

Healthy Here

Communities Leading
Healthy Change



2015-2016 Healthy Here Evaluation Report

Acknowledgments

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October 2016

This report was supported by Presbyterian Healthcare Services through Cooperative Agreement Number U58 DP005868 from the Centers for Disease Control and Prevention (CDC). This is a Racial and Ethnic Approaches to Community Health (REACH) award. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the US Department of Health and Human Services.

Leigh Caswell, MPH, Director of Presbyterian Healthcare Services Center for Community Health, is the Principal Investigator of this project.

Thank you to all of the *Healthy Here* initiative partners for their continued support and commitment to improving access to opportunities for healthy eating, active living and clinical-community linkages.



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Executive Summary

Background

Healthy Here is a collaborative initiative of Presbyterian Healthcare Services, the Bernalillo County Health Council, and many community organizations. It is funded through a Racial and Ethnic Approaches to Community Health (REACH) cooperative agreement with the Centers for Disease Control and Prevention. *Healthy Here* aims to reduce racial and ethnic health disparities in two under-resourced communities in Bernalillo County, NM: the International District and the South Valley.

Healthy Here uses policy, system, and environmental change strategies to address three factors related to health promotion and prevention of chronic diseases: access to healthy food and beverages, increased opportunities for physical activity, and increased community-clinical linkages. This evaluation focuses on the following activities performed during Year 2 of the program.

1. Use of a mobile farmers' market to bring locally grown produce into the partner communities.
2. Development and use of walking paths or routes and other improvements to the environment that enhance walkability in the communities.
3. Use of a referral system for chronic disease self-management by clinics and providers in the communities.



Mobile Farmers' Market

Residents of the International District and South Valley experience both health disparities and limited access to healthy foods. The goal of *Healthy Here's* mobile farmers' market is to increase access to affordable, high-quality, healthy foods in these areas.

The full evaluation will assess whether the market expanded access during the 2016 mobile market season (June 6-October 25). This Year 2 report contains data through September 2016. Specific questions asked were 1) to what extent did people in general, and Hispanic and American Indian individuals specifically, use the market?; 2) to what extent did purchases from the market increase over time?; and 3) to what extent did market participants consume fruits and vegetables (FVs)?

Methods and Preliminary Results

The UNM PRC evaluation team collaborated with its partners to develop data collection instruments and analyze data collected by partners who implemented the market. In 2016, two surveys of market attendees (participants) were conducted: a baseline (registration)

survey and a follow-up survey. Data collected included information on the participants, the type of produce sold, amount sold, and amount spent.

From June through September (the end of Year 2), 738 individuals registered at the market and made a total of 1,257 visits. An additional 134 people purchased food at the market but chose not to register. The households of registrants had a total of 2,155 members, including 684 children. Of the 723 registrants reporting ethnicity, 458 (63.3%) were Hispanic or Latino. Of 616 people reporting race, 90 (14.6%) identified as American Indian/Alaska Native. A majority of registrants (60.2%) resided within ZIP codes that were the focus of the market. Among participants who reported their annual household income (77.2%), 31.8% earned below \$11,999. Half (50.6%) received some type of government assistance.

Overall market sales were \$10,260, with vegetables accounting for 89.9%. Sales increased from opening week through the first week in August, then declined. Total sales exceeded those in the 2015 season. The average transaction amount was \$8.72. About half (48.7%) of the funds for purchases came from assistance programs.

Conclusions

The addition in 2016 of two new sites for the mobile market and holding it weekly at all sites probably contributed to the increase in attendance and sales over 2015 values, as did the addition of a market coordinator and new partners and the return of participants from 2015. The market appears to be reaching *Healthy Here's* focus demographic groups.

The decrease in sales in late August may be associated with the start of the school year in Albuquerque. The introduction of a mobile app to capture sales and data on participant demographics and FV consumption may have facilitated registration and sales transactions.

Not every person who attended the market provided demographic data or information about FV consumption; therefore, a limitation of our evaluation is that those who provided such data may not have been representative of all participants.



Active Living

During Year 2, the Active Living workgroup focused on three major initiatives: improved infrastructure to promote walkability in both the International District and South Valley; and developing a walking route in the South Valley.

To enhance walkability in the International District, the workgroup developed criteria for new street lighting; these included population density, area use, proximity to high crash fatalities/high crime areas, and established partnerships. The partners determined that the lights should be equipped with motion sensors and be solar powered and high efficiency. New lights were installed in four locations. The workgroup also submitted recommendations to the City of Albuquerque regarding its draft comprehensive plan.

Development of a walking route at the South Valley Health Commons, which houses the First Choice Community Healthcare Clinic, included identifying and marking the route and providing maps and signage. The UNM PRC evaluation team and *Healthy Here* partners developed baseline questionnaires for clinic patients, visitors, and staff to measure how often people in the area typically walk. The surveys included questions about walking behaviors, barriers and facilitators to walking, whether staff members had time to walk during their workday, and days and times during which respondents would be able/willing to participate in a walking group.

Thirty-nine staff surveys were collected (response rate, 60%). Surveys were administered to clinic patients and visitors between July 21 and October 13, 2016, and analysis of survey data is under way. The walking route will be launched on October 22 and will be promoted through walking guides and flyers.

Conclusions

Healthy Here partners kept the Active Living workgroup informed about proposed construction projects and the scheduling of open comment periods for city and county planning efforts in the focus communities. The workgroup then offered input, support, and recommendations regarding planning efforts. Long timelines for city infrastructure projects were a challenge for obtaining new street lights in the International District; however, lights were installed in a timely manner in some priority areas. Development of the walking trail survey took longer than anticipated. Having a member of the evaluation team visit the clinic to inform patients and visitors about the survey increased the response.



Wellness Referral Center

Healthy Here aims to increase the number of clinics with providers who use a referral system to link their patients to community resources for chronic disease self-management, healthy food options, and physical activity opportunities. The

Wellness Referral Center (WRC), operated by Adelante, a *Healthy Here* partner, acts as the link between the healthcare system and community-based resources, providing patients with customized lists of area resources that match the provider referral and are feasible for the patient.

Methods and Preliminary Results

A referral form was developed in collaboration with partner clinics for use by providers, community health workers, medical assistants, and other clinic staff. The WRC staff recorded information on providers and clinics, patient demographics, health insurance coverage, and referrals to and participation (or nonparticipation) in community programs. The evaluation team analyzed de-identified diagnostic data to determine whether patients with diabetes, hypertension, high cholesterol levels, and obesity were referred.

During the first 9 months of the WRC's operation (January – September 2016), referrals were written by 58 different providers in 7 clinics for a total of 332 patients. The number of clinics involved, providers involved and referrals increased over time. Most referred

patients (81.9%) resided in *Healthy Here* focus ZIP codes; another 5.7% lived in neighboring areas. Most patients who reported ethnicity information were of Hispanic, Latino, or Spanish origin (91.0%), and 40.2% said Spanish was their preferred language. Two percent were American Indian. Among those with a reported diagnosis (n = 191), 61.3% had diabetes or prediabetes; 36.6%, hypertension; 26.2%, a high cholesterol level; and 62.3%, obesity.

Conclusions

Community-clinical links have increased through provider referrals managed by the WRC. Patients generally were referred because of a chronic disease for which an established evidence base for self-management exists. Challenges to WRC use included developing and using a common referral form, establishing a common reporting mechanism for diagnosis data, delays in reporting data to the evaluation team, and an inability to use electronic medical records for the referral process.

Evaluation Summary

In Year 2, *Healthy Here* continued to make progress with respect to its three main evaluated strategies. The Mobile Farmers' Market intervention increased overall sales compared with its pilot season (2015). The Active Living workgroup advanced *Healthy Here's* strategies to improve walkability in both the International District and the South Valley. Seven clinics and 58 providers had participated in the WRC by the end of September 2016. All three strategies reached focus populations.

Next Steps: 2017

Mobile Farmers' Market

The evaluation team will complete analysis of 2016 data and will assess the population served, any changes in FV consumption, what participants like about the market, and what improvements they would like to see. The evaluation team will also conduct interviews (using leveraged funds) with representatives from *Healthy Here* partner organizations who were involved in market planning and operations. Analysis of the data collected will inform improvements to the market during its next season, which begins in June 2017.

Active Living

The evaluation team will conduct follow-up walkability assessments in the South Valley and International District areas that were assessed during Year 1 (2015). Data from the two assessments will be compared to identify any changes in infrastructure that promote walkability. Another clinic survey will evaluate any changes in walking patterns among First Choice Community Healthcare patients after the opening of its walking trail.

Wellness Referral Center

Use of the WRC will continue to be assessed on a monthly basis by tracking referrals and monitoring clinic and provider participation in the system. These data will be used to improve the process. The formal evaluation will compare the first three months of 2017 to the first three months of 2016 to determine if use of the system is increasing and reaching the focus populations with regard to race, ethnicity, and disease diagnoses.

Introduction

Healthy Here is a collaborative initiative led by Presbyterian Healthcare Services and the Bernalillo County Health Council in partnership with many community organizations. The initiative is funded through a US Centers for Disease Control and Prevention (CDC) Racial and Ethnic Approaches to Community Health (REACH) cooperative agreement. *Healthy Here* aims to reduce racial and ethnic health disparities in two under-resourced communities within Bernalillo County, NM – the International District and the South Valley.

Healthy Here uses policy, system, and environmental change strategies and activities to address three factors related to health promotion and prevention of chronic diseases: access to healthy food and beverage options, increasing opportunities for physical activity, and increasing community - clinical linkages. While these three factors are being addressed in multiple ways in Bernalillo County and across the state, the REACH *Healthy Here* evaluation focuses on:

1. Use of a mobile farmers' market to bring locally grown produce into partner communities;
2. Development and use of walking paths or routes and improvements to the physical environment that enhance walkability in the partner communities; and,
3. Use of a chronic disease self-management referral system by clinics and providers in the partner communities.

This report presents the evaluation of these efforts made during Year 2 of the *Healthy Here* initiative (October 2015 – September 2016). It is divided into three sections: **Healthy Eating - Mobile Farmers' Market, Active Living – International District Lighting and First Choice Walking Trail**, and the **Wellness Referral Center**.



Healthy Eating – Mobile Farmers' Market

Background

People who live in under-resourced communities face barriers to accessing healthy foods (Bell et al., 2013). Mobile farmers' markets can address these challenges by bringing produce to areas without ready access (Larson & Gilliland, 2009; Widener et al., 2012). They can also provide an alternative to more expensive grocery stores to promote fresh, locally grown foods. In addition, mobile farmers' markets offer more flexibility than traditional grocery stores and have the ability to serve multiple communities.

The Hispanic and American Indian populations in the International District and South Valley communities of Bernalillo County experience both health disparities and limited access to healthy foods. To address these inequities, the *Healthy Here* initiative piloted a mobile farmers' market with the goal of increasing access to affordable, high-quality, healthy foods within these communities.



Healthy Here Mobile Farmers' Market (Market) partners, include Adelante, the Agri-Cultura Network, Bernalillo County, First Nations Community Healthsource, First Choice Community Healthcare, International District Healthy Communities Coalition, La Cosecha, Perigee Labs, Presbyterian Community Health, Presbyterian Medical Group, the Street Food Institute, UNM Community Health Worker Initiative, UNM SE Heights Clinic, and the UNM Prevention Research Center. These partners collaborated to improve the Market following its pilot season in 2015.

During the 2016 season, *Healthy Here* partners added two new sites – one in the International District and one in the South Valley – and the Market visited each site weekly instead of every two weeks. The Market continued to sell local, organically grown produce at a subsidized cost, in addition to providing food tastings, nutrition education, and healthy recipes on site during Market events. The 2016 season included a new organizational partner, Perigee Labs. Perigee staff developed an iPad application to capture Market attendance, participant survey data, and sales data.

The 2016 Market opened on June 6th and is scheduled through October 25, 2016. The 2016 Market season schedule is included on the following page.

The purpose of the 2016 Mobile Farmers' Market evaluation was to assess whether the Market expanded access to fresh local produce overall and to the Hispanic and American Indian populations living within the South Valley and International District of Bernalillo County. The evaluation was specifically designed to measure actual use of the Market and whether it influenced fruit and vegetable consumption. The evaluation questions were:

1. To what extent are people in general and specifically, Hispanic and American Indian individuals, using the Mobile Farmers' Market?
2. To what extent do purchases from the Mobile Farmers' Market increase over time?
3. To what extent are individuals consuming fruits and vegetables in a manner more closely aligned with Dietary Guidelines for Americans' recommendations following the implementation of the Mobile Farmers' Market intervention?

This report includes preliminary data about 2016 Market participants and sales. A brief report on the 2016 Market season will be available after the Market has finished for the season and all data are analyzed. The final evaluation of the Market will compare the 2016 Market season with the 2015 Market season.



Methods

The UNM PRC evaluation team conducted a literature review, collaborated with partners on the development of data collection instruments, and analyzed data collected and entered by partner organizations implementing the Market.

Survey instrument development

During the 2015 pilot season, the Healthy Eating/Mobile Farmers' Market team developed two surveys for market attendees. Attendees completed an initial baseline 'registration' survey on their first visit to the Market. The 11-item survey measured demographic characteristics (race/ethnicity, ZIP code, household size, annual household income, and sex), fruit and vegetable consumption, and process measures for use in improving Market operations (e.g., How did you hear about the market?). The UNM PRC used the CDC's 2014 Behavioral Risk Factor Surveillance System (BRFSS) questionnaire, a food behavior checklist (Murphy, Kaiser, Townsend, & Allen, 2001), two Farmers' Market Customer surveys (i.e., Green Carts and Community Food Security Coalition), and input from Market partners to create the initial surveys.

The team also developed a follow-up survey to collect similar information at the end of the Market season. The follow-up survey included fruit and vegetable consumption questions as well as process evaluation questions designed to gather data for program improvement (e.g., barriers and facilitators). Both the baseline and follow-up surveys were available as paper-and-pencil surveys during the 2015 Market pilot season. The 2015 follow-up survey

was also emailed to participants at the end of the pilot season. All surveys were available in both English and Spanish.

In preparation for the 2016 season, the Healthy Eating/Mobile Farmers' Market team reviewed the instruments that were used during the pilot season and made modifications. In order to ensure comparability of data from year to year, most questions remained the same. The following changes were made:

Changes to the baseline survey

1. The 2016 baseline survey at registration did not include a question about the sex of participants as community members did not feel it was necessary.
2. A second, shorter registration survey was developed for use with returning participants from the 2015 pilot Market season. The instrument was shortened to 8 items, removing questions about race and ethnicity which would not be expected to change from 2015 to 2016.

Changes to the follow-up survey

1. A question about whether participants learned any new cooking skills was changed from a Likert scale question to a yes/no question.
2. A question was added asking participants how many Mobile Farmers' Market recipes they had prepared.
3. A question was added asking participants if there were any hands-on activities they would like to see at the Market.
4. A question was changed from, "Did you go to the Mobile Market after getting an email or text reminder?" to "What is the best way for you to get information about the Mobile Farmers' Market?"

English versions of the baseline and follow-up surveys can be found in Appendix A. Follow-up surveys began on September 12th, and will continue through the end of the Market season on October 25th. Any market participants who had attended at least once previously during the 2016 season were asked to take the follow-up survey when they checked in for a visit to the Market after September 12, 2016.

Data Collection

The Mobile Farmers' Market team used iPads to collect data during the 2016 season. Perigee Labs developed two applications (apps) for *Healthy Here*. The first, *Farmer's Register*, was initially developed by Perigee as a point-of-sale system for Arcadia, a mobile market in the Washington, DC area. It was modified for the *Healthy Here* Market. A second



application, *Farmer's Member Manager*, was developed exclusively for *Healthy Here* to collect participant survey data.

Farmer's Member Manager

At each Market event, a staff member was responsible for either registering participants or checking in participants who were already registered. Each staff member was assigned a unique four-digit number that allowed her or him to log into the *Farmer's Member Manager* dashboard. For first-time visitors to the Market, the staff member entered the person's name and contact information, then asked the participant to answer the survey questions on the iPad. For returning visitors, staff members asked participants to verify their name or phone number, then touched an icon to check in the person. The Market provided a \$5 voucher upon the third visit as an incentive for people to check in each time they attended. Data collected using *Farmer's Member Manager* were reported to the UNM PRC on a quarterly basis.

Farmer's Register

Market staff used the *Farmer's Register* application at the point of sale. The app allowed the Market manager to enter prices for available produce in advance. When a participant wanted to purchase produce, the staff member could select each item from a list of options, enter the amount or weight of the item, and the app would calculate the cost. The app allowed various payment options, including public assistance programs such as WIC and SNAP benefits. The Market manager uploaded the data collected to an online database at the end of each day. Data collected by the app included type of produce sold, amount sold, and amount spent. Data from the *Farmer's Register* were accessible to the Market manager and the UNM PRC staff who had access through a secured online database.

Preliminary Results

Participants

From the Market opening in June through the end of September, 738 individuals registered at the Market, for a total of 1,257 visits (check-ins). An additional 134 people purchased food at the market, but chose not to register. Among registrants, the Market served households with 2,155 members, including 684 children.

Of the 723 registrants reporting ethnicity, 458 (63.3%) were Hispanic or Latino. Of 616 people reporting race, 90 (14.6%) identified as American Indian/Alaska Native.

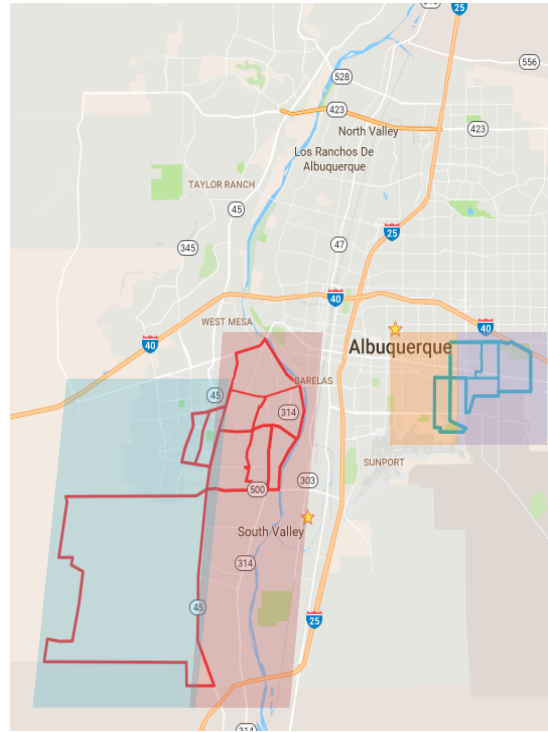
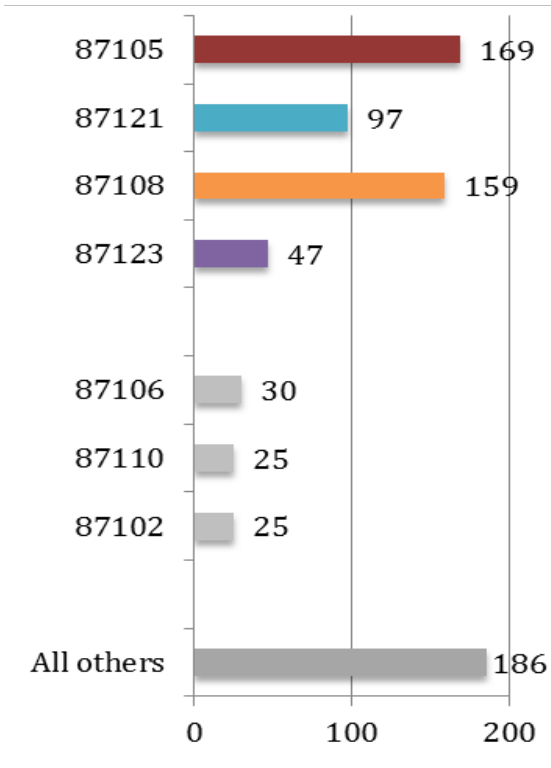
A majority (60.2%) of Market registrants resided within ZIP codes that were the focus of the Market (87108 and 87123 in the International District and 87105 and 87121 in the South



Valley; Figure 1). Figure 2 shows *Healthy Here's* target areas (outlined census tracts) with target ZIP codes highlighted in colors that correspond to the bars in Figure 1.

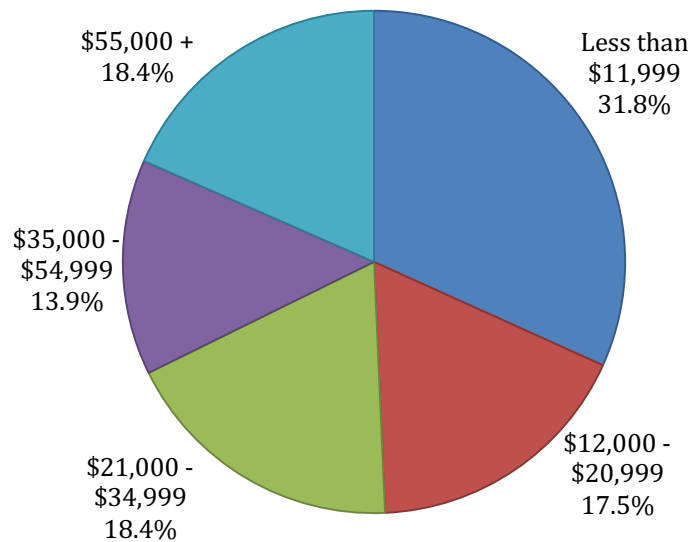
Figure 1: Number of Market participants, by ZIP code

Figure 2: *Healthy Here* priority areas



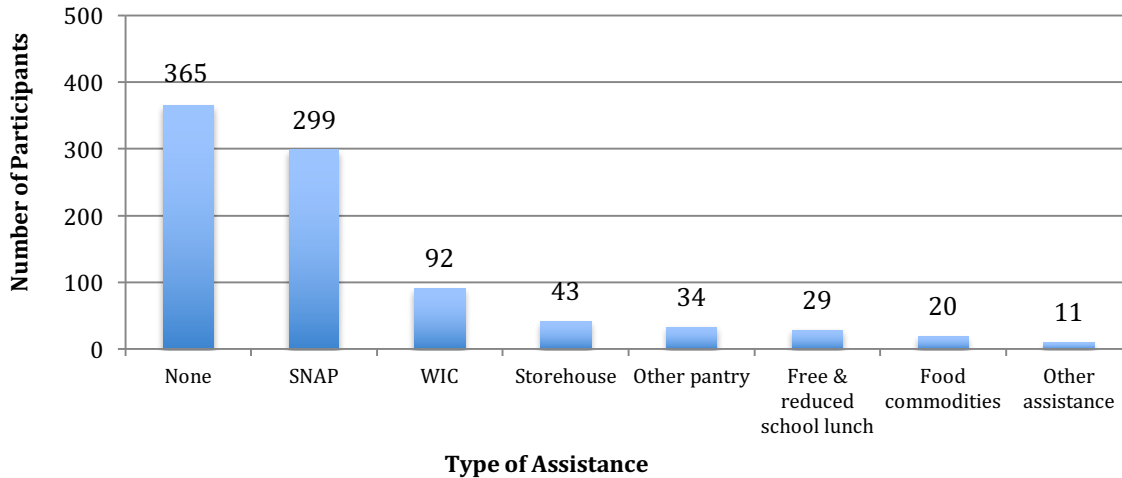
Among those who reported their annual household income (77.2%), about one-third (31.8%) had incomes of less than \$11,999 per year (Figure 3).

Figure 3. Mobile Farmers' Market registrant household income distribution (n=567)



Half of Market participants (50.6%) received some benefits from government assistance programs (Figure 4). Of these, 255 reported a single type of assistance, 84 reported two types of assistance, and 35 reported three or more.

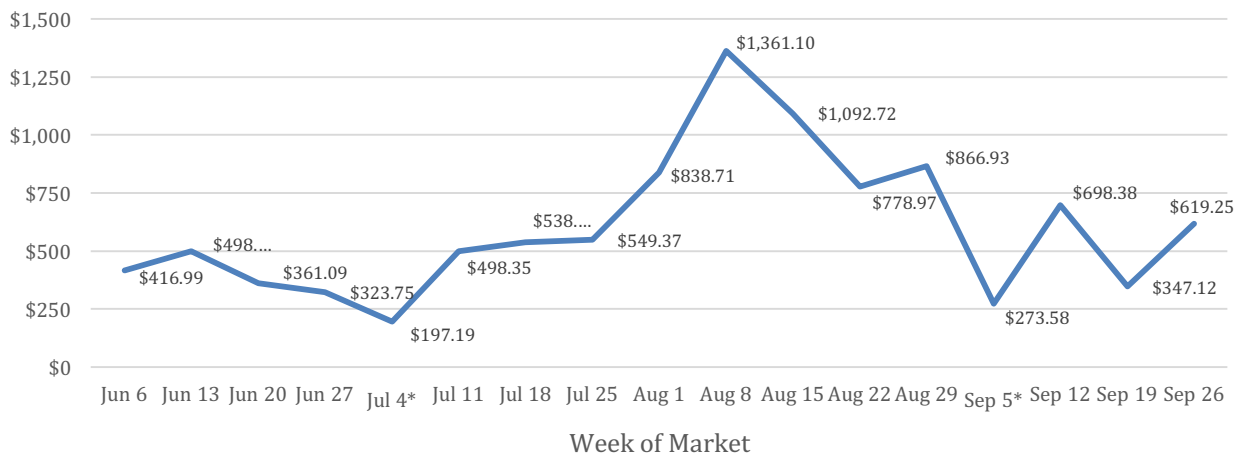
Figure 4. Benefits received in the past 12 months from government assistance programs by Market participants



Sales

This report presents preliminary data on aggregate sales during the 2016 Market season through September. Sales data include all sales, not just sales to registrants. Overall sales during this period totaled \$10,260.33. The majority of sales were from vegetables (89.9%). Total sales at the Market increased from opening week in June through the first week in August, then declined through the last week in September (Figure 5). Overall, Market sales to date have exceeded total Market sales during the 2015 pilot year. *The Market did not operate on Monday, July 4th or Monday, September 5th due to Federal holidays.*

Figure 5. Total 2016 Mobile Farmer’s Market sales for all sites, by week, through September



A total of 1,177 transactions were recorded at the Market through September 2016. The average transaction amount was \$8.72. Sales varied by site (Table 1). About half (48.7%) of purchase funds were from assistance programs, such as Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children program (WIC), Senior Checks, and vouchers. WIC was the largest single source of assistance funds used at the Market (Table 2).

Table 1: Total sales by site, 2016 Market season through September

Market	Credit, Debit, Cash	SNAP/ EBT	Other assistance programs	DUFB* Matching	Total
UNM Southeast Heights Clinic	\$1,063.91	\$210.58	\$878.82	\$210.68	\$2,363.99
First Nations	\$518.47	\$98.80	\$546.64	\$98.88	\$1,262.79
Van Buren Middle School	\$559.93	\$43.57	\$199.15	\$43.61	\$846.26
Presbyterian Medical Group (PMG)	\$1,234.26	\$150.44	\$869.48	\$150.51	\$2,404.69
Los Padillas Community Center	\$418.36	\$29.46	\$154.50	\$29.47	\$631.79
First Choice Community Healthcare	\$1,465.72	\$157.61	\$969.78	\$157.70	\$2,750.81
Total	\$5,260.65	\$690.46	\$3,618.37	\$690.85	\$10,260.33

*DUFB = Double up food bucks assistance program through SNAP

Table 2: Amount of purchases at Market by assistance program, through September 2016

Assistance Program	Amount
WIC	\$1,407.67
Senior Checks	\$789.86
SNAP/EBT	\$690.46
\$5 Voucher – WRC	\$611.08
\$5 Voucher – Misc.	\$322.38
\$5 Voucher – 3 rd Visit	\$253.03
\$30 Fresh Rx	\$229.35

Follow-up Surveys

Follow-up surveys began at the Market the week of September 12, 2016. Market staff will continue to administer follow-up surveys to all attendees who have been to the Market at least one time previously during the 2016 season. Follow-up survey data on fruit and vegetable consumption will be compared to registration data for all participants who attended during the 2016 season. In addition, fruit and vegetable consumption will be compared for those who attended in 2016 versus 2015. These data will be presented in the final 2016 Mobile Farmers' Market evaluation.



Discussion

As of the end of September 2016, Market sales and attendance had surpassed total sales and attendance for the pilot Market season in 2015. The addition of two new sites – one in the South Valley and one in the International District – and holding the Market weekly at all sites rather than alternating weeks were likely responsible for at least a portion of the increase in attendance and sales. The addition of a dedicated staff person to serve as Market coordinator may also have improved coordination among partners and the overall operations of the Market, which may also have contributed to improved attendance. Additionally, participants familiar with the Market from the 2015 season may have returned and informed others of the Market. Lastly, the addition of new partners that conducted activities at the Market may have contributed to the increase in participation.



The Market has been successful at reaching *Healthy Here* focus demographic groups. The majority of Market registrants reported living in the focus ZIP codes and the majority self-identified as Hispanic; 13.4% identified as Native American or Alaska Native. The Market is also reaching a low-income population that may have reduced access to fresh produce. The majority of registrants reported household incomes of less than \$21,000 per year, and approximately half (50.6%) reported receiving some type of public assistance in the past 12 months.

During the 2016 season, overall Market sales increased during the summer, peaked in early August, and decreased in late August. The decrease in sales corresponds to the start of the school year in Albuquerque, and may be associated. Although sales decreased, they did not drop below sales from the first weeks of the Market season.

Utilization of a mobile app to capture both sales and participant demographic and fruit and vegetable consumption data may have improved the ease of participant registration and the efficiency of transactions at the 2016 Market.

A limitation in our evaluation is that not every person who attended the Market provided demographic data or information about their fruit and vegetable consumption. There is a possibility that those people who chose to register are somehow different than those who did not. Therefore, the subset of participants who registered may not be representative of Market participants as a whole. The *Healthy Here* team offered vouchers to help encourage people to register for and check in at the Market. Additionally, survey data are self-reported and may be prone to recall bias.

Follow-up surveys are underway at the Market, and will continue through the end of October 2016. An analysis of these data will be included in the Mobile Farmers' Market evaluation.

Active Living – International District Lighting & First Choice Wellness Trail



Background

Healthy Here aims to increase access to opportunities for physical activity in the South Valley and International District communities in Bernalillo County. The Active Living workgroup seeks to accomplish this through changes to the built environment, mapping, communications, and implementation of walking prescription programs. Evidence shows that individuals with access to safe, convenient places to be active have increased physical activity (Heath, Parra, Sarmiento, et al., 2012) Marking walking routes, providing lighting, and adding pedestrian signals and crosswalks can improve safety and walkability in a community.

During Year 2, the Active Living workgroup focused on three major initiatives:

1. Providing feedback and recommendations for improved infrastructure in City of Albuquerque and Bernalillo County public works projects
2. Enhancing walkability in the International District, particularly through improved lighting
3. Developing a new walking route around the South Valley Health Commons

Support and Recommendations for improved infrastructure

Healthy Here's Active Living workgroup provided feedback to the City of Albuquerque with recommendations for specific revisions to its draft comprehensive plan, which is expected to be adopted by the end of 2016. Additionally, the workgroup submitted two letters of support for road safety and walkability improvement projects: Bridge Blvd in the South Valley and Zuni Rd in the International District.

Light the District

Healthy Here's Active Living workgroup collaborated with community members to improve walkability in the International District through lighting improvements. *Light the District* is a project born out of the International District Healthy Communities Coalition's (IDHCC's) long-term commitment to strengthen communities' capacity to sustain health and wellness through awareness, collaboration, commitment, and advocacy. Working with its many partners, IDHCC identified poor lighting as a priority for many residents in the area.

First Choice Wellness Trail

Work in the South Valley focused on development of a walking route at the South Valley Health Commons, which houses the First Choice Community Healthcare Clinic. This included identifying and marking a walking route, providing maps and signage, and engaging providers to participate in a walking prescription program (measured in clinical and community linkages).

Support and Recommendations for Improved Infrastructure

Methods

Active Living workgroup members from the Mid-Region Council of Governments (MRCOG) presented public works plans and provided feedback, based on the evidence-base, for proposed improvements to the built environment in the South Valley and International District, and included recommendations for further improvements and/or considerations. Responses were shared with Active Living workgroup members.

Preliminary Results

Feedback on built environment plans, informed by *Healthy Here* partners, was provided on six occasions between January 19, 2016 and September 28, 2016.

MRCOG also produced the Bernalillo County Pedestrian and Bicycle Crash Data Analysis report and Pedestrian and Bicycle Travel Monitoring Report, both of which were released in September 2016. These reports assessed changes in crash and travel data following changes to the built environment designed to increase safe and inviting opportunities for non-motorized vehicle travel.

Light the District

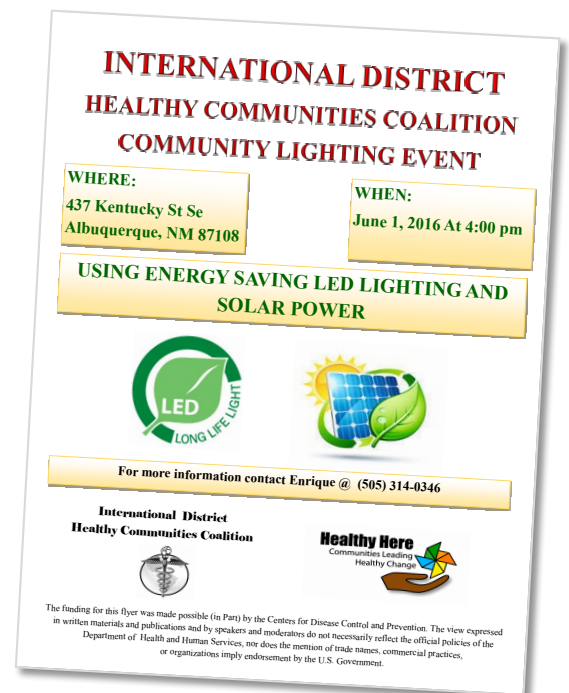
Methods

The IDHCC and Health Matters New Mexico worked in partnership to determine criteria for placing new lighting in the International District. Factors included population density, use, proximity to high crash fatalities/high crime areas, and established partnerships that could be leveraged to place new lights – such as privately owned property. Partners determined that the lights should be equipped with motion sensors, that they would be solar-powered, and that they should be high efficiency to save energy. On August 3, 2016, *Healthy Here* released an invitation for International District community members to join the *Light the District* Advisory Group.

Preliminary Results

Lights were installed on:

- Charleston SE between Zuni & Central (East Central Ministries' greenhouse)
- Corner of Indiana SE at Zuni outside a private residence
- 437 Kentucky Street SE (Kentucky Manor)
- Corner of Trumbull at Mesilla SE



South Valley Health Commons Walking Route



Methods

The UNM PRC evaluation team and *Healthy Here* partners from First Choice Community Healthcare collaboratively developed a baseline questionnaire for patients and visitors to the clinic to measure how often people in the community typically walked before the walking route was completed and promoted. A follow-up survey will be administered in summer 2017. Additionally, following a request from community partners, the evaluation team and clinic partners developed a clinic staff survey. While this survey was

not part of the original evaluation plan, the request from clinic partners and the fact that the majority of clinic staff lived in the focus ZIP codes led to the addition of this evaluation component. Both surveys included questions about walking behaviors, and barriers and facilitators to walking. The staff survey included a question about whether staff members had time to walk during their workday. The questionnaire for patients and visitors included a question about days and times when respondents would be able/willing to participate in a walking group. The clinic patient survey was available in English and Spanish.

Surveys were administered to the First Choice clinic staff between July 12, 2016, and July 21, 2016. An evaluation team member provided surveys to the clinic director who distributed them to staff. Staff members placed completed surveys into a locked ballot box provided by the evaluation team. A total of 39 staff surveys were collected (response rate = 60.0%). A summary of the baseline clinic survey data is available in Appendix B.

Surveys were administered to First Choice clinic patients and visitors between July 21, 2016, and October 13, 2016 (Appendix C). Surveys were made available to patients and visitors in the waiting room and in clinic exam rooms. This was supplemented by an evaluation team member who visited the clinic once or twice each week and asked patients and visitors to complete the survey while visiting the clinic. The evaluation team member received an orientation to the clinic and was instructed in proper procedures for approaching patients by the South Valley Community Commons coordinator.

The walking route will be launched on Saturday, October 22, 2016. It will be promoted through walking guides (Appendix D) and flyers (Appendix E), as well as through providers at the First Choice clinic.

Preliminary Results

Baseline patient and visitor survey data collection is currently underway. Data will be entered into a secure REDCap database by the UNM PRC evaluation team. Data analysis will begin in November 2016 and results of the pre-intervention patient/visitor survey will be available by January 2017.

Discussion

While changes to existing infrastructure is a lengthy process, *Healthy Here* partners from MRCOG and Health Matters New Mexico were instrumental in informing the Active Living workgroup about proposed construction projects in the International District and South Valley. They also let the Active Living workgroup know when open comment periods for city and county planning efforts for the focus communities were taking place. As such, the *Healthy Here* Active Living workgroup was able to offer feedback and recommendations for improvements to city and county planning efforts.

Long timelines for city infrastructure changes was also a challenge for improving safety and walkability by installing new street lights in the International District. The Active Living workgroup, led by partners from the IDHCC and Health Matters New Mexico, was able to work with community partner organizations to install energy efficient, motion-sensor lights on private property. This allowed for lights to be installed in some priority areas where they were needed in a timely manner.

The main infrastructure improvement in the South Valley has been the planned development of a walking route around the First Choice clinic and South Valley Healthy Commons. *Healthy Here* partners at First Choice were involved at each stage of survey development and implementation to ensure questions that partners were interested in were included and that the process of survey implementation would be feasible at the clinic. The collaborative development of the First Choice Wellness Trail survey took longer than anticipated, and the evaluation team also experienced delays with IRB submission and approval. Marking the trail was also a gradual process. The Active Living workgroup's original intention was to open the trail by August 2016 but the opening was delayed until late October 2016. This timeframe allowed the evaluation team to collect walking surveys for 12 weeks.

Getting patients to complete the survey presented a challenge. Although the clinic director originally thought that the survey would be included on each patient's clipboard with other paperwork, it ended up on a table in the waiting room. Having a member of the evaluation team visit the clinic to inform patients and visitors about the survey resulted in a greater response to the survey.



Background

As the healthcare system becomes increasingly complex, clinics and providers seek tools to help navigate the system and improve patient care. Community-clinical linkages have been found to maximize healthcare provider time and resources and help ensure patients have access to health management programs (Sequist & Taveras, 2014). It is an innovative approach to prevention that attempts to reduce pressures on the healthcare system and connect patients to community resources that may improve their quality of life. By building relationships with the community and sharing resources, healthcare professionals and clinics improve their ability to offer a comprehensive array of services that otherwise would not be readily available or accessible to their patients.

Healthy Here aims to increase the number of clinics and providers who use a referral system to link their patients to community resources for chronic disease self-management, healthy food options, and physical activity opportunities. Clinic staff, healthcare providers, and members of the care team are being engaged and trained to make referrals and use the system. A referral call center, operated by *Healthy Here* partner Adelante, acts as the link between the healthcare system and community-based resources, providing patients with a customized list of appropriate resources in their area, based on the provider referral.

The purpose of the Wellness Referral Center (WRC) system evaluation is two-fold:

1. to measure the actual use of the referral system by clinics and healthcare providers; and,
2. to determine if patients with diabetes, hypertension, high cholesterol levels and obesity are being referred.

An important goal of the evaluation is to assess whether providers are referring patients with chronic diseases or related risk factors, specifically obesity, diabetes, hypertension, and high cholesterol levels, to community-based prevention programs. The evaluation is concerned with healthcare provider utilization of the system, rather than patient compliance. Evaluation of this component of *Healthy Here* will help inform best practices for future efforts to increase connections between clinics and community-based, chronic disease self-management programs.



Methods

In order to determine if healthcare providers are referring patients to chronic disease self-management programs the evaluation team tracked the total number of people (as well as the number of Hispanic and American Indian patients) referred to community-based prevention programs by healthcare providers. The number of community organizations providing these programs in the focus communities, and the number of people participating in programs in the focus communities are also being tracked.

A referral form was developed in collaboration with the partner clinics to ensure that it would be feasible and practical to use on site (Appendix F). The referral form was completed by providers, community health workers, medical assistants, and other members of the care team as determined at each referring clinic.

Referral forms were faxed or electronically sent to the WRC housed at Adelante. The WRC staff members recorded provider and clinic information, patient demographic data, health insurance coverage information, and referrals to and participation in community programs. They contacted patients and worked with them to determine which community programs, activities and resources matched the provider referral and were also practical for the patient. WRC staff members also recorded reasons for non-participation, where relevant. Data were stored in a secure database using Salesforce data management software. Aggregated, de-identified data from the WRC were reported quarterly to the UNM PRC evaluation team by Adelante.

A monthly tally of diagnosis data was provided to the UNM PRC evaluation team in a de-identified format by a designated person at each referring clinic. Data included the number of patients referred, by diagnosis and overall, in an Excel spreadsheet. Diagnosis data were not included on the referral forms or in the Salesforce database. This was done to protect personal health information associated with individual patients.



Preliminary Results

Providers and patients are using the new Wellness Referral Center (WRC). From January - September 2016, the first nine months that the WRC was in operation, referrals were written by 58 different providers from 7 partner clinics. A total of 332 patients were referred by providers to a variety of

community-based chronic disease self-management resources focused on healthy eating and active living. The majority of referred patients (81.9%) resided in *Healthy Here* focus ZIP codes, with an additional 5.7% living in neighboring ZIP codes. Most of those reporting ethnicity information were of Hispanic, Latino or Spanish origin (91.0 %) and 40.2% reported Spanish as their preferred language. Approximately 2.0% of referred patients were American Indian. Among those with a reported referral diagnoses (N = 191), 61.3% were referred for diabetes or pre-diabetes, 36.6% for hypertension, 26.2% for high cholesterol levels and 62.3% were obese.



Discussion

Providers have been able to increase community-clinical linkages through referrals managed by the WRC. The number of participating clinics and providers has grown over the course of the first nine months of operation, and additional clinics are interested in using the WRC. A majority of referred patients live in *Healthy Here's* focus communities and are of Hispanic and American Indian heritage. Referred patients have also been diagnosed with priority chronic diseases for which an established

evidence-base for chronic disease self-management exists.

Challenges to the use of the WRC have included developing and using a common referral form. A team of partners spent several months developing and revising the referral form. It has continued to undergo modifications as issues have arisen. Slightly different versions of the form are being used at the different clinics, but the necessary information is being captured at all sites.

It was also difficult to establish a common reporting mechanism for the diagnosis data. As providers and clinic staff preferred not to send diagnosis data on the referral forms to protect personal health information, an alternative method of providing the data was required. The UNM PRC evaluation team developed a spreadsheet to be completed separately by a designated staff person at each referring clinic on a monthly basis. Completion of the form in a timely manner has been difficult for some sites and the submitted data during the first nine months were incomplete.

Lastly, although the WRC partners spent a substantial amount of time and effort in discussions exploring use of the electronic medical record (EMR) in the referral process, this has not come to fruition. Limitations due to the different systems that the clinics have, complexities involved in changing what is available in the EMR and costs involved have precluded EMR use to date.

Evaluation Summary

Healthy Here is made possible by a large network of partners committed to working collaboratively to change systems and environments to make it easier for residents of the International District and South Valley communities of Bernalillo County to access healthy foods, be physically active, and manage chronic diseases. This work is conducted with the conviction that the collective impact of multiple individuals and organizations working toward a common goal is stronger than the outcomes of those same individuals and organizations working independently.

In 2016, *Healthy Here* continued to make progress toward the three main strategies covered in this evaluation. The Mobile Farmers' Market intervention expanded to two new sites and visited each of its six sites weekly, increasing overall sales compared to the pilot season in 2015. The Active Living workgroup was able to advance *Healthy Here's* strategies to improve walkability in the International District through its Light the District initiatives, and in the South Valley with the development of a new walking path around the South Valley Health Commons. The Wellness Referral System is underway, with seven clinics and 58 providers participating in the first nine months. Partners continued to develop and refine systems to identify new community-based opportunities for chronic disease self-management and to track referrals over time.

Next Steps

Mobile Farmers' Market: In Year 3, the *Healthy Here* evaluation team will complete collection and analysis of follow-up data for Mobile Farmers' Market participants to assess actual use, changes in fruit and vegetable consumption, and process measures for Market improvement. The evaluation team will also conduct interviews with representatives from *Healthy Here* partner organizations who were involved in Market planning and operations. These data will be used to inform improvements to Mobile Farmers' Market during the 2017 season, which will begin in June.

Active Living: In Year 3, the evaluation team will conduct follow-up walkability assessments in the areas of the South Valley and International District and will compare data to baseline. This will provide data on changes in infrastructure that have occurred in these areas that would promote walkability. The First Choice Clinic Wellness Trail will have its grand opening on October 22, 2016. We will conduct a follow-up survey during 2017 to determine whether there are any changes in walking patterns among First Choice clinic patients and visitors.

Wellness Referral Center: In Year 3, the *Healthy Here* WRC partners will continue to collect and assess data to refine the system and will recruit new clinics, providers and community-based resources to participate. The *Healthy Here* evaluation team will assess actual use of the WRC and will compare referrals from January to March of 2017 to the first three months of operation (January to March of 2016).

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Appendix A: Baseline and Follow-Up Surveys: Mobile Farmers' Market

1. NEW REGISTRATION SURVEY (For first-time visitors to the Market)

Location: _____

Date: _____

Last Name/ <i>Apellido</i> :	First Name/ <i>Primer Nombre</i> :
Address/ <i>Direccion</i> :	City,State,Zip/ <i>Ciudad,Estado,Codigo Postal</i> :
Cell Phone/ <i>Telefono Cell</i> :	Other Phone/ <i>Otro Telefono</i> :
Date of Birth/ <i>Fecha de Nacimiento</i> :	Email:

**In order to comply with federal requirements, we are collecting the following information.
 Your answers will remain anonymous and will help keep the Mobile Market running!**

Mobile Market Intake Questions

1. How did you hear about the Mobile Market?
 - Healthcare provider referral
 - Poster, sign, flyers, or postcards
 - Friend or family member
 - Facebook
 - Website
 - Saw it while walking or driving by
 - Other: _____

2. In a typical week, how many times do you eat fruit?
 - I do not typically eat fruit
 - 1-3 times per week
 - 4-6 times per week
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

3. In a typical week, how many times do you eat vegetables (not fried)?
 - I do not typically eat vegetables
 - 1-3 times per week
 - 4-6 times per week
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

4. Are you Hispanic, Latino, or of Spanish origin?
 - Yes
 - No

5. Which of the following represent your race?
 - American Indian or Alaska Native

- Black or African American
 - Asian or Pacific Islander
 - White
 - Other: _____
6. How many people live in your household? (Please include yourself.) _____
7. How many of those living in your household are under the age of 18? _____
8. What was the total annual income for your household last year, before taxes?
- Less than \$11,999
 - \$12,000-15,999
 - \$16,000-20,999
 - \$21,000-24,999
 - \$25,000-34,999
 - \$35,000-44,999
 - \$45,000-54,999
 - \$55,000+
 - I don't know
9. In the past 12 months have you received any kind of public assistance for food?
Check all that apply.
- No, I did not receive any public assistance for food in the past 12 months.
 - Storehouse Food Pantry, Albuquerque
 - Other food pantry
 - Food stamps/SNAP/EBT
 - WIC
 - Food commodities
 - Free or reduced price school lunch program
 - Other _____
10. May we contact you regarding reminders and a survey about the Mobile Market?
- Yes
 - No
- If yes, how would you prefer to get reminders about the Mobile Market?
- Text message to this number: _____
 - Phone call to this number _____
 - Email: _____
 - Other: _____

Thank you!

2. RETURNING REGISTRATION SURVEY (For visitors who attended during the 2015 pilot season to complete on their first visit to the Market in 2016)



Location: _____

Date: _____

Last Name/ <i>Apellido:</i>	First Name/ <i>Primer Nombre:</i>
Address/ <i>Direccion:</i>	ZIP Code/ <i>Codigo Postal:</i>
Cell Phone/ <i>Telefono Cell:</i>	Other Phone/ <i>Otro Telefono:</i>
Date of Birth/ <i>Fecha de Nacimiento:</i>	Email:

**In order to comply with federal requirements, we are collecting the following information.
 Your answers will remain anonymous and will help keep the Mobile Market running!**

Mobile Market Intake Questions

11. How did you hear about the Mobile Market?

- Healthcare provider referral
- Poster, sign, flyers, or postcards
- Friend or family member
- Facebook
- Website
- Saw it while walking or driving by
- Other: _____

12. In a typical week, how many times do you eat fruit?

- I do not typically eat fruit
- 1-3 times per week
- 4-6 times per week
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

13. In a typical week, how many times do you eat vegetables (not fried)?

- I do not typically eat vegetables
- 1-3 times per week
- 4-6 times per week
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

14. How many people live in your household? (Please include yourself.) _____

15. How many of those living in your household are under the age of 18? _____

16. What was the total annual income for your household last year, before taxes?

- Less than \$11,999
- \$12,000-15,999
- \$16,000-20,999
- \$21,000-24,999
- \$25,000-34,999
- \$35,000-44,999
- \$45,000-54,999
- \$55,000+
- I don't know

17. In the past 12 months have you received any kind of public assistance for food?
Check all that apply.

- No, I did not receive any public assistance for food in the past 12 months.
- Storehouse Food Pantry, Albuquerque
- Other food pantry
- Food stamps/SNAP/EBT
- WIC
- Food commodities
- Free or reduced price school lunch program
- Other _____

18. May we contact you regarding reminders and a survey about the Mobile Market?

- Yes
- No

If yes, how would you prefer to get reminders about the Mobile Market?

- Text message to this number: _____
- Phone call to this number _____
- Email: _____
- Other: _____

Thank you!

3. FOLLOW UP SURVEY (Administered to any participant who attended at least one time during the 2016 survey, starting on September 12)



Name:	Phone:	Zip code:
-------	--------	-----------

Tell us what you think about the Healthy Here Mobile Market.

1. Why did you go to the Mobile Market? (Check all that apply)

<input type="checkbox"/> Good place	<input type="checkbox"/> Food samples
<input type="checkbox"/> Comes at a good time	<input type="checkbox"/> Recipes
<input type="checkbox"/> Low prices	<input type="checkbox"/> Friend or family member told me about it
<input type="checkbox"/> Takes EBT/SNAP	<input type="checkbox"/> My doctor, nurse, or health worker told me about it
<input type="checkbox"/> Coupons	<input type="checkbox"/> Other reason: _____
<input type="checkbox"/> Locally grown food	

2. Since you began shopping at the Mobile Market, how many times do you eat vegetables that are not fried?
 - I do not typically eat vegetables that are not fried
 - 1-3 times a week
 - 4-6 times a week
 - 1 time a day
 - 2 times a day
 - 3 times a day
 - 4 times a day or more

3. Since you began shopping at the Mobile Market, how many times do you eat fruit?
 - I do not typically eat fruit
 - 1-3 times a week
 - 4-6 times a week
 - 1 time a day
 - 2 times a day
 - 3 times a day
 - 4 times a day or more

4. Since you began shopping at the Mobile Market, do you and your family eat more fruits and vegetables?
 - No
 - Yes, we eat more of **BOTH** fruits and vegetables
 - Yes, we eat more vegetables only
 - Yes, we eat more fruit only
 - Don't know

5. My cooking skills have improved since I began attending the Mobile Market. (select one)

Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

6. Did you learn anything new about healthy eating at the Mobile Market? Yes No

7. Did you buy any fruits or vegetables at the Mobile Market that you never tried before? Yes No

If yes, what new food did you buy or try? _____

8. How many recipes from the Mobile Market have you prepared at home? (select one)
 None, 0 1-2 3-4 5 or more

9. Is there a hands-on activity that you would like to see the Mobile Market offer? _____

10. What fruits and vegetables would you like to see more of at the Mobile Market? _____

11. Why is it hard for you to shop at the Mobile Market? (Check all that apply)
 Does not come often enough Not enough fruit and vegetable choices
 Does not come at a good time I shop somewhere else
 Long lines Other reasons it is hard: _____
 Foods cost too much It is not hard
 Runs out of foods I want

12. Are there any other places the Mobile Market should go in the South Valley or International District? Yes
No
If yes, where? _____

13. What can the Mobile Market do better? (Check all that apply)
 Lower prices Offer more choices of fruits and vegetables
 Have more coupons Other: _____
 Have more hours Nothing, I like it the way it is
 Come more days

14. How important is the Mobile Market for getting healthy food in your neighborhood?
 Very important Somewhat important Not very important Not at all important

15. What is the best way to get reminders or news about the Mobile Farmers' Market? (Check all that apply)
 Text Message Website (Bernalillo County Community Health Council)
 Email None
 Facebook Other: _____
 Twitter
 Instagram

16. 16. Is there anything else you want to tell us about the Mobile Market?

Thank you for helping us make the Mobile Market even better!

If you would like to help us name the Mobile Market, please complete the entry form. If you submit the winning name you get a free food basket

Appendix B: First Choice Clinic Staff Walking Survey Results

Healthy Here
Communities Leading
Healthy Change



Walking Profile First Choice Clinic Staff

July 2016

In July 2016 the staff at the First Choice Clinic in the South Valley participated in a survey about walking. The purpose of the survey was to help First Choice, and other *Healthy Here* partners, learn more about how often clinic staff walk, and what would make walking easier. This is part of a larger *Healthy Here* initiative that aims to increase opportunities for physical activity in the South Valley as part of a healthier lifestyle.



The Survey

The survey was conducted in 2016 to document staff walking habits, barriers and facilitators at baseline. The survey will be repeated next summer to see if there are any increases in walking after launching and promoting the new walking route. The information may also help determine if and when to schedule walking groups.

Who participated?

Sixty-five members of the First Choice Clinic staff were invited to participate. Surveys were received from 39 staff members. This was 60% of the people eligible.

Results

Of the 39 clinic staff members who completed the survey, 33 said that they walk at least one day per week. Thirty-one participants reported the amount of time they usually walk on days when they walk. One participant reported an impossible time (30 hours per day), and was removed from the analysis. The average amount of time the remaining 30 staff members said they usually walked on days when they walked was 39.5 minutes.

Among staff members who reported walking, 53.8% reported that they usually walk alone, 38.5% reported that they walk with friends or coworkers, 30.8% reported they usually walked with family members, and 15.4% reported that they usually walk with their dog.

Three-quarters of those reporting ethnicity information were of Hispanic, Latino, or Spanish origin (76.9%).

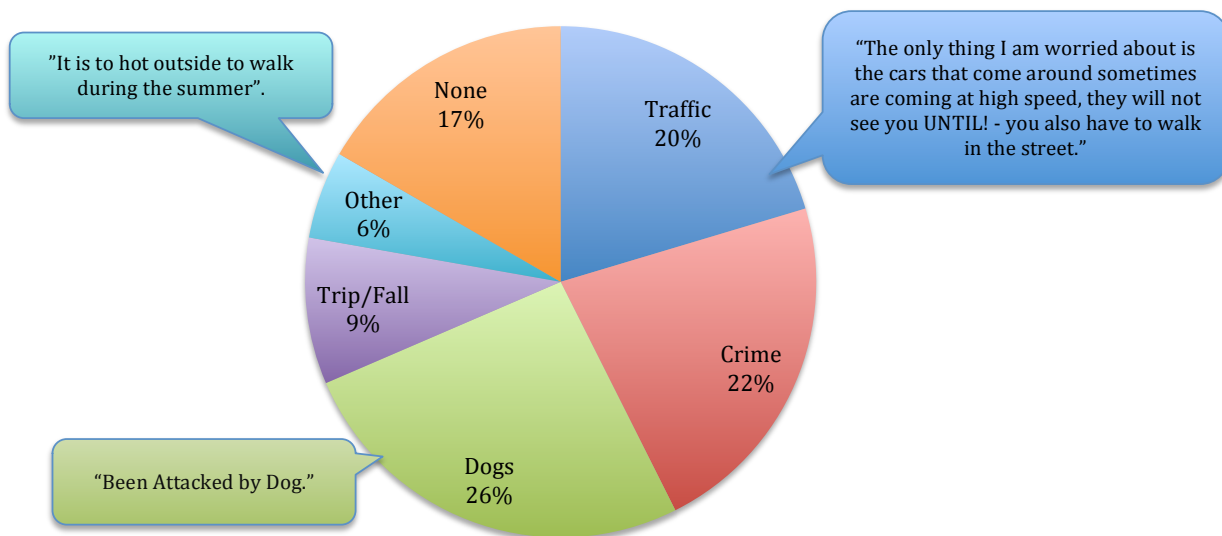
Among those reporting a health concern, more than one-third reported being overweight or obese (35.9%), 15.4% had high blood pressure, 7.7% had high cholesterol, and 7.7% had type 2 diabetes.

Table 1. Reported physical activity among First Choice Clinic staff, July, 2016 – Staff (N=39)

Walking Activity	Total N (%)
Days walked for at least 10 minutes in the past week	Average 3.6 days
How much time is spent walking (minutes) per day	Median 30.0 minutes Average 39.5 minutes
Referred to walk by their healthcare provider	24 (61.5%)
Walked for 10+ minutes in the area around the First Choice clinic	25 (64.1%)
Walk during the work day	24 (61.5%)

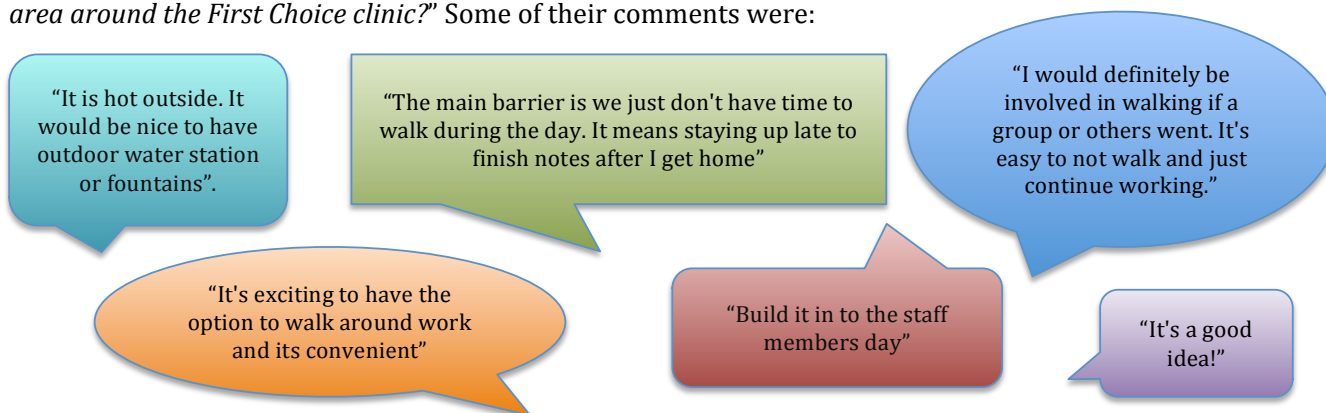
All 39 participants responded to the question about safety concerns, some selecting more than one. Figure 1 shows the responses. All of the participants who checked “other” (6%) reported weather as a concern.

Figure 1. Answers to question, “Which of these is the biggest safety concerns for you when you are walking or thinking about walking?” among First Choice Clinic staff, July, 2016 – Staff (N=39)



Out of 38 who answered the question, “Are you able to take time during the work day to walk for physical activity?” 63.2% answered yes.

Some staff answered the question, “Is there anything else that you would like to tell us about walking in the area around the First Choice clinic?” Some of their comments were:



This report was supported by Presbyterian Healthcare Services through Cooperative Agreement, Number U58 DP005868, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services.

Appendix C: First Choice Clinic Walking Surveys for Staff and Patients/Visitors



Walking Survey – Staff

1. During the past 7 days, on how many days did you walk for at least 10 minutes at a time?
 0 1 2 3 4 5 6 7
2. How much time did you usually spend walking on one of those days? _____ Hour(s) _____ Minutes
3. Has a doctor or other health professional ever recommended that you walk for your health? **Yes** **No**
4. Do you ever walk for at least 10 minutes at a time in the area around the First Choice clinic? **Yes** **No**
5. In the **past 7 days**, on how many days did you walk for at least 10 minutes at a time *in the area around the First Choice clinic*?
 0 1 2 3 4 5 6 7
6. When you walk for physical activity, who do you usually walk with? (check all that apply)
 Alone Family Friends/coworkers Dog Other: _____
7. Which of these is the biggest safety concern for you when you are walking or thinking about walking?
 Traffic Crime Dogs Tripping or falling Other: _____ None
8. How safe is the area around the First Choice clinic for walking?
 “Not safe at all” ←————→ “Completely safe”
 0 1 2 3 4 Don’t know
9. Are you able to take time during the workday to walk for physical activity? **Yes** **No**
10. Is there anything else that you would like to tell us about walking or the opportunities for walking around the First Choice clinic?

Please complete the following demographic information for our records:

11. What is your ZIP code? _____
12. Are you Hispanic or Latino/a? **Yes** **No**
13. What is your race? (check all that apply)
 American Indian or Alaska Native Asian or Pacific Islander Black/African American White Other _____
14. Has a health provider EVER told you that you had any of the following (check all that apply)
 High blood pressure High cholesterol Type 2 diabetes Overweight/obese No/none

Thank you for taking our survey!



Walking Survey – Patient

- During the past 7 days, on how many days did you walk for at least 10 minutes at a time?
 0 1 2 3 4 5 6 7
- On the days you walked, about how much time did you *usually* spend walking? ____ Hour(s) ____ Minutes
- Has a doctor or other health professional ever recommended that you walk for your health? **Yes** **No**
- Do you ever walk for at least 10 minutes at a time in the area around the First Choice clinic? **Yes** **No**
- In the **past 7 days**, on how many days did you walk for at least 10 minutes at a time *in the area around the First Choice clinic*?
 0 1 2 3 4 5 6 7
- When you walk for physical activity, who do you usually walk with? (check all that apply)
 Alone Family Friends/coworkers Doctor Dog Other: _____
- Which of these is the biggest safety concern for you when you are walking or thinking about walking?
 Traffic Crime Dogs Tripping or falling Other: _____ None
- How safe is the area around the First Choice clinic for walking?
 “Not safe at all” ←————→ “Completely safe”
 0 1 2 3 4 Don’t know
- If you are interested in being part of a walking group, what days would be best for you? (check all that apply)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- If you are interested in being part of a walking group, what times would be best? (check all that apply)
 Early morning (6:00 – 8:00) Mid-Morning (8:00-10:00) Lunch time (11:00 – 1:00)
 Early afternoon (2:00 – 4:00) Late afternoon (5:00 – 6:00) Evening (7:00 – 8:00)
- Is there anything else that you would like to tell us about walking or the opportunities for walking around the First Choice clinic?

Please complete the following information for our records:

- What is your ZIP code? _____
- Are you Hispanic or Latino/a? **Yes** **No**
- What is your race? (check all that apply)
 American Indian or Alaska Native Asian or Pacific Islander Black/African American White Other _____
- Has a doctor/health professional EVER told you that you had any of the following (check all that apply)
 High blood pressure High cholesterol Type 2 diabetes Overweight/obese No/none

Thank you for taking our survey!



Encuesta sobre caminar

1. Durante los últimos 7 días , ¿cuántos días caminó por al menos 10 minutos a la vez?
 0 1 2 3 4 5 6 7
2. En los días en que caminó, ¿cuánto tiempo usualmente duró caminando? _____ hora(s) _____ Minutos
3. ¿Algún doctor u otro profesional de la salud le ha recomendado que camine para su salud? Sí No
4. ¿Alguna vez, ha caminado por lo menos 10 minutos a la vez en el área alrededor de la clínica La Primera Opción? Sí No
5. En los últimos 7 días , ¿cuántos días caminó por lo menos 10 minutos a la vez en el área alrededor de la clínica First Choice?
 0 1 2 3 4 5 6 7
6. ¿Cuando camina por actividad física, con quien camina ? (marque todo lo que corresponden)
 Solo/a Familia Amigos/compañeros de trabajo Doctor Perro Otro: _____
7. ¿Cuál de estas es la más grande preocupación de seguridad para usted cuando usted está caminando o pensando acerca de caminar?
 Tráfico Crimen Perros Tropezar o caer Otro: _____ Ningun
8. ¿Qué tan seguro es el área alrededor de la clínica First Choice para caminar?
"No es seguro en absoluto" ←————→ "Completamente seguro"
 0 1 2 3 4 No sé
9. Si usted está interesado en ser parte de un grupo para caminar, qué días sería mejor para usted? (marque todo lo que aplique)
 Lunes Martes Miércoles Jueves Viernes Sábado Domingo
10. ¿Si usted está interesado en ser parte de un grupo para caminar, qué tiempo sería mejor para usted? (marque todo lo que aplique)
 Temprano en la mañana (6:00-8:00) Por la mañana (8: 00-10:00)
 La hora de la comida (11: 00-1:00) Temprano en la tarde (2:00-4:00)
 Por la tarde (5:00-6:00) Noche (7:00- 8:00)
11. ¿Hay algo más que le gustaría compartir acerca de caminar o las oportunidades para caminar alrededor de la clínica First Choice?

Por favor complete la siguiente información para nuestros archivos:

12. Cuál es su código postal? _____
13. Es usted Hispano o Latino/a? Si No
14. Qué es su raza? (seleccione lo que aplica)
 Indígena Asiático o de las Islas de Pacífico Negro Blanco Otro _____
15. Le ha dicho un médico / profesional de salud ALGUNA vez que usted ha tenido alguna de las siguientes (marque todo que aplique)
 la presión arterial alta El colesterol alto diabetes tipo 2 sobrepeso /obesidad no / ninguno

Appendix D: First Choice Wellness Trail Walking Guide

Benefits of Walking

Walking is not only good for you, it's **FUN!** Walking gets you to places you want to go, such as the park. And it's a great way to spend time with your friends and family.

Walking can also help you:

- Be stronger and exercise longer
- Be more fit
- Have stronger bones
- Be happier
- Be more focused at work or school
- Be less stressed
- Reduce the chance you will get a disease like diabetes
- Reduce the effects of chronic disease



- Walk on a sidewalk or trail, if available.
- If walking on a road, **walk facing traffic.**
- Wear **bright colors.**
- **Look both ways** before crossing streets.
- **Walk with a friend.**
- Take a hat, sunscreen and water.
- Avoid aggressive dogs when possible, or carry something to protect you.

Walking Groups

MONDAY * TUESDAY * WEDNESDAY
6:30 – 7:30AM

For more information or to learn the walk location, contact:
LINDA: 505.452.4034
VERONICA: 505.452.4020

Made possible with funding from the Centers for Disease Control & Prevention, Presbyterian Healthcare Services Center for Community Health and the Presbyterian Healthcare Foundation.

PRESBYTERIAN
Center for Community Health



Wellness Trail



First Choice Wellness Trail Map

Wellness Path Features

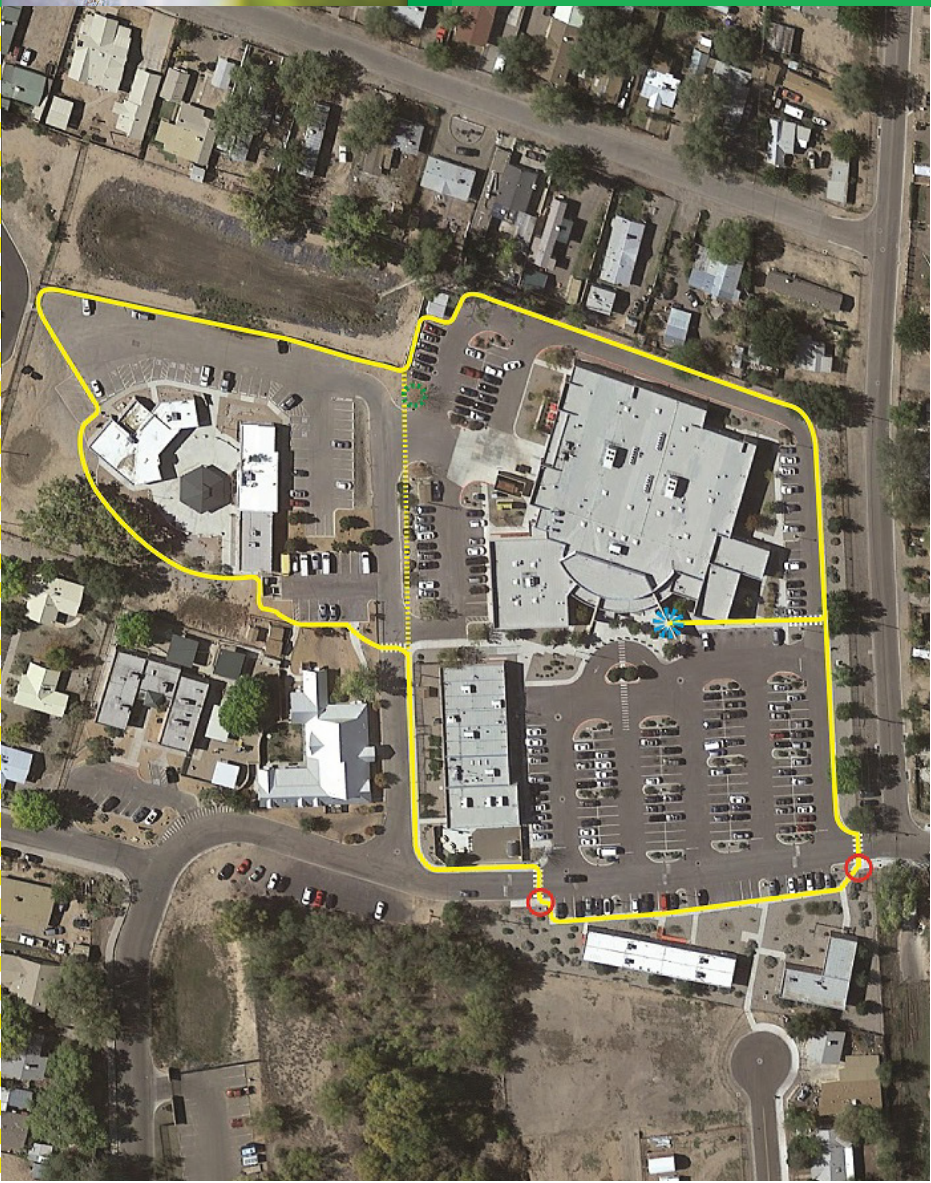
Distance:
½ mile (2 laps = 1 mile)

Terrain:
Mostly flat, paved surface with some unpaved (dirt or gravel) trail

Time:
About 10 minutes per lap



Start Here.
2 Laps is
1 Mile!



- Legend:**
- Trailhead
 - Connection to Existing Sidewalk
 - Future Rest Area
 - Path Alignment
 - Alternate Route
 - Crosswalk

WELLNESS TRAIL CELEBRATION!

FIRST CHOICE COMMUNITY HEALTHCARE, IN PARTNERSHIP WITH HEALTHY HERE AND HEALTH MATTERS, INVITES YOU TO CELEBRATE THE GRAND OPENING AND DEDICATION OF THE FIRST CHOICE WELLNESS TRAIL



WHEN: OCTOBER 22, 3:00 TO 4:30 PM

WHERE: 2001 N CENTRO FAMILIAR

WHAT: WELLNESS TRAIL OPENING



COME ENJOY THE FAMILY FUN: MEET SMOKEY THE BEAR AND PUDDLES THE BLUE GOOSE; JOIN IN ON THE COSTUME PARADE (LEASHED PETS ARE WELCOME); HEALTH AND WELLNESS INFORMATION; SNACKS AND GIVEAWAYS FOR THE KIDS; FACE-PAINTING AND MORE!



FOR MORE INFORMATION CONTACT JUAN LOPEZ AT (505) 873-7449 OR JUAN_LOPEZ@FCCH.COM

***Funding for this project was made possible (in part) by the Centers for Disease Control and Prevention.**

Appendix F: Wellness Referral Center Referral Form



First Choice Prescription/Referral for Wellness



Patient Name:	Date:
Wellness Program(s): <input type="checkbox"/> Chronic Disease Self-Management Ed. Program <input type="checkbox"/> Healthier Eating: Food Access & Cooking Education <input type="checkbox"/> Physical Activity Opportunities In-House Wellness Programs: <input type="checkbox"/> First Choice Back to Basics <input type="checkbox"/> First Choice Medication/Glucometer Management	Patient's Goals: <input type="checkbox"/> Complete Course <input type="checkbox"/> Improve Diet <input type="checkbox"/> Physical Activity ____ xs/week month <input type="checkbox"/> Hemoglobin A1c < _____ <input type="checkbox"/> Other: _____

PCF's Name:	Provider's Name:
Email:	Phone:

Wellness Programs

- **FREE Chronic Disease Self-Management Education Programs**
 - General Chronic Disease Classes: MyCD Self-Management Program (CDSMP)
 - English Class Spanish Class (Tomando de Salud) Session Zero (recommended)
 - Diabetes Specific Classes: MyCD Diabetes Self-Management Program (DSMP)
 - English Class Spanish Class Session Zero (recommended)
 - National Diabetes Prevention Program (yearlong commitment)
- **FREE Healthier Eating: Food Access & Cooking Education**
 - Fresh Produce, Access to Healthy Foods, Cooking Classes Cooking Classes for Diabetics & their caregivers
- **FREE Physical Activity Opportunities**
 - Various Physical Activity Opportunities (walking groups, dance, yoga, etc.) Walking Trails (map)

Patient's Demographics

Address: _____ Zip Code: _____ Phone: _____

DOB: _____ Gender: _____

Race:
 Amer. Indian/Native Amer. White/Caucasian Asian/Pacific Isl. Black/African Other: _____

Preferred Language: _____ Hispanic, Latino, or of Spanish origin
 Spanish English Other: _____ Yes No

Insurance: _____ Medicaid/Medicare Self-Pay Private/Other

Patient Signed Consent

I understand and agree that the Wellness Referral Center (WRC) will contact me about free community health programs, and the WRC will inform my provider about my participation with the WRC.

Patient Signature _____ Date _____

Wellness Referral Center (WRC) Information		
Fax: 505-449-4472	Email: info@wellnessreferralcenter.com	Phone: 505-445-5332
Date Sent to WRC:	Confirmation from WRC Received:	YES NO