

## RxCSA Program Evaluation Plan

### Who will be served by the RxCSA Program?

**Quinn:** *Please confirm - we at no time ask them to affirm or verify that they are in mental health or opioid recovery, correct? We assume that they have self-identified/self-referred or been referred because they fit that description?*

**Cheryal:** *Correct Quinn*

### What evaluation tools will be used?

1. Customers:
  - a. Pre-Survey (see pages 2 to 4) Please collect at the first or 2<sup>nd</sup> CSA drop
  - b. Post-Survey (see pages 5 to 8) Please collect at the last CSA drop
2. Farmers:
  - a. Farmer Checklist (see pages 9 to 10)
  - b. Farmer Database (Please use excel if possible and keep track of the following information)
    - i. Name of farmer
    - ii. Commodity Purchased
    - iii. Pounds of commodity purchased
    - iv. Amount paid for the commodity purchased

Date	Name of Farmer	Commodity Purchased	Pounds	Amount Paid

**Data will be gathered by:** SPROUT/HDT Team

**Data will be analyzed by:** EnSearch

**Reports will be written by:** EnSearch

## RxCSA Program Pre Survey

*Since the RxCSA is a pilot program, we appreciate all of your responses.*

### General questions

1. A serving of fruit is one medium sized fruit, or a half cup chopped, cut, or canned fruit.

**Yesterday**, how many servings of fruit did you eat? (Do NOT include fruit juice.)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 0 servings | <input type="checkbox"/> 3 servings         |
| <input type="checkbox"/> 1 serving  | <input type="checkbox"/> 4 servings         |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 or more servings |

2. **Yesterday**, how many 6-ounce servings of 100% fruit juice did you drink?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 0 servings | <input type="checkbox"/> 3 servings         |
| <input type="checkbox"/> 1 serving  | <input type="checkbox"/> 4 servings         |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 or more servings |

3. A serving of vegetables is a half cup of any vegetable or one cup of salad greens. **Yesterday**, how many servings of vegetables did you eat? (Do NOT include vegetable juice, French fries, potato chips, or other fried potatoes)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 0 servings | <input type="checkbox"/> 3 servings         |
| <input type="checkbox"/> 1 serving  | <input type="checkbox"/> 4 servings         |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 or more servings |

4. How many times a week do you or you or your family usually eat a meal from a fast food restaurant like McDonald's, Burger King, Pizza Hut, Dairy Queen, etc.? Consider breakfast, lunch, and dinner.

\_\_\_\_\_ Meals per week per person

5. How many times a week does you or your family eat dinner/supper sitting around a table with family or friends?

\_\_\_\_\_ Dinners per week

**6. I am confident in my ability to:**

	Yes	Maybe	No
Plan a healthy meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare a healthy meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop for healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean and prepare foods for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Please answer the following questions:**

	Often	Sometimes	Rarely	Never
I compare food prices when I shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cook most of my meals at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a list when I grocery shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about the nutritional value of each food items when I cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Last summer, how often did you purchase fruits or vegetables from a farmer’s market, roadside stand, pick-your-own produce farm or Community Supported Agriculture (CSA)?**

- More than once a week
- Once a week
- Once a month
- Never
- Don’t know

**9. In general, would you say that your health is:**

- Excellent     Very good     Good     Fair     Poor

**10. During an average week, whether at work, at home, or anywhere else, on how many days do you get at least 30 minutes of moderate physical activity? Moderate activities cause light sweating and a small increase in breathing or heart rate. \_\_\_\_\_ Days per Week.**

## Demographic questions

**Optional: Why are we asking these demographic questions?** We at R5DC/SPROUT/HDT believe that for rural communities to grow and thrive that all in the community need to be engaged. Your responses to the following questions will help us determine if we are engaging a broad base of residents within the community.

1. Are you a veteran? \_\_ Yes \_\_ No
  
2. Do you have a disability? \_\_ Yes \_\_ No
  
3. What is your:
  - a. Age \_\_\_\_
  - b. Gender \_\_\_\_\_
  
4. What income bracket do you consider yourself to be in?  
 Low       Middle  High  
 or identify annual gross household income \$ \_\_\_\_\_
  
5. Which of the following best describes you? Please check all that apply.  
 American Indian or Alaska Native     African Native  
 Asian or Pacific Islander                 White  
 Hispanic, Latino/Latina                  Other \_\_\_\_\_  
 Black or African American
  
6. Number of Adults age 18 or older (including you) in household? \_\_\_\_\_
  
7. Number of Children \_\_\_\_\_ Ages of Children under age 18 \_\_\_\_\_
  
8. What is your annual income? \_\_\_\_\_
  
9. Did anyone in your family participate in any of the following programs in the past 12 months? (Please check all that apply)  
 WIC (Women, Infants, and Children)  
 SNAP (Supplemental Nutrition Program)  
 Advanced Premium Tax Credits (APTCs)  
 Minnesota Care  
 Energy Assistance Program  
 Free or Reduced-Price School Lunch  
 Child Care Assistance  
 Earned Income Tax Credit  
 Working Family Credit  
 Medicaid  
 Section 8 Housing  
 State Soldiers Assistance Program

## RxCSA Program Post Survey

*Since the RxCSA is a pilot program, we appreciate all of your responses.*

1. **A serving of fruit is one medium sized fruit, or a half cup chopped, cut, or canned fruit.**

**Yesterday, how many servings of fruit did you eat?** (Do NOT include fruit juice.)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 0 servings | <input type="checkbox"/> 3 servings         |
| <input type="checkbox"/> 1 serving  | <input type="checkbox"/> 4 servings         |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 or more servings |

2. **Yesterday, how many 6-ounce servings of 100% fruit juice did you drink?**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 0 servings | <input type="checkbox"/> 3 servings         |
| <input type="checkbox"/> 1 serving  | <input type="checkbox"/> 4 servings         |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 or more servings |

3. **A serving of vegetables is a half cup of any vegetable or one cup of salad greens. Yesterday, how many servings of vegetables did you eat?** (Do NOT include vegetable juice, French fries, potato chips, or other fried potatoes)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 0 servings | <input type="checkbox"/> 3 servings         |
| <input type="checkbox"/> 1 serving  | <input type="checkbox"/> 4 servings         |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 or more servings |

4. **How many times a week do you or you or your family usually eat a meal from a fast food restaurant like McDonald's, Burger King, Pizza Hut, Dairy Queen, etc.? Consider breakfast, lunch, and dinner.**

\_\_\_\_\_ Meals per week per person

5. **How many times a week does you or your family eat dinner/supper sitting around a table with family or friends?**

\_\_\_\_\_ Dinners per week

**6. I am confident in my ability to:**

	Yes	Maybe	No
Plan a healthy meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare a healthy meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop for healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean and prepare foods for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Please answer the following questions:**

	Often	Sometimes	Rarely	Never
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I cook most of my meals at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a list when I grocery shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about the nutritional value of each food items when I cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Last summer, how often did you purchase fruits or vegetables from a farmer’s market, roadside stand, pick-your-own produce farm or Community Supported Agriculture (CSA)?**

- More than once a week
- Once a week
- Once a month
- Never
- Don’t know

**9. In general, would you say that your health is:**

- Excellent     Very good     Good     Fair     Poor

**10. During an average week, whether at work, at home, or anywhere else, on how many days do you get at least 30 minutes of moderate physical activity? Moderate activities cause light sweating and a small increase in breathing or heart rate. \_\_\_\_\_ Days per Week.**

**10. Has this program benefited you or your family?**

No       Yes

**11. Would you recommend this program to be offered to other families in the future?**

No    Yes

**Why or why not?**

**12. If you were in charge of this program, what would you change?**

**13. Have you been able to eat all the food in the food shares?**

No       Yes

**14. Are there foods that you have not eaten?**

No       Yes

**If yes, why not?**

**15. Did you find the food demos and sampling helpful?**

No       Yes

**16. Are there foods that you do not know how to prepare?**

No       Yes

**If no, which foods?**

**17. Are there any foods you wish you would have received in your food shares?**

No       Yes

**If yes, which foods?**

**18. Since you've been receiving the food shares have you:**

- a. Prepared more meals at home?  No       Yes
- b. Eaten meals together as a family more often?  No       Yes
- c. Bought more local foods at farmers' markets or farm stands?  No       Yes

**19. Where do you currently shop for groceries? Have you changed the way you shop at the grocery store since you started receiving the food boxes? If yes, how so?**

**20. Did you find the food share pick-up day and time to be convenient for you? If not, what day of the week and time of day would work better?**

**21. Are there any questions you have about the program?**



## Farmer Checklist

### Land questions

1. **What commodities do you sell?**
  
2. **How many acres of land do you own? \_\_\_\_\_**
  
3. **How many acres are in food production? \_\_\_\_\_**
  
4. **Do any of your producers have acres in the Camp Ripley ACUB program?**  
 Yes  No
  
5. **Do you use sustainable farming practices?**  Yes  No
  
6. **Do you wish to increase use of sustainable farming practices?**  Yes  No
  
7. **Has there been an increase in your business/farming activity over last 12 months?**  
 Yes  No  
  
If yes, please explain.
  
8. **Any sales in new markets?**  
 Yes  No  
  
If yes, what new markets?
  
9. **Do you have any suggestions for ways to improve your business arrangements with SPROUT/HDT?**  
 Yes  No  
  
If yes, please explain.

## Demographic Information

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  - a. Age \_\_\_\_
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8. What is your annual income? \_\_\_\_\_
  
9. Did anyone in your family participate in any of the following programs in the past 12 months? (Please check all that apply)  
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 SNAP (Supplemental Nutrition Program)  
 Advanced Premium Tax Credits (APTCs)  
 Minnesota Care  
 Energy Assistance Program  
 Free or Reduced-Price School Lunch  
 Child Care Assistance  
 Earned Income Tax Credit  
 Working Family Credit  
 Medicaid  
 Section 8 Housing  
 State Soldiers Assistance Program