



2017
Healthy Here Mobile Farmers' Market
Evaluation Report

Acknowledgments

This material is based upon work that is supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, under award number 20163380025588. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the authors and do not necessarily reflect the view of the U.S. Department of Agriculture. This report was produced by the University of New Mexico Prevention Research Center. Please contact Theresa Cruz at thcruz@salud.unm.edu if you have questions about this report.



Thank you to all of the *Healthy Here* initiative partners for their continued support and commitment to improving access to healthy food. Special thanks to Adelante Development Center, Inc. and Perigee Labs for data collection and management.



International District



This report was prepared by Theresa H Cruz, PhD, Courtney FitzGerald, MSSW, MPH and Cam Solomon, PhD; University of New Mexico Prevention Research Center.

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

2017 Healthy Here Mobile Farmers' Market Evaluation

Background

The purpose of the Healthy Here Mobile Farmers' Market (MFM) evaluation was to assess whether the MFM expanded access to fresh, local produce in the South Valley and International District communities of Bernalillo County, particularly for Hispanic and American Indian/Alaska Native (AI/AN) people. The evaluation was designed to measure actual use of the MFM, fruit and vegetable consumption, and the extent to which these change from season to season. In addition, the evaluation includes process measures to help identify what the MFM is doing well and in what areas the MFM could improve operations. This report presents data from the 2017 MFM, and includes comparison data from the 2015 pilot and 2016 season.

Evaluation Question 1: To what extent are people in general, and specifically Hispanic and American Indian individuals, using the Mobile Farmers' Market?

In 2017, the MFM visited six locations, three in the International District and three in the South Valley, each week from June 5th through October 31st for a total of **123 site visits**. (Note: the MFM was closed during the first week in July and did not visit the International District during the first week in September in observance of Labor Day).

A total of **678 individuals** registered at the market in 2017 (Table 1). This represented 73.1% of the 928 individuals who either registered or purchased food without registering. This was a decline from 93.4% in 2015 and 87.5% in 2016. Among 2017 registrants, 50 had previously registered in 2016 and 29 had initially registered in 2015. The number of participants increased from 2015 to 2016 but decreased in 2017. In 2017, the MFM served households with a total of 2,071 people, including 679 children. Nearly two-thirds of registrants (63.4%) were Hispanic/Latino and nearly one-fifth (18.0%) were AI/AN in 2017. The proportion of participants from Healthy Here's focus ZIP codes increased each year to 70.1% in 2017 (Table 1). More detailed ZIP code data is displayed in Figure 1 and Figure 2.

Table 1. Healthy Here MFM registrant demographics, by year, 2015-2017

	2015	2016	2017
Total number of registrants	659	947	678
Total visitor check-ins	986	1,561	1,013
Total number of people living in households served	1,692	2,795	2,071
Total number of children living in households served	518	889	679
Proportion of visitors who identified as Hispanic/Latino	55.3%	63.5%	63.4%
Proportion of visitors who identified as American Indian/Alaska Native	18.6%	14.8%	18.0%
Proportion of visitors who lived in Healthy Here focus ZIP codes	58.3%	65.4%	70.1%

Figure 1. Percent and number of MFM registrants, by ZIP code and year, 2015-2017

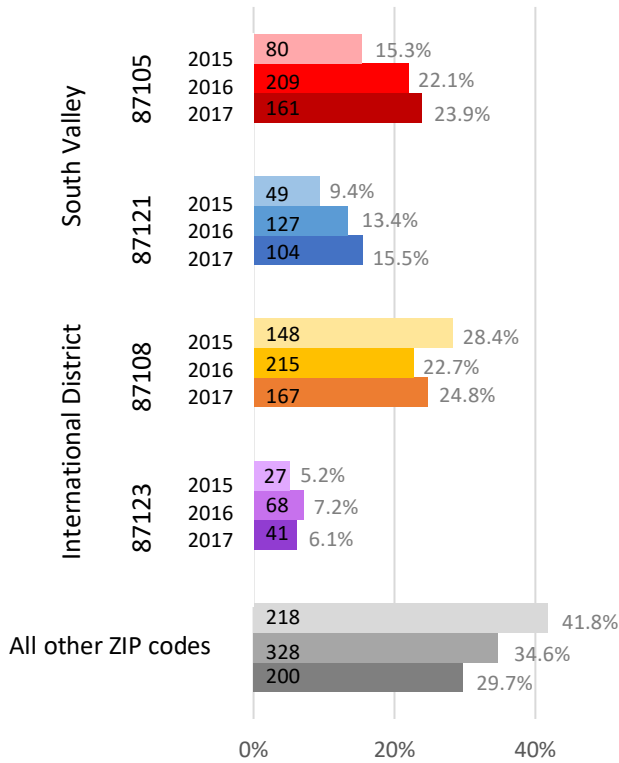


Figure 2. Healthy Here focus areas outlined with shaded ZIP codes

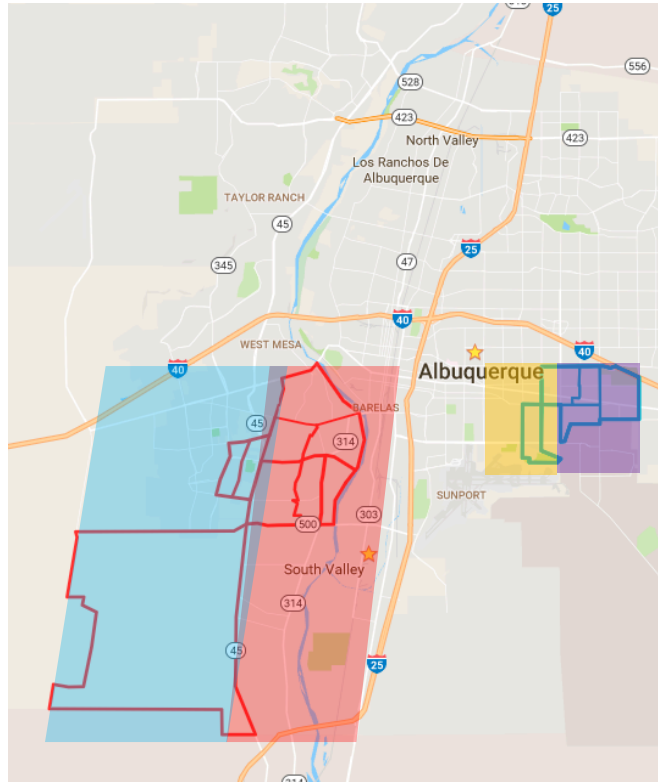


Figure 3. Combined three-year distribution of MFM registrants' ZIP codes, 2015-2017

Over the three MFM seasons, 65.2% of registrants lived in Healthy Here focus ZIP codes (Figure 3). Approximately one-third of MFM participants lived in the South Valley (in ZIP codes 87121 or 87105) and approximately one-third lived in the International District (in ZIP codes 87108 and 87123).

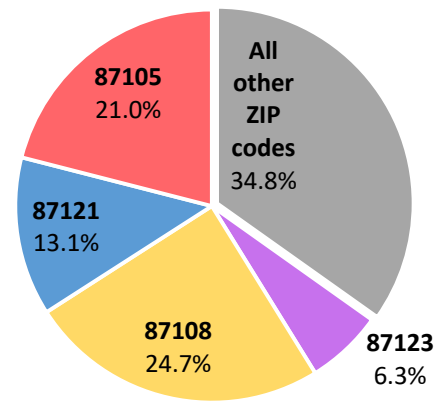
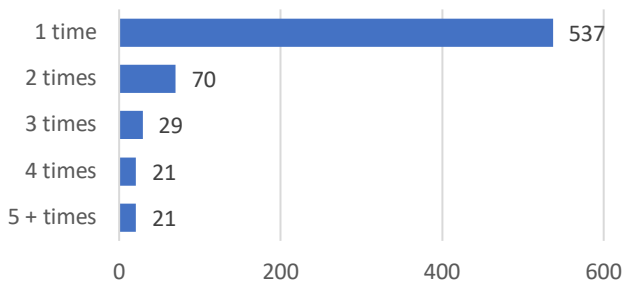


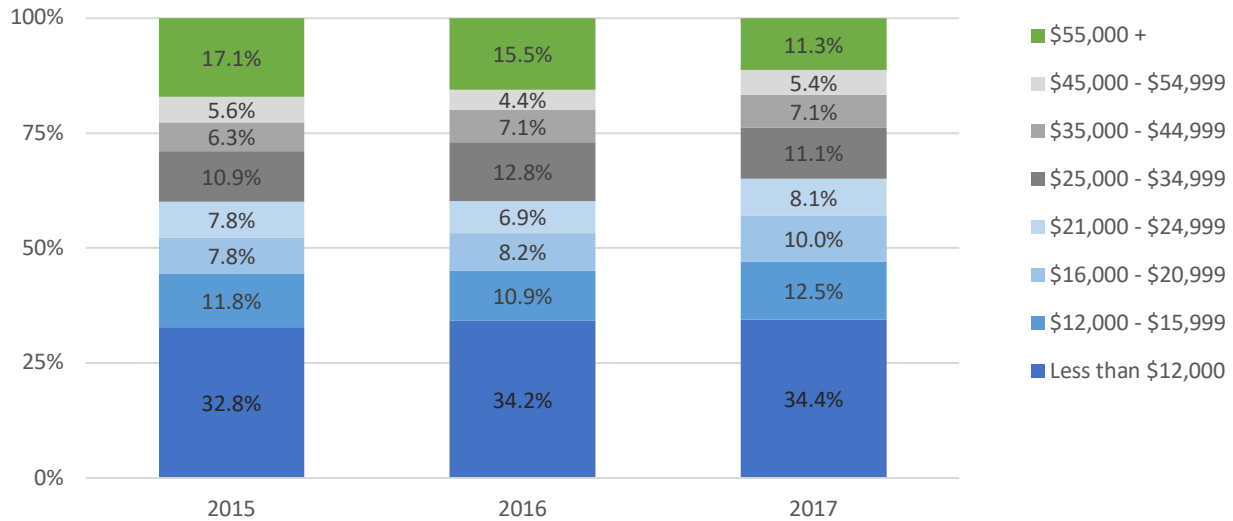
Figure 4. Frequency of MFM visits by registrants, 2017



In 2017, most people (79.2%) who registered for the MFM attended only one time, 10.3% attended twice, and 10.5% attended three times or more (Figure 4).

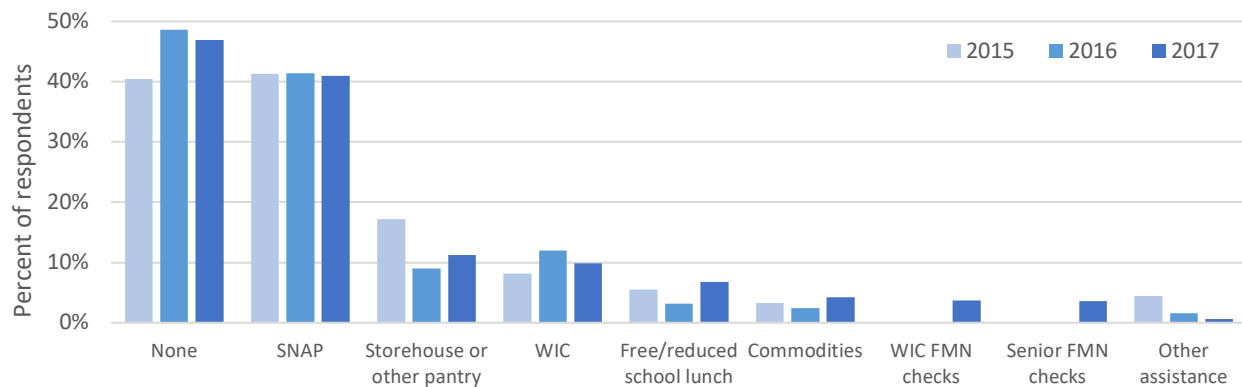
In 2017, 479 people responded to the question about household income. **Nearly two-thirds of MFM registrants (65.1%) reported household incomes of less than \$25,000 per year.** Income distribution among MFM registrants has remained consistent during the past three MFM seasons, although the proportion of registrants reporting incomes of \$55,000 or more declined (Figure 5).

Figure 5. Income distribution of Healthy Here MFM registrants, by year, 2015-2017



In 2017, more than half (53.1%) of MFM registrants reported receiving food assistance during the past 12 months. The most common type of assistance program registrants received was SNAP (41.0%), followed by food pantries (11.2%), WIC (9.9%), and Free and Reduced School Lunch (6.8%). Fewer than 5% of registrants reported food commodities (4.3%), WIC Farmers' Market Nutrition Program checks (3.7%) or Senior Farmers' Market Nutrition Program checks (3.5%). Both WIC and Senior Farmers' Market Nutrition Program checks were new for the 2017 MFM season.

Figure 6. Types of assistance programs Healthy Here MFM registrants received in the past 12 months, by year, 2015-2017



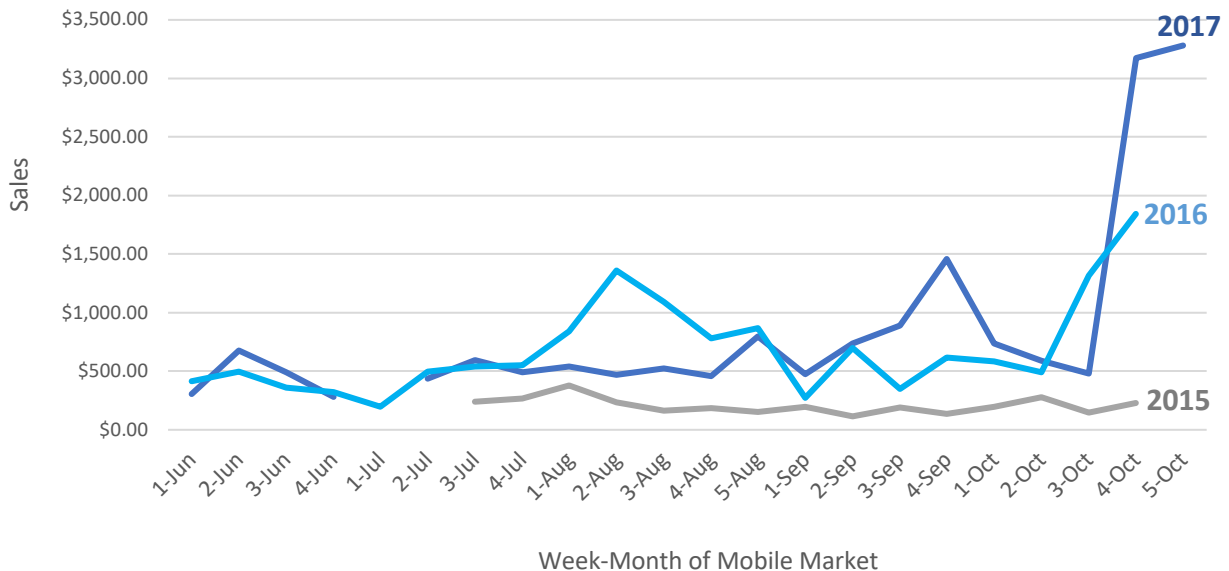
Evaluation Question 2: To what extent do purchases from the Mobile Farmers' Market increase over time?



In 2017, MFM sales totaled **\$17,885.24**, an increase from 2016 (\$14,498.72) and 2015 (\$3,112.62). Weekly sales data are presented in Figure 7. The MFM received a grant from the New Mexico Farmers' Marketing Association (NMFMA) for \$2,000.00 in both 2016 and 2017. In addition, during both 2016 and 2017, a grant from USDA allowed revenue to be reinvested into the MFM. The MFM advisory group determined that a portion of these funds would be used to provide free produce to MFM visitors to supplement the NMFMA funds during the last two weeks of the MFM. As a result, the combined NMFMA and season revenue accounted for \$2,331.51 of 2016 sales, and \$6,454.80 of 2017 sales.

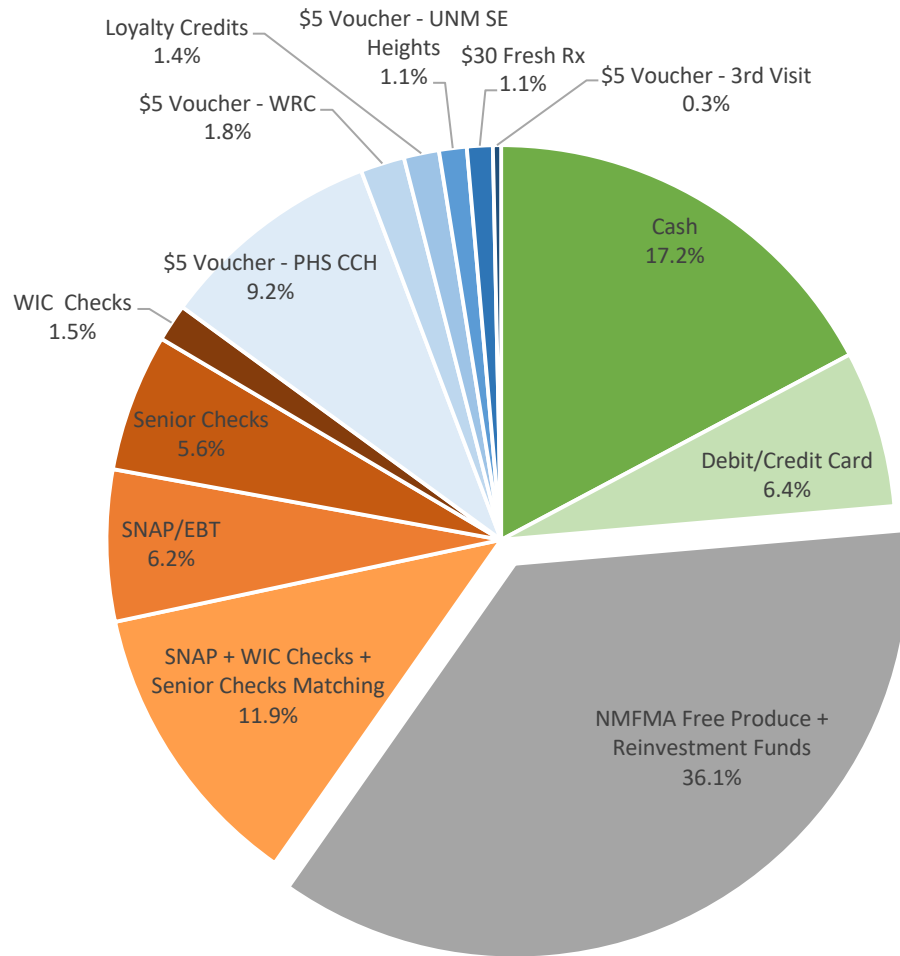
Overall, *excluding* free produce provided by New Mexico Farmers' Marketing Association (NMFMA) grant funds and revenue reinvestment, MFM sales decreased by 6.0% from \$12,167.21 in 2016 to \$11,430.44 in 2017.

Figure 7. Healthy Here MFM sales by week of each month, by year, 2015-2017



More than half of overall MFM sales in 2017 were from assistance programs. Cash and debit/credit card sales accounted for 23.6% of total sales when NMFMA grant and revenue reinvestment funds are included, and 37.0% of total sales excluding NMFMA funds. Figure 8 shows the distribution of sales by payment type in 2017.

Figure 8. Proportion of sales by payment type, Healthy Here MFM, 2017



The distribution of sales by payment type was different for each MFM site (Figure 9). Table 2 provides detailed sales data for the 2017 MFM season by payment type and by site.

Figure 9. Proportion of sales by payment type by site, Healthy Here MFM, 2017

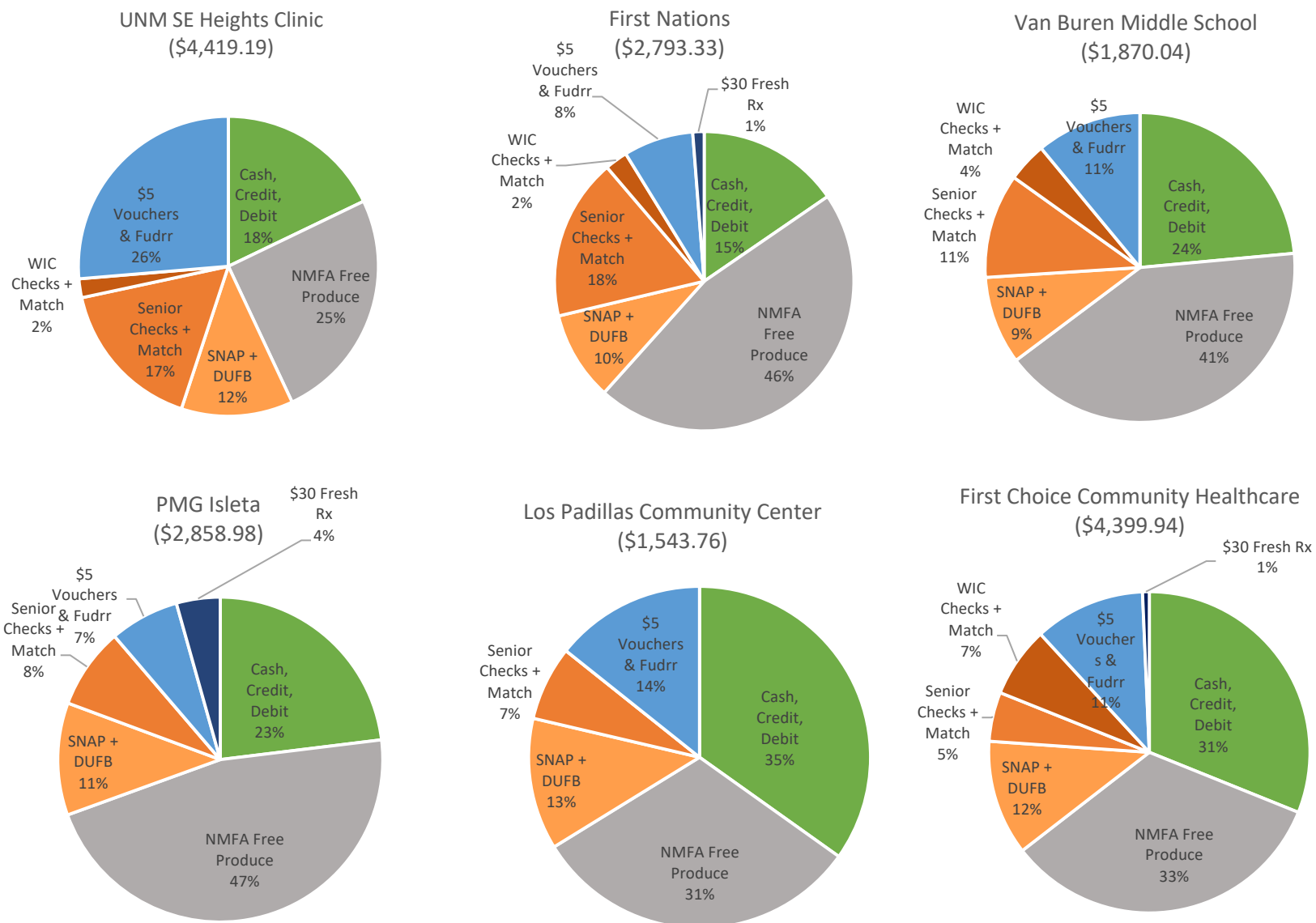


Table 2. Detailed sales by payment type, by site, Healthy Here MFM, 2017

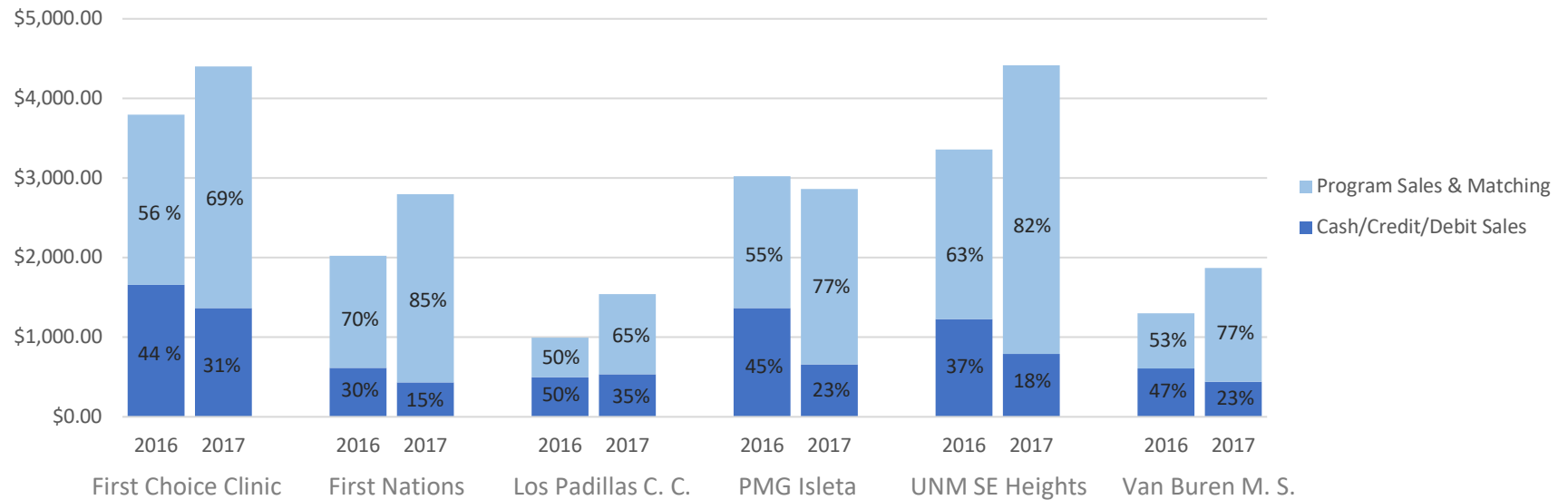
	Cash Sales	Credit/Debit Sales	SNAP Sales	DUFB (SNAP Matching)	Senior FMN Checks	Senior Checks Matching	WIC FMN Checks	WIC Checks Matching
FIRST CHOICE COMMUNITY HEALTHCARE	\$1,047.97	\$320.25	\$266.98	\$243.00	\$109.03	\$109.03	\$156.22	\$156.21
FIRST NATIONS	\$325.17	\$105.71	\$163.05	\$106.05	\$244.19	\$244.22	\$34.38	\$34.38
LOS PADILLAS COMMUNITY CENTER	\$331.49	\$206.55	\$97.14	\$95.16	\$54.41	\$54.41	\$0.00	\$0.00
PMG ISLETA	\$471.20	\$187.96	\$194.94	\$124.96	\$115.34	\$115.35	\$0.00	\$0.00
UNM SE HEIGHTS CLINIC	\$574.74	\$214.62	\$295.56	\$237.07	\$378.55	\$353.56	\$44.87	\$44.87
VAN BUREN MIDDLE SCHOOL	\$329.38	\$110.82	\$91.12	\$81.12	\$106.87	\$96.87	\$38.47	\$38.47
TOTALS	\$3,079.95	\$1,145.91	\$1,108.79	\$887.36	\$1,008.39	\$973.44	\$273.94	\$273.93
	\$5 - PHS CCH Sales	\$5 - Voucher, 3rd visit + Loyalty Sales	\$5 - WRC Sales	\$5 - Voucher, UNM SE Heights	\$30 - Fresh Rx Sales	Füdr Sales	NMFMA Free Produce	
FIRST CHOICE COMMUNITY HEALTHCARE	\$364.56	\$84.52	\$39.00	\$0.00	\$29.91	\$3.00	\$1,470.26	
FIRST NATIONS	\$157.27	\$38.90	\$14.80	\$0.00	\$34.25	\$0.00	\$1,290.96	
LOS PADILLAS COMMUNITY CENTER	\$134.00	\$44.99	\$41.50	\$0.00	\$0.00	\$0.00	\$484.11	
PMG ISLETA	\$29.90	\$50.00	\$117.96	\$0.00	\$124.55	\$0.00	\$1,326.82	
UNM SE HEIGHTS CLINIC	\$796.95	\$64.90	\$99.23	\$202.61	\$0.00	\$0.00	\$1,111.66	
VAN BUREN MIDDLE SCHOOL	\$161.21	\$34.97	\$9.75	\$0.00	\$0.00	\$0.00	\$770.99	
TOTALS	\$1,643.89	\$318.28	\$322.24	\$202.61	\$188.71	\$3.00	\$6,454.80	

Table 3 and Figure 10 show differences in the amount and proportion of sales purchased using cash, credit, and debit cards compared with sales using assistance programs and matching funds.

Table 3. Sales by site, cash/credit/debit and program/matching sales comparison, Healthy Here MFM, 2016 - 2017

	2016			2017		
	Cash/Credit /Debit	Program Sales & Matching	Total	Cash/Credit /Debit	Program Sales & Matching	Total
FIRST CHOICE COMMUNITY HEALTHCARE	\$1,659.98	\$2,137.86	\$3,797.84	\$1,368.22	\$3,031.72	\$4,399.94
FIRST NATIONS	\$614.38	\$1,408.78	\$2,023.16	\$430.88	\$2,362.45	\$2,793.33
LOS PADILLAS COMMUNITY CENTER	\$497.79	\$498.43	\$996.22	\$538.04	\$1,005.72	\$1,543.76
PMG ISLETA	\$1,368.56	\$1,656.41	\$3,024.97	\$659.16	\$2,199.82	\$2,858.98
UNM SE HEIGHTS CLINIC	\$1,227.67	\$2,130.27	\$3,357.94	\$789.36	\$3,629.83	\$4,419.19
VAN BUREN MIDDLE SCHOOL	\$609.23	\$689.36	\$1,298.59	\$440.20	\$1,429.84	\$1,870.04

Figure 10. Sales by site including amount and percent of sales by cash/credit/debit vs. program/matching funds, 2016 - 2017

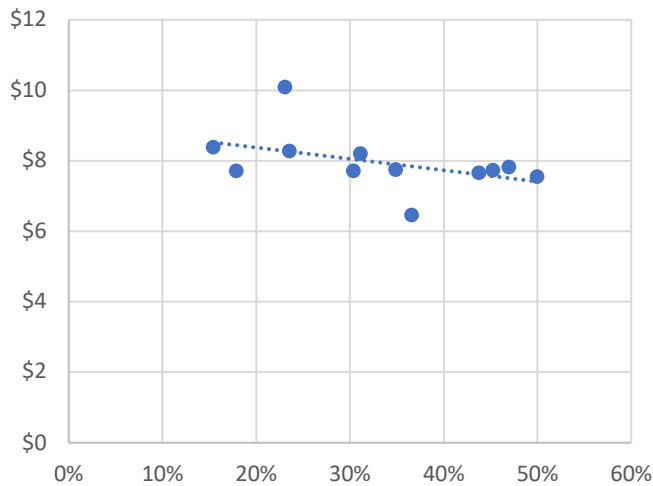


Average sales per transaction increased each season from \$5.60 in 2015 to \$7.98 in 2016 to \$8.31 in 2017 (Table 4). In 2017, the larger the proportion of each site's sales were attributable to cash, credit, or debit (i.e., a purchaser's own money), the lower the average per-transaction sale amount (Figure 11).

Table 4. Total sales and average sale amount per transaction, by site, Healthy Here MFM, 2017

	TOTAL SALES	NUMBER OF TRANSACTIONS	AVERAGE SALE PER TRANSACTION
FIRST CHOICE COMMUNITY HEALTHCARE	\$4,399.94	536	\$8.21
FIRST NATIONS	\$2,793.33	333	\$8.39
LOS PADILLAS COMMUNITY CENTER	\$1,543.76	199	\$7.76
PMG ISLETA	\$2,858.98	284	\$10.10
UNM SOUTHEAST HEIGHTS CLINIC	\$4,419.19	573	\$7.71
VAN BUREN MIDDLE SCHOOL	\$1,870.04	226	\$8.27
TOTALS	\$17,885.24	2,151	\$8.31

Figure 11. Average per-transaction sales at each site by percent of sales from cash/credit/debit, Healthy Here MFM, 2016 and 2017 data combined



Evaluation Question 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?

The evaluation team collected self-reported fruit and vegetable consumption data using the MFM registration survey data. In 2017, 599 registrants responded to the fruit and vegetable questions, down from 947 in 2016. The registrants reported consuming 8.6 servings per week of vegetables and 8.0 servings per week of fruit. This was slightly lower than previous years, but this difference was not statistically significant (Table 5).

Table 5. Mean reported consumption of fruits and vegetables in a typical week among Healthy Here MFM registrants, 2015 - 2017

	2015 Consumption, mean	2016 Consumption, mean	2017 Consumption, mean
Number of respondents	609	947	599
Servings of Vegetables	9.1	8.9	8.6
Servings of Fruit	8.8	8.6	8.0

Note: Differences in consumption from year to year were not significantly different than zero based on unpaired two-sample t-tests.



The evaluation team also examined whether there was any relationship between fruit and vegetable consumption and the demographic characteristics of those who registered at the MFM. The relationships found in previous years between various characteristics and vegetable consumption were not present in 2017 (Table 6).

Table 6. The relationship between mean vegetable consumption and the demographic variables of race, income and focus ZIP code, Healthy Here MFM, 2015 - 2017

	2015		2016		2017	
	Sample Size (%)	Mean Vegetable Consumption	Sample Size (%)	Mean Vegetable Consumption	Sample Size (%)	Mean Vegetable Consumption
Race						
Hispanic	282 (47.9)	8.1 (ref)	511 (60.3)	8.1 (ref)	373 (56.5)	8.6 (ref)
White (Non-Hispanic)	138 (23.4)	11.1*	158 (18.6)	10.5*	115 (17.4)	8.7
American Indian/Alaska Native	111 (18.9)	9.6	113 (13.3)	9	117 (17.7)	8.6
Other (AA, API, Mixed)	58 (9.9)	8.9	56 (6.6)	11.3*	55 (8.3)	8.3
Income						
Less than \$12,000	164 (33.9)	7.2 (ref)	234 (36.3)	7.6 (ref)	165 (37.1)	8.5 (ref)
\$12,000 - \$24,999	126 (26.0)	9.6*	187 (29.0)	8.7	147 (33.0)	8.7
\$25,000 - \$44,999	119 (24.6)	9.8*	129 (20.0)	10.6*	79 (17.8)	9
\$55,000+	75 (15.5)	11.5*	95 (14.7)	10.5*	54 (12.1)	9.7
ZIP code						
Non-Focus	219 (41.2)	10.2 (ref)	286 (33.7)	9.4 (ref)	205 (30.2)	9.2 (ref)
Focus	313 (58.8)	8.6*	562 (66.3)	8.6	473 (69.8)	8.3

Process Evaluation

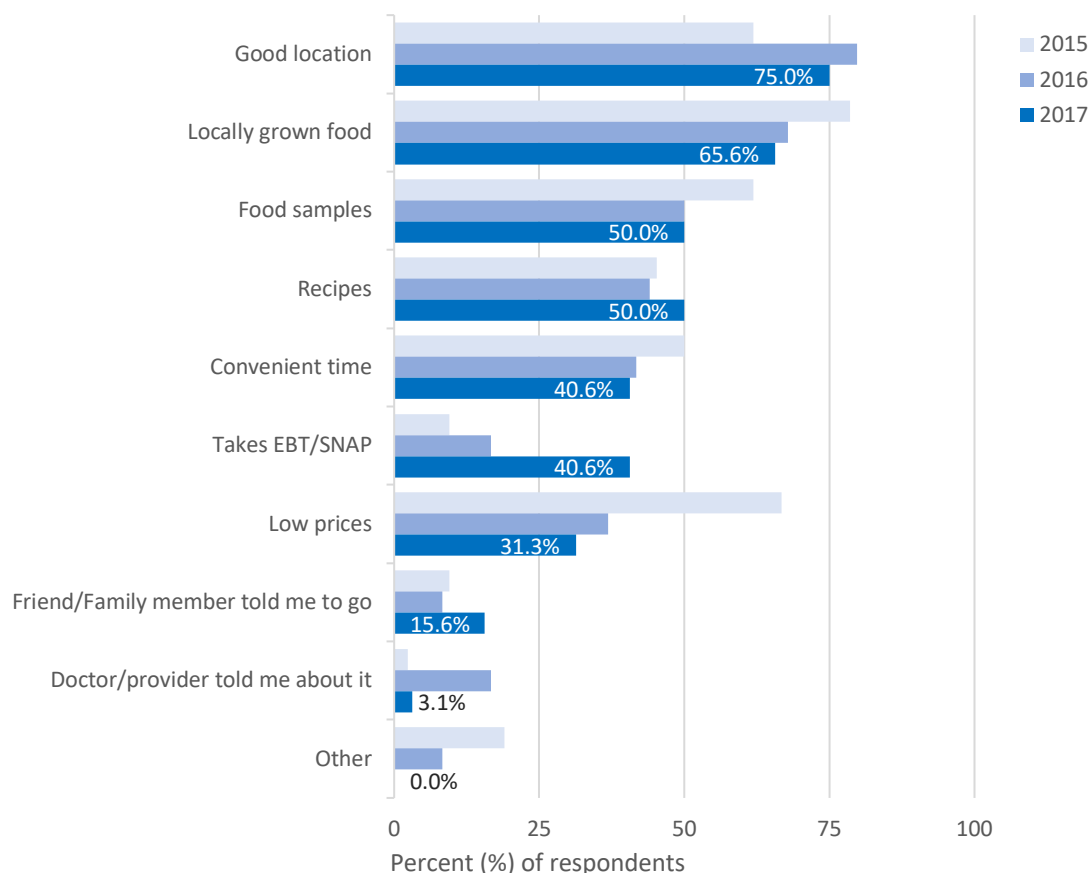
In 2017, follow-up surveys were administered to participants who had previously visited and registered at the MFM. **There were 32 respondents in 2017**, compared to 84 in 2016, and 42 in 2015. Because this reflects only 4.7% of the MFM registrants and 3.5% of all MFM attendees in 2017, results should be interpreted with caution.

How Respondents Learned about the MFM and Why They Attended

Respondents reported learning about the MFM in a variety of places. The most common responses were work or clinics. Seven participants said that they were referred by their healthcare provider and six by friends and family. Others said that they had walked or drove by the site, and posters, signs, and flyers were cited by six people.

When asked why they were attending the MFM, participants indicated similar reasons as seen in 2016. The location was the most popular response in 2017, followed by locally grown food (Figure 12). Notably, EBT/SNAP coverage was more common in 2017 compared to previous years, and provider referrals were less common than in 2016.

Figure 12. Reasons why people attended the Healthy Here MFM, 2015 (n=41), 2016 (n=84), and 2017 (n=32)



Learning and Behavior Changes

Respondents were also asked if and how attending the MFM had changed their eating and cooking habits. Most respondents in 2017 (93.8%) indicated that they had learned new things about healthy eating. When asked whether they eat more, fewer, or the same amount of fruits and vegetables than they did a year ago, 75.0% said that they were eating more fruits and vegetables, and 15.6% reported eating more vegetables alone.

Most participants (65.6%) stated that they had tried new foods since attending the MFM. Respondents reported trying chile, white eggplant, leeks, turnips, and beets for the first time. Most participants had also tried at least one of the recipes distributed at the MFM; only 15.6% said that they had not tried any recipes.

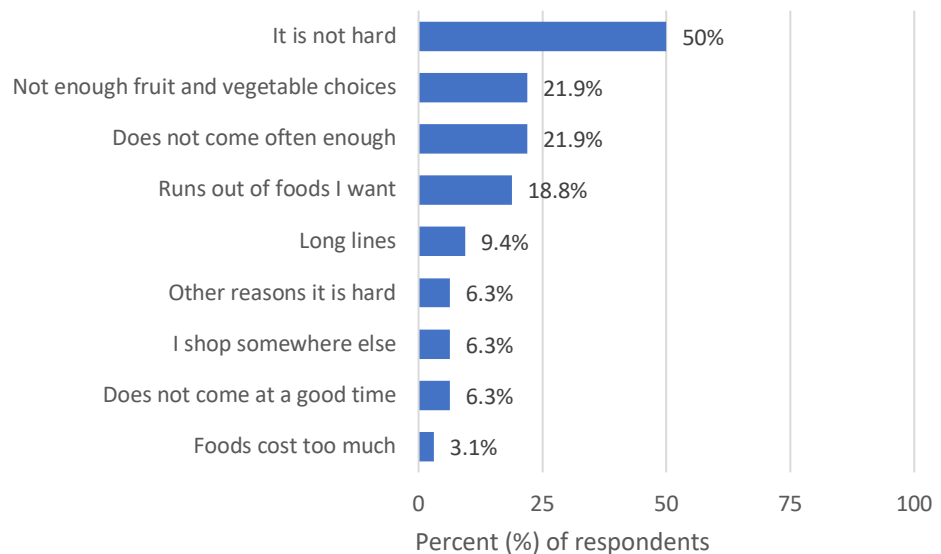
Participants were divided on the impact that the MFM had on their cooking skills. Just over half (53.1%) agreed that their cooking skills had improved.

Barriers to Shopping at the MFM

When asked what made it hard to shop at the MFM, half of all respondents indicated that it was not hard (Figure 13). Commonly cited barriers included that the MFM does not come often enough and that there are not enough fruit and vegetable choices, both of which were reported by 21.9% of participants. The MFM running out of desired foods was selected by 18.8%. Only one responded reported cost as a barrier.

People were also asked if there were any other places that the MFM should go in the South Valley or International District; 21.9% suggested other locations such as elementary schools or another community center.

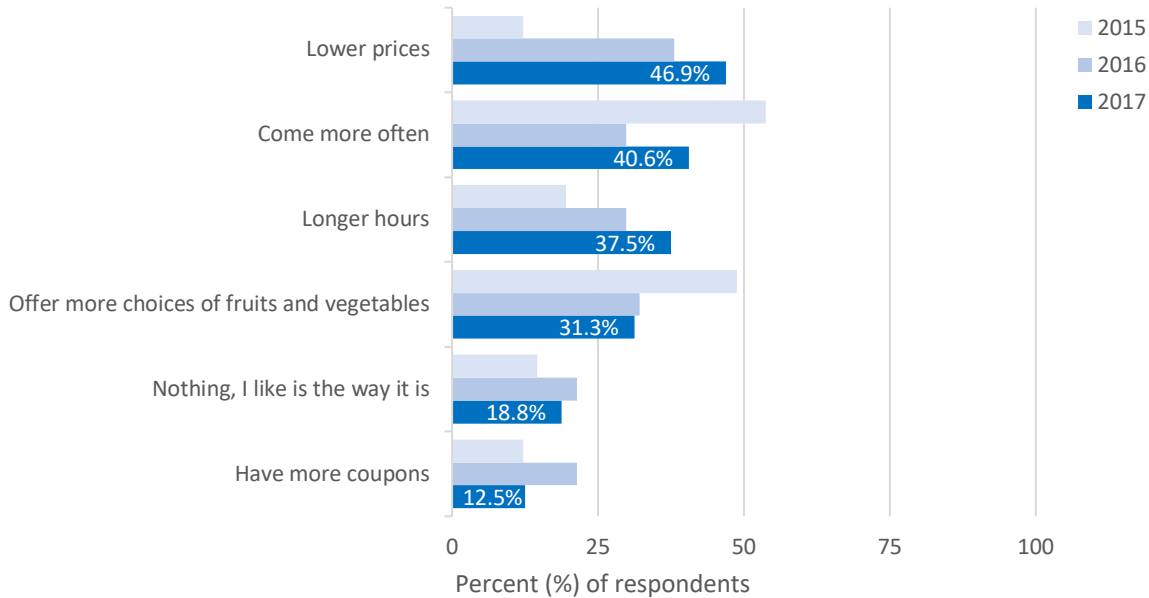
Figure 13. Barriers to shopping at the Healthy Here MFM, 2017



Ways to Improve the MFM

Some respondents reported that there were components of the MFM that could be improved (Figure 14). Similar to 2016, the most commonly cited suggestions were to lower prices (46.9%) and to visit more often (40.6%). Keeping the market open for longer hours was also a common suggestion.

Figure 14: Participant suggestions to improve the MFM, 2015 - 2017



Participant Recommendations

Generally, MFM participant feedback was very positive. Most respondents (81.3%) indicated that the MFM was very important for getting healthy food in their community, compared to 90.0% in 2015 and 87.8% in 2016. While most respondents did not provide additional feedback on the survey, many who did thanked the organization for visiting and said that they enjoyed having the market in their community. Further suggestions again reflected that the MFM should visit elementary schools or other sites, extend the length of time for each visit, and come more frequently.

Participants suggested activities they would like to see at the MFM, as well as some additional fruits and vegetables. While only 10 people suggested additional activities, multiple people suggested instruction on how to grow their own produce and encouraged continuation of Kids Cook! at the MFM.

To stay in contact, the majority of people (62.5%) indicated that text messaging was easiest, followed by email (34.4%), and notification through the Bernalillo County Health Council website (15.6%).

Summary

In 2017, the Healthy Here MFM successfully reached its focus populations in the International District and South Valley communities of Bernalillo County.

- The proportion of MFM registrants from focus ZIP codes increased each year from 2015 to 2017
- The proportion of Hispanic registrants increased from 2015 to 2016 and remained consistent between 2016 and 2017, and the proportion of AI registrants increased between 2016 and 2017.
- The number of registrants decreased between 2016 and 2017. This may have been due to less emphasis placed on registering visitors during the 2017 season.
- Consistent with previous years, in 2017 a majority of MFM registrants (79.2%) attended the market only once.
- The proportion of low-income registrants increased in 2017, and more than half (53.7%) of MFM registrants reported receiving some type of food assistance program during the past 12 months.

In 2017, the MFM successfully leveraged federal and local assistance programs and reinvested revenues to increase overall sales.

- Over the past three seasons, the average per-transaction sale has increased along with the overall proportion of sales from assistance programs.
- The proportion of sales from different assistance programs, cash, credit and debit varied from site to site. Some sites utilized assistance programs to greater effect, and their strategies may be duplicated by other sites.
- The sites with a larger proportion of sales from cash, credit and debit had lower average per-transaction sales. This indicates that economic access may have a greater impact on purchasing than physical access.
- While overall sales in 2017 increased, sales actually *decreased* by 6% when revenue reinvestment and NMFMA grant funds were excluded from the calculation. It may be important for the MFM to diversify sale payment methods so that changes in federal assistance programs and grant funds will not adversely affect MFM operations.

[Fruit and vegetable consumption among MFM registrants did not change between 2015, 2016, and 2017. In addition, differences between race/ethnicities and income groups that were observed during 2015 and 2016 did not appear in 2017.]

Process data were limited as few registrants completed the end-of-season survey.

- Among respondents, most people said they came to the MFM because it is in a good location and because it sells locally-grown foods.
- While nearly 20% of respondents said that the MFM is fine the way it is, about half (46.9%) would like lower prices, and 40.65 would like it to come more often.