Mobile Market+ Novo Dia Group One-pager
- R.4. SNAP & HIP On-boarding Process One-pager

Appendix R.1. HIP Processing Options for Farmers Flowchart



If you are a farmer who sells at one or more of these points of sale, you are eligible to process HIP with one or more of the options above. Contact Abby Getman: abby.getman@massmail.state.ma.us or 413-772-3449 or Frank Frank Martinez Nocito, 413-772-3411 or frank.martineznocito@state.ma.us

Appendix R.2. HIP Retailer Activation Process Slide Deck



The slide features a background image of various fruits like apples and lemons. At the top left, there are logos for 'dta' (a yellow circle with 'dta' in black), 'MDAR MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES' (with a green leaf icon), and the 'SEAL OF THE COMMONWEALTH OF MASSACHUSETTS'. The main title 'Healthy Incentives Program (HIP)' is centered in a large black font, with a green horizontal line underneath. Below it, the subtitle 'HIP Retailer Activation Process' is also centered in a bold black font. In the bottom right corner, there is a circular logo for the 'Healthy Incentives Program' featuring illustrations of a banana, carrot, apple, and other produce. Below this logo, the text reads 'Fresh. Canned. Dried. Frozen. It's HIP to be healthy!' with 'HIP' in a stylized green font.

Healthy Incentives Program (HIP)

12 things you need to know before completing the HIP Retailer Activation Process



Thank you for participating in the healthy Incentives Program (HIP).

Please review these 12 slides to complete the HIP retailer authorization process. This should not take you more than 20 minutes to complete, after which you will be able to begin processing the new HIP benefit. Please use this note screen as you follow along through the slide deck.

HIP Retailer Activation Process #1

HIP Basics



1. Massachusetts will be the first statewide incentive program in the US.
2. HIP means more fresh, healthy, local food for hundreds of thousands of SNAP families and increased sales for local farmers, strengthened local economies.
3. HIP provide an exact dollar for dollar match on fruit & vegetable purchases (it can be any amount) at participating farmers markets, farm stands, mobile markets, and CSA programs.
4. Available to SNAP clients statewide – automatically enrolled. As long as the SNAP client is “active” receiving benefits, they can earn HIP. Even if they come on and off benefits—once HIP, always HIP.
5. SNAP families can EARN up to a maximum of \$40/\$60/\$80 cap per month based on household size. Recipients will know their household size and the upgrades system calculates the benefit.
6. The new HIP benefit is instantly applied to the SNAP customer’s EBT card.
7. It is available immediately following the transaction, for any future SNAP purchase—at any SNAP authorized retailer.
8. SNAP customers will need to spend SNAP to earn HIP.

9. The new HIP benefit is available for a 3-year period, starting April 1, 2017.
10. Earned HIP benefits roll over month to month. Expungement at 365 days (following SNAP rules) or 90 days after FINI program ends.
11. The shared goals of this partners HIP are to create a sustainable statewide incentive program.
12. For more details, please visit www.mass.gov/HIP.

HIP Retailer Activation Process #2

HIP Food Eligibility Guidelines



- HIP eligible foods are any variety of fresh whole or cut fruits and vegetables.
- It includes any variety of canned, dried or frozen (i.e. value-added products) fruits and vegetables without added salts, sugars, fats, or oils.
- the focus is on all locally grown fruits and vegetables, reflective of seasonal availability—though other non-local fruits and vegetables (e.g. bananas, lemons) available at participating HIP retailer locations, are also eligible.
- These guidelines are consistent with the SNAP fruit and vegetable staple food group AT USDA.
- Please see the attached HIP eligible foods for a list of examples.

HIP Retailer Activation Process #3

FNS SNAP Authorized Retailers Only



HIP only supports FNS SNAP authorized retailers that process fruit and vegetable purchases for SNAP customers at farmers markets, farm stands, mobile markets and CSA farm share programs. The same USDA regulations apply for processing HIP as with SNAP. For more information, please consult the SNAP training guide for retailers (https://fns-prod.azureedge.net/sites/default/files/Retailer_Training_Guide.pdf).



There is a “No Refund” policy for HIP purchases. HIP returns are not allowed and cannot be processed on the Point of Sale device. If a SNAP customer wishes to make a HIP return, please provide an exchange of eligible HIP items of equal value for the original HIP purchase amount.

Note, this applies to all of the USDA Food Insecurity Nutrition Incentive (FINI) grantees, including Massachusetts.

However, “Food Stamp Only” returns continue to be processed as they are today with no changes to the Point of Sale terminal. A “Void Last Transaction” should be completed if there is an error in processing the previous HIP transaction.

HIP Retailer Activation Process #5

How to Perform a HIP Transaction: MM+



Mobile Market Plus (MM+) is a mobile incentives platform, which utilizes an iPod touch or iPhone device to act as a wireless POS machine at a farm, farm stand or farmers' market processing SNAP/HIP transactions directly to Xerox, the EBT provider.

The process for completing both a SNAP and HIP transaction is fairly straight forward, and only require repetition. Please be sure to review the "How to Perform a HIP Transaction: MM+" guide to ensure you are comfortable with the steps before you prepare to process any SNAP and HIP transactions. Also, print out a copy, and keep handy as a reference for you and your staff.

Review the MM+ 1- page guide (See attached or at:
<https://novodiagroup.zendesk.com/hc/en-us/articles/115002329946>).

HIP Retailer Activation Process #6

HIP Retailer Signage

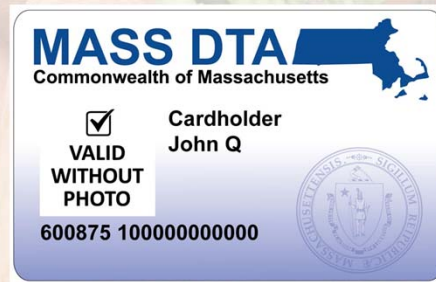


We will continue to encourage SNAP customers to shop at a one of the four different participating points of SALE — and to LOOK FOR THE HIP LOGO!

Attached you will find temporary HIP retailer signage—please post in a prominent place. We are in the process of developing a few different sign options to meet the need of our different retailer partners. More to come soon!

HIP Retailer Activation Process #7

SNAP EBT Cards



Please remember, SNAP customers are: a) NOT required to have a photo on their EBT card, and b) SNAP retailers should not inspect the EBT cards or refuse to let persons not pictured or named on the card, use the EBT card (NOTE: a recipient could have an authorized user).

HIP Retailer Activation Process #8

Technical Support & Resources



There are a number of HIP technical support options & resources to assist you in processing both SNAP and HIP, e.g. what to do if there is an issue with a HIP transaction, how to make SNAP customer referrals. Please see attached HIP resource sheet for more information.

HIP Retailer Activation Process #9

HIP Regional Partners



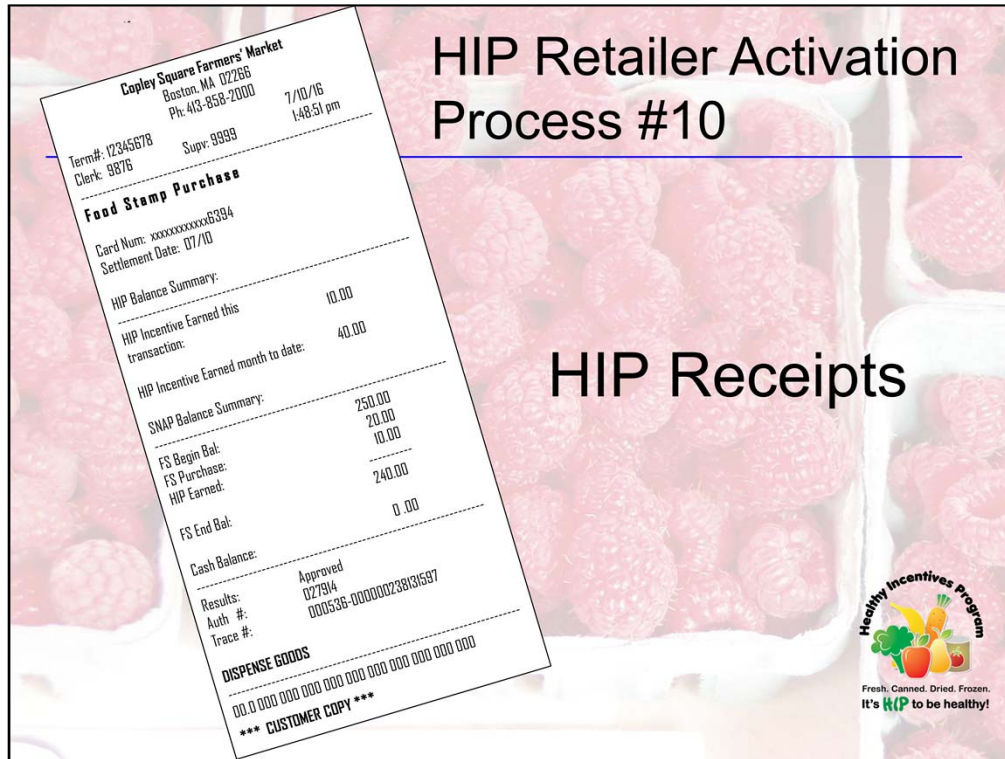
HIP is a Massachusetts' interdepartmental partnership with the support of a broad, diverse coalition of statewide community partners.

We have a group of primary regional partners across the five regions of the state, including “Buy Local” Organizations & the Mass Farmers Markets association, who also serve as HIP technical support to retailer partners.

HIP Regional Partner Contacts:

1. Barnstable County: Cape Cod Buy Fresh, Buy Local care of Cape Cod Cooperative Extension Kim Concra at kconcra@barnstablecounty.org or 508-375-6884 and Sustainable CAPE, Gretel Norgeot at gretel.norgeot@gmail.com or 508-237-9492.
2. Berkshire County: Berkshire Grown, Jaime Paxton at jamie@berkshiregrown.org or 413-528-0041.
3. Bristol, Norfolk, Plymouth Counties: SEMAP (Southeastern Massachusetts Agricultural Partnership), Kendra Murray at kmurray@semaponline.org or 508-971-7888.
4. City of Boston: City of Boston, Office of Food Initiatives, Catalina Lopez-Ospina at catalina.lopez-ospina@boston.gov or 617-635-2841.
5. Greater Boston Region: Mass Farmers Markets, at hip@massfarmersmarkets.org or 781-893-8222.

6. Hampshire, Hampden and Franklin Counties (or if your region is not listed): CISA (Community Involved in Sustaining Agriculture), Devon Whitney-Deal at Devon@buylocalfood.org or 413-665-7100.
7. Middlesex and Essex Counties: Northeast Harvest, Joy Nowak at joy@topsfieldfair.org or 978-887-5000.
8. Worcester County: Central Mass Grown, Mackenzie May at mackenzie@centralmassgrown.org or 508-523-3463.



1. The incentive amount for the purchase and accumulated month to date total incentive earned, will be displayed on the customer's receipt.
2. Please be certain to provide the SNAP customer with their receipt—this will also help them track how much more they can earn during the remainder of the month.
3. Incentive benefit will be available immediately for any future SNAP purchases.
4. If SNAP customers want to check their balance on their EBT card, they can call: 1-800-997-2555 (number on the back of their card), or do a balance inquiry on the POS terminal.

Note: SNAP customers are instructed to keep their EBT receipts, which have the account balance. This is why you must always provide the printed receipt. Additionally, the HIP balance is now also listed on the receipt for each purchase which will help to reinforce what a SNAP client earns and the cost savings. SNAP customers should also keep these receipts as a record of SNAP purchases in case there are problems with their account.

HIP Retailer Activation Process #11

Conduent Retailer Portal



You can view all of your SNAP transactions on the Conduent (formerly Xerox) Retailer Portal (<https://www.connectebt.com/retail/Login.action?state=ma&language>) to view all SNAP transactions and confirm your SNAP payments have been successfully processed and cleared. If this is your first time to visit this site you can establish an account by clicking the "Register New Account" tab at the top. Note, you will need to set-up a profile with your FNS#, a username and password.

HIP Retailer Activation Process #12

HIP Evaluation



Evaluation is an important part of any project, and HIP is no exception. USDA requires a rigorous self-evaluation, supported by JSI Research & Training Institute in Boston, who is the State contracted evaluator.

The shared goals of this partnership are to create a sustainable statewide incentive program.

More specifically, HIP seeks to:

1. Reduce the barriers to participation for both SNAP clients and retailers;
2. Increase the availability of locally grown fruits and vegetables for SNAP clients; and
3. To Assess the impact of the new incentive program on participants' purchase of fruits and vegetables to inform future expansion.

HIP seeks to Both contribute to informing policy change on the state (i.e. sustainability of the project) and federal (e.g. farm bill) levels.

Over the next few years you may be asked to participate in evaluation activities to support these efforts, especially in assessing the process,

challenges, and successes of the implementation and ongoing operations. Know that we value your time, and have considered this in designing the evaluation. We also want to hear from you, especially what is working and what can be improved. We appreciate your participation and support of HIP.



   For More Information

Frank Martinez Nocito
Department of Transitional Assistance
frank.martineznocito@state.ma.us
617-308-5826

Abby Getman
Department of Transitional Assistance
abby.getman@state.ma.us
413-772-3449

David Webber
Department of Agricultural Resources
david.webber@state.ma.us
617-626-1754


Fresh, Canned, Dried, Frozen.
It's **HIP** to be healthy!

Healthy Incentives Program: www.mass.gov/hip

Thank you again, for your participation in the Healthy Incentives Program (HIP). We appreciate your support and efforts. Please feel free to contact us with any questions.

Please complete the remainder of the 5 steps in the HIP Retailer Activation Process email, to ensure you are able to process the new HIP benefit.

Appendix R.3. Mobile Market+ Novo Dia Group One-pager



How to perform a HIP transaction: MobileMarket+

Vendor Login/Changing User

- Step 1: Push **HOME** key.
- Step 2: Select Mobile Market+ App.
- Step 3: Tap **WHITE BOX** next to **USER** and select **USER** by tapping your merchant/vendor name.
- Step 4: Enter password.
- Step 5: Tap **LOGIN** (highlighted in blue) in upper right corner.



Processing a SNAP and HIP transaction

- Step 1: After you login, the **TRANSACTIONS** screen will appear.



- Step 2: Select **SNAP PURCHASE**.

If the **TRANSACTIONS** screen does not appear, tap **TRANSACTIONS** icon located at the bottom left corner of the screen.

- Step 3: Swipe or enter the card number and tap **NEXT**.

- Step 4: Ask the **SNAP** participant to enter their **PIN** and tap **NEXT**.

- Step 5: Select or tap **PURCHASE AMT** enter total, and tap **NEXT**.

- Step 6: Select or tap **HIP** amount, enter total, and tap **DONE**.

- Step 7: Tap **SUBMIT** and tap **YES** to continue with the transaction.

A customer receipt will automatically print. Copies of the receipts are saved onto the device for your own records, and can be accessed within 30 days from the date of the transaction.

- Step 8: Tap **DONE** if the transaction is complete and the **TRANSACTION** main screen will appear again.

Questions about HIP at Farmers Markets, farm stands, mobile markets, or CSAs call the DTA HIP call-line: **1-888-987-4487**.

For online MobileMarket+ customer service email: support@novodiagroup.com.

For equipment issues with your Mobile Market+ device please contact our support number: 888-377-7884.

How to perform a HIP Transaction: MobileMarket+ — May 10, 2017

Appendix R.4. SNAP & HIP On-boarding Process One-pager



SNAP & HIP Onboarding Process

PHASE 1: Become a SNAP Authorized Retailer

STEP 1: Complete the USDA application to become an authorized SNAP retailer. This may be completed on line at <https://www.fns.usda.gov/snap/retailer-apply>. Additional documentation will be needed including a picture I.D. and your Social Security Card (or another official document with your name and Social Security Number for all principal business owners, e.g. top page of past year's tax return (You can black out your financial data)).

- On the application, follow instructions as if you are a "Store", not a Farmers Market until you are given the option to select "Direct Marketing Farmer".
- Answer subsequent questions as though your farm is a "store"—fill in times your farm stand is open, days/times you sell at farmers markets, or have CSA pick-ups.
- Complete the application to the best of your ability, and note any sections you have questions but leave blank. An FNS staff person will contact you to resolve any questions.

STEP 2: Scan and email all additional requested documentation directly to Debbie Crosby at FNS, Debbie.Crosby@fns.usda.gov to expedite your application. If you prefer to mail (much slower process), USDA Food & Nutrition Service, Suite FO-16, 3101 Park Center Drive, Alexandria, VA 22302.

PHASE 2: Choose HIP & SNAP Processing Option

- A. **Farmers Market Vendors:** Please note that the only wireless option currently available that supports HIP, is Mobile Market+ through the FMC - MarketLink option. If you sell at one or more farmers markets, you are eligible for a free equipment package which includes the Mobile Market+ device, licensing and *monthly fees:

STEP 1: Complete the Farmers Market Coalition (FMC) survey to receive equipment approval (<http://www.fmctoolbox.com/>), and choose your equipment provider (i.e. Marketlink). Once your application is approved, you will receive an email from FMC with a 5-digit code (FMC-00000).

STEP 2: Your next step is to get set up with Marketlink, a partnership between Novo Dia (MM+ equipment provider) and Worldpay (payment processor). To set up your account and receive the free equipment package, fill out the following form at <https://www.worldpay.us/partners/marketlink>. Upon completion of this form, Worldpay will contact you within 24-48 hours, to finish your account set up, including completion of a Customer Processing Agreement (CPA) which includes your banking information. Be sure Worldpay has a valid email and Fedex shipping address for you. If you haven't received your Worldpay packet within a week after completing this step, please contact: support@novodiagroup.com. If you have been contacted by Worldpay and still have further questions, please follow-up with your WorldPay representative. If they are not responsive, please contact Frank at DTA (frank.martineznocito@state.ma.us).

STEP 3: Once your Worldpay account is completed, Novo Dia Group will start preparing your equipment order. Check your email for account verification and other communication from Novo Dia staff. When approved, you will receive a "Welcome to MM+" email from MarketLink/NDG which contains important information about setting up your account via MobileEBT.com—please check your spam folder if you don't receive it shortly after approval. If you do not receive the welcome email, please contact NDG at support@novodiagroup.com so they may resend the email—you should expect a response within 24-48 hours. Complete the steps in the "Welcome to MM+" email.

STEP 4: Once your equipment package is shipped from NDG, we will send you an email to schedule a time with MDAR or one of our Regional Buy Local partners to complete *Phase 4*, below. We want to ensure your equipment connectivity is complete so you may process both SNAP and HIP. Once verified, your device will be activated to process HIP. Please note, if you don't contact us and if we don't know you are processing, your customers will not earn the HIP incentive.

- B. **CSA Farms:** If you have a CSA, consider enrolling in the SNAP CSA Pilot, which allows SNAP customers to pay for their CSA share using an automatic monthly payment system through DTA. This option does not require the farm to have EBT equipment.

STEP 1: Complete & sign a *Memorandum of Understanding* (agreement between the farm & DTA).

STEP 2: Send us your basic CSA details to customize your *Membership Agreement* (between CSA member & the farm) which will authorize the use of SNAP benefits and is the mechanism to schedule the SNAP customer's monthly payment. Spanish translation of the agreement available, upon request.

STEP 3: Based on CSA contact details we will provide you with a *Cancellation Form* (in the event a CSA member wishes to withdraw from the program). Spanish translation of the cancellation form available, upon request.

STEP 4: Complete SNAP CSA Pilot orientation.

C. **Farm Stands:** There are two EBT terminal options, please see below:

1. **Conduent (formerly Xerox) Direct Connect:** EBT-only terminals, free through the state. Please note that the terminal requires an analog (non-digital) telephone line and electricity at the point of sale. It cannot process accept credit or debit transactions.

- Once you have your FNS number, complete PHASE 3 below, and include the "Equipment Rider". Conduent will then mail you your EBT equipment package along with a terminal user manual, manual vouchers and a HIP user guide. Contact us once you receive your EBT equipment.

2. **Mobile Market Plus (MM+):** Wireless option described above, a mobile platform created by Novo Dia Group that processes SNAP and HIP, with credit and debit options as well.

- If eligible, apply for the Farmers Market Coalition (see above PHASE 2a for STEPS) or consider purchasing a 1-year contract with NDG for a "bring your own device" (BYOD) option—go to:
<https://www.novodiagroup.com/2016-worldpay-ndg-offerings/>.

**Transaction fees associated with credit/debit may vary. Check with World Pay for complete fee schedule.*

PHASE 3: Complete Conduent Process

STEP 1: For all retailer partners, you will need to complete the Conduent (formerly Xerox) Universal Agreement application in full, pages 1, 2, 6 and 8.

- Wherever "food or cash" is mentioned, please circle "food".
- On page 6, list the days of the week and hours when your farm stand is open or when you are at farmers market.

STEP 2: Complete and sign a form W-9.

STEP 3: Scan and email the completed application, W-9 and a voided bank check for your business, to Abby Getman (DTA): abby.getman@state.ma.us.

PHASE 4: Complete Final HIP Activation Process

Once you have completed the above phases and have received your EBT equipment, if you have not already been contacted by DTA, please contact us so we can schedule a time to review how to process a HIP transaction and to review the HIP basics. You will receive materials in advance so that you may review them beforehand.

STEP 1: Confirm farmer contact and business details.

STEP 2: Review HIP Retailer Activation slides—"12 things you need to know before completing the HIP retailer activation process."

STEP 3: Confirm how to process a SNAP and HIP transaction, and confirm EBT system connectivity.

STEP 4: DTA will activate your FNS number within our HIP system to complete the onboarding process and enable you to begin processing HIP transactions. *Until this final step is complete, you will be unable to process HIP.*

As you complete each step of the onboarding process, please let us know if you need any additional assistance.

- Frank Martinez Nocito (DTA) – O: 413.772.3411 | M: 617.308.5826 | E: frank.martineznocito@state.ma.us
- Abby Getman (DTA) – O: 413.772.3449 | E: abby.getman@state.ma.us
- David Webber (MDAR) – O: 617.626.1754 | E: david.webber@state.ma.us

Version 7.14.17

Appendix S. HIP Welcome Notice



DTA – DPC P. O. Box 4406
Taunton, MA 02780-0420

Massachusetts Department of Transitional Assistance

Recipient
Address

Agency ID: XXXXX

03/09/2017

Welcome to HIP!

Dear SNAP client:

Congratulations! You have been enrolled in the Department of Transitional Assistance's Healthy Incentives Program (HIP). You were enrolled because you are currently either receiving SNAP, were recently approved for SNAP, or have a SNAP balance on your EBT card.

HIP helps you buy more healthy fruits and vegetables for your household!

How does HIP work?

Using your SNAP benefits at one of our partner retailers lets you earn additional dollar(s) in SNAP benefits for each dollar you spend on HIP eligible fruits and vegetables. Our partner retailers include:

- farmers markets
- farm stands
- mobile markets
- community supported agriculture (CSA) programs

What is my HIP benefit?

You can earn up to \$40.00 in additional SNAP benefits each calendar month, until March 31st, 2020. If you report a change in your household size, your monthly HIP amount will also change.

You can see the amount of HIP benefits you have earned on your receipt after making each HIP purchase. You can also call the EBT customer service number at 1-800-997-2555 to find out the HIP balance you have earned. If you do not want to participate in HIP, please call 413-772-3411 or email dta.hip@state.ma.us.

Where can I find more information?

It's easy to participate! For more information on HIP, a list of retailers where you can earn the extra benefit, and a list of HIP eligible fruits and vegetables:

- go online to www.mass.gov/hip;
- call Project Bread's FoodSource Hotline at 1-800-645-8333; or
- email dta.hip@state.ma.us.

For more information about how to include fresh fruits and vegetables into your meals and how to sign-up for healthy cooking classes or grocery store tours, email DTA's SNAP Nutrition Education program at SNAP-Ed.Referrals@state.ma.us.

Appendix T. HIP Receipt



```
Freitas Farm
32 Wood St
Middleboro, MA 02346
Ph: 508-947-6521
Proc#: 20002840      09/24/2017
Term#: 00000001      10:02:44 AM
-----
SNAP Purchase

Card Num: xxxxxxxxxxxxxx0000*
Settlement Date: 09/01/2017
Merchant: < No Merchant >
          (Market Manager)

Balance Summary:
-----
SNAP Begin Bal:   104.71
SNAP Purchase :   -7.50
HIP Earned       :    7.50
-----
SNAP End Bal    :   104.71

Cash Balance :    0.00
HIP Earned MTD:    7.50
-----
Result: Approved
Auth #: 392061
Trace#: 000510-000000873100088

** DISPENSE GOODS **
-----
==== Mobile Mkt+ Sel v2.3.2 ====
```


Appendix U. Update on the Healthy Incentives Program (HIP) Flyer



HIP spending has exceeded expectations.

What does that mean for HIP?

HIP is suspended until further notice. The last day to earn HIP incentive benefits is **April 15th, 2018**.

We know HIP plays a crucial role in helping you buy healthy fruits and vegetables for your household. We hope to resume the program for part of the summer 2018 growing season.

We will give more information closer to July 2018 when we know more.

Important: You can still use SNAP to purchase fruits and vegetables at

- farmers' markets
- farm stands
- mobile markets
- Community Supported Agriculture (CSA) programs



For more information on DTA programs
Please visit mass.gov/dta
Follow us on Twitter at @DTA_Listens



Maximize Your SNAP Benefits

There are other ways to maximize your benefits.

Tell DTA About Your Expenses!

You may get credit for these expenses even if you are currently not paying for them in full. This may help to increase your SNAP benefits!



Shelter Costs: Rent, Mortgage (Principal, Interest, Taxes, & Insurance), Condo Fees, etc.



Utility Costs: Heating, Cooling, Electricity, Trash Collection, Water & Sewerage, Phone



Dependent Care Costs: Tell us about childcare or adult dependent care costs



DOR Child Support Payments: You may receive credit for paying court ordered child support



Medical Costs: Elderly or disabled clients may claim Co-pays, Prescriptions, Over-the-Counter Medications, Health Insurance, Transportation, etc.

More Resources



To find local food sources please call Project Bread's Food Source Hotline at 1-800-645-8333



To find essential health and human services programs in your area please call 2-1-1



To find nutritional advice please visit the Food & Nutrition Service website at www.choosemyplate.gov



To find local employment & training providers please visit www.snappathtowork.org



For more information on DTA programs Please visit mass.gov/dta
Follow us on Twitter at @DTA_Listens



