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 2nd 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Farmer</th>
<th>Commodity Purchased</th>
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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.)
   - 0 servings
   - 1 serving
   - 2 servings
   - 3 servings
   - 4 servings
   - 5 or more servings

2. Yesterday, how many 6-ounce servings of 100% fruit juice did you drink?
   - 0 servings
   - 1 serving
   - 2 servings
   - 3 servings
   - 4 servings
   - 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)
   - 0 servings
   - 1 serving
   - 2 servings
   - 3 servings
   - 4 servings
   - 5 or more servings

4. How many times a week do 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:

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7. Please answer the following questions:

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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.

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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.
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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.
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