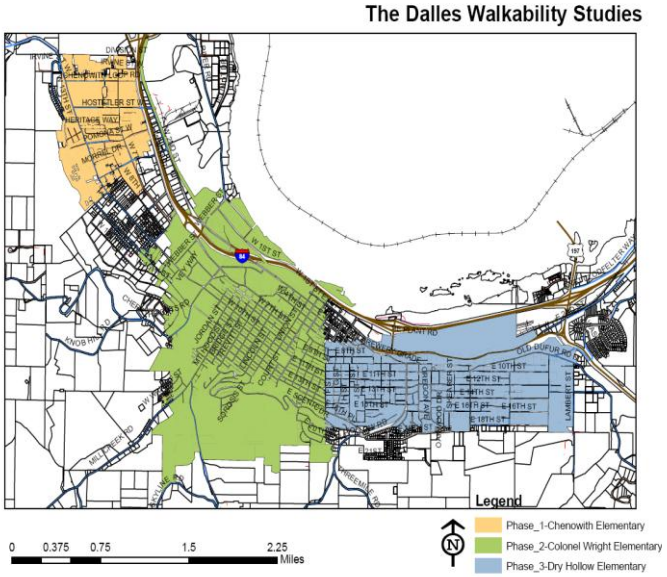
Appendix I: School Based "Wellness & Walkability" Project in North Wasco County School District #21 (Strategy 4)

The following document, *School Based "Wellness & Walkability" Project in North Wasco County School District #21* addresses Strategy 4: Enhance systems to support "Workplace Wellness" ("Healthy Behaviors") programs. North Central Public Health District, in collaboration with North Wasco County School District #21, conducted an assessment of the conditions supporting walking within District #21 elementary school boundaries. Wellness Policy within District #21 was also evaluated and an introduction of "Worksite Wellness" was shared with school employees in The Dalles, Oregon. Appendices referenced in *School Based "Wellness & Walkability" Project in North Wasco County School District #21* are available upon request at North Central Public Health District.

School Based
"Wellness & Walkability"
Project in
North Wasco County
School District # 21



Assessment of the conditions supporting walking in North Wasco County School District 21 Elementary School boundaries paired with a renewed focus on Wellness Policy within the district and introduction of "Worksite Wellness" to school employees in The Dalles, Oregon

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Introduction

This paper will report on the wellness-focused collaboration between North Central Public Health District and North Wasco County School District 21 that began in 2010, and was made possible by grant funding from the Northwest Health Foundation in a response to a request for proposals to conduct Health Impact Assessments (HIA's). Back ground information is included to provide the context within which this project was conceived. Similarities with HIA, in terms of screening and scoping will be discussed Demographic description of the community will be reviewed, followed by methodologies of the three parts of this wellness grant: a brief discussion of the survey instrument used for walkability assessment and the processes, resources used to establish workplace wellness committees and resources for wellness policy groundwork. Finally results will follow each, and a discussion of evaluation. Challenges and lessons learned will be shared and in the appendices various tools and documents will be attached.

Background Information

Prior to the Wellness and Walkability grant, in the spring of 2010, Wasco County Planning collaborated with North Central Public Health District in conducting a Walkability Assessment within in the Chenowith Elementary School Boundary using the Pedestrian Environmental Quality Index (PEQI) developed by the San Francisco Public Health department. That project was made possible by a grant from the Oregon Health Authority for Health Impact Assessments. It did not quite fit the conditions for a true Health Impact Assessment but it had some of the features: primarily the ability to influence decisions that impact health. This project was inspired by the fact that children attending Chenowith Elementary were not able to participate in national Safe Walk to School events because it was not deemed safe.

Opportunities are limited for classic Health Impact Assessments (HIA's) in rural environments. New policies or projects that meet the criteria for HIA are infrequent occurrences, especially in tough economic times. That said, conditions that impact health are numerous, and the needs are great. The Chenowith Walkability project generated a great deal of interest in The Dalles, and it was a first for collaborations between public health and planning departments in the community. With interest in mapping walkability in the other two grade schools in the district,

the possibility of continuing these studies was discussed with Chris Kabel, Program Officer from the Northwest Health Foundation, which was funding some Health Impact Assessment projects. Knowing our project would not meet classic HIA parameters, he encouraged us to apply for grant funding anyway, but suggested that it would be more beneficial to try to impact policy change as well as walkability; this suggestion inspired a much more comprehensive health promotion effort.

A meeting was arranged with District 21 School Superintendent, Candy Armstrong to explore possibilities for policy work within the school district. She suggested that NCPHD and District 21 work together to update the district wellness policy. The wellness policy had not been reviewed or updated since its inception, and they no longer had an active wellness committee. She described earlier wellness efforts as challenging with expectations brought forward that the district and board members felt were unattainable at that time. Having participated in the previous walkability assessment, and supportive of efforts to combat childhood obesity, Armstrong hoped to revisit the wellness policy again, and through it, achieve positive change. There was mutual agreement that we would try to accomplish this project in a way that would be collaborative, and she agreed to the suggestion of including workplace wellness in the new policy. We applied for the grant and our proposal was accepted.

Health Impact Assessment?

Collaboration between the school and the health department on policy work brought this project closer to traditional HIAs but it still veers away from that framework in many ways. We were not bringing a health focus to a policy previously unrecognized for having health consequences, because this was, in fact, a “wellness policy”. What we could do for the benefit of the school district and the community was to insure that the policy was built around best practices, and we had an opportunity to introduce the concept of “workplace wellness” to the school district as well. We had convinced the district and the community that a focus on walking and the walking environment of the community mattered with our first walkability study in early 2010. The ground work had been laid, but there were areas still in need of mapping. Viewing this three-tiered project through the HIA lens is somewhat possible in terms of screening and scoping; after that, it differs substantially from most other HIA’s.

Screening: This project was begun with great enthusiasm and optimism that the project had significant potential to positively impact policy and health and it seemed to have reasonable chances for success. There was every reason to believe we would not only succeed in extending the walkability projects, it seemed probable that it would be easier a second time, having completed one before. Many people expressed enthusiasm after the first walkability study, and many voiced their support for continuing the studies. Furthermore, workplace wellness seemed like an idea that would be embraced by most; after all, most people value health, even if they cannot figure out how to fit it into their lives. Clearly, the superintendent supported wellness, and since there is research supporting the return on investment for Workplace Wellness[1] (Numerous studies show ROI's as high as 3:1 less commonly as high as 6:1 for well executed worksite health promotion investment) this seemed like a sure thing. Policy upgrades seemed very much within reach. The health department was in a position to research best practice and guide the district to incorporate such language into the policy that they had identified as in-need-of-upgrading. The workplace wellness component would be incorporated into the wellness policy as well. The superintendent had participated in other coalition work with the community and health department. The three-tiered project looked very promising.

Scoping: This project had the potential for counteracting chronic disease and childhood obesity, as it focused on improving health opportunities for both adults and children. School District 21 serves a large majority of our young people in the health district, and the school district is also one of the largest employers in our district, employing around 385 people. Wellness policies encompass primarily nutrition, physical education and tobacco. The school has in place a very strong tobacco free campus policy, and from their surveys, most employees are non-tobacco-users. Because of this, improvements will primarily be seen in physical activity and nutrition; workplace wellness may also include stress reduction, which impacts both mental health and physical health. There was a strong interest in stress reduction voiced by D-21 staff members at three school staff meetings that were attended.

Walkability: As with the previous walkability project, an advisory group was brought together to determine the scope of the study area for walkability. School principals, the district's

transportation manager, parents, community members and city planning department staff were invited. Colonel Wright Elementary was in a neighborhood with traditional grids and sidewalks, and choosing boundaries for their study was straightforward. Dry Hollow Elementary school had some children who lived far from the school who walk as far as the middle school then ride buses the remaining distance. This made the area much larger than the other two schools. There were very rural boundaries without sidewalks or curbs, and many steep hills. The Dry Hollow walkability study was broken up into three phases in case the entire area proved more than we could do. Multiple issues were raised in that first advisory meeting and both schools face challenging situations at the beginning and end of the school day with some very real hazards to walkers and bikers due to large numbers of parents providing rides to and from school for their children, and of course, the buses; it was apparent that future meetings would be beneficial to address some of the complex issues around safety surrounding the schools. Many of these issues we did not expect to solve in the course of this project, but it clearly seemed possible that our advisory group could be instrumental in future safety discussions and decisions and a venue of The Dalles Traffic and Safety Committee seemed a good avenue for problem solving between the school district and the City Public Works Department.

Demographics: NWCSD #21 serves nearly 3,000 students in rural The Dalles, Oregon, a town of approximately 14,000 people (including unincorporated Chenoweth district.) located 80 miles east of Portland. Nearly one-third (29%) of students are Hispanic, with 14% of students receiving ESL services. Fourteen percent (14%) of students are also identified as Migrant. Students in NWCSD are identified for special education at 130% of the state average (16.7% of district students compared to 12.9% for the state.) While only half (51%) of elementary students statewide were in poverty (using free and reduced lunch data –Oregon 2009 Statewide Annual Report Card,) over two-thirds (71%) of elementary students attending schools in The Dalles qualified. Data from the Oregon Healthy Teens Surveys show that half (50%) of 11th graders (and over 40% of 8th graders) do not meet CDC guidelines for physical activity. 13% of 11th graders in Wasco County are overweight, and 17% are “at risk for overweight” compared to statewide numbers of 11% and 13 % respectively

Needs: Low socioeconomic factors, current health indicators (overweight & at risk for overweight,) and low levels of students reporting adequate physical activity all point to a need for enhancing health opportunities on work/school days. Walkability studies can increase awareness, and they can be used to identify and address safety issues and thereby increase walking in the school boundaries. Stronger wellness policies support nutrition, physical activity, and tobacco, and workplace wellness supports employee health in the schools.

There is mounting evidence that supports changing behaviors via policy and environmental change as compared to more traditional individual centered efforts. Compelling research published in the *American Journal of Public Health,* August of 2010 demonstrated the health benefits of walking and biking: research authored by Professor David Basset Jr. from the Department of Kinesiology, Recreation and Sport Studies at the University of Tennessee, Knoxville, and three other renowned researchers demonstrates that people from communities with higher rates of active transportation enjoy better health than those communities that rely more heavily on cars. Obesity rates and active travel (bicycling and walking) were compared within American cities and states as well as 15 countries, and differences in obesity rates were significantly linked to the quantity of active transportation in the various community settings.[2] By focusing simultaneously on the built environment, the social environment, and policy enhancement seems more likely to result in tangible improvements in health than either activity or policy alone, as is suggested in CDC recommended community strategies. [3]

Methodologies:

I: Walkability**:** The San Francisco Pedestrian Environmental Quality Index (PEQI): The Walking environments of Colonel Wright and Dry Hollow Elementary Schools were assessed using the same survey tool used in the Chenowith school boundary earlier, the PEQI. San Francisco Public Health Department (SFDPH) chose street and intersection indicators based on a review of transportation, planning and public health literature, which included existing pedestrian quality indices and level of service metrics design guidelines and factors associated with walking and improved pedestrian safety in empirical research. This process also was part of the scoring, and experts helped to guide the weighting of various indicators. The PEQI is comprised of 21 street segment and 9 intersection factors associated with pedestrian

environmental quality and safety; the factors are grouped into five domains: Intersection Safety, Traffic, Street Design, Land Use and Perceived Safety. (See appendices 1&2&3.)

Data Collection and Processing

Recruitment of volunteers was done similarly to our first walkability study in 2010 when we had 20 volunteers. We expected to have better results, as we had made more contacts and learned of a lot more people who were interested in the projects. Since the two remaining schools had Parent-Teacher groups, those were attended and sign up lists distributed. Fliers were sent out to parents, (see appendix 4) and posted in the schools. Our email list had become quite extensive, and announcements were sent out far and wide. All participants from the first study who had expressed interest in doing the process again were contacted. In spite of all efforts, turnout for both studies amounted to only about 4 volunteers each time. Unfortunately the Colonel Wright survey date coincided with the Community Clean up day, something we were unaware of when choosing a date. The second time, there were no obvious conflicts on the community calendar. The surveys of Colonel Wright Elementary boundaries took place on May 21st, 2011 from 9:00 am -3:00 pm. The Dry Hollow Elementary walkability study took May 5th of 2012

Because of low turnouts, we abandoned the original plan to provide training by power point and test run, and the few people who arrived were provided one on one training instead, as this method was faster, and it allowed for more time spent gathering data. Everyone who showed up to help was offered lunch and refreshments in the schools which we used as a home base.

Survey participants recorded data on individualized survey forms. There was a section on each survey form for an intersection and a street segment: a space to record common data such as number of lanes, two way traffic or one way, speed etc, and columns for each side of the street to record lighting, sidewalk conditions, gardens, trees, and so on.

At the health department, data from individual survey packets was painstakingly entered into the MS Access database by one of NCPHD's administrative assistants, who fit this in between breaks in her regular work. Data was then converted into an Excel spreadsheet and brought into ArcGIS by Wasco County's GIS department. Both study areas were done in this way. The

mapping in GIS and some help from the planning department were paid for with grant funds, and the PEQI Access database provided by SFPHD was also paid for by the grant. Some time contributed by Jeanette Montour from the Wasco County Planning Department was not billed for, because she was promoted and therefore was not eligible for being paid for extra hours anymore. Otherwise, the remainder of the grant went to pay for NCPHD staff time.

Results of the Colonel Wright and Dry Hollow Walkability Studies

Results were compiled for each side of 370 street segments and for 240 intersections in the study areas (see tables below). A few conclusions can be drawn from those results. Not surprisingly, the intersections proved to be the least friendly elements to walkers, and there were remarkable differences between the walking environments in the Colonel Wright Elementary neighborhood compared with Dry Hollow. (Note, Chenowith Elementary walkability table is included for reference, as is the corresponding map in the appendices, because they are all part of the district and there are some interesting comparisons). Both the east end of town and the west end have many streets that lack curbs, storm drains, and sidewalks, and many of those roads are unpaved. Since Colonel Wright is located in the older part of town, it has a more traditional gridded layout and paved roads with sidewalks and curbs, as it predated America's heavy dependency on cars. None of the street segments or intersections fell into the highest range. Part of this may be explained by a tool that was created for a more urban environment, but also, we have large numbers of streets without cross walks, signs for pedestrians, and other features that would protect pedestrians. Stoplights and pedestrian amenities are almost completely lacking within walking distance of the schools. In conclusion, there is a great deal of room for improvement, and the intersections need the most work.

Chenowith Walkability Project: 2010 (provided here for comparison only)

Chenowith Elementary (February 2010)				
	Intersections		Street segment sides	
	number	percent	number	percent
Poor	11	26%	1	2 %
Low	32	74 %	32	59.2 %
Average	0	0 %	21	38.8 %
High	0	0. %	0	0. %
Highest	0	0. %	0	0 %
TOTAL	44	100 %	54	100 %

Wellness & Walkability: Colonel Wright Elementary 2011

Colonel Wright Elementary Walkability Scores				
	Intersections		Street segment sides	
	number	percent	number	percent
Poor	0	0 %	0	0 %
Low	9	11 %.	19	7.5 %
Average	55	70 %	150	59 %
High	15	19 %	85	33.5 %
Highest	0	0 %	0	0 %
TOTAL	79	100 %	254	100 %

Wellness & Walkability: Dry Hollow Elementary 2012

Dry Hollow Elementary Walkability Scores				
	Intersections		Street segment sides	
	number	percent	number	percent
Poor	144	85 %	0	0 %
Low	26	15 %	107	22 %
Average	0	0 %	270	56 %
High	0	0 %	109	22 %
Highest	0	0 %	0	0 %
TOTAL	170	100 %	486	100 %

The walkability studies are a first step in a longer term process to identify problems in the walking environment and to base planning decisions on, for the schools and planning departments. Doing more traffic count studies has been one suggestion put forward to the City of The Dalles public works department, as this information would help identify greater variabilities between the different streets and intersections that was not captured by the survey tool. It has also been suggested that the district consider designating certain routes primarily for walkers and bicycle riders and drivers could be encouraged to avoid those routes. The concepts of walking school buses and participation in safe routes to schools have also been suggested..

II. Worksite Wellness:

A presentation was given at the Colonel Wright Elementary staff meeting In April of 2011 to introduce the concept of workplace wellness and stress reduction. These concepts were accepted enthusiastically (a brief survey was performed using a show of hands.) Staff preferred to delay any initiation of employee wellness activities until the following school year, since staffing cuts had everyone in a state of stress and uncertainty. Ironically, Colonel Wright was unable to recruit a leader to take on this activity and their principal made the decision to opt out of it for the time being. Colonel Wright Elementary responses had been the indicator that Workplace Wellness could be embraced amongst school employees, but it became apparent that many things must align to make this possible, and ultimately, not all necessary factors were there at the time within their school.

Every school where the principal was willing was given an introduction to Worksite Wellness information via a quick talk, handouts (see appendix 5) and web resources, and a survey (see appendix 6) to obtain indicators of readiness, interest in serving on a committee and interest in taking a leading role in workplace wellness or wellness policy in general. (See appendices 7,8, & 9.) In all, principals in three out of five schools allowed some access to staff members to introduce worksite wellness. In another school, Chenowith Elementary, I was told a wellness committee already existed. Of three schools that were given presentations and in which surveys were conducted, Workplace Wellness Committees were formed in two: The Dalles Wahtonka High School and Dry Hollow Elementary. By attending the wellness committee at Chenowith it was discovered that their wellness committee focused exclusively on supporting

health in school children. They were interested in the worksite wellness component and information was shared with them, but they were not yet ready to add this component to their work at that time. It is very likely they will add it later on.

Methodology included initial surveys and a number of online resources that were shared with the committees. The most important tool that was given, downloaded and in binders was the Worksite Wellness Committee Workbook that North Carolina has made available for download http://www.eatsmartmovemorenc.com/SchoolWellnessTlkt/SchoolWellnessTlkt.html (See appendix 10.) Wellness committee members were provided with the website and other web resources that will make various activities easier to introduce.

The committee workbook had all the basics laid out for the committee to begin their process. It had a snapshot timeline of what the first year in a school worksite wellness committee might look like; it has samples of mission statements, templates for agendas and action plans, sample employee surveys and so on. There are other workbooks available on their website as well for “Eat Smart”, “Move More”, “Quit Now”, and “Manage Stress”. Online resources were periodically sent by email to Worksite Wellness committee leaders, and further support offered on an as needed basis.

Results: The current status of the Wellness committees at end of school year 2011/2012 was that both committees had adopted Mission Statements. Both were conducting surveys of interest with plans to gather more information from employees early next school year to get baseline data for future evaluation. Both committees were careful to recruit diverse membership in their committees, including teaching and non-teaching staff and a mix of males and females. They were also encouraged to apply for grant funding via Oregon Education Association. Both committees embraced the structure of the North Carolina School Worksite Wellness and the website had an enormous number of resources, tools and success stories, so they didn’t have to find time to re-invent the wheel. Examples of Agendas & Minutes from one committee, The Dalles Wahtonka High School are attached in Appendix 11.

III. Policy Review and Revision: It was initially envisioned that one large district wide committee could be formed with representatives from all of the district’s schools, and that the

committee members could initiate worksite wellness in the various school environments and also participate in the overall wellness policy update. This proved to be erroneous thinking, as each school operates very independently from the others and one high school teacher mentioned that teachers in a single school can go months without much opportunity to interact with one another. The organizational structure of the schools dictated how the grant activities could be accomplished. It was clear as well that some principals were more ready to embrace wellness activities within their schools than others, and approval from the superintendent was not enough in itself to gain entry and access to employees in all the schools. It also became clear after extensive work setting up committees and promoting worksite wellness that overall district wellness policy work would need to occur separately, even though members would probably be recruited from these groups; staff time is so precious and no one wished to travel away from their own school to join a multi-school committee.

Work was then begun with the Superintendent and the district Nutrition Services Director reviewing the old policy and introducing new policy language. This got off to a late start, but had promise for coming together by the end of June. For various reasons, some meetings had to be rescheduled, and the administration and board members asked to have this process put on hold until the fall. Later, a committee made up of parents, community members, school officials and representatives from the various schools would join in the process.

Ultimately, the most that could be accomplished by the grant was to provide the groundwork to make the process easier for district officials. The district was given a Menu of Sample Policy Language (see Appendix: 12) which originated in the WellSat School Policy Evaluation Tool (located online @ http://www.wellsat.org/resources.aspx) with additions of Worksite Wellness language. The superintendent and Nutrition Services Director were provided with links to the WellSat website and evaluation tool. They were also provided with a list of potential committee members. This did not include middle school employees, as there had been no opportunity to interact with those employees. While the goal was to get the policy revision to completion before the end of 2011/2012 school year, it looks promising that this can be finished in the fall, NCPHD will continue to provide guidance if the district desires our involvement.

Dissemination of grant activities and how evaluation was part of the process:

All maps from the walkability studies have been shared with the school district's transportation department, and will be posted on their website. A PSA was sent to our local papers and are just now in the process of setting up media coverage on two local radio stations. (See Appendix 13.) This work was also mentioned in an article submitted to The Dalles Chronicle for inclusion in their special "Back to School" publication and the public was directed to our website for that. (See Appendix 14.) Currently, the walkability maps are on the NCPHD website:@ http://www.wshd.org/wshd/ (See Appendices 15 – 19; Note that map #1 of the Dry Hollow Elementary walkability areas is simply a more close up view of a portion of map#2 because that was necessary to see some of the traffic counts on the map.) A meeting with The City of The Dalles Traffic and Safety Committee on August 15th 2012 will feature these new walkability maps and will be an opportunity for District 21's Transportation Department, Candy Armstrong, and North Central Public Health District to discuss ways these maps can be used and to start a conversation about safe walking conditions for school children. This is very timely, since the district has just redrawn the lines for bus service and more children will be walking to school because of it. There are concerns by many that this may put children at risk, so it is also a good time to start a campaign that presents the opposite view, i.e. :"Riding instead of walking to school may rob your child of exercise that can keep your child healthy".

Evaluation, as we have come to understand, is something that we think about at the beginning of a project as well as at the end. For the Wellness Policy, the policy is being built from an evaluation tool, and that same evaluation tool has been recommended for its annual review. For walkability, the walkability assessment is an evaluation of its own; it measures how safe the current walking environment is. It would be a relatively easy matter to tweak the results of our maps if the City incorporates more safety features into these areas. Another way to evaluate this, although certainly more indirectly and multi-factorial, would be to follow this by surveying numbers of children who walk to school vs. children who ride, be it bus or private vehicle. This is something that will be discussed at the Traffic and Safety committee meeting. District 21 superintendent, Candy Armstrong notes that for the first time ever, there are many children of middle school age who have type 2 diabetes and require insulin shots and fairly complicated support from school employees. She sees the link between unhealthy lifestyles

and poor health for such children and the impact it has on the district as a whole. The numbers of children with previously adult associated chronic diseases will be another indicator of how well we are addressing the health needs of school children. Finally, for Workplace Wellness, school wellness committees have been advised to incorporate evaluation into their wellness programs by tracking employee health indicators. The district has been urged to apply for School Worksite Wellness grant funds to get their wellness activities more established and to hire a coordinator who can help the committees plan activities including a health fair. It is quite likely that their health insurance provider might help to fund a few wellness measures such as blood pressure, lipids, glucose, BMI, and so on. At the very least, the committees are planning on doing some more easily accessible tracking for those factors that don't require medical tests.

Challenges:

Several developments occurred following our grant proposal, the most concerning one being budgetary cutbacks within District 21. At the end of the 2010/2011 school year, the district was facing a 20% reduction in funding and district employees were justifiably preoccupied with this development, not knowing who would have a job the following year. Advice from District 21 grant writer, Brian Goodwin, and a survey of teachers at the Colonel Wright Elementary pointed to a need to postpone work on wellness and policy work to the beginning of the 2011/2012 school year when cuts would be finalized and the dust would settle. The reduction in resources placed tremendous stress on school employees and it has been palpable during visits to the schools this past year. Crowded classrooms have stressed the school environment. Wellness would become more important than ever, yet more challenging to accomplish. The walkability of the Colonel Wright Elementary neighborhoods was then scheduled for May of 2011 and policy work was put on hold until the 2011/2012 school year. With time, and ongoing work with schools it is likely that one would learn how to synchronize efforts with the timing within a school year.. There are events that come up that make it difficult for school employees to be available; many of these events are foreseeable, like deadlines for grading, school testing, parent teacher nights, and the many school breaks (Winter break, Spring Break, and Summer Break) as well as teacher work days and so on. Learning the

school calendar could help a great deal in efforts to coordinate and to be available when school employees are free.

In addition to factors within the school district, small rural health departments such as ours require that people wear many hats, and within the various programs there are peaks and valleys that occur naturally and dictate how time is managed; priorities are often dictated by outside forces and can be somewhat unpredictable. As far as that goes, a lesson learned for this grantee might also be that proposals should be written with some flexibility in mind and with an expectation that the unexpected will happen, it's just that the details don't become clear until later on. A grantee must think through what they promise to do and be aware of the many factors that are not within your control. Careful attention should be given to deciphering what the chain of command is within the organizations you partner with and learning who needs to be on board from the very start. Top down strategies don't always pave the way as one might expect.

Our collaborator from the planning department was promoted to a supervisory status in her department, and became exempt, which no longer allowed for her to be paid extra hours for working on this project. This status and the change in her workload meant she would not be able to spend as much time on this as we had anticipated. In the end, she helped whenever there were issues that she alone understood, (she was an equal partner in the first walkability study). She was especially helpful with setting up the maps and excel database from which the individual volunteer assignments would be drawn. She was very gracious and helped us out whenever we were stuck with something. This is the sort of occurrence that was unforeseeable, and as far as lessons learned, there is not strategy except to be flexible and ready to improvise.

San Francisco Public Health Department also presented challenges in how they could be reimbursed for the work we asked them to do. The project was not large enough for them to invest time in setting up a mechanism for payment, and creativity was needed to address this problem. Since this is a problem in our own department at times (the county had difficulties figuring how to disperse grant funds to reimburse our county planner for her part in the Chenowith study) it seems apparent that these are problems that may be common to governmental entities such as counties, and more effort should perhaps occur upfront to

explore how to make this process easier. So far, people have been paid for their efforts, but it isn't easy.

As mentioned earlier, each of the walkability studies were performed with only a small handful of volunteers. This sort of project is very time intensive, and this presented a real hardship. It is hard to know how this could have been more successful in terms of volunteer recruitment, but perhaps it serves as a sign that a simpler tool might be more realistic in the future.

In the end, it was apparent that although we didn't reach some of our goals, we accomplished a great deal. The walkability studies were completed and the policy work is well on its way; workplace wellness was adopted in two of the schools and the concept introduced to two others who may join at a later date.

A summary can be seen in Appendix 20: one page reports of the overall process of each of the three phases of this project as well as the overall project. A budget summary can be found in Appendix 21.

Our community owes thanks to the Northwest Health Foundation for funding this project and taking an interest in improving health in rural counties such as ours. They have been incredibly generous and patient with us throughout this project and we feel incredibly grateful for this.

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