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PRESCRIPTION
for **HEALTH**

**PROGRAM
IMPLEMENTATION
GUIDE**

MARCH 2016

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Washtenaw County Public Health, located in southeast Michigan, is accredited through the national Public Health Accreditation Board (PHAB). Our mission is to assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.

Please let us know if you implement Prescription for Health in your community!

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EXECUTIVE SUMMARY

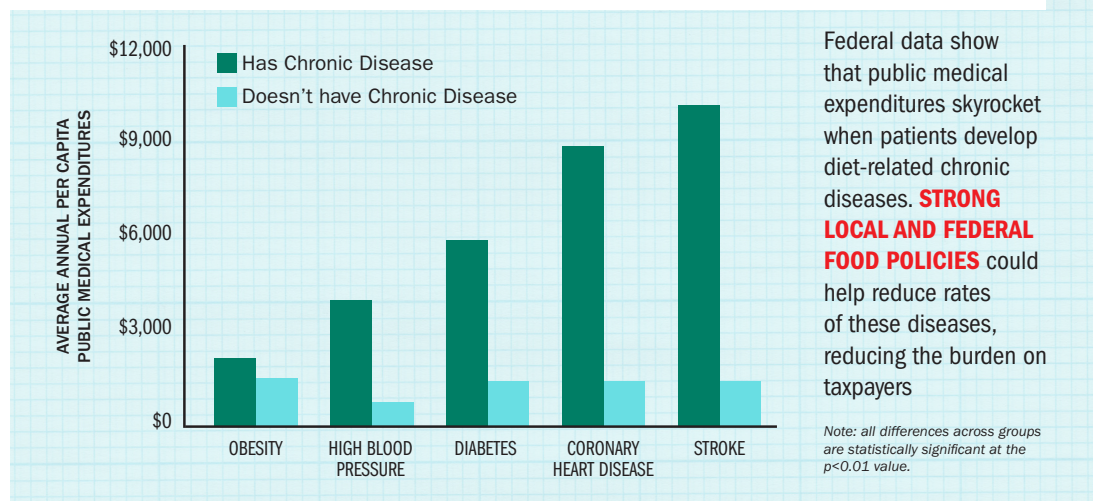
In 2014, 48.1 million Americans lived in food-insecure households, including 32.8 million adults and 15.3 million children.¹ According to the United States Department of Agriculture (USDA), a household is considered food insecure if “they were, at times, unable to acquire adequate food for one or more household members because they had insufficient money and other resources for food.”² While there are various programs available to help food-insecure individuals, in 2014, 39.5% of food-insecure households did not participate in federal food and nutrition assistance programs including the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, or the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC).³

Food-insecure individuals face numerous challenges to staying healthy and suffer significant health disparities compared to their food-secure counterparts.⁴ Research has shown that food insecurity is associated with lower nutrient intakes and higher odds of being in poor or fair health.⁵ This association has been documented in individuals of all ages, from children to seniors.⁶ Additional research has shown that food-insecure individuals have a higher risk of diabetes and hypertension and are more likely to experience oral and

mental health problems.⁷ These diet-related chronic diseases are associated with dramatic increases in average annual per capita public medical expenditures (Figure 1).⁸

FIGURE 1

AVERAGE ANNUAL PER CAPITA PUBLIC MEDICAL EXPENDITURES BY DIET-RELATED CHRONIC DISEASE PREVALENCE



Courtesy of Union of Concerned Scientists

- 1 Coleman-Jensen, A., Rabbitt, M. P., Gregory, C., & Singh, A. (September 2015). Household food security in the United States in 2014. (ERR-194). Washington, DC: U.S. Department of Agriculture, Economic Research Service.
- 2 Coleman-Jensen, Rabbitt, Gregory, & Singh.
- 3 Coleman-Jensen, Rabbitt, Gregory, & Singh.
- 4 Gundersen, C., & Ziliak, J. P. (2015). Food Insecurity and health outcomes. *Health Affairs*, 34 (11), 1830-1839. doi:10.1377/hlthaff.2015.0645
- 5 Gundersen & Ziliak.
- 6 Gundersen & Ziliak.
- 7 Gundersen & Ziliak.
- 8 Union of Concerned Scientists. (January 2016). *Fixing food: Fresh solutions from five U.S. cities*. Cambridge, MA.

EXECUTIVE SUMMARY

Healthcare providers can prescribe medications to manage health conditions and recommend patients eat a healthy, balanced diet; however, individuals often face many obstacles to eating healthy. One of the most common barriers is cost.⁹ Studies show that healthier, nutrient-rich foods and diets tend to cost more than less healthy options.^{10, 11} This price disparity appears to be growing and is particularly notable for fruits and vegetables, whose prices have risen to a greater extent compared to other food groups.^{12, 13}



The Prescription for Health program aims to increase fruit and vegetable consumption and support healthy behavior change among patients with lower incomes and a chronic disease risk through partnerships with local public health departments, clinics, and farmers markets. Program outcomes have consistently shown increased fruit and vegetable consumption by about one cup per day for program participants, economic growth in the local food system, and satisfaction among program partners in working together to improve community health using environmental and system change strategies. This guide was created to assist local public health departments and their community partners (clinics, farmers markets, and funders) in using an evidence-based model to implement a fruit and vegetable prescription program in their community.

- 9 Rao, M., Afshin, A., Singh, G., & Mozaffarian, D. (2013). Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis. *BMJ Open*, 3(12), e004277. doi:10.1136/bmjopen-2013-004277
- 10 Rao, Afshin, Singh, & Mozaffarian.
- 11 Monsivais, P., McLain, J., & Drewnowski, A. (2010). The rising disparity in the price of healthful foods: 2004-2008. *Food Policy*, 35(6), 514-520. doi:10.1016/j.foodpol.2010.06.004
- 12 Monsivais, McLain, & Drewnowski.
- 13 Christian, T., & Rashad, I. (2009). Trends in U.S. food prices, 1950-2007. *Economics & Human Biology*, 7(1), 113-120. doi:10.1016/j.ehb.2008.10.002

AN OVERVIEW OF WASHTENAW COUNTY

Washtenaw County is located in southeast Michigan, covering 720 square miles. It is comprised of 28 cities, villages, and townships with approximately 350,000 residents.¹ The county is rich with educational opportunities, as it is home to the University of Michigan, Eastern Michigan University, and Washtenaw Community College. In fact, Washtenaw County is the most well-educated county in the state, with greater than 50% of residents having a bachelor's degree or graduate degree.^{2,3} The median household income for the county is \$60,805.⁴ At the same time, Washtenaw County has one of the highest ratios of income inequality in the state.⁵ While 15.2% of the population is in poverty, Ypsilanti residents have the highest rate of poverty in the county at 30.6%.⁶



Washtenaw County is ranked first for clinical care in county-level rankings in Michigan and in the top 10% of counties nationwide for the ratio of residents to primary care physicians (598:1).⁷ The health systems in the county, including Veterans Administration Healthcare System, Saint Joseph Mercy Health System, and University of Michigan Health System, provide primary and specialty care to residents. There are also many safety-net providers that offer critical health care to the 7% of residents aged 0-64 who are uninsured.⁸

Michigan is the second most agriculturally diverse state in America, after California.⁹ While the east side of Washtenaw County, with the cities of Ann Arbor and Ypsilanti, is urban and suburban, the west side of the county features many rural, farming communities. Locally grown produce is sold at 15 farmers markets in Washtenaw County.¹⁰ Yet, about 27% of county residents have limited food access, indicating they live in a census region with many low-income residents and have limited access to a full size grocery store.¹¹ This may contribute to why only 22% of adults say they consume the recommended five or more servings of fruits and vegetables, meaning 78% of adults are regularly not meeting dietary guidelines.¹²

- 1 U.S. Census Bureau. (2015). 2010-2014 *American Community Survey 5-Year Estimates*. Available from <http://factfinder.census.gov/>
- 2 U.S. Census Bureau
- 3 Virginia Commonwealth University Center on Human Needs. (2013). County Health Calculator, Washtenaw County, Michigan. Available from <http://countyhealthcalculator.org/>
- 4 U.S. Census Bureau
- 5 County Health Rankings. (2015). *Health Rankings, Washtenaw County, Michigan*. Available from <http://www.countyhealthrankings.org/>
- 6 U.S. Census Bureau
- 7 County Health Rankings
- 8 U.S. Census Bureau
- 9 U.S. Department of Agriculture (USDA) Farm Services Agency. (2016). *FSA - Michigan Home*. Available from <http://www.fsa.usda.gov/FSA/state-offices/index>
- 10 Michigan Farmers Market Association (MIFMA). (2015). *Find a Farmers Market*. Available from <http://mifma.org/findafarmersmarket/>
- 11 U.S. Department of Agriculture (USDA). (2013). *Food Access Research Atlas. Economic Research Service*. Available from <http://www.ers.usda.gov/data-products/food-access-research-atlas>
- 12 Washtenaw County. (2016). *Health Improvement Plan (HIP) Survey Data*. Available from http://www.ewashtenaw.org/government/departments/public_health/health-promotion/hip/hipsurvey

1 PURPOSE OF GUIDE

Prescription for Health was developed by Washtenaw County Public Health, a local health department in southeast Michigan. This program aims to increase fruit and vegetable consumption and support healthy behavior change among patients with lower incomes and a chronic disease risk. The Prescription for Health Program Implementation Guide was developed to assist local public health departments and their community partners (clinics, farmers markets, and funders) in using an evidence-based model for replicating this program in their communities. Although other community organizations could take on the leadership role in the program, health departments are strategically positioned to form the community partnerships necessary to successfully implement Prescription for Health. Program outcomes have consistently shown increased fruit and vegetable consumption by about one cup per day for program participants, economic growth in the local food system, and satisfaction among program partners in working together to improve community health using environmental and system change strategies.



PRESCRIPTION *for* HEALTH



Courtesy of Dan Piraro. Used by permission. See more of Dan's work at www.facebook.com/bizarrocomics.

2

USE OF PRESCRIPTION FOR HEALTH MATERIALS

Organizations launching similar programs in your own communities are encouraged to learn from our experience with Prescription for Health. Materials developed to assist with the implementation of this program are described throughout this guide and listed in the Appendices. The materials, tools, or strategies discussed in this guide can be adapted for your community. Permission is granted to reprint information contained in this publication, as long as it maintains the integrity of the program and is properly attributed to Washtenaw County Public Health.

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Please let us know if you implement Prescription for Health in your community! Contact our Prescription for Health Program Coordinator, Ariane Reister, MPH, RD, for more information or guidance: reistera@ewashtenaw.org or (734) 544-2969.



3

PROGRAM OVERVIEW

My Goal Tracking

This week I will:	How did I do?	Stamp & Date
	Poor OK Great	
This week I will: <i>Swim & walk every other day</i>	Poor <i>OK</i> Great	<i>6/13/15</i>
This week I will: <i>30 laps, drink more water, swim laps, eat more veggie</i>	Poor OK Great	<i>6/16/15</i>
This week I will: <i>30 laps, 2 swim pool laps</i>	Poor <i>OK</i> Great	<i>6/23/15</i>
This week I will: <i>30 minute walks</i>	Poor <i>OK</i> Great	<i>7/7/15</i>
	Poor OK Great	<i>7/14/15</i>

Courtesy of Steve Friess

DESCRIPTION OF PROGRAM

Prescription for Health connects the medical system and the food sector by creating a relationship between clinic staff, their patients, and the local farmers market. Health care providers write “prescriptions” for their patients to eat more fruits and vegetables. Participants bring their prescription cards to the farmers market where they receive tokens to spend like cash on fresh fruits and vegetables and also receive nutrition education and support from Community Health Workers (CHWs). Participants receive ten tokens, each worth \$1, per farmers market visit. Our Prescription for Health program currently operates in Ypsilanti and Chelsea, Michigan, and each participant is able to visit the farmers market ten times,¹ for a total program benefit of \$100 per participant.

¹ Our program runs June through December. In communities where the farmers markets do not operate through December, participants are allotted six farmers market visits during the farmers market season and pick up a monthly fresh food box in November and December. Each box contains \$20 worth of fresh produce and, therefore, counts as two farmers market visits.

SINCE THE PROGRAM PILOT IN 2008, Washtenaw County Public Health has developed, implemented, and evaluated Prescription for Health by collaborating across sectors to increase fruit and vegetable consumption and support healthy behavior change among low-income, food-insecure patients in targeted communities in Washtenaw County, Michigan. The program is in alignment with the National Prevention Strategy goals of:

-  Healthy and safe community environments
-  Clinical and community preventive services
-  Empowered people
-  Elimination of health disparities²

² U.S. National Prevention Council. (2011). National prevention strategy: America's plan for better health and wellness. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

3

PROGRAM OVERVIEW

TARGET AUDIENCE

The target audience for Prescription for Health is low-income, food-insecure individuals who are at risk for health problems or have a documented chronic disease such as diabetes, high blood pressure, overweight or obesity, heart disease, or cancer.

PROGRAM GOALS

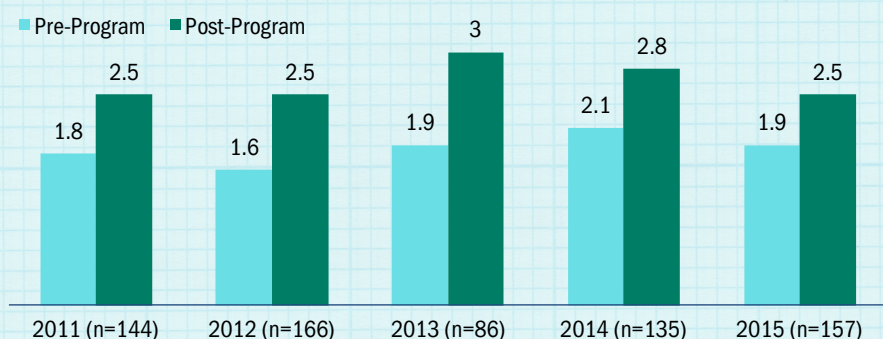
1. Increase consumption of fresh fruits and vegetables among participants.
2. Foster healthy behavior change in program participants by providing nutrition education, referrals to community resources, and support from Community Health Workers.
3. Create strong partnerships between the local public health department, clinics, and farmers markets to increase awareness of the local food system, promote utilization of community resources, and support participant health improvement.
4. Support development of the local food system and economy.

“Prescription for Health is such a successful program, helping those who really have a food need. My enrolled clients tell me the benefits of having fresh fruits and vegetables available to them. They also enjoyed the Community Health Workers at the farmers markets, who are all so pleasant, caring, and offer great ideas and encouragement to our shared clients. Prescription for Health has been a real lifesaver.”

2015 Prescription for Health Clinic Partner

PROGRAM KEY FINDING (2011-2015)

Change in Fruit & Vegetable Intake



Self-reported cups per day, pre- and post-program statistically significant each year ($p < .001$)

Average daily consumption of fruits and vegetables **INCREASED BY ABOUT ONE CUP PER DAY** from pre- to post-program for those visiting the farmers market.

4 PLANNING

Adequate planning is important for effective implementation of any program. Important components of the planning process include an analysis of community data, needs, assets, and strengths. Recruitment and training of program partners and staff are also key. We have created a checklist that can be used to verify readiness for implementing a fruit and vegetable prescription program (Appendix A) and a sample planning timeline (Appendix B).

DOCUMENT NEED FOR PROGRAM

Gaining support for the decision to implement Prescription for Health should be based on a review of local health, food insecurity, and demographic data. A review of Behavioral Risk Factor Surveillance System (BRFSS) data can provide information on the prevalence of health conditions, various behaviors, and community needs. State-level Behavioral Risk Factor Surveys (BRFS), such as the Michigan BRFS, is a good place to start if your community does not do its own BRFS periodically. Data on adult and child fruit and vegetable consumption, income level, chronic disease status, and measures of food insecurity can all help make the case for implementing the program in your community. Additionally, local food banks or Feeding America® are good sources for food insecurity data. Compilation of these data demonstrates your community's need for food assistance programming to potential partners.

IDENTIFY COMMUNITY ASSETS AND STRENGTHS

Prior to initiating Prescription for Health in a community, think about the partners and other assets already available that may help to make the program more successful. Where are the local farmers markets? Is there a relationship with the market or market manager already? Which health clinics may be good partners, and are they located in close proximity to a farmers market? Is there a relationship with foundations or civic or economic development organizations in the target community? What organizations have similar goals that would be willing to lend their support by sharing resources and offering their programming (such as healthy cooking demonstrations) to participants at the clinics or farmers markets?

SECURE FUNDING

The Prescription for Health program can be scaled up or down depending on the funding available. The number of people reached, the total value of each prescription given to participants, and other incentives offered are some program components that can be tailored based on financial support. The Community Benefit Programs of local hospitals, community foundations, and civic organizations are institutions to consider as investors in this program as their missions align with the goals of increasing healthy food access, promoting health, preventing disease, and supporting the development of a local healthy food system. Health coalitions could be approached to provide some funding or in-kind assistance with staffing at the farmers market, marketing, or promotions. Grants can also be a source of funding. Implementation of the program in each community will take on unique features, depending on the partnership and community goals. For example, a strong human service organization in Chelsea, Michigan became a key program partner and, through their philanthropic efforts, was able to provide funding for Prescription for Health in their community.

4 PLANNING

RECRUIT PARTNERS

Partner recruitment is a crucial step in launching the program. Generally, multiple meetings are needed to recruit partners, and sending preliminary material in advance of meetings can help introduce the program. The first meeting serves as an exploratory conversation for the potential partner to learn about the program and partner requirements, discuss resources available and specific needs for program implementation, and share suggestions of other organizations with whom to partner. If both parties decide a partnership is a good fit for the program, establish a timeline and next steps for formalizing the partnership, including clearly defining and mutually agreeing upon partner and program goals and reviewing and signing documents. Before the program begins, final program materials, contracts, and any other necessary documents will need to be delivered to all partners.

Plan to meet with potential partners as soon as possible, as the partnership creation process might take longer than either party anticipates. Some organizations have conditions for forming a partnership which require approval from multiple departments (such as legal and marketing) before anything can become official.

CLINICS

Begin by identifying health clinics that serve the target population and are located near farmers markets in the selected community. Proximity to the markets is important because patients must be able to travel to the markets. Determine who the best person is to speak with (possibly the clinic manager) and request a meeting after briefly explaining the program and intent. For the meeting, prepare a dialogue that is informative, transparent, and persuasive. This includes discussing the program model

PRESCRIPTION FOR HEALTH PARTNER



“My patients are able to ‘do something’ about their health that is fairly simple, fun, and a social outing. I enjoy seeing my patients’ excitement about finding new fruits, vegetables, and recipes they’ve never tried and discovering, to their great surprise, that they LIKE it! They also share their health changes with me: lower blood pressures, lower A1C’s, controlled blood sugars, weight loss, and a motivation to be more active!”

LOIS PLANTEFABER, LMSW

St. Joseph Mercy Neighborhood Family Health Center
Ypsilanti, MI

Plan to meet with potential partners as soon as possible, as the partnership creation process might take longer than either party anticipates.

4 PLANNING

and corresponding flow chart (Appendix C), program results from the program's previous year (Appendix D) or results from similar programs, how the program aligns with their mission statement and strategic plan, and what is required from the clinic staff (see "Partner training" and "Implementation" sections for clinic staff obligations).

FARMERS MARKETS

Recruitment of farmers market partners is very similar to that of clinics. Once the community is chosen based on community assessment data, contact the farmers markets in that area (most likely the market manager or the market's supervising agency) to request a meeting. Ideally, the farmers market will accept other food assistance programs. As with the clinics, describe the program model and program results with farmers market staff. Also plan to discuss the method of payment at the market (our program uses tokens) and how the program benefits the market (both money and customers are brought to the market). Finally, mention estimated farmers market staff requirements, including advertising the program; training vendors to accept tokens for allowed items; sorting and billing of tokens; and producing a Sticky Economy Evaluation Device (SEED) report (Appendix E).

A SEED report shows the impact that the markets have on the local economy which helps to provide data for community development organizations who have invested in the program. The farmers market gathers data through customer surveys and head counts to generate a SEED report, which uses the collected data and the Bureau of Economic Analysis' Regional Input-Output Modeling System II multiplier (RIMS II multiplier) to determine the economic impact of the farmers market upon the surrounding area, including the economic impact upon the vendors at the farmers market.



Courtesy of Growing Hope



THOUGH OUR PROGRAM USES TOKENS, other forms of currency (such as coupons, vouchers, or electronic cards) could be used depending on the market's ability to accept the method of payment. We track how many tokens are distributed to participants and know how many tokens are redeemed at the farmers markets through invoices we receive from farmers markets.

4 PLANNING

PARTNER TRAINING

Upon establishing program partners, it is important that all parties understand how the program operates and the specific roles and responsibilities of each partner. Partner organizations should identify personnel within their organization to fulfill program tasks and be held accountable for their completion. This includes appointing a key contact to be the primary site coordinator and liaison between Prescription for Health staff at the health department and staff within the partner organization. On average, partners spend less than one hour per week on Prescription for Health. **Program partners are encouraged to schedule an in-person training for all staff members conducted by, or with support from, health department staff.**

If partner organizations are unable to schedule a brief training with health department staff, we strongly recommend that the site coordinator host a meeting to inform staff members of the program and its purpose, discuss individual staff responsibilities regarding the program's operation, and answer any questions staff may have about the program. It is important for all staff members within an organization, especially those who regularly interact with patients, to know about the program and to be able to answer basic questions. At a minimum, all staff should be aware of the program and know to whom they should refer an inquiring patient for assistance.

Training points for clinic personnel include:



Referral process



Enrollment process



Program overview, including program goals and benefits

Key information for farmers market partners includes:



Program overview, including program goals and benefits



SEED report requirement (Appendix E)



Payment process (i.e. participants pay vendors with tokens; vendors turn in tokens to the market manager; and the market sorts the tokens from other forms of payment, pays the vendors, and invoices the public health department for reimbursement)



Logistics for the Prescription for Health table at the farmers market (location, identify who provides the table and chairs, etc.)



Training and reminders to vendors about what items are allowed to be purchased with the tokens



Program advertisement (see "Implementation" section for more information)

4 PLANNING

The following materials are helpful in training program partners and ensuring successful implementation of the program:

- **Shared services agreement (Appendix F)**

A document that outlines expectations for all partners (clinic, farmers market, and public health department). These agreements should be signed by all partners.

- **Program model flow chart (Appendix C)**

This chart describes the program and should be shared with clinic and farmers market partners.

- **Enrollment model flow chart (Appendix G)**

This chart is an expansion of the program model flow chart and provides more detail about the enrollment process. This chart is most useful for clinic partners.

- **RACI (Responsible, Accountable, Consulted, and Informed) chart (Appendix H)**

A quality improvement tool that clarifies roles and responsibilities. It is used to ensure uniformity of program implementation across all clinic partners. The clinic partners assign personnel accountable for each action and sign the document.

- **Referral forms (Appendix I)**

This form is used by the clinic partners to refer their patients.

- **Promotional materials**

Examples include flyers to advertise the program (Appendix J), informational flyers for clinicians (Appendix K), and “Ask me about Prescription for Health” buttons for clinicians and farmers market partners to wear.

Once documents are finalized, provide copies to the point person at each partner organization along with the program coordinator’s contact information. Clinic partners should receive a packet with copies of the signed shared services agreement, program model flow chart, enrollment model flow chart, signed RACI chart, patient referral forms, and promotional materials. Farmers market partners should receive a copy of the signed shared services agreement, program model flow chart, and select promotional materials (program flyers and buttons).



Prescription for Health promotional button

4 PLANNING

COMMUNITY HEALTH WORKERS (CHWs)

Research demonstrates that peer educators can successfully provide effective and comprehensive health education and support.³ They are also well-suited to serve as ambassadors and advocates, making recommendations for environmental or systems changes that support health in their communities. Therefore, CHWs joined our Prescription for Health program staff in 2013 and have shown to be a useful, important component to the program. Our CHWs are former program participants or members of the target community. The CHWs fill key roles in the program, assist with enrollment and goal setting, staff the program table at weekly farmers markets, call participants to offer support and market reminders, and refer participants to other resources.

RECRUITMENT

Recruitment of CHWs should begin at least two months prior to the start of the farmers market season. Recruitment may need to begin earlier in the initial program year. Begin by assessing the current scope of CHW practice within the community. It may be possible to partner with an existing CHW program to leverage the skills and experience of CHWs who are already working there. When hiring CHWs, look for individuals who are part of the target community or have an intimate understanding of it. Since our program operates in two very distinct communities, we hired two sets of CHWs to work in their respective communities. Potential avenues for recruiting CHWs include online job postings, local or statewide CHW associations, CHW training programs or credentialing bodies (if they exist in your state), partner organizations, and social service agencies. After the initial program year, past program participants may be ideal candidates if additional CHWs are needed.

When recruiting CHWs, consider the requirements of the job including the scope of the work and flexibility in hours. Research on the potential costs and benefits of paid or volunteer CHWs is limited; however, programs with defined tasks, strict protocol, and restricted schedules may be better suited for paid CHWs.⁵



ACCORDING TO THE AMERICAN PUBLIC HEALTH ASSOCIATION®, “a Community

Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”⁴

3 Cherrington, A., Ayala, G. X., Elder, J. P., Arredondo, E. M., Fouad, M., & Scarinci, I. (2010). Recognizing the diverse roles of community health workers in the elimination of health disparities: From paid staff to volunteers. *Ethnicity & Disease*, 20(2), 189-194.

4 American Public Health Association. (n.d.). Community health workers section. Retrieved from <https://www.apha.org/apha-communities/member-sections/community-health-workers>

5 Cherrington, Ayala, Elder, Arredondo, Fouad, & Scarinci.

4 PLANNING

TRAINING

Community Health Worker training should begin at least four weeks prior to the start of the farmers market season. Training needs will vary depending on prior education and experience of the individuals hired. If individuals do not have prior experience working as a CHW (or in similar roles), more in-depth core competency-based training may be necessary. Examples of core competencies include role, advocacy, and outreach; teaching and capacity building; legal and ethical responsibilities; coordination, documentation, and reporting; and communication skills and cultural competence. If statewide CHW educational programs already exist, these may be a viable option for the CHWs to learn core competencies and gain practicum experience.

Regardless of prior experience and education, program specific training will be necessary. If CHWs are new employees, they will need to be oriented to the employer's policies, requirements, and work culture. Program specific training should begin with an overview of the program including the program model, goals, key personnel, and partners. In addition to general job duties, training should include information about healthy eating, farmers market etiquette, seasonal foods, and diet-related chronic diseases such as obesity, diabetes, high blood pressure, and high cholesterol. Community Health Workers should also be knowledgeable about SMART (Specific, Measurable, Attainable, Realistic, and Timely) criteria for goal setting, techniques of motivational interviewing, and local community resources. It is important that the CHWs recognize their role in supporting participants. Ensuring the CHWs are adequately trained in best practices for acting as a community navigator will empower them to be an effective resource.

As with all staff and volunteers, it is also necessary that training covers HIPAA (Health Insurance Portability and Accountability Act) principles, because CHWs will be privy to personally identifiable and protected health information. Since the CHW role is new to many health and social services personnel, other staff members should be introduced to CHW hires, their scope of practice, and accountabilities.

COMMUNITY HEALTH WORKER



Working as a Community Health Worker for Prescription for Health has made as much of a difference in my life as it has the participants'. Meeting new people that I now call friends has been an added bonus. My coworkers have been an enormous support system for myself and for the participants. I am thankful to have been a part of a wonderful program that recognizes the importance of health and supporting one another.

RACHEL HURST

Community Health Worker
Washtenaw County Public Health

4 PLANNING

INTERN AND VOLUNTEER TRAINING

A Prescription for Health intern provides cost-effective program support through coordination and implementation of ongoing activities while simultaneously gaining experience with community health programming. The intern should work closely with the program coordinator and could be responsible for the following activities: interacting directly with program participants, working with clinic and market staff, planning and implementing nutrition education (such as cooking demonstrations and other special events) at the farmers markets, developing program materials, leading participant enrollment sessions, entering data and conducting analysis, and working non-traditional hours to accommodate the farmers markets' schedules. We recommend hiring an intern with an interest and background in nutrition, health education, public health, and community engagement.

Intern recruitment should begin several months prior to the start of the program. Most interns will be in school and will be looking for summer employment during their break between fall and winter semesters, so coinciding the job posting with this timeframe (and recruiting through universities and colleges) is ideal. Our interns have typically been graduate students, but this is not a necessary requirement for a successful intern. Similar to any new employee, interns will need to attend employee orientation. A start date prior to CHW training is suggested, so the intern can help design, lead, and participate in the CHW training.

Volunteers can be used to perform some of the job duties of the CHWs or intern depending on staffing. If volunteers will be utilized, they will also require training similar to the CHWs or intern. Volunteers could also supplement the functions of the CHWs and intern. For example, a volunteer could lead a special event at the farmers market for participants.



We recommend hiring an intern with an interest and background in nutrition, health education, public health, and community engagement.

5 IMPLEMENTATION

PARTICIPANT RECRUITMENT

Clinic partners advertise the Prescription for Health program to their clients through conversations, posters hanging up throughout the clinic, and buttons with the phrase “Ask me about Prescription for Health.” Upon seeing the marketing materials, patients will often ask the clinician (social worker, registered dietitian, nurse, doctor, patient advocate, etc.) for more details about the program, and through this discussion the clinician can determine if the client meets the referral criteria. Similarly, clinicians realizing their patient meets the program requirements during their appointment can recommend the program. Providing basic training for clinic staff is important so clinicians are able to identify patients who would be good candidates for the program. After the first year of the program, clinicians may choose to refer patients who previously participated or recruit new patients to participate.

PARTICIPANT REFERRAL AND SCHEDULING

The Prescription for Health program uses the following three referral criteria, but criteria could vary according to local health priorities or funding sources. Ideally, a patient will meet all criteria, but it is at the clinician's discretion whom they choose to refer. Clinicians are ultimately responsible for ensuring that the patients they refer will fully utilize the program:

1. **Food insecurity-** the patient or patient's family does not have enough food to eat or cannot afford healthy fruits and vegetables.
2. **Chronic disease risk-** the patient has a current medical condition, such as hypertension, diabetes, or obesity, or is at risk for developing a chronic disease.
3. **Ability and willingness to commit to using the full benefit of the program-** the patient is able and willing to go to participating farmers markets for the allotted number of visits and wants to eat more fruits and vegetables.

PRESCRIPTION FOR HEALTH PARTNER



The feedback we have gotten from our participants here at Faith in Action has been overwhelmingly positive. They enjoy the markets, the atmosphere, the beauty of the food, and the possibilities of good food on the table. One person reported, ‘I feel so powerful walking out of there with bags of vegetables in each hand!’ Another participant was reporting on how much weight he had lost and promptly lifted his shirt to show the gap in the waist of his now baggy pants. ‘I’ve really changed the way I’ve been eating and have lost weight for the first time ever!’ He was very proud. There has been an increase in the number of conversations we have at the pantry as people discuss the ways they have been cooking their new foods and asking for ideas on even more recipes. This is a rich and fun exchange that is satisfying for everyone.

We see the Prescription for Health model as a way for people to make real and lasting changes in the composition of their daily diets.

NANCY PAUL

Director, Faith in Action | Chelsea, MI

5 IMPLEMENTATION

After the clinician identifies a potential participant and describes the Prescription for Health program, the clinician completes a referral form with the patient (Appendix I) and schedules them for a group enrollment session, which provides an orientation to the program. The clinician gives the patient the bottom tear-off portion of the referral form that specifies the date, time, and location of the patient's enrollment session. The top portion of the completed referral form is faxed to health department staff or picked up on a weekly basis (clinic-dependent). If the patient is unable to attend a group enrollment session, the clinician can enroll the patient individually (see "Participant enrollment" section for more information).

The referral form serves multiple purposes:

1. Helps determine if the patient is a good fit for the program. A good fit means that the patient meets the referral criteria, wants to eat more fruits and vegetables to better prevent or manage their chronic condition, has transportation to the farmers market, has a schedule compatible with the farmers market hours, and commits to using all of their allotted visits.
2. Captures patient data.
3. Informs program staff if the patient may need an interpreter.
4. Provides space for the Community Health Workers (CHWs) to document their contact with the patient, including discussions and referrals given to address the patient's fundamental determinants of health (call log on the back).

When scheduling patients for enrollment sessions, it may be helpful to use an online scheduling tool such as SignUpGenius®, a website designed to make sign-ups simple. An online scheduling tool enables all clinic partner staff to view available slots for group enrollment sessions in real time. Setting a cap of patients per session ensures the rooms are not overcrowded and provides an adequate Prescription for Health staff-to-patient ratio. When determining a cap, remember to account for no shows. If using an online scheduling tool, clinic staff should use patient initials when signing them up for enrollment sessions to protect patient privacy. If a patient does not attend their scheduled enrollment session, the CHWs can call them to reschedule.



FOR GROUP ENROLLMENT SESSIONS, we have held clinic-specific sessions (where only patients the clinic has referred can attend) and group enrollment sessions open to all referred patients regardless of clinic affiliation. Both sessions work well depending on what you and your partners prefer, but opening attendance to all referred patients gives them multiple options, and the sessions are more likely to be full.

5 IMPLEMENTATION

WELCOME PHONE CALL

The Community Health Workers' (CHWs) initial contact with program participants is via a welcome phone call. Using the referral form completed by clinic staff, a CHW calls the patient to welcome them to the program, confirm contact information, remind them of their upcoming group enrollment session, and provide referrals to additional community resources as needed, such as housing, food pantry, and health insurance information. The back of the referral form serves as an area for CHWs to document their contact (or attempted contact) with the referred patient and pertinent details from their conversation. Welcome calls are ideally completed less than one week before the enrollment session. We found that patients often need a reminder of their scheduled session as they could have been referred several weeks prior, and limiting the reminder to less than a week before their enrollment session helps ensure the participant remembers to attend the session. If the CHW is unable to reach the referred patient, they will leave a voicemail reminding the patient about their upcoming enrollment session. If the CHW cannot reach the patient and is unable to leave a voicemail, they will document this on the back of the referral form and attempt to contact the patient at least two additional times. Sometimes, a referred patient does not receive a welcome phone call, because they were individually enrolled by clinic staff or referred and signed up for an enrollment session at the last minute. If a patient does not attend the enrollment session they are signed up for, a CHW will call the patient to reschedule them for a different enrollment session.

COMMUNITY HEALTH WORKER



Courtesy of Growing Hope

“We [Community Health Workers] do this because we want to. We do this because it's our heart. We do this because it's our spirit. So we want to share it, and we see the improvements in all the people in the Prescription for Health program.”

CALISA REID

Community Health Worker
Washtenaw County Public Health
Disability Advocate

We found that patients often need a reminder of their scheduled session as they could have been referred several weeks prior, and limiting the reminder to less than a week before their enrollment session helps ensure the participant remembers to attend the session.

5

IMPLEMENTATION

PARTICIPANT ENROLLMENT

After being referred, participants must attend an enrollment session to participate in the program. There are several goals of the enrollment session: introduce participants to some of the program staff, ensure they understand all program components, establish SMART (Specific, Measurable, Attainable, Realistic, and Timely) goals, collect baseline data, and provide essential program details and resources. The typical enrollment session lasts one hour, and we have found that it works best to cap attendance at 20 people. Sessions have been held in a variety of meeting rooms at health clinics, public libraries, and community centers. When selecting a meeting location, consider the size of the room, available parking, proximity to public transportation, familiarity to participants, and proximity to farmers market partners.

Group enrollment sessions are led by the Prescription for Health program coordinator or student intern with support from a Community Health Worker (CHW) and a clinic staff member. The unified presence of a community member (the CHW) and someone from the clinic reinforces the association between the clinic and the farmers market in having an impact on the participant's health. While CHWs or clinic staff could lead the group enrollment session, we have found it works best for the coordinator or intern to take charge. They know intimate details about each component of the program to fully answer questions, know who is scheduled to attend, and can coordinate those not in attendance to be rescheduled. To ensure all pertinent information is covered in each session, we created an agenda for the group enrollment session. An enrollment session agenda is also a useful tool when orienting new interns, CHWs, and clinic staff to the program and enrollment sessions.



TIP: We thought that participants might prefer being enrolled in a group enrollment session at the market as opposed to at their health clinics. Enrollment at the market would probably also increase our participant market visit rate. However, when we completed post-program surveys with our participants, they surprised us and did not suggest a different location. We believe the safety of the four walls allowed our participants to feel comfortable and share personal information with their program peers that they may not have shared in the more public market setting. If our markets add an onsite structure with meeting rooms, we would likely pilot enrollment sessions in these rooms.

While CHWs or clinic staff could lead the group enrollment session, we have found it works best for the coordinator or intern to take charge.

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IMPLEMENTATION

In addition to leading the enrollment sessions, the program coordinator or intern is in charge of bringing materials and serving as the time-keeper to meet all of the session goals. A CHW attends enrollment sessions that have more than five participants scheduled to attend. This parameter was designed to prevent program staff from outnumbering or intimidating participants in smaller sessions. Furthermore, because these small sessions do not require CHW assistance as much as larger enrollment sessions, it allows their hours to be used in more appropriate ways. The CHW speaks to participants about their role in the program and provides information on program resources that will be available at the farmers market. This initial introduction to the CHW in a clinic setting helps reinforce the association between their health, the medical system, and the food sector.

Finally, one representative from a participating health clinic attends each session. This person discusses how fruits and vegetables can improve an individual's health and ways past participants have benefited from the program. If it is the first year implementing the program, program success stories from other communities can be shared. Since the clinic representative may vary and some staff may be less comfortable speaking to large groups, these sections of the enrollment agenda have been written so they can be read verbatim, depending on preference. Some clinicians prefer to ad lib during the enrollment session and build off of participant conversations. Either option is fine, but it is important to have a clinician at the enrollment session to serve as a reminder that this program has been recommended by their clinician. The clinician's presence indicates to participants that they will continue to support them in making dietary changes and health improvements.

Occasionally, if a participant cannot attend a group enrollment session, they will be enrolled individually. Individual enrollments are often led by the referring clinician. They are more concise one-on-one sessions between the patient and the clinician and typically occur concurrently with the referral. The clinician discusses the same materials as in the group enrollment session, and the individual sets SMART goals and completes a pre-program survey.

Historically, participants attending group enrollment sessions have better farmers market attendance than those individually enrolled. One possible explanation for this difference is that an individual enrollment session is more convenient but requires less initial commitment from a participant. Patients who are referred



TIP: Most group enrollment sessions were scheduled on market days so participants could go right to the market for their first visit after the session ended. Participants were also given the opportunity to follow the CHW to the market. This process allowed participants to visit the market as soon as they were enrolled, and once they had this experience, they were more likely to visit the market again.

Historically, participants attending group enrollment sessions have better farmers market attendance than those individually enrolled.

5 IMPLEMENTATION

to a group enrollment session have to wait to attend the session on a different day, potentially at a different location. Thus, individuals who attend a group enrollment session are investing more time in the program before receiving any benefit compared to participants who are individually enrolled. Individuals who are unable to take the time to attend a group enrollment session may not be as committed and, therefore, may not be a good fit for the program.

At enrollment sessions, each participant is given a Prescription for Health tote bag to carry their farmers market produce and an enrollment packet which contains the following items. These items are discussed, and if a participant has any trouble completing the forms (low literacy, poor eyesight, or limited English proficiency), one of the program staff members will help them individually:

- **Program summary handout (Appendix L)**
This summary handout includes key program information including Prescription for Health staff contact information, a privacy clause, and participating farmers market information with maps of farmers market locations.
- **Special events handout (Appendix M)**
This informs participants of additional nutrition education opportunities at the farmers market and encourages participants to come to the market and use the program.
- **Grand prize flyer (Appendix N)**
Participants that attend two special events and use all of their farmers market visits are eligible for the Prescription for Health grand prize, a local Community Supported Agriculture (CSA) share. This serves as an extra incentive to maximize program participation.



WE KEEP PARTICIPANT INFORMATION CONFIDENTIAL by

following HIPAA guidelines and excluding any identifying information from reports. Physical copies of stored participant data are locked, and a limited number of employees have access to the electronic program database. Since participants are assigned unique prescription numbers, these numbers could be used in lieu of identifying information.



IN 2015, the first year with a grand prize opportunity, we saw a 15% increase in the number of participants who used all of their farmers market visits (31% and 46% in 2014 and 2015, respectively).



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IMPLEMENTATION

- **Produce seasonality sheet**

This handout shows when different fruits and vegetables are in season and sold at the farmers market so that participants can understand the seasonality of local foods and when they will be able to purchase different produce.

- **Food preservation handout**

The enrollment session serves as an opportunity to provide additional education to participants. Information on blanching and freezing fruits and vegetables is provided to all participants as a method for preventing food waste and maximizing food dollars.

- **Recipe card (Appendix O)**

A simple recipe using seasonal ingredients available at the farmers market is distributed to participants to serve as an example of meals that could be made from farmers market produce.

- **Prescription card (Appendix P)**

The prescription cards are used to document the participant's goals and track their farmers market visits. At the enrollment session, participants establish their reason(s) for participating in the program and create SMART goals to be accomplished over the next six months. The clinician reviews the participant's goals to ensure they follow the SMART criteria and signs the prescription card at the enrollment session. The top copy is collected at the end of the enrollment session by program staff, and the patient keeps the bottom copy to bring to the farmers market. The prescription card must be presented to a CHW at the farmers market to receive tokens. Additionally, the back of the prescription card is used to track farmers market visits and smaller, weekly goals that participants work towards in between market visits to help them achieve their six month goals. Participants set these smaller goals with the CHWs during their farmers market visits. The prescription cards measure 7 inches wide x 4 ½ inches tall and are printed on two-part carbonless copy paper.



TIP: Check with your state's extension office for produce seasonality and preservation information.



WHEN POSSIBLE program staff prepare the recipe in a licensed kitchen in advance, demonstrate how to make the recipe at the enrollment session, and distribute the sample that was made in a licensed kitchen. It is important to follow regulations regarding safe food handling and preparation if food tastings are considered. Finding access to licensed kitchens for food preparation may be challenging in some areas. This may be a good opportunity to partner with a local organization that already conducts food demonstrations and has access to a licensed kitchen. If we were unable to prepare a recipe, we purchased produce (like blueberries) from our partner markets to offer at the group enrollment session.



TIP: If a participant loses their prescription card we issue them a replacement card.

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- **Consent form (Appendix Q)**

This document notifies participants of privacy practices and serves as documentation that a participant is consenting to participate in the program. This is collected at the end of the enrollment session by program staff.

- **Pre-program survey (Appendix R)**

This information is crucial to establish a baseline for program evaluation. Each participant completes this form during the enrollment session, and program staff collect it at the end of the session.

PROGRAM IMPLEMENTATION AT THE FARMERS MARKET

PRESCRIPTION FOR HEALTH TABLE

At each farmers market, CHWs staff the Prescription for Health table ready to speak with participants when they arrive. It is important that the CHWs and the Prescription for Health table are easily identifiable. Our CHWs wear a T-shirt with the program logo, and the table is covered with a tablecloth imprinted with the logo. If the farmers market has an information table, it may be helpful to locate the Prescription for Health table nearby. Generally, the farmers market manager is responsible for providing the table and chairs for the CHWs and for storing the program materials between markets. The supplies needed each week at the market include farmers market attendance sheets, a Prescription for Health stamp to record the participant's attendance on their prescription card, tokens to distribute to participants, writing utensils, and a yard sign with the program logo to display at the entrance to the market. The CHWs use a chalkboard or dry erase board



IF SOMEONE VISITS THE TABLE WHO IS NOT A PRESCRIPTION

FOR HEALTH PARTICIPANT, ensure that the CHW speaks with them. Education and information are for all; tokens are for participants.



IF PARTICIPANTS ARE UNABLE TO COME TO THE MARKET, we

allow a proxy to come in their place. While this means the participant is not engaging directly in a conversation with a CHW, they are still participating by receiving fruits and vegetables their proxy can purchase for them.

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to list the produce that is available at the market that day. Recipes, community resources, gardening information, chronic disease fact sheets, and program flyers are also available for participants to review and take. All of these items are stored in binders, containers, and bags that are placed into a cart. Participant-sensitive information and tokens are stored in a locked bag within the cart.

When participants arrive at the market, they provide the CHW with his or her prescription card. After reviewing their information, the CHW will engage the participant in a brief conversation about their goals. During this discussion, the CHW will ask the participant about their experience and progress in attaining their goals that week, something new they may have tried, and what did or did not work well for them. The CHW will then help the participant set an additional small goal for the next week. This small goal is a concrete, actionable step to work toward their overall six month goal. For example, if a participant's six month goal is to eat three cups of vegetables per day, a small goal for the week might be to eat a half cup of vegetables every night at dinner. Community Health Workers are encouraged to use open-ended questions to enhance the dialogue. After reviewing goals and setting new ones, CHWs stamp the prescription card, check the participant in on the market attendance sheet, and distribute tokens to the participant. Attendance sheets are usually picked up from the farmers market every week by the intern.



Prescription for Health tokens

TOKENS

Tokens can be used to purchase any fruits, vegetables, or fruit or vegetable plants available at the farmers market. Tokens cannot be used for eggs, honey, or any prepared foods such as jam or bread. Participants receive ten tokens, each worth \$1, per farmers market visit. Participants are expected to visit the farmers market ten times, for a total program benefit of \$100 per participant.⁶ All tokens must be spent during the current farmers market season.

⁶ In communities where the farmers markets do not operate through December, participants are allotted six farmers market visits during the farmers market season and pick up a monthly fresh food box in November and December. Each box contains \$20 worth of fresh produce and, therefore, counts as two farmers market visits.

ADDRESSING BARRIERS AND PROMOTING OTHER RESOURCES

Community Health Workers (CHWs) regularly engage with participants at the farmers market regarding progress toward goals. When discussing barriers to attaining goals, it may become apparent to CHWs that participants require additional community resources to meet their basic needs before working more diligently on attaining their

health goals. Therefore, the CHWs are equipped with a comprehensive list of community resources that they can share with participants. Examples of resources include locations of community food banks, information on applying for Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, the Double Up Food Bucks® program, and housing assistance information.⁷ Transportation assistance is also an important resource as many participants may not have reliable transportation or do not drive, and thus, rely on public transportation or friends and family for rides. If public transportation is available, and there is money in the program budget, consider reducing the barrier to visiting the market by covering the cost of a return trip home. Creating an aggregate list of resources, and ensuring the CHWs are knowledgeable about this information, will empower the CHWs to be an effective resource for participants. Work with the CHWs to create this list as they may know of resources that are not broadly advertised. This information can be organized in multiple formats, such as an online directory, a resource binder, or a brochure to share with participants. Whichever method is used, the information should be organized, readily available, and regularly updated.

Creating an aggregate list of resources, and ensuring the CHWs are knowledgeable about this information, will empower the CHWs to be an effective resource for participants.

“Because of the Community Health Worker and this program, I signed up for Medicaid and Food Stamps.”

2015 Prescription for Health Participant

In addition to community resources, CHWs have information on many other topics of interest, including low-cost recipes, gardening information, and chronic disease fact sheets. Ultimately, CHWs bring knowledge of their community to the Prescription for Health program and share their knowledge to the benefit of program participants. Conversations between CHWs and participants can also help to identify potential areas for action, including action toward larger systematic barriers to health. Community Health Workers are strategically placed to document community needs, suggest

program improvements, and ignite discussions within the health department and the greater community regarding system level changes to improve community health.

⁷ Double Up Food Bucks is a Michigan program of the Fair Food Network whereby SNAP recipients can double the amount they can spend on fresh fruits and vegetables. More information available at <http://www.doubleupfoodbucks.org/>

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IMPLEMENTATION

SPECIAL EVENTS

Prescription for Health hosts five special events at the farmers market with one special event taking place in each community each month of the traditional outdoor market season. The goals of special events are to encourage participants to attend the farmers market and to provide additional opportunities for nutrition education. The topics of special events vary and are informed by feedback from participants on what resources and information they would like. Examples of previous special events include how to save and store produce to increase shelf life, the health benefits of eating more fruits and vegetables, and the benefits of daily physical activity.

On special event days, participants are encouraged to come anytime during the market to hear a brief presentation or demonstration. After the presentation, participants are given an opportunity to further discuss materials and ask questions.

The special event is ideally in close proximity to the normal Prescription for Health table so that CHWs can also encourage participants to attend the special event when they are picking up their tokens. One health department staff member hosts the special event, keeps track of special event attendance, and distributes educational material and giveaways which align with the special event (for example, a water bottle for a physical activity discussion or a measuring cup for a talk on serving sizes of fruits and vegetables). Participants that attend special events are also entered into a raffle prize drawing for another item like a blender, shopping cart, or exercise band. Winners of raffle prizes are notified after the special event and are asked to pick up the item at the farmers market within the next week. This strategy requires the winners to visit the farmers market once again, encouraging greater utilization of Prescription for Health tokens and farmers market use.

Participants that attend special events are also entered into a raffle prize drawing for another item like a blender, shopping cart, or exercise band. Winners of raffle prizes are notified after the special event and are asked to pick up the item at the farmers market within the next week. This strategy requires the winners to visit the farmers market once again, encouraging greater utilization of Prescription for Health tokens and farmers market use.

STAFF APPRECIATION DAYS

Partner training and meetings provide clinic and farmers market staff with an overview of the program and their responsibilities; however, many staff may not be familiar with the role of a Community Health Worker (CHW) or have experience shopping at a farmers market. One way to encourage partner staff to gain a better understanding of the program's operations, their patients' experience at the market, and the importance of the CHW's role is to have them go to the farmers market. For staff appreciation days, staff members from partner organizations are invited to visit the Prescription for Health table, meet a CHW, and get tokens to spend on the same items that participants can purchase. This experience allows staff to truly realize the value of the program and the farmers market so they can better promote

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both. This is also a way to thank staff for their work in implementing the program. It is important that the tokens given to the staff are different from the tokens the participants receive (so the amount spent by participants is not confounded by the amount spent by staff) and that the vendors and farmers market managers know to accept this form of payment.

FOLLOW-UP PHONE CALL

Community Health Workers (CHWs) contact participants for two follow-up phone calls during the program. Follow-up calls allow CHWs to check-in with participants regarding their participation in the program. Topics discussed include farmers market visits, goal setting, barriers to visiting the farmers market, questions and concerns about the program, referrals to other community resources, and reminders about upcoming special events at the market. For participants who have not visited the farmers market yet, follow-up calls primarily serve as reminders to visit the market and focus on possible solutions to barriers in attending the market. A follow-up call tracking form allows CHWs to document their contact (or attempted contact) with a participant and pertinent details from their conversation. This form is attached to the participant's referral form and acts as a shared log so any CHW can pick up the participant's file, be knowledgeable about previous discussions (even if another CHW made the initial contact), and have an informed conversation with the participant. If a CHW cannot reach the participant, they will attempt to contact the patient at least four additional times.

Follow-up calls begin approximately 4-6 weeks after program enrollment starts and are staggered based on date of enrollment. This provides participants numerous occasions to visit the farmers market and make progress on their goals before a CHW calls. The second set of follow-up calls begins approximately 8 weeks after the first follow-up calls (or 12-14 weeks after program enrollment) and is staggered based on when the first follow-up call was completed. The number of times CHWs follow-up with participants can be tailored according to funding and CHW availability.

COMMUNICATIONS

PARTICIPANT UPDATES

Participant updates should be given using a form of communication that reaches a large portion of participants. Survey your participant population to see what method they prefer. We currently use multiple modes of communication including phone calls from the Community Health Workers, mailings, program flyers at the Prescription for Health farmers market table, and emails.

Emails help remind participants of farmers market days and times, special events, seasonal produce available at the farmers market, and other program happenings. When emailing the participants, make sure to blind carbon copy (bcc) their email addresses to protect patient information. It is also helpful to include a link to the farmers market's website in the email. We have email addresses for about half of our

We currently use multiple modes of communication including phone calls from the Community Health Workers, mailings, program flyers at the Prescription for Health farmers market table, and emails.

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participants, and several have voiced that they appreciated the email reminders and visited the market because they received an email encouraging them to come. However, we have found that email is not very effective for engaging participants in a conversation about their progress and goals, because we rarely receive a reply email. An important point to remember is that not everyone uses email or has regular access to it.

Several participants report that texting is a preferable form of communication. Participants could be contacted via an opt-in texting system, like Opt It® or Ez Texting®. As with email, ensure patient information is protected.

CLINIC UPDATES

Health department staff send monthly email updates to key contacts at partner clinics. This email includes the number of patients the clinic has referred into the program, the number of patients that have attended an enrollment session and are considered participants, and the overall farmers market visit rate for their participants. The market visit rate includes the number of participants that attended the market zero times, one time, two times, etc.

Many clinics also request the individual market visit rate for each of their participants so they can reach out to those not attending the market and encourage them to use the program. Any identifiable patient information is faxed with a cover sheet to protect patient privacy.

ADVERTISEMENT BY THE FARMERS MARKETS

It is important for farmers markets to advertise accepted forms of payment, including Prescription for Health. Farmers markets can advertise this information through a sign at the farmers market entrance, print materials, social media, and their website. Signage detailing accepted payment methods at each vendor table is also helpful, especially for Prescription for Health participants new to farmers markets. This reduces confusion and helps vendors increase sales. Word of mouth is also a very powerful advertisement tool. Additionally, the farmers markets can advertise Prescription for Health special events (“Stop by the Prescription for Health table today for the Eat Better Basics special event!”).

All program partners can be encouraged to use their websites, calendars, social media, or other outlets to promote program events and happenings, as appropriate.



Signage displaying accepted programs

5 IMPLEMENTATION

SPECIAL INITIATIVES

SEASON EXTENSION

Many farmers markets do not operate year-round. In Michigan, outdoor farmers markets normally run from May through October. Despite the arrival of winter, there are ways to extend the Prescription for Health program. Two program extension options are winter farmers markets and fresh food box distributions.

> WINTER FARMERS MARKETS

Winter farmers markets enable participants to have fresh produce through the off-season months of the outdoor market and allow Prescription for Health to continue to contribute to economic development by generating revenue for local farmers. If the farmers markets do not operate year-round, speak with farmers market partners about extending the season by implementing a winter market. Winter markets can operate outdoors or indoors, depending on the weather and structural attributes of the outdoor market space (i.e. covered pavilion, outdoor heaters, etc.). Indoor markets may be preferable as they protect customers and vendors from the elements. Possible locations for indoor winter markets include schools, restaurants, community centers, senior centers, or a designated market site. Since these markets may be held in a different location than the outdoor markets, it will require advertisement and targeted communications about the new space. If possible, promote and distribute incentives (such as extra tokens) at the winter market to encourage participants to visit.

FARMER



Courtesy of Growing Hope

NORRIS STEPHENS AT THE DOWNTOWN YPSILANTI FARMERS MARKET

After speaking with Norris Stephens from Good Medicine Farm in Milan, MI, he said that Prescription for Health boosts his sales (about 20% of his food assistance sales are from Prescription for Health). Tracking his sales allows him to make sure he produces enough food for his Prescription for Health customers. Good Medicine Farm is a vendor at the Downtown Ypsilanti Farmers Market and the Depot Town Farmers Market.



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IMPLEMENTATION

* **WINTER FARMERS MARKET SHUTTLE**

Since winter farmers markets may not be held at the same location as the outdoor markets, transportation to the new space may present a barrier for participants, particularly if the market is not easily accessible by public transit. In 2014, we partnered with the area transportation authority to provide a shuttle to the indoor market. This shuttle reduced the transportation barrier, and several participants were able to travel to the indoor farmers market as a result to purchase fresh produce.

> **FRESH FOOD BOXES**

In communities where a winter farmers market is not possible, another way to extend the program is to provide participants with fresh food boxes in the winter (similar to a Community Supported Agriculture (CSA) box). In our Prescription for Health program, boxes containing fresh produce are distributed to participants in November and December in communities without a winter farmers market. The food boxes are packaged and delivered by



a local food rescue agency. A Community Health Worker (CHW) staffs a table at a partner agency where the participants can pick up their boxes. This is another opportunity for the participant to discuss their healthy eating goals with the CHW and to receive recipes that use the produce in the boxes. Any boxes not picked up are donated to food pantries.

PILOTING WITH SPECIAL AUDIENCES

Partnering with clinics serving special audiences may present unique challenges that require modifications for successful program utilization. New clinic partnerships often begin with a pilot season. At the end of the pilot season, both the clinic and the public health department can decide if the partnership is a good fit and determine what can be improved upon for future years.

> **SCHOOL-BASED HEALTH CENTERS**

In 2014, we piloted Prescription for Health with school-based health centers that work to improve the health of students and their families by providing physical, emotional, and preventive healthcare to youth in Washtenaw County. These school-based health centers are staffed by physicians, nurse practitioners, social workers, registered dietitians, and health educators and are located in multiple schools. The addition of these school-based health centers allowed our program to reach an age group that previously had only a minor representation in the program.

While the pilot was successful, the partnership required program adaptations regarding the referral process and evaluation. Since these clinics are based in schools, clinicians often see students during the school day without their parents. However, participation in Prescription for

5

IMPLEMENTATION

Health requires parental consent and involvement, as the students cannot typically travel to the market on their own. Therefore, clinicians adapted the referral process to include sending information home with the students, mailing information, and calling the parents, depending on what was most

successful with their students and families. Parents who were interested in their child participating in the program were then required to attend an enrollment session (ideally with their referred child). In order to reach this unique population, we held enrollment sessions at the school to make it convenient for parents picking up or dropping off their children. However, parents were not restricted to enrollment sessions at the school; they could attend any open enrollment session that fit their schedule. We also found that clinicians needed to start referring patients earlier than at other clinics, because they were better able to recruit participants during the school year as opposed to summer (see “Evaluation” section for additional program adaptations).

This program provides support for youth to establish behaviors conducive to a healthy lifestyle early in life.

“[My favorite part of the program was] getting to spend time with my family (mostly mom/dad) and getting fresh fruits and veggies.”

*2015 School-Based Health Center
Prescription for Health Participant*

Partnering with school-based health centers increased youth participation while providing a framework for the entire family to benefit. Parents of participating children often praise the program as a fun way for them to bond with their child while learning about healthy eating. This program provides support for youth to establish behaviors conducive to a healthy lifestyle early in life. It also complements and builds upon school nutrition education programs and the growing emphasis on sourcing local foods and teaching children how our food is produced. Some of these programs include the USDA (United States Department of Agriculture)

Child Nutrition Programs and the newly established Office of Community Food Systems, which includes the Farm to School Program.

> ADOLESCENTS AND YOUNG ADULTS

Our Prescription for Health program was also piloted with a clinic that serves adolescents and young adults, especially those who are parents. More than half of the patients enrolled in the Prescription for Health program at this clinic did not redeem any of their program benefit or visit the farmers market during the first year of program implementation. The following year, health department staff were present in the waiting room on three separate dates to engage patients in discussion and to offer surveys, tokens, and guided walks to the market for any interested patients and their companions (family, friends, children, etc.). This clinic is located approximately two blocks from the local farmers market. Several participants walked with staff to visit the market, and many more met staff at the market to spend their tokens and talk about their experience. This personal approach seemed to be a better fit with this especially vulnerable population and helped fuel our decision to incorporate Community Health Workers into our program model.

6 EVALUATION

Evaluation is key to measuring the success of a program. It is important to gather feedback from program participants and partners. We recommend conducting formal quantitative and qualitative evaluation with participants and gathering qualitative feedback from partners and Community Health Workers (CHWs).

We recommend conducting formal quantitative and qualitative evaluation with participants and gathering qualitative feedback from partners and Community Health Workers (CHWs).

PARTICIPANT EVALUATION

In order to accurately assess the impact of a program, participant data should be collected before the start of the program and after the program has ended. Farmers market and special event attendance should be tracked throughout the program. Baseline data are gathered from Prescription for Health participants via the referral form (Appendix I) and the pre-program survey (Appendix R). Participant demographic information, referring clinic, preferred form of contact, and reasons for referral are collected via the referral form. The pre-program survey, filled out during enrollment, asks participants about shopping, cooking, eating habits, overall health, past participation in the Prescription for Health program, use of food assistance programs, and additional demographic information. Post-program surveys (Appendix S) are used to gather information from participants about overall program experience, barriers to full program utilization, goal setting, changes in health, and changes in shopping, cooking, and eating habits. Post-program surveys also provide a platform to solicit participant feedback regarding specific program components such as group enrollment sessions, special events, and the winter farmers market. Enrolled participants who did not use their prescriptions complete a separate post-program survey (Appendix T).

While the referral form and the pre-program survey are filled out in person by clinic staff and participants, respectively, post-program surveys are conducted over the phone. After the end of the farmers market season, CHWs contact 80% of program participants to complete post-program surveys. Surveys are completed within six weeks of the program conclusion, and at least three attempts are made to reach each participant. Other program staff contact 20% of program participants to administer a version of the post-program survey which includes additional CHW-specific questions to elicit participant feedback about the CHWs. Post-program surveys for child participants are often completed with the participant's parent or guardian. Therefore, in order to gather feedback directly from the youth in the school-based health center model (separate from the responses given in the post-program survey), students complete a short post-program survey in person with school clinic staff (Appendix U).

DATA MANAGEMENT AND ANALYSIS

We use IBM SPSS® Statistics software to track and analyze program data because it can perform a variety of functions, and we already have licensure for the program for other departmental needs. Other statistical software, such as GNU Project's PSPP or Microsoft® Excel, could be used but might have limited statistical capabilities. To protect participant privacy, only specific program staff have access to our SPSS database. Another option would be to use unique prescription numbers in place of identifying data. Regardless, be sure to follow HIPAA (Health Insurance Portability and Accountability Act) guidelines.

6 EVALUATION

To facilitate statistical analysis, data should be coded quantitatively. Categorical variables can be pre-coded so that each response option is assigned a numerical value. For example, “yes” is coded as “1”, “no” is “0”, and “unsure” is “99”. Blank responses in a database can interfere with data analysis; therefore, it is important to also assign codes for not applicable variables and missing data. We use the codes “97” for “not applicable” and “999” for “missing.” Sometimes survey questions are not answered properly, and you must decide how to code the answer. For example, the participant answers “some” to the question, “How many cups of fruits and vegetables do you eat each day?”. Whatever decision is made, be consistent in coding. Responses to open-ended questions can be post-coded to interpret themes and trends as part of the analysis process.

All of this information should be combined into a codebook which describes how the data are arranged in the database, what the various numbers and letters mean, and any special instructions on how to use the data properly. The codebook should contain a complete record of variable names, labels, and coded values and have clear guidelines, so coding is consistent regardless of the coder. In our pre-program survey codebook, the variable name is in red and coded responses are in yellow (Appendix V).

Once a codebook is created, participant information and responses from the referral form, pre-program survey, and post-program survey are entered into SPSS. Farmers market visits and special event attendance are also tracked using SPSS. Data are typically coded and entered by the intern within one week from collection. In the database, each program participant is a separate case; and each survey question, farmers market visit, or other collected datum is a separate variable. After data entry is complete, data are cleaned to check for duplicates, errors, and incomplete data. As part of the data cleaning process, 10% of pre-program surveys and 25% of post-program surveys are randomly selected, and data are proofread against the original documents. If any major mistakes are found, all data are verified by proofreading against original documents.

Data analysis is typically completed by the program coordinator. Analysis often begins by calculating simple summary statistics including frequencies and descriptive statistics such as the percentage of participants who are female, the average age of participants, the number of participants completing 0-10 market visits, etc. Paired sample t-tests are used to determine if two related population means are significantly different from each other. We use paired sample t-tests to compare pre- and post-program survey data to determine if there is a statistically significant difference (i.e. total fruit and vegetable consumption pre-program compared to post-program). You can only use cases (participants) that have both sets of data (i.e. answered the question on both the pre-program survey and the post-program survey). Therefore, your sample size, denoted as “n”, will likely be less than the number of people enrolled in the program. For this example, “n” would be the number of people who successfully completed the question on the pre- and post-program survey. A paired sample t-test will produce a mean and a p-value. The mean is the average difference between the two variables, and the p-value indicates the significance of the results. We use a p-value less than or equal to 0.05 to indicate that the mean difference between the variables is statistically significant (i.e. if the comparison of the mean fruit and vegetable consumption pre-program to post-program produces a p-value less than or equal to 0.05, then there is a statistically significant difference in fruit and vegetable consumption pre- to post-program). We report our results annually in a program outcome report (Appendix D).

6 EVALUATION

PARTNER AND COMMUNITY HEALTH WORKER (CHW) FEEDBACK

Feedback from our program partners and CHWs is gathered through structured in-person meetings, surveys, and informal discussions. Incentives, such as lunch from local food vendors, help encourage participation. If partners or CHWs are unable to attend the meetings, try to capture their feedback over the phone or over email. Currently, we have a mid-program farmers market and clinic partner meeting to learn what can be improved upon for the remainder of the program cycle, as well as for the future. At the conclusion of the program season, we distribute an overall program outcome report (Appendix D) and individual clinic outcome reports that highlight overall and per-clinic program results. The individual clinic outcome reports describe the clinic's patients' demographics, program utilization, fruit and vegetable consumption, etc. and act as a catalyst to discuss continuing the partnership in the upcoming year and areas for improvement. We encourage our clinic partners to share the outcome reports with their organizational leadership. The CHWs provide qualitative feedback throughout the program via monthly meetings and a mid-program meeting.

FARMERS MARKET EVALUATION

Talk with farmers market partners to see what evaluation they are already completing at their markets. They might know what percent of food assistance sales and total produce sales come from Prescription for Health. These concrete numbers, as well as information from the Sticky Economy Evaluation Device (SEED) report (Appendix E), demonstrate the program's local economic impact. Another measure used to evaluate the overall impact of the program is the token redemption rate. Since participants receive ten tokens per farmers market visit, we can calculate how many tokens are distributed per person and in total. Invoices from farmers market partners can be used to determine the total number of tokens redeemed. Therefore, we can calculate the token redemption rate (total tokens redeemed divided by total tokens distributed), but cannot calculate the redemption rate of tokens per participant.

PRESCRIPTION FOR HEALTH PARTNER



Courtesy of Stephanie Willette

“It was fantastic having Prescription for Health at the Chelsea and Bushel Basket Farmers Markets. The program brought in many new customers who were interested in healthy eating, many of whom returned even after they had used all their tokens. Prescription for Health's focus on education helped introduce new kinds of vegetables and recipes to our customers, which increased sales for our vendors. We loved participating in the program and hope to continue working with Prescription for Health in the future.”

STEPHANIE WILLETTE

Farmers Market Manager
Chelsea and Bushel Basket Farmers Markets
Chelsea, MI

7 LESSONS LEARNED: SUCCESES AND CHALLENGES

As Prescription for Health progressed from a pilot program to a more formalized program model, there have been many lessons learned and opportunities to apply quality improvement approaches to make program improvements.

For example, in the 2011 program year, about one-third of enrolled participants never redeemed their tokens from the participating farmers market. In order to improve farmers market attendance rates, we used quality improvement tools to determine that all partner clinics should follow a standardized referral and enrollment process. This process would ensure that clinicians were referring patients who actually wanted and were able to use the program. If a patient had no desire to eat fruits and vegetables or could never visit the farmers market, they would not be a good fit for the program and would not be referred. In 2013, we made specific changes to the program design including instituting a more detailed referral process with a standardized referral form listing the farmers market hours and location, enrolling patients through group enrollment sessions, completing a RACI (Responsible, Accountable, Consulted, and Informed) chart with clinic partners, and adding the role of Community Health Workers as program staff to remind patients about the program and offer support. After these changes were implemented, only 3% of enrolled patients in 2013 did not visit the farmers market to spend their tokens, thereby showing a greatly increased fit between referred participants and the program.



In addition to these types of structural program changes, some useful tips our staff have learned about program implementation include:

BE FLEXIBLE

Each program season brings its own successes and challenges. One important point to realize is that no matter how much you prepare, there is always something that does not go according to plan (i.e. staff turnover in partner organizations, clinic partners following an unsanctioned deviation from the program model, clinic partners under-enrolling patients, etc.). The key is to be flexible. Remember the overall goals of the program and adjust as necessary.

THERE ARE EXCEPTIONS TO EVERY RULE

Despite designing the program to be replicated with each clinic and farmers market partner, every clinic and farmers market does not operate the same and the program implementation must be tailored to meet that specific organization's needs. For example, our Prescription for Health program operates in two communities

7 LESSONS LEARNED: SUCCESES AND CHALLENGES

in Washtenaw County: Ypsilanti and Chelsea. In the past, the farmers market in Chelsea closed at the end of October; however, in Ypsilanti, there were options for winter markets following the end of the outdoor markets in October. To give participants in both places the ability to participate through December, participants in Ypsilanti could redeem their tokens at the Ypsilanti markets through December, and participants in Chelsea picked up a fresh food box once in November and once in December.

Another practical example is the enrollment process. Post-program surveys reflect that participants like the group enrollment sessions, and market visit data show that those enrolled at a group session have a higher market visit rate compared to those individually enrolled. Therefore, all participants would ideally be enrolled at group enrollment sessions. However, even though group enrollment sessions are scheduled over several months at different times and locations, some potential participants simply cannot make these sessions. Providing clinicians the ability to enroll participants individually enables these patients to participate in the program.



KEEP IT SIMPLE AND REPEAT OFTEN

It is important to explain the program clearly both in writing and verbally. When passing out written information to participants, the material should be at a low reading level (our 2015 Prescription for Health program strived to create handouts at or below a 6th grade reading level). Written information includes handouts found in the enrollment packet, special event flyers, educational materials discussed at the special events, reminder postcards mailed near the end of the program, etc. During the group enrollment sessions, the program is explained, and the enrollment packet information is reviewed. Despite articulating the program at the session and in writing, people may still not fully understand. Perhaps they misunderstood because they have poor hearing, poor eyesight, low literacy level, misheard, or simply did not pay attention or read the information. Whatever the reason, be patient and be prepared to repeat the program explanation multiple times. One example is a participant who attended a group enrollment session but left believing he could only go to the market once per month. Thankfully, a Community Health Worker (CHW) was able to connect with him over the phone to clarify this program information.

In addition to repeating program information to participants, it is also important to remind partners of the program model and key components. Ensuring that farmers market partners, vendors accepting tokens, clinic partners, CHWs, other Prescription for Health program staff, and participants are all receiving and sharing consistent information is important to the program's success.

7 LESSONS LEARNED: SUCSESSES AND CHALLENGES

DATA ARE FREQUENTLY IMPERFECT AND INCOMPLETE

Though the readability of referral forms and surveys are scrutinized and meticulously tested, they will frequently be returned incomplete. If the participant is present when this is discovered, point out the question(s) the participant missed and ask them to complete it. The participant may not have completed something because they did not understand the question or have low literacy. In this case, take the time to explain or read them the question and mark their answer as appropriate. If the participant is not around when the mistake is caught, perhaps this is something the clinician can answer (i.e. address, age, etc.), or the participant could be contacted. A note can be added next to the participant's name on the farmers market attendance sheet (i.e. update address) if the participant is unable to be reached by phone. If the participant failed to complete some questions on the survey, and it would not be appropriate to complete them at a later date, then make sure to have a code in the database for missing data.

Over the course of the program, we implemented some ideas that did not work like we anticipated. We wanted to share some of our “failed recipes”:



Our Community Health Workers (CHWs) hosted non-mandatory support sessions at clinics near the farmers markets. These sessions lasted one hour, and participants could come to the support sessions to learn what produce was available, receive information on how to live a healthy life, and connect with fellow participants to discuss goals, tips, and program experiences. When the support session ended, the farmers market would be open. We loved this idea of offering more support to the participants, unfortunately the sessions were discontinued due to low attendance rates.



Our staff created a nutrition counseling guide for physicians to follow while meeting with patients. This quick guide was intended to help physicians identify their patient's fruit and vegetable consumption and arrange for their participation in Prescription for Health. Unfortunately, physicians did not use these guides, because they did not have enough time to discuss these with patients. We learned that other clinicians (such as social workers, registered dietitians, patient advocates, etc.) were already discussing a patient's access to food. Therefore, we changed our program model to also allow non-physician clinicians to refer patients.



Originally, participants were only able to redeem tokens if they brought their prescription card to the market. However, we realized this meant that participants who had spent time, money, and effort to get to the market were refused the ability to get fresh, healthy food if they forgot their card. We wanted to reward the participants' commitment to their health, so we decided to allow participants to redeem tokens without their prescription card if they provided photo identification. Ideally, participants bring their prescription card to the market as this helps in goal setting and tracking farmers market visits. However, we know people sometimes forget their card, and many participants have benefited from this change.

8 RESOURCES & BUDGET

STAFFING

Local public health department: Provides the coordinating and evaluation roles in the program, connecting all aspects of program planning and operations (approximately 0.5 FTE is needed for this role). Health department staff hire and supervise a full-time student intern and Community Health Workers. Community Health Workers are paid around \$15 per hour as temporary health department employees. The student intern hourly rate is \$15, although there are many opportunities to have free interns. Travel to farmers markets and partner planning meetings and mileage costs need to be budgeted.

Clinics: Advertise Prescription for Health, recruit and refer patients to the program, provide on-site lead staff for the program to assist in enrollment sessions, and participate in select special events at the farmers market as available (i.e. Lower Your Blood Pressure Day).

Farmers market manager: Provides space at the market for Prescription for Health staff, advertises the program, coordinates token redemption and payment (trains vendors to accept Prescription for Health tokens for reimbursement, provides accounting support for tokens redeemed, pays vendors, invoices the health department at least twice each program year for reimbursement of redeemed tokens), and produces a Sticky Economy Evaluation Device (SEED) report (Appendix E).

PRESCRIPTION FOR HEALTH PARTNER



Courtesy of Packard Health

“One of my patients (who has Type 2 diabetes, coronary artery disease, and hypertension) was enrolled in Prescription for Health. She has been working hard on lifestyle changes to control her blood pressure and blood sugars and found the Prescription for Health program ‘made her more motivated to eat right and eat better.’ She told me about ‘all the good things you can get at the markets with the tokens...sweet corn, peaches, plums, green beans, and tomatoes.’ My patient lost weight and improved her diabetes control over the summer and was able to lower her blood pressure without adding another medication to her regimen. She checks her blood pressure with a home cuff and was able to track her progress. Her one word description of the Prescription for Health program staff and the Ypsilanti Farmers Markets vendors: ‘Great!’”

**KAREN KOEPPE,
MS, RDN, CDE**

Packard Health
Ann Arbor, MI

8

RESOURCES & BUDGET

NON-STAFFING PROGRAM EXPENSES

Non-staffing program expenses will be highest when first implementing the program as all materials need to be purchased. After procuring the materials, some can be reused while others will need to be replenished. Expenses can be tailored depending on funding availability and include:

Tokens: Wooden tokens are used by participants at the farmers markets to purchase fresh fruits and vegetables. Tokens can be purchased from various vendors such as Old Time Wooden Nickel Co.®

Participant annual benefit: Program benefit can be scaled up or down depending on the amount of funding available (range has been \$40 per year per patient up to \$100 per year per patient). The amount of funding available for each patient per visit and per season must be high enough to encourage program participation. The value provided to participants must be worth the time and effort participants spend to get to the market.

When determining the program value, factor in other resources available (like Double Up Food Bucks), cost of living, and farmers market prices. Local foundations or partners (such as a hospital system as part of their Community Benefit Program) may be approached to invest in Prescription for Health as a community health improvement strategy. Regarding the number of market visits needed to produce a change in participant produce consumption, we have found a dose response relationship beginning with three market visits. The dose is the number of market visits, and the response is an increase in fruit and vegetable consumption from pre-program to post-program. This means that starting with three market visits, fruit and vegetable consumption pre- to post-program increases with each market visit.

Printing: Enrollment session materials with envelopes, prescription cards, promotional flyers, and educational materials.

Non-print advertising materials: T-shirts with program logo for staff uniform, buttons, and pens.

Items for farmers market table: Tablecloth; carts, containers and binders for storing materials needed at the market; stamp for marking visits on the prescription card; and yard signs advertising Prescription for Health.

Incentives tied to program implementation: Examples include farmers market tote bags, incentives for special events (water bottles, cutting boards, measuring cups), and incentives for staff partners (\$5 in tokens to spend at the farmers market helps increase program buy in and knowledge about how the farmers market works).



NON-PROFIT HOSPITALS ARE NOW REQUIRED, AS A PART OF THE AFFORDABLE CARE ACT, to complete a Community Health Needs Assessment every 3 years, as well as a Community Health Improvement Plan (CHIP) based on the results of their needs assessment. As part of the CHIP, hospitals are instructed to identify priority gaps and how they will contribute to reducing community health problems through existing or new programs and services.⁸

8 Ackerman, B., & Van Ochten, K. The patient protection and affordable care act: Newly required community health needs assessment. Durham, NC: Health Planning Source. Retrieved from <https://www.ncha.org/doc/385>

9 ACKNOWLEDGMENTS

Washtenaw County Public Health acknowledges the following organizations and programs that have been helpful during the planning, implementation, and evaluation of Prescription for Health. Some of these organizations are not formally integrated into the program, but their contributions have been crucial to the program's success.

CLINIC PARTNERS:

Faith in Action, Hope Clinic, Packard Health, Regional Alliance for Healthy Schools clinics, St. Joseph Mercy Academic Internal Medicine Clinic, St. Joseph Mercy Neighborhood Family Health Center, The Corner Health Center, University of Michigan Chelsea Health Center, University of Michigan New Hope Outreach Clinic, University of Michigan Ypsilanti Health Center, Washtenaw County Public Health Tuberculosis program

FARMERS MARKET PARTNERS:

Chelsea Bushel Basket and Chelsea Farmers Market, Growing Hope (Downtown Ypsilanti and Depot Town Farmers Markets), St. Joseph Mercy Ann Arbor Farmers Market, Westside Farmers Market (Ann Arbor)

FUNDING PARTNERS:

Faith in Action, Michigan Department of Health and Human Services, The Kresge Foundation, St. Joseph Mercy Ann Arbor, Ypsilanti Health Coalition

ADDITIONAL PARTNERS:

Ann Arbor Area Transportation Authority, Ecology Center's Sustainable Food Healthy Communities Program, Fair Food Network's Double Up Food Bucks Program, Food Gatherers®, Previous Washtenaw County Public Health Employees, Interns, and Volunteers



“ [Going to the farmers market is] a treat, not a treatment. ”

2015 Prescription for Health Participant

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The shared services agreement outlines expectations for all partners (clinic, farmers market, and public health department). These agreements should be signed by all partners.	
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The RACI chart is a quality improvement tool that clarifies roles and responsibilities. It is used to ensure uniformity of program implementation across all clinic partners. The clinic partners assign personnel accountable for each action and sign the document.	
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The referral form is used by the clinic partners to refer patients. It is a double-sided document with the back page reserved for Community Health Workers to record their contact with the patient. The bottom portion of the form, specifying the date, time, and location of the patient's enrollment session, is filled out by the clinician and given to the patient. The top portion of the completed form is faxed to health department staff or picked-up on a weekly basis (clinic-dependent). This form was created for Washtenaw County Public Health's 2015 Prescription for Health program in Chelsea, Michigan.	

10 APPENDICES

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The program summary sheet includes key program information including Prescription for Health staff contact information, a privacy clause, and participating farmers market information with maps of farmers market locations. This summary was created for Washtenaw County Public Health's 2015 Prescription for Health program in Chelsea, Michigan.	
M. Special events handout	65
The special events handout informs participants of additional nutrition education opportunities at the farmers market and encourages participants to come to the market and use the program. This handout was created for Washtenaw County Public Health's 2015 Prescription for Health program in Chelsea, Michigan.	
N. Grand prize flyer.....	66
The grand prize flyer informs participants of the Prescription for Health drawing that they are eligible for if they attend two special events and redeem all of their farmers market visits. The prize, a local Community Supported Agriculture (CSA) share, serves as an extra incentive to maximize program participation. This flyer was created for Washtenaw County Public Health's 2015 Prescription for Health program in Chelsea, Michigan.	
O. Recipe card.....	67
A simple recipe using seasonal ingredients available at the farmers market can be given to participants during the enrollment session to serve as an example of meals that could be made from farmers market produce. This recipe was used in Washtenaw County Public Health's 2015 Prescription for Health program.	
P. Prescription card	68
Participants receive their prescription card at the enrollment session. On the front of the card, participants write their reason(s) for participating in the program and create goals to be accomplished over the next six months. The top copy is collected at the end of the enrollment session by program staff, and the patient keeps the bottom copy to take to the farmers market. The prescription card must be presented to a Community Health Worker at the farmers market to receive tokens. The back of the prescription card is used to track farmers market visits and smaller, weekly goals, which help participants achieve their six month goals. The prescription cards measure 7 inches wide x 4 ½ inches tall and are printed on two-part carbonless copy paper. This card was used in Washtenaw County Public Health's 2015 Prescription for Health program.	
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10 APPENDICES

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The pre-program survey collects information crucial to establish a baseline for program evaluation. Each participant completes this form during the enrollment session, and program staff collect it at the end of the session. This survey was created for Washtenaw County Public Health's 2015 Prescription for Health program.

S. Post-program survey..... 73

The post-program survey is administered over the phone by program staff. There are multiple versions of the survey. This version is for participants who visited the farmers markets at least once. This survey was used to evaluate Washtenaw County Public Health's 2015 Prescription for Health program.

T. Post-program zero visit survey 77

The post-program zero visit survey is administered over the phone by program staff. This version is for participants who did not visit the farmers markets at all. This survey was used to evaluate Washtenaw County Public Health's 2015 Prescription for Health program.

U. Post-program school-based health center survey 78

Post-program surveys for child participants are often completed with the participant's parent or guardian. Therefore, in order to gather feedback directly from the youth in the school-based health center model (separate from the responses given in the post-program survey), students complete this short post-program survey in person with school clinic staff.

V. Pre-program survey codebook..... 79

A codebook should contain a complete record of variable names, labels, and coded values and have clear guidelines, so coding is consistent regardless of the coder. In Washtenaw County Public Health's pre-program survey codebook, the variable name is in red and coded responses are in yellow.



Fruit and Vegetable Prescription Program

Readiness Checklist

What Is a “Fruit and Vegetable Prescription” Program?

A fruit and vegetable prescription program is a model that connects the medical system and the local food system by creating a relationship between clinic staff, patients, and local food vendors. Health care providers write “prescriptions” for their patients to eat more fruits and vegetables. These prescriptions connect patients with local fresh food sources such as farmers markets, farm stands, Community Supported Agriculture (CSA) programs, and other local farm-to-consumer venues. Patients receive currency (such as coupons, tokens, or electronic credits) to spend like cash to purchase fresh fruits and vegetables from participating vendors.







Comic by Dan Piraro. Used with permission.

Overview of Prescription for Health Model

In Washtenaw County Public Health’s Prescription for Health program, participants receive a “prescription” to bring to the farmers market to “fill” ten times. Participants receive \$10 in tokens at each market visit, for a total value of \$100. Participants also receive nutrition education, recipes, and social support from Community Health Workers at the market and over the phone.

Goals

-  Increase consumption of fresh fruits and vegetables among participants
-  Foster healthy behavior change in program participants by providing nutrition education, referrals to community resources, and support from Community Health Workers
-  Create strong partnerships between the local public health department, clinics, and farmers markets to increase awareness of the local food system, promote utilization of community resources, and support participant health improvement
-  Support development of the local food system and economy

Impacts

Since 2011, patients’ self-reported consumption of fruits and vegetables has **increased by about one cup per day** from pre- to post-program, a statistically significant increase!

Patients showed an **increase in self-reported health**, with the average changing from “fair” pre-program to “good” post-program.

Among patients working to manage a chronic illness, the vast majority reported that participating in the program helped them **better manage their health conditions**.



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March 2016





Fruit and Vegetable Prescription Program

Readiness Checklist	Have in place	Need to do
Step 1: Document need Determine the need and reason for implementing a fruit and vegetable prescription program. Use local Behavioral Risk Factor Surveillance System (BRFSS), Community Health Assessment, or other data to identify geographic areas and at-risk populations. Select the target population by using local data to identify areas where you can reach the most people in need.		
Step 2: Identify community assets and strengths Define existing assets in your community, including farmers markets and health clinics serving the target population. Determine which foundations, civic or economic development organizations, and agencies in your community have similar goals and may be possible partners.		
Step 3: Secure funding The local public health department and program partners should have experience procuring funding through grant writing and soliciting funding from community partners. Potential sources include local community foundations, health coalitions, civic organizations, and hospital community benefit departments.		
Step 4: Engage partners Local Public Health Department Responsible for overall program coordination; coordinating communications; leading program evaluation; and identifying funding. Generally requires a minimum of 0.5 Full Time Equivalent Health Educator or Registered Dietitian, an intern, and Community Health Workers to staff farmers markets and engage with participants. Clinics Responsible for marketing program to patients; educating clinic staff about the program and local food access; referring patients; and assisting in group enrollment sessions. The program functions best with a minimum of one champion at each clinic who is dedicated to the success of this program (physician, nurse, social worker; approximately five hours per week). The clinic should serve the target population and ideally be located in proximity to the farmers market. Farmers Markets Responsible for educating vendors about food assistance program guidelines and creating a system for currency redemption and vendor reimbursement. Ideally, participating farmers markets would be in or near the target population's community. It is also helpful if the farmers markets are capable of producing an economic impact report, including the prescription program's contribution to market vitality.		
Step 5: Establish common goals Partners must agree on common goals as the basis for the program. Each partner should sign a Shared Services Agreement, which outlines important roles and responsibilities.		
Step 6: Set timeline Establish the timeline based on farmers market season. Initial partner meetings should occur several months prior to the start of the program. Participant recruitment begins one to two months before the program. Enrollment sessions begin concurrently with the program.		
Step 7: Plan for evaluation The local public health department should have experience in implementing evaluation measures, including collecting and tracking pre- and post-program survey data using Excel or statistical analysis software like SPSS®.		

Prescription for Health Timeline

Done*	Action Item	Person(s) Responsible
4+ months prior to program start		
	Review community assessment data to document need for Prescription for Health	
	Identify community assets and strengths	
	Contact potential funders	
3+ months prior to program start		
	Contact potential clinic and farmers market partners	
	Schedule and attend meetings with potential partners. Discuss the program and requirements for participation	
	Design Prescription for Health forms (i.e. Shared Services Agreement, referral form, prescription card, etc.). Review forms with partners	
	Decide what program materials are needed (such as wooden tokens)	
	Purchase program materials	
	Begin developing marketing materials	
	Plan evaluation process	
	Develop and test pre-program survey	
	Recruit and hire an intern	
	Begin developing materials for enrollment packet (i.e. program summary sheet, special event list, etc.)	
	Create partner training	
2+ months prior to program start		
	Finalize clinic and program partners. Have every partner sign necessary documents. Decide how many prescriptions each clinic is allotted	
	Orient intern	
	Recruit and hire Community Health Workers	
	Set up invoicing and receipt process with farmers market	
	Schedule group enrollment sessions with clinics	
	Create master calendar of market days, special events, enrollment sessions times	
	Create a plan and agenda for the group enrollment sessions	
	Finalize program materials for enrollment sessions	
	Plan special events with farmers market	
	Begin developing and creating items for the Prescription for Health table at the farmers market (i.e. recipes, nutrition education materials, etc.)	
	Finalize marketing and program materials	
	Develop Community Health Worker training	
	Set up program database	
	Conduct partner training	

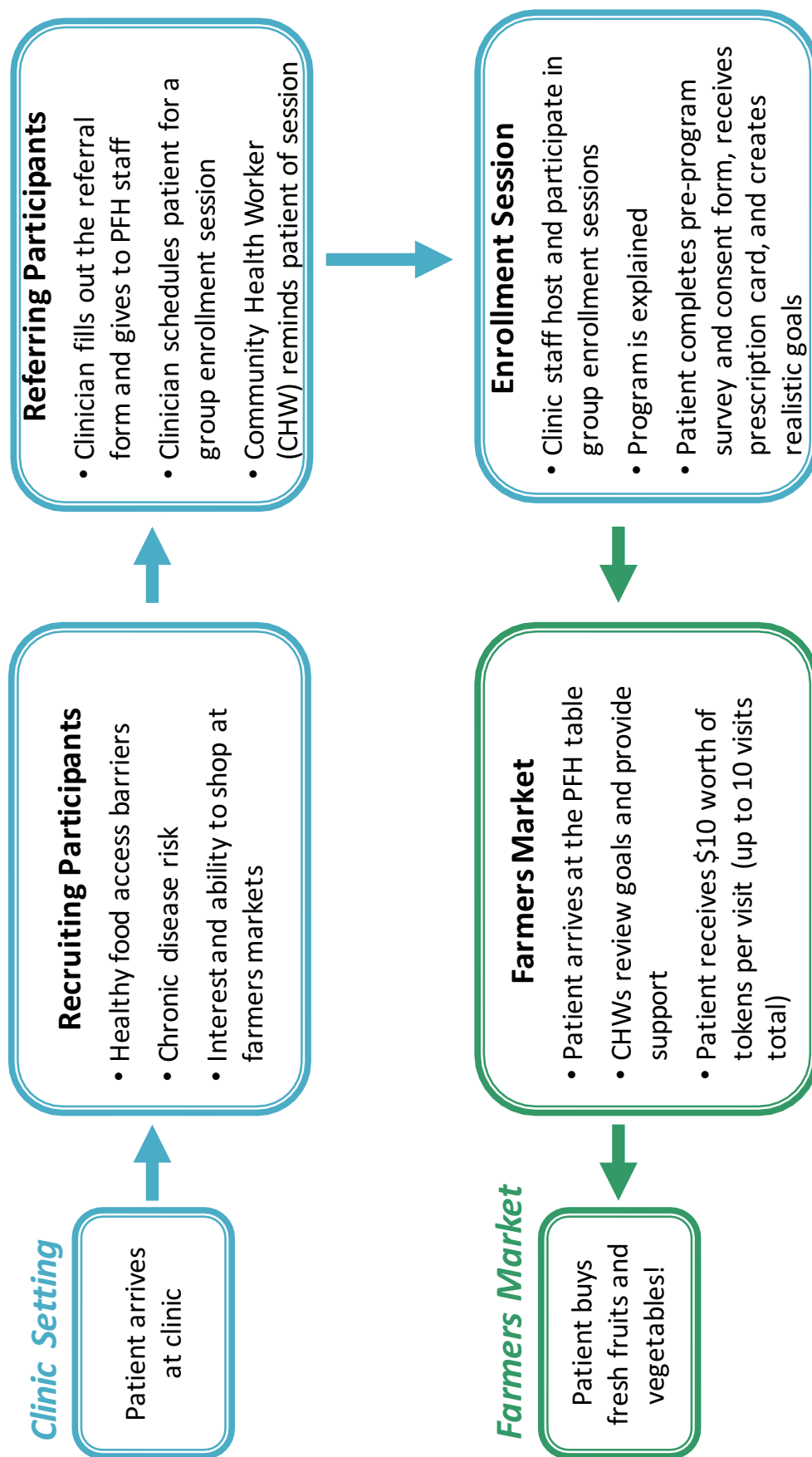
1+ month(s) prior to program start		
	Distribute marketing material and program material to clinics so clinics can begin recruiting and referring patients	
	Create draft work schedule for Community Health Workers	
	Conduct Community Health Worker training	
	Stuff enrollment packets (i.e. pre-survey, summary sheet with map, consent form, special event list, prescription card, etc.)	
	Purchase any other necessary items	
	Finalize materials for table at market	
	Community Health Workers conduct welcome phone calls with referred patients less than one week before enrollment session (ideally 1-2 days before enrollment session)	
Program start and beyond		
	Prescription for Health program begins	
	Enrollment sessions begin	
	Enter referral form and pre-program survey data (data are typically entered within one week from collection)	
	<u>Program implementation</u>	
	Program runs; people visit the market	
	Conduct special events	
	Enter attendance into database	
	Community Health Workers conduct follow-up phone calls (first set: about 4-6 weeks after participant enrollment, second set: about 8 weeks after first set)	
	<u>Partway through program</u>	
	Develop and test post-program survey	
	<u>After the markets end</u>	
	Conduct post-program survey	
	Enter post-program survey data	
	Gather SEED results from market partners	
	Random spot-checking to ensure accuracy of data entry for correctness	
	Analyze post-program survey results and compare to pre-program survey results. Evaluate program utilization.	
	Prepare outcome reports (all clinic and individual clinics); distribute them to partners	

* "Done" Column:

X = done

/ = started

2015 Prescription for Health (PFH) Program Model



Prescription for Health

2015 Outcome Report



**PRESCRIPTION
for HEALTH**

Coordinated by Washtenaw County Public Health and funded by The Kresge Foundation with additional financial support from St. Joseph Mercy Ann Arbor, Prescription for Health connects the **medical system** and the **food sector** by creating a relationship between clinic staff, their patients, and local farmers markets. Health care providers write “prescriptions” for their patients to eat more fruits and vegetables. These prescriptions can be “filled” at local farmers markets.

Participants received up to **\$100** in tokens to spend on fresh fruits and vegetables at participating farmers markets, as well as nutrition education and support.

During 2015, **285** patients from eight different health clinics serving low-income individuals participated. A total of **\$17,617** was spent on fruits and vegetables at the markets, improving participants’ access to healthy foods and supporting the local food system.

Special thanks to our partners:

Faith in Action, Hope Clinic, Packard Health, Regional Alliance for Healthy Schools, St. Joseph Mercy Academic Internal Medicine Clinic, St. Joseph Mercy Neighborhood Family Health Center, University of Michigan Chelsea Health Center, Washtenaw County Public Health Tuberculosis program, Chelsea and Bushel Basket Farmers Markets, St. Joseph Mercy Ann Arbor Farmers Market, Ypsilanti Depot Town and Downtown Ypsilanti Farmers Markets (run by Growing Hope), & Food Gatherers.

“[Going to the farmers market is] a treat, not a treatment.”

-Program Participant 2015

Key Findings for All Participants:

- Participant consumption of fruits and vegetables **increased by nearly one cup per day** from pre- to post-program (n=157; mean=0.6; p<.001)
- Participants showed an **increase in self-reported health**, with the average changing from “fair” pre-program to “good” post-program (n=158; p<.001)
- 89% reported that the program **helped them manage a health condition**
- **88%** of participants reported knowing that Supplemental Nutrition Assistance Program (SNAP) benefits could be used at the farmers market post-program, compared with only **61%** pre-program
- **94%** of participants reported that the Community Health Workers supported them in eating healthier and achieving their goals (n=36)

Participant Demographics:

- 76% female
- 41% African American/black, 45% Caucasian/white, 3% Latino/Hispanic, 2% Asian American/Asian, 1% Native American/American Indian and 8% identified as two or more races or other
- Average age: 48 years; age range: 1 year – 89 years
- 43% reported having at least one child living in their household
- 45% reported that they had previously participated in the Prescription for Health program

Participants Were at High Risk for Food Insecurity:

- 59% had a yearly income of less than \$15,000
- 74% had cut the size of meals, skipped meals, and/or bought fewer healthy foods within the past year because of a lack of money for food
- 59% reported using SNAP benefits

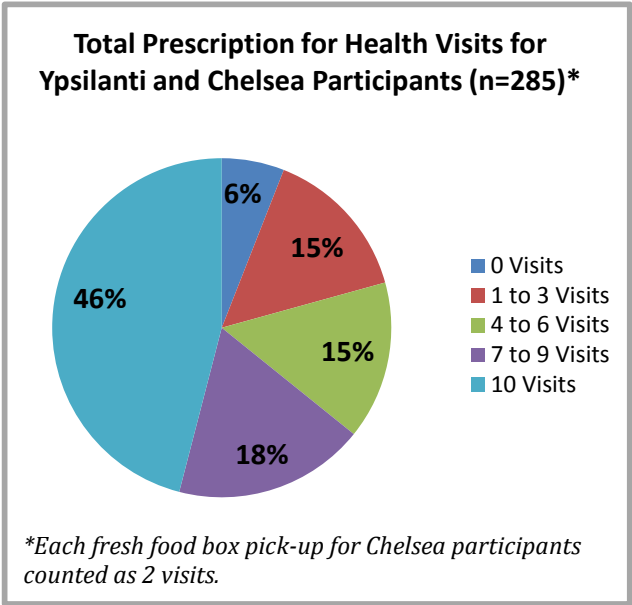
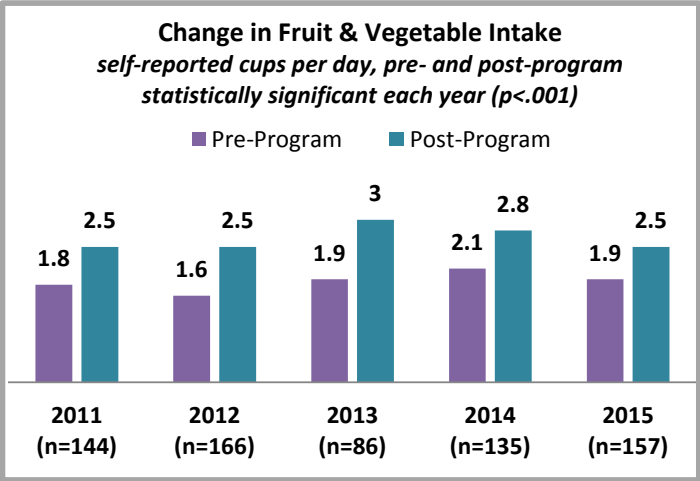
How the Program Worked:

Clinic staff identified patients for the program based on food access difficulties, chronic disease risk, and interest and scheduled referred patients for a group enrollment session. At the enrollment session, enrollees engaged in a discussion about the link between health, chronic disease, and food choices, set specific goals for healthy eating, and received a "prescription" for fruits and vegetables. Patients "filled" their prescriptions at participating local farmers markets.

When participants came to the Prescription for Health (PFH) table at the farmers markets, peer-support program staff called Community Health Workers (CHWs) reviewed the participants' goals and assisted them in setting a weekly goal. After the educational support, the patient received \$10 in tokens to spend on produce at the farmers market. Up to \$100, or up to ten visits, was allocated for each participant.

PFH extended through December via the indoor winter farmers market in Ypsilanti and a monthly fresh food box distribution in November and December (\$20 worth of produce per box) in Chelsea.

Since 2013, CHWs have been formally integrated into the program to provide more social support, decrease barriers, and reduce costs. They assisted with enrollment and goal setting; called patients to offer support and reminders; provided referrals to other healthy eating resources, such as SNAP and Double Up Food Bucks; and administered post-program surveys.



Post-Program Survey Results:

Post-program survey results were obtained from 60% of program participants. Almost all enrolled patients visited the market at least once (94%), and 64% of participants used seven or more of their allotted visits. The percentage of participants who used all ten of their visits increased by 15% compared to last year's program. The most common barrier to token redemption was a scheduling conflict with the farmers markets' hours or days of operation.

Prescription for Health Economic Impact:

Participants spent a total of \$13,768 in PFH tokens at the Ypsilanti Farmers Markets, \$3,258 at the Chelsea Farmers Markets (52% of all food access program dollars spent), and \$591 at the St. Joseph Mercy Ann Arbor Farmers Market. Additionally, PFH provided \$2,600 worth of produce through fresh food boxes.

Program Implementation Guide:

Washtenaw County Public Health created a guide to help other organizations replicate this evidence-based model in their communities.

To access this guide, please visit:
www.ewashtenaw.org/prescriptionforhealth



For more information, please contact:
Ariane Reister, MPH, RD
reistera@ewashtenaw.org
(734) 544-2969

February 2016

seed: narrative report

Chelsea Farmers Market

Using the Sticky Economy Evaluation Device (SEED) methodology, marketumbrella.org is pleased to report that the Chelsea Farmers Market has an annual combined economic impact of \$1,293,037.87 on its vendors, host neighborhood, and surrounding region.

Operating 26 days per year, the Chelsea Farmers Market enjoys \$56.16 in sales per square feet annually. This number is based on the estimated gross annual receipts of \$393,960.70.

The SEED evaluation team also learned that the Chelsea Farmers Market attracts approximately 663 shoppers per market day. This results in an estimated annual attendance of 17,238 shoppers.

In order to fully understand the impact of public markets upon a) vendors, b) nearby businesses, and c) a region's economy, it is important to analyze each market location separately. After all, the same market may operate in different locations on different days and with different hours. Indeed, this is the case with many farmers markets. Please keep this in mind when reviewing the report as many of the sections specifically refer to data that is market place and day-specific (when more than one day and/or location has been measured).

SEED is also intended to serve as a teaching tool for the individuals and organizations who manage markets. Shopper frequency, geography and other important demographic details are captured. For instance, the top 9 zip codes from where the Chelsea Farmers Market shoppers reside are (48118, 48130, 48137, 43623, 49249, 48158, 48301, 48103 and 49240). We encourage you to review the full report for these and other important details.

Good for vendors

According to the American Farm Bureau, farmers usually earn an average of just \$0.19 from each retail food dollar. The cost of processing, packaging, distribution, transportation, and retailing consumes the

seed: narrative report

Chelsea Farmers Market

other \$0.81. And for highly processed and packaged foods, growers earn even less. But growers who sell food directly to shoppers, via public markets, receive 100% of retail food dollars. The following figures capture this market's economic benefit to its vendors:

- Projected gross annual receipts: \$393,960.70
- Economic impact (using the multiplier) upon market vendors: \$772,162.97

Good for Main Street

By increasing the number of consumers visiting the Market's neighborhood, the Chelsea Farmers Market increases the revenue collected by local businesses:

- Average gross receipts at businesses near the market (per market day): \$10,221.25
- Estimated gross annual receipts at businesses near the market from purchases made by market shoppers: \$265,752.50

Good for local and state taxes

When market shoppers are drawn to a neighborhood that hosts a public market, they frequent nearby retailers, spend additional cash, and contribute to local and state sales tax revenue:

- Projected annual municipal and state sales tax revenue (at 6.0%) rate: \$15,945.15



2015 Prescription for Health Shared Services Agreement with Washtenaw County Public Health and Clinic



Clinic agrees to:

- Complete a RACI (Responsible, Accountable, Consulted, and Informed) chart for roles and responsibilities of those accountable for program activities
- Ensure that all staff and clinicians are aware of Prescription for Health program goals, referral criteria, and referral procedures (Prescription for Health staff can provide materials to share with clinicians and/or give a brief explanation of the program to staff/clinicians. If clinic foregoes this option, clinic's key contact person will be responsible for educating all staff about the Prescription for Health program)
- Advertise the program per clinic's preference (i.e. display posters for Prescription for Health program, wear "Ask me about Prescription for Health" buttons, display fliers for clinic staff, and/or advertise the program directly through conversations with patients-promotional materials provided upon request by Washtenaw County Public Health)
- Utilize the standardized enrollment process:
 - Follow the enrollment flow chart
 - Complete referral forms for patients who meet referral criteria (food insecurity for fruits and vegetables, chronic disease risk, and willingness and ability to visit the farmers market 10 times)
 - Give completed referral forms to Prescription for Health staff
 - Schedule patients for group enrollment sessions (using initials and SignUpGenius)
 - Host and participate in group enrollment sessions
 - Follow the enrollment script
 - Enrolling patients outside of the group enrollment session is discouraged, but sometimes necessary given the patient's situation. In this case, follow the enrollment script and help participants complete the items in the enrollment packet. Give completed materials to Prescription for Health staff
- Start referring patients to this program beginning **May 11, 2015** and complete all referrals by **July 17, 2015**
 - Any prescriptions not utilized by July 17, 2015 will be subject to re-allocation
- Provide additional nutrition education and support, as time and programming allows, reinforcing the health benefits of Prescription for Health
- Discuss farmers markets as a place to shop for produce with patients
- Adhere to any relevant Health Insurance Portability and Accountability Act (HIPAA) guidelines
- Participate in up to three planning, training, and/or evaluation meetings with Prescription for Health staff and/or other partners; at least one of which will be an in-person meeting
- Work with the Prescription for Health staff to explore options for sustaining the program long term and/or integrating aspects of it into ongoing clinic operations
- Contact Prescription for Health Program Coordinator with any suggestions or concerns

Signature: _____

Date: _____

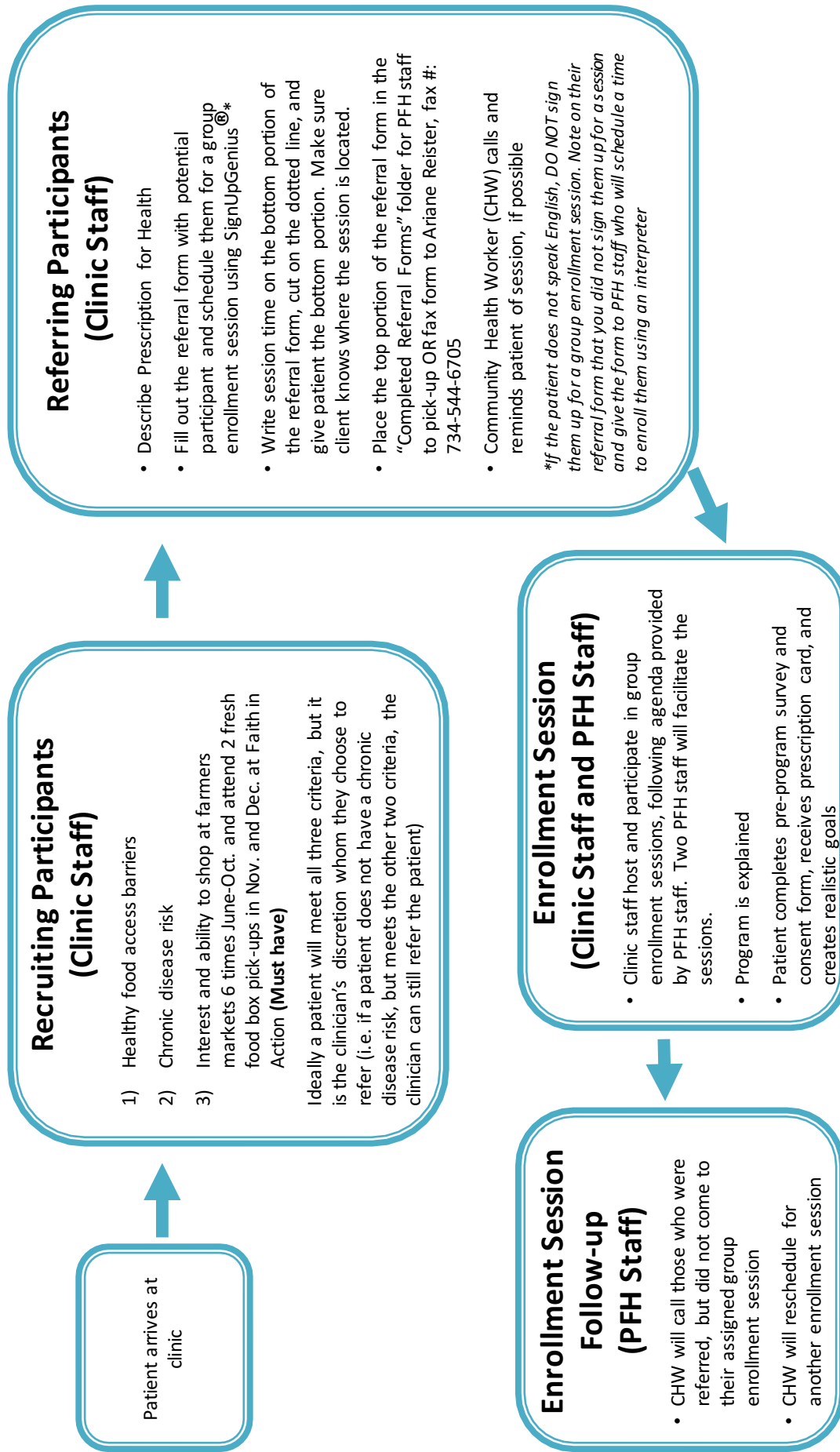
Farmers market partners agree to:

- Accept Prescription for Health tokens at farmers markets from enrolled participants
- Provide a space for Prescription for Health (table and Community Health Worker) at every market June through December (unless otherwise noted)
- Make time/space for Prescription for Health special events (to be coordinated in advance with market manager)
- Share seasonal produce availability with Prescription for Health staff prior to weekly markets
- Work with the Prescription for Health staff to plan for winter or off-season access to local produce for program participants
- Participate in up to three planning, training, and/or evaluation meetings with Prescription for Health staff and/or other partners; at least one of which will be an in-person meeting
- Send invoices to Prescription for Health staff at Washtenaw County Public Health for token reimbursement (no more than monthly, no fewer than thrice during the market season)
- Provide market sales spreadsheets to Prescription for Health staff
- Develop or refine systems for measuring the economic vitality of the farmers market, including documentation of the economic contribution of the program itself
- Produce annual economic impact report (i.e. a SEED report, Sticky Economy Evaluation Device); document dissemination of the report and/or related presentations
- Contact Prescription for Health Program Coordinator with any suggestions or concerns

Washtenaw County Public Health agrees to:

- Provide 0.5 FTE Program Coordinator and student intern to oversee and assist with program activities
- Provide clinic with **35** prescriptions
- Provide marketing materials such as: posters for waiting room advertising program, "Ask me about Prescription for Health" buttons for clinic staff, fliers for clinic staff, etc. (if requested)
- Lead kick-off presentation or training to orient clinic staff (if requested)
- Develop and assist in implementing group enrollment sessions at clinic location
- Train and mobilize Community Health Workers (CHWs) to support the program conducting follow-up calls, assisting with group enrollment sessions, staffing the Prescription for Health booth at the farmers markets, and/or conducting post-program surveys with participating patients
- Provide patients with nutrition education and support at the participating farmers markets throughout the market season
- Provide monthly program updates to each participating site
- Facilitate up to three meetings with participating programs sites, at least one of which will be an in-person meeting with representatives from all participating sites
- Adhere to Washtenaw County Public Health HIPAA policies and procedures when conducting Prescription for Health activities
- Develop an evaluation plan and assume responsibility for:
 - Collecting and analyzing program data
 - Developing and conducting post-program surveys with patients
 - Providing an annual program and evaluation report to all program partners

2015 Prescription for Health (PFH) Enrollment Model- Chelsea



RACI Chart

Steps will be highlighted if A and R are not assigned.

R:	Does the step
A:	Accountable for the step
C:	Consulted with before the step
I:	Informed when the step is completed

Clinic:

UPDATED

Prescription for Health = PFH



TASK	DESCRIPTION	Social Worker	Nurse	Patient Advocate	Front Desk
1	PFH contact person: make and receive communication regarding program from PFH staff and distribute communication to clinic staff as needed	R/A			
2	Attend meetings: Attend up to 3 meetings (training/evaluation) with PFH staff	R	R	R	
3	All clinic staff are informed of PFH: All staff should have basic working knowledge of the farmers markets and PFH program	R			
4	Recruit patients: Briefly explain program, identify participants based on referral criteria, complete referral form with patients, and schedule patients for a group enrollment session	R	R	R	
5	Collect referral form: If participant is signed up for a group enrollment session after the next referral pick-up time, place completed forms in the folder at	R	R	R	R
6	Fax referral form: If participant is signed up for a group enrollment session before the next referral pick-up time, fax form to PFH Program Coordinator	R	R	R	
7	Schedule space for group enrollment sessions: Schedule and prep room for group enrollment sessions	R			
8	Participate in group enrollment session: Run group enrollment session with PFH intern and Community Health Worker. Agenda will be provided.	R	R	R	
9	Advertise PFH: Display program promotional materials (available upon request from PFH staff) and/or advertise the program directly through conversations with patients	R			

Clinic Staff Signature: _____

Date: _____

PFH Staff Signature: _____

Date: _____



**PRESCRIPTION
for HEALTH**

2015 PRESCRIPTION FOR HEALTH REFERRAL - CHELSEA

Prescription for Health is a program from Washtenaw County Public Health that can give you up to **\$100 worth of fruits and vegetables.**

First Name: _____ Last Name: _____

Phone Numbers - cell/mobile: (____) _____ home/other: (____) _____

E-mail Address: _____

Street Address: _____ City: _____ Zip Code: _____

Referring Clinic: _____ Today's Date: _____

Referring Provider: _____ Main Reason for Referral: _____

Primary Language Spoken: _____ Would you like an interpreter? ☐ Yes ☐ No

Preferred Form of Contact (rank 1-4, with 1 as most preferred): _____ phone call, _____ text message, _____ email, _____ regular mail

1. Do you ever worry that you and/or your family will not have enough food (including fruits and vegetables) to eat? ☐ Yes ☐ No
2. Has your doctor told you that you have diabetes, high blood pressure, or high cholesterol? ☐ Yes ☐ No
3. Has your doctor told you that you have another chronic disease?
If yes, please list: _____ ☐ Yes ☐ No
4. Has your doctor talked to you about needing to lose weight or gain weight? ☐ Yes ☐ No
5. Are you pregnant or breastfeeding? ☐ Yes ☐ No
6. Are you interested in eating more fruits and vegetables? ☐ Yes ☐ No
7. Are you able to get to the Bushel Basket/Chelsea Farmers Market (222 S. Main St., Palmer Lot in downtown Chelsea) on **Wednesdays from 2:00pm to 6:00pm OR on Saturdays from 8:00am to Noon?** ☐ Yes ☐ No
8. Are you willing to commit to going to the farmers market **6 times** between June and the end of Oct. **AND** attend **2** fresh food box pick-ups in Nov. and Dec. at Faith in Action? ☐ Yes ☐ No

If eligible, enrollment session attending: _____ at _____
(date) (time)

You are signed up for an enrollment session on: _____ at _____
(date) (time)

The enrollment session will be held at (check one):

- ☐ Faith in Action (603 S. Main St., Chelsea)
- ☐ University of Michigan Chelsea Health Center, Classroom (14700 E. Old U.S. Hwy. 12, Chelsea)

You **must** come to the enrollment session to get your prescription for free fruits and vegetables.



For questions, please call Ariane Reister at 734-544-2969.



Prescription for Health Staff Use Only

Call Log:

Attempt	1	2	3
Date & Time			
Notes & staff initials			

Notes/Referrals:[illegible]

Staff Member who reached this patient: _____

Did you:

- ☐ Remind them about enrollment session? (if have not attended)
- ☐ Ask about transportation issues for getting to market?
- ☐ Ask about referrals for other community resources?

Ask us how to get \$100 worth of fruits & vegetables from the farmers market!



This program is FREE for eligible clients and clinic patients.



Bushel Basket Farmers Market

Wednesdays, 2:00pm - 6:00pm

222 S. Main St., Chelsea

(Palmer Lot in downtown Chelsea)

Chelsea Farmers Market

Saturdays, 8:00am - Noon

222 S. Main St., Chelsea

(Palmer Lot in downtown Chelsea)



Prescription for Health: Clinic Staff Information

In partnership with **Washtenaw County Public Health**, we are participating in a program called **Prescription for Health** that will provide tokens for patients/clients to **purchase fresh fruits and vegetables from local farmers markets**. This program is currently funded in part through a grant from The Kresge Foundation®.

Program Goals:

- Increase consumption of fresh fruits and vegetables among participants
- Foster healthy behavior change in program participants by providing nutrition education, referrals to community resources, and support from Community Health Workers
- Create strong partnerships between the local public health department, clinics, and farmers markets to increase awareness of the local food system, promote utilization of community resources, and support participant health improvement
- Support development of the local food system and economy

Eligible Participants:

- Healthy food access barriers (i.e. food insecurity)
- Chronic disease risk (i.e. obesity, diabetes, hypertension, etc.)
- Those with an interest and ability to shop at farmers markets 6 times June - October and attend 2 fresh food box pick-ups in November and December at Faith in Action

Ideally a patient will meet all three criteria, but it is the clinician's discretion whom they choose to refer (i.e. if a patient does not have a chronic disease risk, but meets the other two criteria, the clinician can still refer the patient).

Program Summary:

- The Prescription for Health program will provide clients with a prescription to eat more fruits and vegetables.
- The prescription can be "filled" at select local farmers markets (see below) **June 2015 - October 2015** and clients will receive \$10 worth of tokens each time they visit the farmers market (6 visits total) to purchase **fresh fruits, fresh vegetables, and fruit/vegetable plants**. Once in November and December, participants will pick-up a fresh food box (\$20 worth of produce per box) at Faith in Action for a **total benefit of \$100**.
- As part of the program, clients set goals for healthy eating. Program staff provide nutrition education and support.
- Clients must attend an enrollment session prior to receiving Prescription for Health tokens. The session will include an overview of program details and requirements.

Farmers Markets Accepting Prescription for Health:

Bushel Basket Farmers Market
Wednesdays, 2:00pm - 6:00pm
222 S. Main St., Chelsea
 (Palmer Lot in downtown Chelsea)

Chelsea Farmers Market
Saturdays, 8:00am - Noon
222 S. Main St., Chelsea
 (Palmer Lot in downtown Chelsea)

These markets
take EBT/Bridge
cards!





Prescription for Health



\$100 worth of fruits & veggies!

Bring your prescription to the Prescription for Health table at the farmers market.

Get one stamp and 10 tokens (each worth \$1) at every visit (6 visits total)!

The tokens can be used like cash at the market to buy fresh fruits, fresh vegetables, and fruit/vegetable plants.

Tokens may not be used to buy bread, jam, honey, etc.

Once per month in November and December, there will be a fresh food box pick-up (\$20 worth of produce per box). Stay tuned for more details.

Notice of Privacy

Please be advised that the information on your prescription card and other materials will only be used by Washtenaw County Public Health for the Prescription for Health program. It will be used to offer personal nutrition education, to track your visits to the farmers market, and to assess our program.

Washtenaw County Public Health promises to keep all of your personal information private.

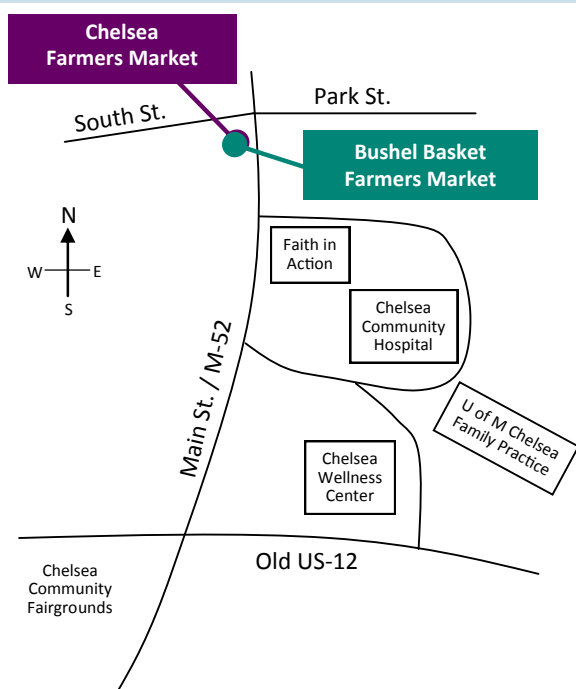
Thank you for participating!



For questions about Prescription for Health, please contact:

Ariane Reister 🍊 (734) 544-2969 🍊 reistera@ewashtenaw.org

Bring your prescription to these farmers markets to receive your tokens:



Chelsea Farmers Market

Saturdays, 8:00am - Noon

through October 24, 2015

222 South Main Street, Chelsea
(Palmer Lot in downtown Chelsea)

Bushel Basket Farmers Market

Wednesdays, 2:00pm - 6:00pm

through October 28, 2015

222 South Main Street, Chelsea
(Palmer Lot in downtown Chelsea)

Both of these markets also accept EBT/Bridge cards (food stamps).



Special Events at the Farmers Market - Chelsea

Save the dates and join us at the farmers market! This is a list of events the farmers market is hosting plus Prescription for Health only events. Make sure to ask about any added activities (like food demonstrations) at the farmers market. Come learn about health-related topics and tips for a healthy life at the Prescription for Health events (shaded below)!

Date	Time *Come anytime during these hours	Event	Farmers Market 222 S. Main St., Chelsea (Palmer Lot in downtown)	Prescription for Health <u>ONLY</u> Event?	Prescription for Health <u>ONLY</u>	
					Giveaway	Raffle Prize
Saturday, June 13	8:00am – noon	MOPS Children's Tent	Chelsea Farmers Market	No	N/A	N/A
Saturday, June 20	8:00am – noon	Commit to Be Fit	Chelsea Farmers Market	Yes	Water bottle	Exercise band
Saturday, July 11	8:00am – noon	MOPS Children's Tent	Chelsea Farmers Market	No	N/A	N/A
Wednesday, July 15	2:00pm – 6:00pm	Saving & Storing Fruits & Veggies	Bushel Basket Farmers Market	Yes	Cutting board	Ninja blender
Saturday, August 8	8:00am – noon	MOPS Children's Tent	Chelsea Farmers Market	No	N/A	N/A
Wednesday, August 12	2:00pm – 6:00pm	Produce Perks	Bushel Basket Farmers Market	Yes	Measuring cup	MyPlate portion plate
Saturday, September 12	8:00am – noon	MOPS Children's Tent	Chelsea Farmers Market	No	N/A	N/A
		Eat Better Basics	Chelsea Farmers Market	Yes	Spice packet	Recipe book
Saturday, October 10	8:00am – noon	MOPS Children's Tent	Chelsea Farmers Market	No	N/A	N/A
Wednesday, October 21	2:00pm – 6:00pm	Food Day	Bushel Basket Farmers Market	Yes	Apple	Rolling cart





Prescription for Health Participants

You Could Win \$210 of Fruits and Vegetables

How do I win? Go to the farmers market 6 times, pick up 2 fresh food boxes, AND go to 2 special events. Participants that do this will be entered into a raffle to win a Locavorious share of fruits and vegetables valued at \$210.

What is Locavorious? It is an Ann Arbor company that works with local farmers to provide local produce year-round. They sell frozen produce shares.

Win a Locavorious Share!



How does it work? Locavorious works with local farmers to process, package, and freeze produce at its peak freshness to preserve it. They distribute frozen produce during the winter months for you to enjoy.

What should I expect? A Locavorious share provides frozen produce at 4 different times in the winter. Each package may contain blueberries, raspberries, strawberries, peaches, corn, peas, cauliflower, broccoli, or other locally grown fruits and vegetables.



For questions, please contact Ariane Reister at reistera@ewashtenaw.org or (734) 544-2969

Spinach and Strawberry Salad

Serves 4

Ingredients:

- 1 bunch spinach (about 12 oz.), rinsed and torn into bite-size pieces
- 2 cups sliced strawberries
- 1/4 cup olive oil (or other oil)
- 2 tbsp. balsamic vinegar (or other vinegar)
- Optional: 2 tbsp. poppy seeds or sesame seeds



This recipe takes about 10 minutes to make.

Directions:

1. In a large bowl, toss together the spinach and strawberries.
2. In a small bowl, stir together the oil and vinegar (and poppy seeds or sesame seeds, if you are using them).
3. Pour oil and vinegar mixture over the spinach and strawberries. Toss to coat the spinach.
4. Enjoy!





Prescription for Health



Prescription #: _____ Clinic: _____

Patient Name: _____ **Age:** _____

Reason for Participating:

- ☐ Diabetes/pre-diabetes
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Heart disease
- ☐ Overweight
- ☐ Pregnancy/breastfeeding
- ☐ Food access issues
- ☐ Nutrition education
- ☐ Other: _____

Patient Goals:

Over the next 6 months, I will:

- ☐ Visit the Farmers Market _____ times
- ☐ Eat _____ cups of fruits & vegetables each day
- ☐ Exercise _____ minutes each week
- ☐ Lose _____ pounds
- ☐ Other: _____

Clinic Staff Signature: _____ **Date:** _____

white copy - clinic

tan copy - patient

My Goal Tracking

Stamp & Date

This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	

Stamp & Date

This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	
This week I will: <i>How did I do? Poor OK Great</i>	



Prescription for Health

Notice of Privacy

Washtenaw County Public Health [WCPH] will keep your personal information private.

WCPH will only discuss your personal information with you or the health clinic that referred you to the Prescription for Health program.

Participant Consent

I agree to participate in the Prescription for Health program.

I know that I will receive a value of up to \$100 in fresh fruits and vegetables.

I know that my information will only be used by WCPH to plan and assess the Prescription for Health program.

I know that my data may be used in reports and articles. If my data are used, identifying information will not be shared.

I have read this consent form. I fully understand its contents.

Participant Name: _____ **Date:** _____

Participant Signature (if participant is under 18, signature of parent/guardian):



Participant Pre-Program Survey 2015



Prescription Number: _____

Today's Date: _____

We would like to learn more about your shopping, cooking and eating patterns by asking you some questions. All survey answers will be kept private. The Prescription for Health team values your time.

Section I.

1. Have you participated in the Prescription for Health program before?
☐ Yes ☐ No ☐ Unsure
2. Have you ever shopped at a farmers market (such as Downtown Ypsilanti Farmers Markets, Chelsea Bushel Basket, Ann Arbor Kerrytown Farmers Market, Eastern Market, or others)?
☐ Yes ☐ No ☐ Unsure
3. How do you rate your own health?
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor
4. How many total cups of **fruits** and **vegetables** do you **usually** eat **each day**?
 (A cup is 1 large fruit or vegetable, 2 small ones, or the size of a baseball. Include fresh, frozen and canned. Do not include French fries, fried potatoes, potato chips, or juice.)
 _____ cups of fruits and vegetables per day (*write number*)
5. In general, how healthy do you eat?
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor
6. What gets in the way of you or your household members buying fresh fruits and vegetables?
 (Check all that apply).
 - ☐ I/We do not have reliable transportation
 - ☐ The market or store is too far away
 - ☐ Fresh fruits and vegetables are too expensive
 - ☐ Fresh fruits and vegetables are poor quality
 - ☐ Fresh fruits and vegetables are not available at all or some of the places that I shop
 - ☐ I/We do not like fruits and vegetables
 - ☐ Nothing
 - ☐ Other: _____

Continue on other
side of page

7. Thinking about the past week, on average how many times each day did you eat unhealthy foods (for example: chips, sweets, soda, or fast food)?

_____ number of times per day (*write in number*)

8. In the last 12 months, did you or others in your home ever cut the size of your meals, skip meals, and/or buy fewer healthy foods (such as fruits & vegetables) because there was not enough money for food?

☐ Yes


☐ No

☐ Unsure

Section II.

The following questions ask about fruits and vegetables. There are no right or wrong answers. Please choose one of the following answers: Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree.

Mark an "X" in the box that best matches your experience.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. I know how to prepare and cook fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I know how to store fresh fruits and vegetables to increase their shelf life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Eating fruits and vegetables helps improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I can count on the people around me to support me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. It is important to me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If I decided to eat more fruits and vegetables, I am confident I would succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue on next
page 

Section III.

Please answer the following questions about yourself:

15. How old are you? _____ years

16. Are you? ☐ Female ☐ Male

17. How many people live in your home, including yourself?

_____ Number of adults

_____ Number of children (ages 0-17)

18. How do you describe your race / ethnicity? (Please select one)

- ☐ African American / Black
- ☐ Native American / American Indian
- ☐ Latino / Hispanic or Spanish Origin
- ☐ Caucasian / White
- ☐ Asian / Asian American
- ☐ Other race or ethnicity
- ☐ Two or more races / ethnicities

19. What is your household's total yearly income before taxes (not including DHS, Social Security or other assistance)?

- ☐ Less than \$15,000
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$44,999
- ☐ \$45,000 to \$54,999
- ☐ \$55,000 or more
- ☐ Unsure

20. Do you currently use any of the following programs?

- | | | | |
|----------------------------------|------------------------------|-----------------------------|---------------------------------|
| EBT/Bridge Card/SNAP/food stamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Double Up Food Bucks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| WIC (Women, Infants & Children) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Senior Project/Market FRESH | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

21. Before today, did you know that people can use their EBT/Bridge Card/SNAP (food stamps) at many farmers markets?

- ☐ Yes ☐ No

Thank you for your participation!



Ypsilanti Post-Program Survey 2015 - CHW



Prescription number: _____

Number of Market Visits: _____

Phone 1

Phone 2

1	2	3

Attempts

Time/day

Notes

1	2	3

Permission granted: _____ [Interviewer initials, date] Refused, reason: _____

Section I.

“For this first set of questions, please select one answer. I will read the question and all the possible options. The questions are about your experience, so there is no right or wrong answer.”

1. Overall, how would you rate your experience with the Prescription for Health program? [Read options]

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2. How do you rate your own health? [Read Options]

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

3. In general, how healthy do you eat? [Read Options]

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

4. How many total cups of **fruits** and **vegetables** do you **usually** eat **each day**?

[Read: A cup is 1 large fruit or vegetable, 2 small ones, or the size of a baseball. Include fresh, frozen, and canned. Do not include French fries, fried potatoes, potato chips, or juice.]

_____ cups of fruit and vegetables per day (write in number)

5. Thinking about the past week, on average how many times each day did you eat unhealthy foods (for example: chips, sweets, soda, or fast food)?

_____ number of times per day (write in number)

Section II.

“For the next section, I am going to read you a series of statements about fruits and vegetables and your health. For each one, please choose one of the following FIVE options: “Strongly Agree,” “Agree,” “Neutral,” “Disagree,” or “Strongly Disagree.” [Read each of the following questions. If the respondent does not answer right away, repeat the five options.]

<i>Indicate the participant’s answer with an “X.”</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
6. I know how to prepare and cook fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know how to store fresh fruits and vegetables to increase their shelf life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Eating fruits and vegetables helps improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can count on the people around me to support me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Now that the program has ended, I am confident I will be able to maintain my healthy eating and lifestyle changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. “For the following questions, please answer “yes” or “no.””

- As a result of participating in the Prescription for Health program, do you eat more fruits and vegetables?
☐ Yes ☐ No ☐ Not Sure
- As a result of participating in the Prescription for Health program, do your family members eat more fruits and vegetables?
☐ Yes ☐ No ☐ Not Sure ☐ Not Applicable
- As a result of participating in the Prescription for Health program, do you manage your health conditions better?
☐ Yes ☐ No ☐ Not Sure ☐ Not Applicable
- As a result of participating in the Prescription for Health program, did you try a new fruit or vegetable?
☐ Yes ☐ No ☐ Not Sure
- As a result of participating in the Prescription for Health program, do you cook with fruits and vegetables that you did not cook with in the past?
☐ Yes ☐ No ☐ Not Sure

12. What, if any, health benefits did you have as a result of participating in the Prescription for Health program?

13. What, if any, lifestyle changes did you make as a result of participating in the Prescription for Health program?

Section III. "Next I'm going to ask some questions about specific parts of the program."

14. At the beginning of this program you attended a group enrollment session or had an individual enrollment session that described how the program worked. What, if any, comments do you have about the enrollment process?

15. What resources from the Prescription for Health table at the farmers market did you use? *[Listen. Mark all that apply or note other reasons. Prompt if needed.]*

- ☐ Recipes
- ☐ Healthy eating information
- ☐ Information specific to my health condition
- ☐ Transportation tokens/vouchers
- ☐ Community resources such as food banks, housing, and health insurance assistance
- ☐ Other (specify): _____

16. We had special events at the farmers market where you received nutrition education and an incentive. Some of the topics were: exercise, storing fruits and vegetables, and sugar and salt content in food. What, if any, other topics would you like to see as special events?

17. We provided giveaways and raffle prizes at special events and a raffle prize at the end of the program. Which of these giveaways and raffle prizes encouraged you to visit the farmers market and attend special events? (Examples include: water bottle, measuring cup, Ninja blender, recipe book, Locavorious CSA share).

18. What other giveaways or prizes would help support your healthy lifestyle changes? _____

19. In this program, you set *overall* goals during the enrollment session, and then you set *weekly* goals at the farmers market. Did setting these goals help you improve your health?
☐ Yes ☐ No ☐ Not sure

20. How, if at all, did Prescription for Health staff help you with your goals? _____

21. What, if anything, would you change about the Prescription for Health program?

Section IV. "Now I have some questions about the farmers market."

22. Did you use a different form of payment at the farmers market, besides the Prescription for Health tokens?
☐ Yes
☐ No **[Skip to #23]**
☐ Not sure **[Skip to #23]**

22a. Did you use *[Read options]*: ☐ Cash ☐ EBT/Bridge Card ☐ Credit card ☐ DUFB ☐ Other _____

23. Did you know that people can use their EBT/Bridge Card/SNAP (food stamps) at many farmers markets?
☐ Yes ☐ No

24. Are you aware that many local outdoor farmers markets accept Double Up Food Bucks?
☐ Yes ☐ No

25. **[If 10 visits]** Did you continue to shop at the farmers market *after* you used all of your Prescription for Health tokens for the season?
☐ Yes ☐ No ☐ Not sure

26. **[If < 10 visits]** I see you were not able to visit the market all 10 times to receive your full \$100 worth of tokens. What would you say are the reasons you did not use all of them?

[Listen. Mark all that apply or note other reasons.]

- | | |
|---|--|
| <input type="checkbox"/> Forgot | <input type="checkbox"/> Days or times not good |
| <input type="checkbox"/> Too busy | <input type="checkbox"/> Didn't find anything / poor selection |
| <input type="checkbox"/> Lost Rx card | <input type="checkbox"/> Cost too much |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Health problem(s) |
| <input type="checkbox"/> It wasn't worth it | <input type="checkbox"/> Other (specify): _____ |

27. Do you plan to visit a farmers market in the future?
☐ Yes ☐ No ☐ Not sure

Thank you for your time! We really appreciate it.



Post-Program Survey 2015 - ZERO VISITS



Prescription number: _____

Phone 1

1	2	3

Attempts

Time/day

Notes

Phone 2

1	2	3

Permission granted: _____ [Interviewer initials, date] Refused, reason: _____

1. I see you were not able to visit the market to get your tokens to purchase fresh fruits and vegetables. What would you say are the reasons you did not visit the market?

[Listen. Mark all that apply or note.]

- | | |
|---|--|
| <input type="checkbox"/> Forgot | <input type="checkbox"/> Days or times not good |
| <input type="checkbox"/> Too busy | <input type="checkbox"/> Didn't find anything / poor selection |
| <input type="checkbox"/> Lost Rx card | <input type="checkbox"/> Cost too much |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Health problem(s) |
| <input type="checkbox"/> It wasn't worth it | <input type="checkbox"/> Other (specify): _____ |

2. How many total cups of **fruits** and **vegetables** do you **usually** eat **each day**?

[Read: A cup is 1 large fruit or vegetable, 2 small ones, or the size of a baseball. Include fresh, frozen, and canned. Do not include French fries, fried potatoes, potato chips, or juice.]

_____ cups of fruit and vegetables per day (write in number)

3. Did you know that people can use their EBT/Bridge Card/SNAP (food stamps) at many farmers markets?

☐ Yes ☐ No

4. Are you aware that many local outdoor farmers markets accept Double Up Food Bucks?

☐ Yes ☐ No

5. What can we do in the future to make this program easier to use and to get people to the market?

Thank you for your time! We really appreciate it.



School-Based Health Center Post-Program Student Survey 2015



Date: _____

Prescription Number: _____

Instructions for school-based health center clinician: Prescription for Health provides participants with tokens to buy fruits and vegetables at the farmers market. Find the participant's corresponding prescription number and write that above. Please ask the participant the following questions, reading all of the options. Then fill in their answers. Thank you!

1. Did you like going to the farmers market?

☐ Yes ☐ No

1a. What did you like or not like? _____

2. Because of my participation in this program... *[Mark all that apply or note other reasons.]*

- ☐ I lost weight
- ☐ I exercised more
- ☐ I tried new fruits or vegetables
- ☐ I felt better or healthier
- ☐ I visited a farmers market that was new to me
- ☐ Other: _____
- ☐ None of the above

3. Because of my participation in this program, I will... *[Mark all that apply or note other reasons.]*

- ☐ Exercise more
- ☐ Eat more fruits or vegetables
- ☐ Try new fruits or vegetables
- ☐ Go to farmers markets
- ☐ Other: _____
- ☐ None of the above

4. What was your favorite part of the program? _____

5. What was your least favorite part of the program? _____

pre_code:

1 = Coder1
2 = Coder2
3 = Coder3

Do not leave any numeric variables blank in SPSS

Yes = 1
No = 0
Unsure = 99
Not Applicable = 97
Blank/Did not answer = 999

Prescription Number: **Rx number** **enter #**Today's Date: **pre_date** **MM/DD/YY**

Participant Pre-Program Survey 2015

We would like to learn more about your shopping, cooking and eating patterns by asking you some questions. All survey answers will be kept private. The Prescription for Health team values your time.

Section I.

- pre_1_past** Have you participated in the Prescription for Health program before?
☐ Yes **(1)** ☐ No **(0)** ☐ Unsure **(99)**
- pre_2_evershopped** Have you ever shopped at a farmers market (such as Downtown Ypsilanti Farmers Markets, Chelsea Bushel Basket, Ann Arbor Kerrytown Farmers Market, Eastern Market, or others)?
☐ Yes **(1)** ☐ No **(0)** ☐ Unsure **(99)**
- pre_3_health** How do you rate your own health?
☐ Excellent **(5)** ☐ Very good **(4)** ☐ Good **(3)** ☐ Fair **(2)** ☐ Poor **(1)**
- pre_4_intake** How many total cups of **fruits** and **vegetables** do you **usually** eat **each day**?
 (A cup is 1 large fruit or vegetable, 2 small ones, or the size of a baseball. Include fresh, frozen and canned. Do not include French fries, fried potatoes, potato chips, or juice.)
 _____ **enter #** _____ cups of fruits and vegetables per day (*write number*)

If respondent enters a range (1-2), use middle value (1.5)
- pre_5_eat** In general, how healthy do you eat?
☐ Excellent **(5)** ☐ Very good **(4)** ☐ Good **(3)** ☐ Fair **(2)** ☐ Poor **(1)**
- What gets in the way of you or your household members buying fresh fruits and vegetables?
 (Check all that apply).

Yes = 1
No = 0

 - ☐ **pre_6_barriertrans** I/We do not have reliable transportation
 - ☐ **pre_6_barrierdistance** The market or store is too far away
 - ☐ **pre_6_barrierexpense** Fresh fruits and vegetables are too expensive
 - ☐ **pre_6_barrierquality** Fresh fruits and vegetables are poor quality
 - ☐ **pre_6_barrieravail** Fresh fruits and vegetables are not available at all or some of the places that I shop
 - ☐ **pre_6_barrierlike** I/We do not like fruits and vegetables
 - ☐ **pre_6_barriernone** Nothing
 - ☐ **pre_6_barrierother** Other: _____ **enter response, if any** _____

7. **pre_7_unhealthy** Thinking about the past week, on average how many times each day did you eat unhealthy foods (for example: chips, sweets, soda, or fast food)?

_____ enter # _____ number of times per day (write in number)

If respondent enters a range (1-2), use middle value 1.5

8. **pre_8_foodsecurity** In the last 12 months, did you or others in your home ever cut the size of your meals, skip meals, and/or buy fewer healthy foods (such as fruits & vegetables) because there was not enough money for food?

☐ Yes (1) ☐ No (0) ☐ Unsure (99)

Section II.

The following questions ask about fruits and vegetables. There are no right or wrong answers. Please choose one of the following answers: Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree.

Mark an "X" in the box that best matches your experience.	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
9. pre_9_prepare I know how to prepare and cook fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. pre_10_store I know how to store fresh fruits and vegetables to increase their shelf life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. pre_11_improve Eating fruits and vegetables helps improve my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. pre_12_support I can count on the people around me to support me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. pre_13_important It is important to me to eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. pre_14_confident If I decided to eat more fruits and vegetables, I am confident I would succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III.

Please answer the following questions about yourself:

15. **age** How old are you? enter # years

16. **sex** Are you? ☐ Female (1) ☐ Male (2)

17. How many people live in your home, including yourself?

pre_17_liveadult enter # Number of adults

pre_17_livechild enter # Number of children (ages 0-17)

If # adults blank, enter as 999
If # children blank, enter as 0

18. **race_ethnicity** How do you describe your race / ethnicity? (Please select one)

- ☐ African American / Black (1)
- ☐ Native American / American Indian (2)
- ☐ Latino / Hispanic or Spanish Origin (3)
- ☐ Caucasian / White (4)
- ☐ Asian / Asian American (5)
- ☐ Other race or ethnicity (6)
- ☐ Two or more races / ethnicities (7)

Use 7 if multiple boxes checked

19. **income** What is your household's total yearly income before taxes (not including DHS, Social Security or other assistance)?

- ☐ Less than \$15,000 (1)
- ☐ \$15,000 to \$24,999 (2)
- ☐ \$25,000 to \$34,999 (3)
- ☐ \$35,000 to \$44,999 (4)
- ☐ \$45,000 to \$54,999 (5)
- ☐ \$55,000 or more (6)
- ☐ Unsure (99)

20. Do you currently use any of the following programs?

pre_20_useEBT EBT/Bridge Card/SNAP/food stamps

☐ Yes (1)

☐ No (0)

☐ Unsure (99)

pre_20_useDUF Double Up Food Bucks

☐ Yes (1)

☐ No (0)

☐ Unsure (99)

pre_20_useWIC WIC (Women, Infants & Children)

☐ Yes (1)

☐ No (0)

☐ Unsure (99)

pre_20_useSPF Senior Project/Market FRESH

☐ Yes (1)

☐ No (0)

☐ Unsure (99)

21. **pre_21_EBTaware** Before today, did you know that people can use their EBT/Bridge Card/SNAP (food stamps) at many farmers markets?

- ☐ Yes (1) ☐ No (0)