



A Park Prescriptions Framework

Based on the Multilevel Approach to Community Health (MATCH) Framework

Overview

Park Prescriptions (ParkRx) are programs designed collaboratively between land agencies, health care providers, and community partners to encourage people to utilize parks, trails, and open space for the purpose of improving individual and community health. The attached framework for building a ParkRx program is the product of a combination of case studies, lessons learned, best practices, and common themes reflected across a variety of ParkRx programs.

To ground it in public health methodology, the framework is based on the five-phase Multilevel Approach to Community Health (MATCH) model,¹ originally developed to help plan and evaluate community programs. Researchers built this model with the goal of influencing health across different levels – individual, organizational, and governmental. Our adaptation of this model serves as a guide for establishing park prescription programs across these different levels.

This framework is based off of existing examples of successful programs in the Bay Area and beyond. It is important to note that ParkRx programs look very different across locations and agencies; however, we believe that there are common elements that can help practitioners build on the success of others. While currently presented linearly, it is important to note that many of these steps may be repeated or show up at different times in your own journey.

This basic framework is just the beginning. Within each phase and step, there are numerous elements, tools, and details that can help new programs learn from existing programs. Examining case studies of existing programs is an important first step of any program and the Institute is looking at developing a suite of tools that can make those lessons learned accessible to all.

The attached framework is currently in draft form and will continue to evolve as ParkRx grows as a movement and there are more models to learn from. We welcome any and all feedback to this model and beyond. If you would like to contact or work with us on this framework, please email health@instituteatgoldengate.org.

¹ Simons-Morton B. G., Greene W. H., Gottlieb N. H. *Introduction to health education and health promotion*. Prospect Heights, IL: Waveland Press; 1995.

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Phase 1 – Goal Selection

- *Articulate your program goals, which include target population, health indicators, and park use*
 - Target population: Understanding a target population's behavioral patterns, social circumstances, lifestyles, and environmental factors allows you to understand the group's overall health and park usage. The target population can be based on geography, income-level, ethnicity, or patient group.
 - Health indicators: Within this target population, a ParkRx program should be designed to address one or more of its articulated health needs/goals. These can come from places including: ParkRx partners, community health assessments, or focus groups with the target population. Beyond increasing exposure to nature, ParkRx programs can address health indicators such as: social cohesion, diabetes management, or hypertension.
 - Park use: Determine the type of park use your ParkRx program wants to encourage. Beyond bringing people to parks, does your ParkRx program hope to do any of the following: increase group physical activity, increase individual passive recreation, or increase individual active recreation?

Phase 2 – Intervention Planning

- *Identify and onboard partners and engaged stakeholders to create a network of care for program participants*
 - Promising practices: Examine case studies of existing programs (ParkRx and beyond) that demonstrate examples of strong partnerships between park and health agencies.
 - Health care providers: Identify a health care partner(s) that provides direct services to patients. They should have buy-in from their own agency and provide the necessary staff to participate in the design and implementation process.
 - Park partners: Identify a park partner(s) that provides direct services to participants. They should have buy-in from their own agency and provide the necessary staff to participate in the design and implementation process.
- *Establish a collaboration process that clearly delineates roles and responsibilities*
 - Roles: For example, it is important to determine who will provide administrative support, set up meetings, and follow-up on action items.
 - Buy-in: Identify the common goals between partner agencies and create a document that summarizes the program and builds supervisor buy-in. This document could be a memorandum of understanding.
- *Design a patient to park experience that addresses the health indicators and park use goals identified in Phase 1*
 - Patient flow: Create a conceptual flowchart that maps the journey of a patient from a visit to the health partner to a park program. Outline the agency roles within this flow of care. Important roles include: who prescribes the ParkRx? Who follows up with the patient on a prescription? Who does the patient contact if there is a question about a prescription? Who leads the patient in a park?
 - Program needs: Identify elements to increase the sustainability and impact of your delivery model. For example, will your target population have a better experience if they are welcomed by park program staff? Does your health care provider need to establish an electronic medical record program referral to increase uptake of a ParkRx program? Do you have existing programs that fit or can be realigned to fit the audience needs within the ParkRx framework?
 - Evaluation: Determine the evaluation metrics and the process for collecting data. Types of measurements could include: participation rate, compliance rate, stress reduction, and blood pressure.

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Phase 3 – Development

- *Identify the trainings that staff need to communicate and implement the new ParkRx program*
 - Partner roles: Direct service providers who will be interfacing with patients should understand their role as well as the roles of their partner agency counterparts. This could be shared through a cross-agency training or brochure.
 - Understanding the role of ParkRx: Determine the communication training needs of direct service staff so they can effectively message the ParkRx program and act as an ambassador of both public health and parks.
- *Determine your stress test for the pilot ParkRx program*
 - Barometer of success: Articulate short-term benchmarks of success that will indicate readiness to scale up. Some barometers include: number of participants, percentage compliance rate, and agency enthusiasm.
- *Create a communication and outreach strategy to disseminate the ParkRx program*
 - Collateral: Create versatile materials for partner agencies to promote the ParkRx program. Items can include: waiting room posters, flyers, and badges.

Phase 4 – Implementation

- *Pilot a small ParkRx program*
 - Test: Test your flowchart at a small scale, gathering preliminary data and identifying what works and what doesn't work. Refer back to your barometers of success and adjust your model based on lessons learned.
 - Staff feedback: Encourage direct service staff to note and share barriers and challenges that were not addressed in the provided training. This will be the basis of your scaling program. Areas to note and measure: accessibility, ability, compliance, receptiveness, and communication with patients as well as program partners.
- *Prepare to scale your ParkRx program*
 - Additional trainings: Identify and roll out trainings that can help staff overcome the barriers that emerged through the pilot.
 - Additional stakeholders: Connect with additional stakeholders that might help overcome barriers that your staff identified.
 - Flowchart: Review your process and flow as necessary to reflect additional changes.
- *Launch your larger ParkRx program*
 - Connectivity: In collaboration with your ParkRx program partners, implement your revised flowchart, collecting data to measure efficacy, and building a robust connection between a health care visit and a park program for your target audience.

Phase 5 – Evaluation

- *Evaluate impacts*
 - Goals: Based on identified program metrics, measure improvements in health outcomes, as well as program attendance amongst your target audience. Continue to communicate regularly with your program partners to track progress, share successes, and troubleshoot issues as they arise.