

National Association of State Park Directors

INTEGRATING HEALTH-RELATED PROGRAMMING



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Introduction

Parks are a critical contributor to community health, impacting health in a number of ways from increased physical activity, improved mental health through exposure to outdoors and natural environments, decreased environmental degradation, increased community interaction, and injury reduction by providing safe places to play and be active.¹

The essential connection between parks and health has been noted by numerous leading health agencies such as the Center for Disease Control, the Robert Wood Johnson Foundation, the National Pediatric Society and more. The field of parks and recreation and parks organizations have also highlighted parks for health in various efforts including, but not limited to the National Park Service's Healthy Parks Healthy People initiative² and Park Association's three pillars of health and wellness³ and the IUCN World Parks Congress highlighted efforts from around the world linking parks and health at its 2014 World Congress.⁴

There are significant resources already compiled for park professionals to advocate for the benefits of parks as a contributor to health:

- **Park RX America** has a library of scientific research briefs on the benefits of parks to obesity, hypertension, physical activity, mental health, and minority health which can be found at: <https://parkrxamerica.org/providers>
- **Active Living Research** has also compiled more than 1600 resources connecting parks to health, including key measures and impacts: <https://activelivingresearch.org/search/site/parks%20and%20health>
- The **National Recreation and Park Association** has research, data, and a parks and health toolkit to help parks professionals make the case as to why parks are so important for community health: <https://www.nrpa.org/our-work/Three-Pillars/health-wellness>

1 https://www.cdc.gov/healthyplaces/parks_trails/parks-and-trails-health-impact-toolkit.pdf

2 <http://npshistory.com/publications/public-health/healthy-parks-strategic-action-plan-2011.pdf>

3 <https://www.nrpa.org/our-work/Three-Pillars/health-wellness>

4 https://www.iucn.org/sites/dev/files/content/documents/improving-health-and-well-being-stream-report_0.pdf

- The **Centers for Disease Control and Prevention** offer a toolkit for conducting Health Impact Assessments (HIAs) of parks and trails: https://www.cdc.gov/healthyplaces/parks_trails/parks-and-trails-health-impact-toolkit.pdf

From a local, to state, to national to global level, parks are essential for community health.

The National Association of State Park Directors promotes the state park system by highlighting the park’s important contributions to the nation’s environment, heritage, health and economy. NASPD devoted to helping state park directors “effectively manage and administer their state park system.”

The Association is composed of fifty state park directors, plus territories of the United States of America, including Puerto Rico.

In 2017, Lewis Ledford, Executive Director of the NASPD initiated conversations to investigate opportunities for state parks to take a leadership role in improving community health. Jen Zuckerman, then Director of Strategic Partnerships for the Blue Cross and Blue Shield of North Carolina Foundation, at the request of NASPD Executive Director Lewis Ledford, presented to the Board of Directors on

the connection between parks and health and the role that state parks could play in improving community health.

The represented agencies spoke to the initiatives already in play in their respective systems, such as *Kids in Parks*⁵, *Park RX*⁶, *First Day Hikes*⁷, and more. They also spoke to the barriers to implementing parks and health programming such as staffing, funding, and expertise. In response to this initial conversation, the Board supported a recommendation to move forward with a survey and interview process of the member state park directors to assess interest in an opt-in NASPD health initiative.

This survey was commissioned in the fall of 2017 following a presentation to the NASPD membership during the annual conference to determine the interest and feasibility of creating and/or expanding health-related programming in America’s state park systems.

The objectives of this survey are to:

- Provide context to discussions on health-related program
- Identify potential funding agencies
- Determine potential collaborations and partnerships
- Discuss next steps and future actions

5 <https://www.kidsinparks.com>

6 <https://parkrxamerica.org>

7 <https://www.stateparks.org/initiatives-special-programs/first-day-hikes>

Methods

To determine interest and feasibility of integrating health-research programming in state parks, all state park directors were sent a survey link on February 8, 2018. A reminder was sent out to non-responders to encourage participation.

The survey consisted of seven questions and included both closed- and open-ended questions about directors' perceptions, interest, and knowledge of health-related programming. There were 32 responses

received. The full survey and corresponding responses can be found in Appendix A.

On the survey, the final question asked if the respondent would be interested in participating in a 20-minute follow up phone interview. Eight respondents indicated interest and in July and August of 2018 the researchers conducted the interviews and compiled feedback. The interview questions can be found in Appendix B.

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SURVEY QUESTIONS

32

RESPONSES

8

FOLLOWUP INTERVIEWS

Results

The following analysis is a compilation of both survey and interview data.



Interest

The majority of respondents are either interested in or are already conducting some level of health-related programming in their own states, with 87.5% of the respondents indicating interest in the idea. The existing park-related health programs range across activities such as hiking, yoga, and running to topic areas such as heat safety and healthy vending. From this expanse of responses we see that the term “health” covers an extensive range of concepts and *there is a need moving forward to specifically define what “health-related programming” means for NASPD.*

Additionally, there seems to be a tension between programs that run for a short-duration and seem to be more of a marketing idea to get more people into the state parks and long-term programming geared to improving health. *A clear definition of the goals of health-related programming is important*, which is reflected as well in the results related to measurement.

Funding and Obstacles

At this point, health-related programming, defined locally at the state level, is funded in a variety of different ways with the most common being the operational budget, sponsorships, and grant funding. However, resources—specifically *staff, time, and budget—were clearly outlined as obstacles to implementing health-related programming.*

Expounding on those obstacles, park directors highlighted once again the delicate balance between short and long-term programming, indicating that short-term programming can often be managed by private entities partnering with state parks, which requires fewer parks resources while longer term programming often requires more park staff, time, and budget, so it may limit the park system’s ability to participate.

87.5%

OF RESPONDENTS INDICATED INTEREST IN SOME
LEVEL OF HEALTH-RELATED PROGRAMMING

Measurement

For outcome measurement, the survey identified that participation rate and satisfaction along with increase in park visits were important measurements for a program's success. Others viewed technology tracking of physical activity and other interactive features as valuable metrics for evaluating health-related programming. As there was a range of types of health-related programming, there was also a broad range of measurement. The interviews expanded this feedback to identify that measurement of health-related programming was an ongoing conversation and that *both identifying the “what” to measure in health-related programming as well as the “how” to measure it was an important factor for park directors.*

Program Requirements

Respondents had clear feedback related to critical elements, other than funding, which would be critical for their organization to participate in an opt-in health initiative. *The overwhelming majority prefers ease of use or a seamless-transition with existing programs.* Anything considered disruptive or resource consuming would likely receive pushback from the organizations.

For some parks, particularly those who have not yet established health-related programming, *there's a need to provide a toolkit or framework to provide direction and guidance on implementing health-related programs.*

Respondents indicated that the “plug-and-play” model of programming—taking an established program and plugging it in to current park programming—works as long as there is some flexibility to adapt the program to the park's needs and own geographic conditions.

Another component that would be important is *standardized messaging and a communications strategy*, with a clear understanding of audience (which may vary from potential participants to partners, and may require an initial needs assessment). Many parks have found that social media is an excellent way of reaching out to their audiences. In addition to traditional marketing, social media has been a way to engage with newer audiences and has a broad reach across demographics.

For some programs, the “build it and they will come model” is not enough. Partnerships and partnership development were highlighted as needs in the interviews, noting that the toolkit could outline how to develop stronger partnerships with the local healthcare community.

Conclusions

and further discussion



There is both strong interest and strong participation in health-related programming across NASPD membership, however there is a lack of common definition or concept of what “health-related programming” entails, who the target audience should be, what should be measured, what partnerships might exist in, and how that program should be communicated.

Both the survey and the interview feedback indicate that NASPD membership is supportive of an opt-in program, and has a strong preference for a program that has already addressed the questions listed above. Additionally, there is an interest in a program that can bridge partnerships at the local level between park systems and healthcare providers.

Based on the interest and feedback from respondents, two programs exist that are scalable, replicable, and have the broadest potential to meet the dynamic needs of each member. Additionally, both of these programs can be used in partnership with one another, or independently of one another. As a result of this analysis, we recommend investing in Kids in Parks, Park RX America, or a combination of the two.

Kids in Parks

Kids in Parks started in 2008 to improve the health of children and the health of parks by making existing trails more attractive and fun for novice users. Kids in Parks is a network of outdoor adventures (called TRACK trails) that cross state and agency boundaries. The program’s TRACK Trails use self-guided brochures and signs to enhance hiking, biking, geocaching, paddling, and other types of trails. Kids can register their TRACK Trail adventures through the program’s website to earn a series of prizes and simultaneously provide valuable user and experience data for program providers.

Kids in Parks is part of the national parks prescriptions movement, which involves medical providers prescribing time in nature such as in parks and on trails to

improve health. The program's **TRACK Rx**[®] initiative connects medical providers and their patients to local trails. In this partnership, medical providers have a display in their office and prescribe outdoor activity and the regional network of TRACK Trails to their patients. On the Kids in Parks website, patients can use the code provided on their prescription to register their outdoor adventures, allowing the participant to receive prizes and the medical provider to get feedback that the prescription was "filled."

Kids in Parks has strong trail networks and existing partnerships in North Carolina, Virginia, and South Dakota with more than 70 TRACK Trails in state parks. In the NASPD survey, 28.57% of respondents indicated using Kids in Parks.

The advantages of Kids in Parks include:

- Scalable and replicable model
- Flexible to local needs and geographic conditions

- Provides a variety of park experiences (hiking, paddling, biking, etc.)
- Full time staff to provide technical assistance and support
- Trackable data, which can be aggregated at the park, system, or NASPD level
- Geared towards a specific demographic (children) and also impacts adults, as children tend to hike trails with one or more adults
- Existing support from health partners
- Part of the national parks prescription leadership team as well as connected to Healthy Parks Healthy People

Kids in Parks disadvantages include:

- Cost-there is a fee required to establish TRACK Trails for planning, brochure design, and trailhead design.
- Clustering TRACK Trails is critical for increased participation. Park systems should install a number of TRACK Trails for optimal results.

28.57%

**OF RESPONDENTS INDICATED USING
KIDS IN PARKS**

Park Rx America

Park Rx America was created in 2017 by Dr. Robert Zarr, a pediatrician in Washington DC who had seen significant impact in his patient population by prescribing outdoor experiences for them as opposed to a pill. Park Rx America is an online platform designed to make writing parks prescriptions easier for physicians, and ties the data to the patients' electronic health records.

Park Rx America grew out of DC Park Rx, Dr. Zarr's initial project, which was published in the 2017 *Journal of Physical Activity*⁹ and Health as a cost-effective strategy to impact patient health, particularly around obesity and hypertension.

The advantages of Park Rx include:

- Low cost
- Flexible to include all parks
- Prescriptions can be specific to patient's favorite activities
- Can be zip code specific
- Ability to track patient follow through
- Focused on all ages
- Staff available to help parks professionals upload park information into the platform

- Part of the national parks prescription leadership team as well as connected to Healthy Parks Healthy People

Disadvantages of Park Rx include:

- Heavier reliance on medical community to drive the initiative
- No distinctive branding for participating parks

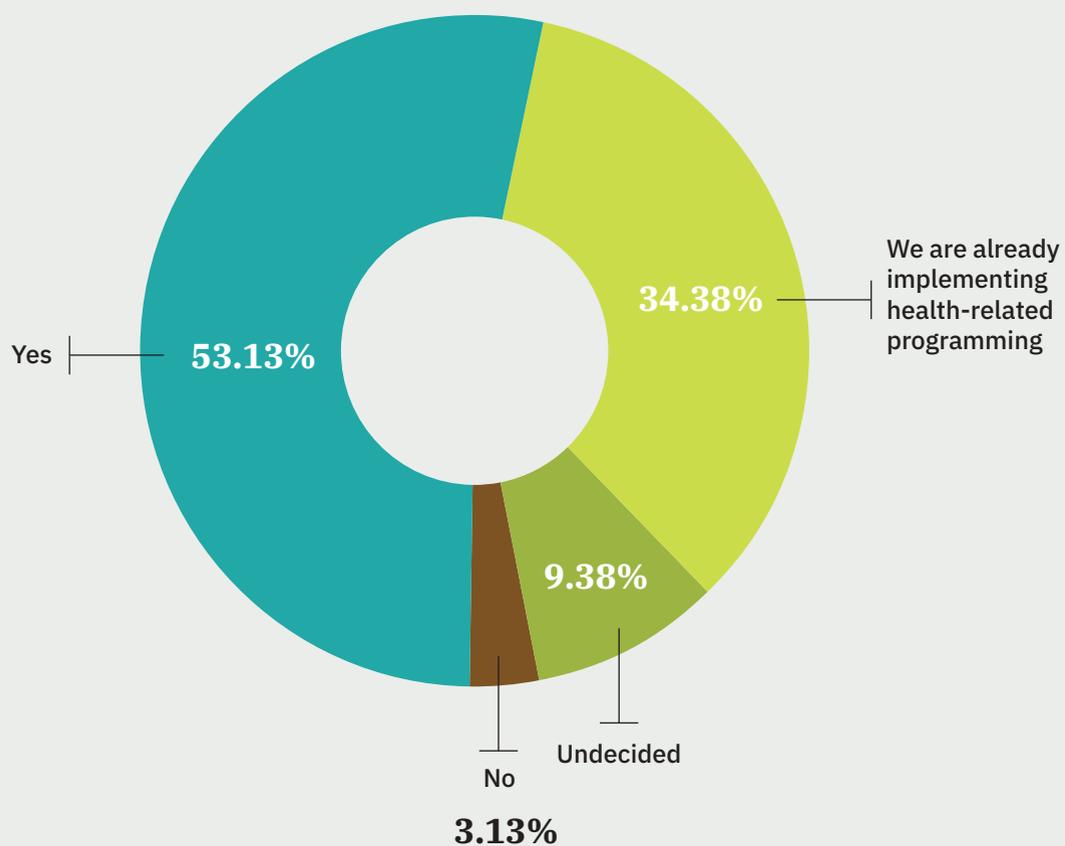
Next Steps

Based on interest in the above recommendations, NASPD leadership should interview both Kids in Parks and Park Rx America to determine what a partnership could look like between the represented agencies. From there, an action plan should be developed for presenting the concept package to NASPD Board of Directors or membership, along with cost and staffing requirements, potential funding partners, and a communications and evaluation plan. This report also recommends a part-time staff member to work with existing NASPD to oversee the interviews, plan development, and communications and evaluation.

Appendix A

QUESTION 1

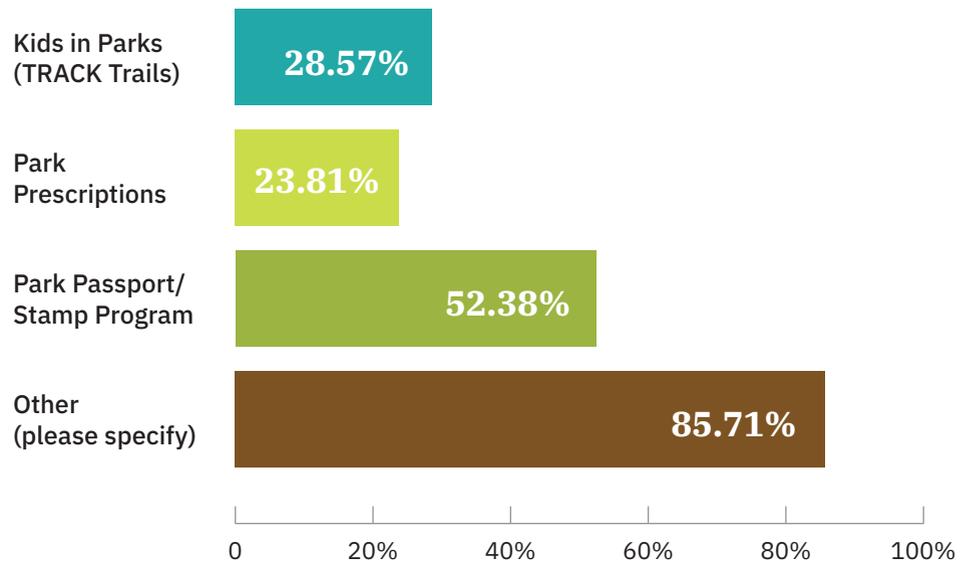
Is your organization interested in implementing health-related programming?



QUESTION 2

If you answered: *We are already implementing health-related programming* to question 1, please respond to questions 2-4. Otherwise, please skip to question 5.

What type of health-related programming/initiatives are you or have you recently offered (check all that apply):

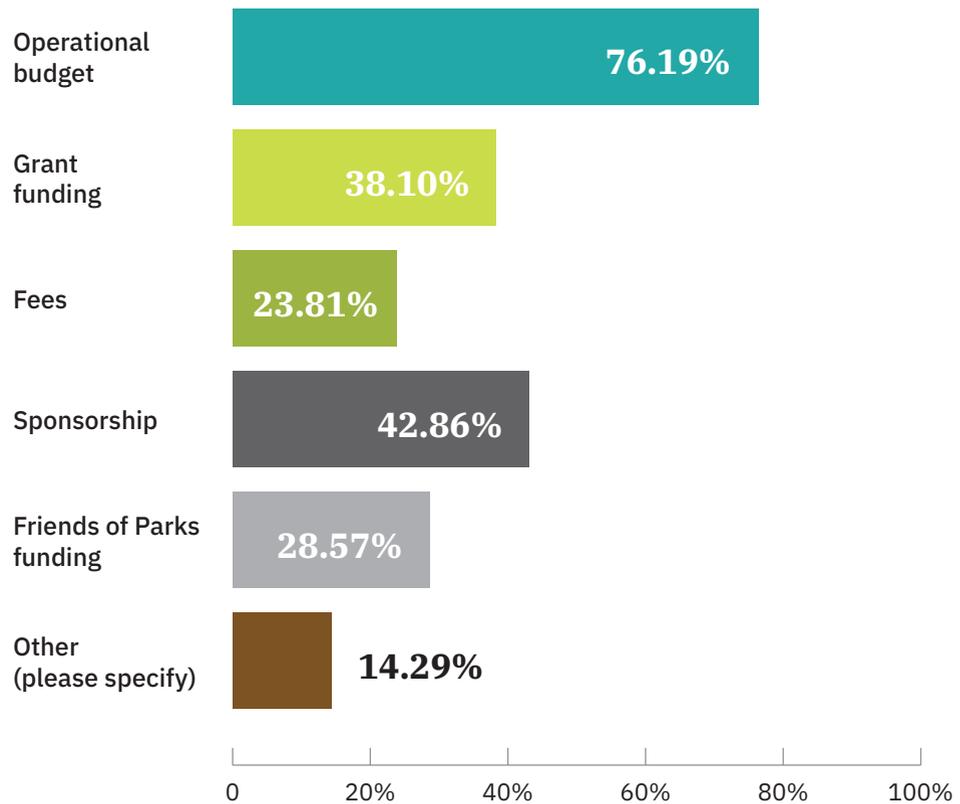


Responses to *Other (Please Specify)*

- Eat Smart In Parks
- Heat safety, boat and water safety. Intro to outdoors i.e. Family Campout Program
- We implemented our Healthy Performance & Nutrition Initiative in October of last year. This program focuses on healthy programming & fitness at all of our facilities. We offered 662 active programs to include 4,606 guests from October 1st of last year to January 31st, 2018. In addition we now offer healthy snack alternatives in all of our retail areas at all state parks and most of our historic sites. We also ran rolled out our first statewide internal fitness challenge where we logged 960 workouts, 1357 miles, 822 hours logged and 240,467 calories lost during a 12 week period.
- Organized runs and a fitness challenge
- Come Out and Play curriculum from MParks
- Women's Wellness Weekend
- Big green gym collaboration program
- Wyoming kids extreme
- Trail Prescriptions
- Run Club
- Governor's 90-Day Challenge
- Healthy Parks Healthy People programs (e.g. yoga, hikes, paddling, etc.)
- Partnership with local healthcare clinic pediatricians and park brochures, special event
- Junior Ranger Program & Staff training supporting this initiative, Run Clubs, Adventure Challenge
- Trails Challenge, Geocaching, Fitness Trails, State Park Adventure Series, Library Adventure Backpacks
- Yoga, forest bathing, First Day Hikes, any recreational activity.
- Heart Healthy Trails in parks near health fac
- OKKIDS DAY, Hikes

QUESTION 3

How is this program funded (check all that apply):

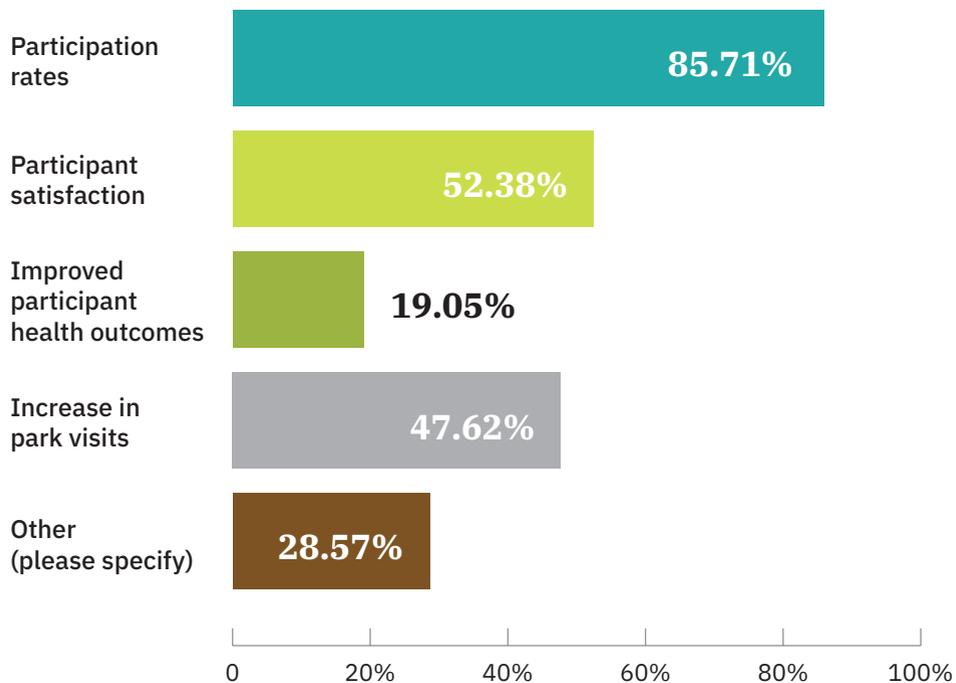


Responses to *Other (Please Specify)*

- MI Big Green Gym partnership with Blue Cross Blue Shield of MI
- Funded through the Governor’s Council on Physical Activity
- free

QUESTION 4

How are you measuring success for this program (check all that apply):

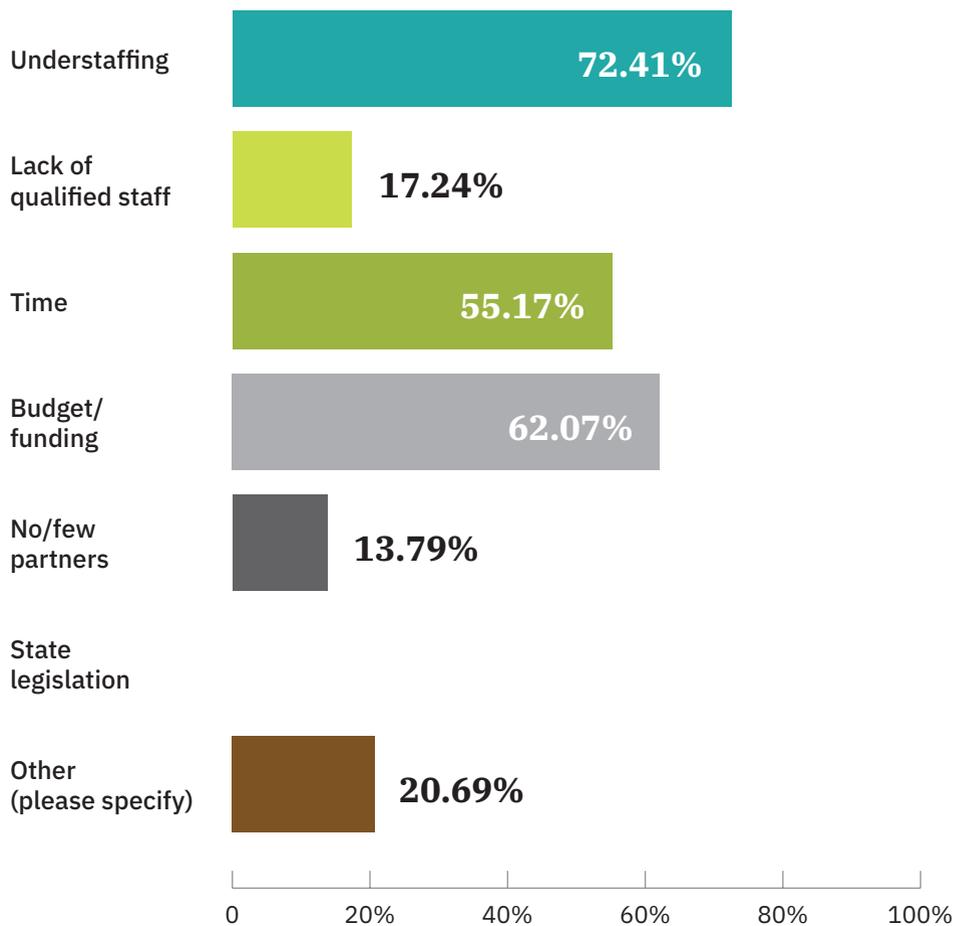


Responses to *Other (Please Specify)*

- Also tracking the number of youth camping and participating in activities
- Participant feedback
- Increase in park revenue.
- Minutes of activity performed and activity challenges completed
- not certain
- no measurements

QUESTION 5

What is preventing you from implementing health-related programming or has been a barrier to you in your implementation of health-related programming? (check all that apply):

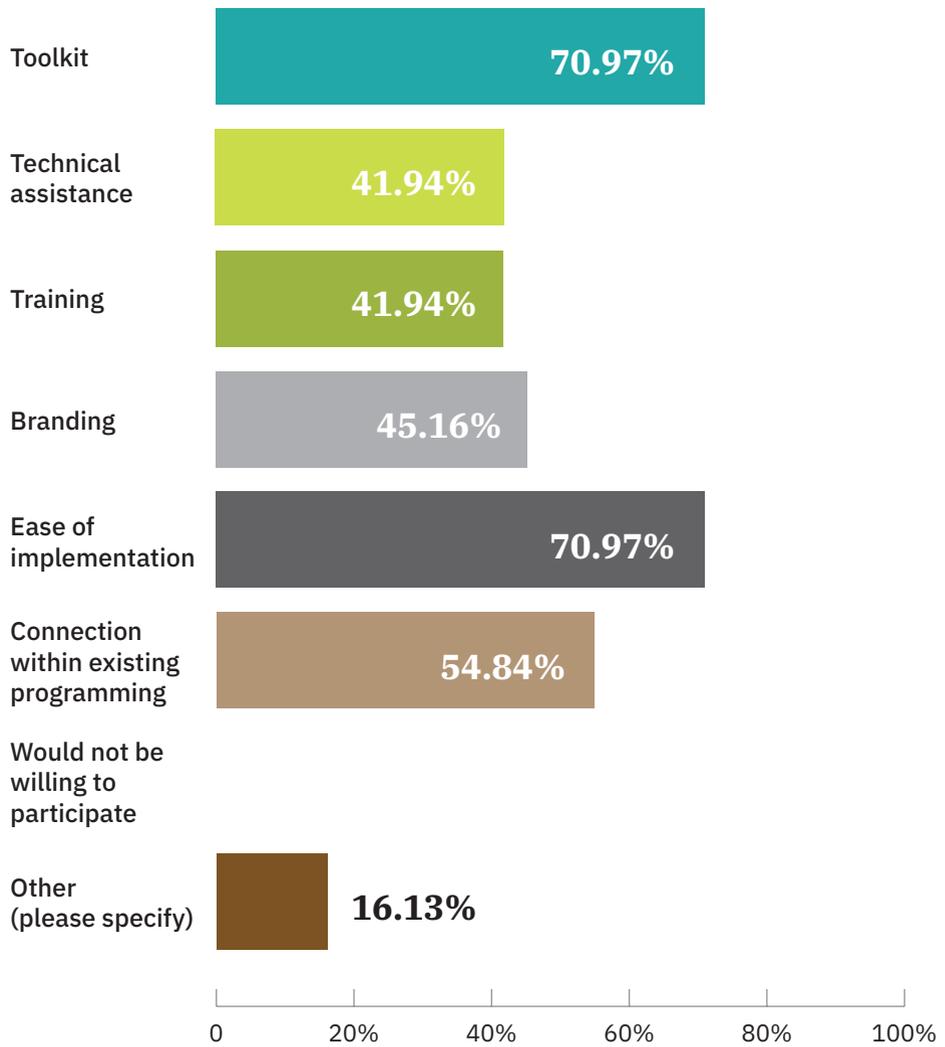


Responses to *Other (Please Specify)*

- Our agency partners with groups that have used park prescription programs, and Walk with a Doc. These both seem good approaches, but we have not prioritized them. We are looking in to a park passport program, but have not completed that.
- Understanding of what health-related programming entails. We may have programs in place that fit the initiative
- No formal plan.
- no specific program initiative
- Not specifically within our mission.
- We are implementing some, and plan to do more

QUESTION 6

NASPD is researching opt-in health initiatives. Other than funding, what elements would be critical for your organization to participate? (Check all that apply):



Responses to *Other (Please Specify)*

- Please hold a webinar about the framework for the program to identify possible challenges to implementation and allow for some flexibility based on those state-specific challenges (if any)
- National programs similar to First Day Hike that are promoted on a national level.
- Partnership with health agencies and medical community
- Anything. We are just embarking on this way of approaching activities in parks
- Ideas

Appendix B

QUESTION 7

The seventh question was a call for those interested in providing additional information in the form of a brief interview.

In late July, early August 2018, eight interviews were conducted to provide nuance and context on the survey questions. To provide a deeper understanding of the needs of state park directors. The following questions were asked:

- Are you providing health-related programming?
- What do you need to incorporate a new program? What makes it easy for you?
- What are the challenges?
- Is incorporating technology useful?
- What communication channels do you use? Social media? How do you reach your audience?
- How do you reach out to new communities who may not use the park?



CAM  Strategies

