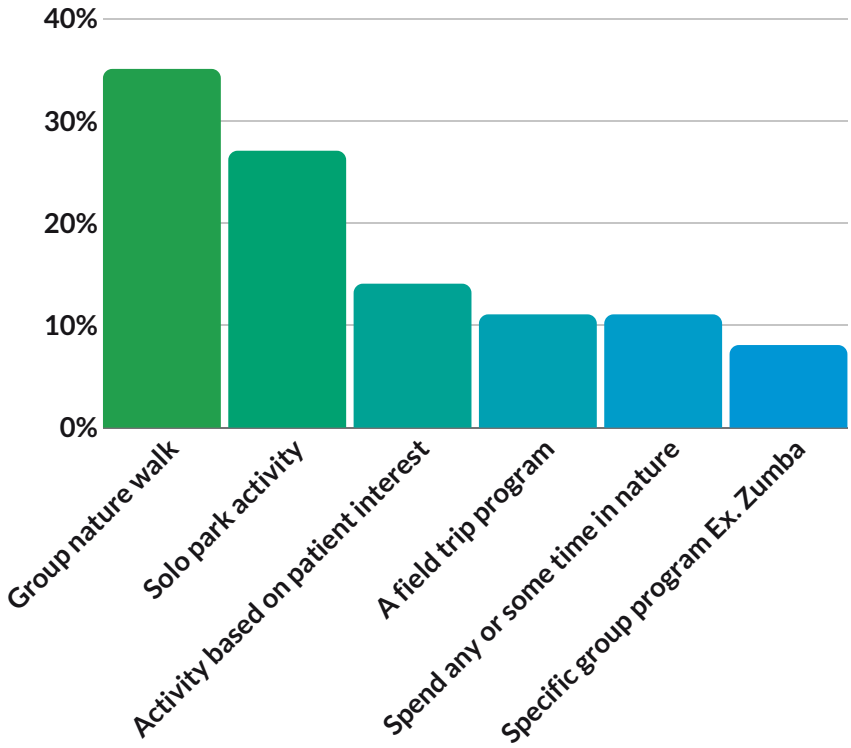
REFLECTING ON PARKRX MODELS:2020 PARKRX CENSUS RESULTS

WHO IS THE PARKRX PROGRAM DESIGNED FOR?

The majority of programs are designed for a general audience, but some are developed for more specific demographics, most often children and youth. Some were yet more specific, assisting youth seeking mental health services or with weight issues.

57% General Audience

43% Specific Audience



WHAT IS THE CORE ACTIVITY BEING PRESCRIBED?

ParkRx program activities vary greatly. The most popular are flexible around patient interests and easily done in nature, either alone or in a group (e.g. nature walks). With no one recommended solution, ParkRx programs have the opportunity to be tailored to specific needs as well as the challenge of no one clear, replicable model.

WHO LEADS THE PARKRX PROGRAM?

When a ParkRx participant goes to a program they might meet a park professional like a ranger or a health professional like a therapist. They may also be encouraged to complete their ParkRx alone, which is most common. There are also hybrid options, like having a park professional and an occupational therapist present. Solo activities can be more budget friendly than a park or clinic providing staff and relieve pressure a participant may feel participating in a facilitated ParkRx experience. However, not having staff present may make the park feel less welcoming and prevent park and healthcare staff from potentially enhancing a program's impact.

32% a park professional

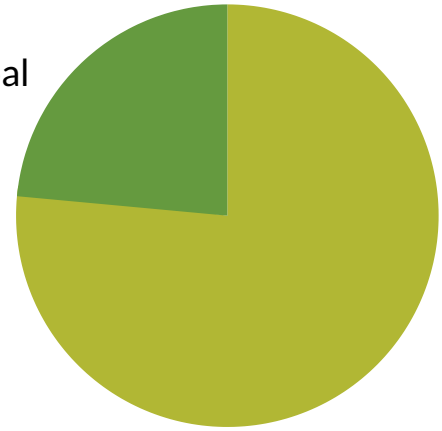
41% no staff; solo activity

30% a health professional

WHAT IS THE HEALTH GOAL OF THE PARKRX PROGRAM?

At this point in the ParkRx movement, **most programs support improving behavioral and physical health, under the broad scope of general wellness.** Programs with a more narrow health goal most often focus on mental health, such as managing anxiety and depression or lowering stress levels. While not considered standard medical health goals, a number of programs also mentioned social connectivity--like building parent/child bonds--as well as increasing emotional connections to nature.

24% specific health goal



78% general wellness

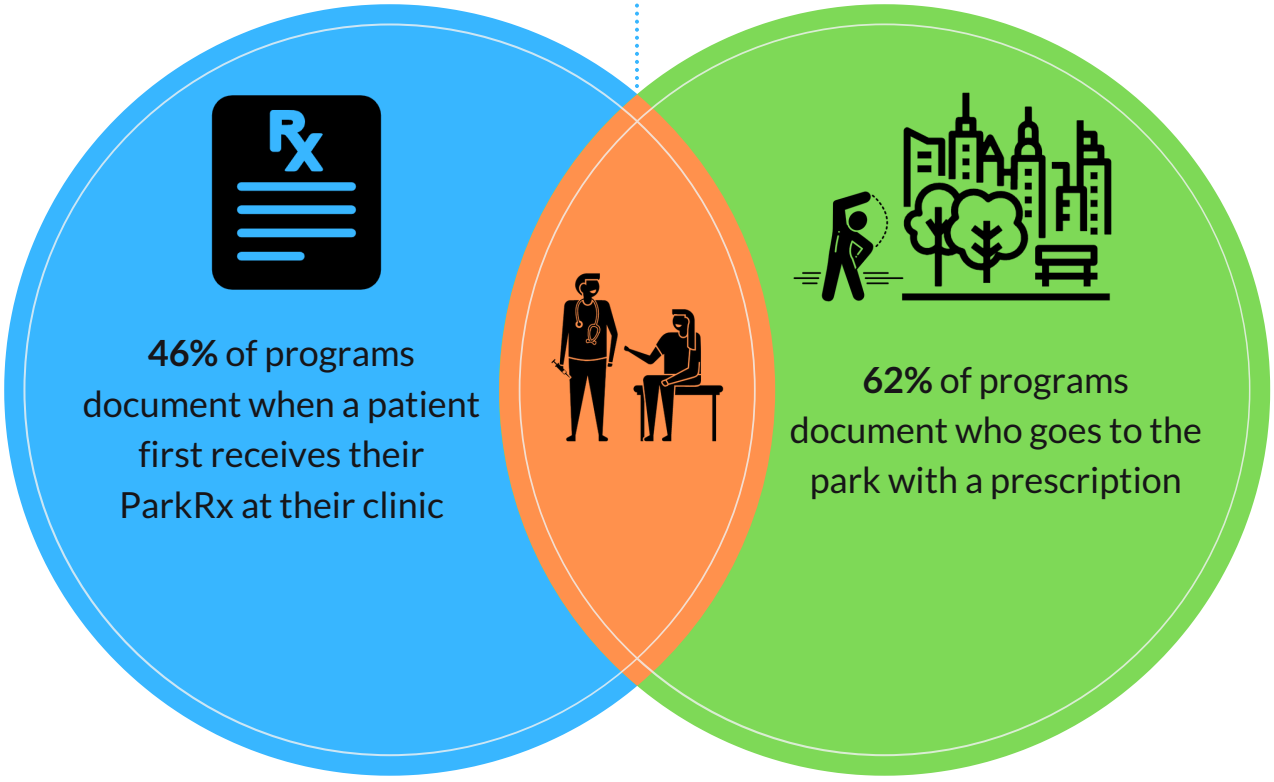
*Percentages that are over 100% indicate that respondents chose multiple answers in response to the question.

DATA COLLECTION

Many ParkRx programs do some form of data collection. For example, healthcare providers can collect data during a patient consultation, when first recommending time in nature. Data collection can also occur when the patient participates in a ParkRx program, for example, signing in before a group hike. 2020 ParkRx Census results show that few programs (27%) report a data feedback loop where a patient is first given a ParkRx (e.g. added to electronic medical record), the prescribed activity's completion status is tracked, and data is ultimately shared back to the recommending healthcare partner. The majority of programs (73%) do not have this feedback loop, indicating a level of disconnect in data collection methods.

There are inherent challenges to data collection, such as patient privacy concerns as well as adding time-consuming steps for health and park professionals to keep track of nature-based interventions, especially if information is not integrated into the electronic medical record. Data collection is resource-intensive yet valuable for potential funders, ParkRx program designers, and other stakeholders interested in measuring the efficacy of nature-based health programs.

27% of programs keep track of whether the specific patient who was prescribed a ParkRx completed their recommended park activity



*8% and 5% of respondents answered "I don't know" about whether they track which patients receive an RX and if a ParkRx patient actually does the recommended activity, respectively

METHODOLGY

Recruitment
The research tool was an online survey that was sent in two e-mail outreach efforts. Invitations were first sent February 12, 2020 to the Institute at the Golden Gate's (Institute) internal listserv. A final e-mail was sent to the same list on February 27, 2020 before closing the survey at the end of February 2020.

As with the 2018 ParkRx Census, convenience and snowball sampling methods were used to reach respondents, along with personally e-mailing close ParkRx partners in our California network. Convenience sampling was used in the sense that the Institute had relatively easy access to the ParkRx network it surveyed. Snowball sampling was used by encouraging respondents to share the survey with their network to maximize reach. While these do not represent the gold standard of sampling methodology, they were necessary to be inclusive and meet the goal of finding previously undiscovered programs.

Participants
Respondents primarily represented non-profit/community-based organizations, public land agencies, health care organizations, and two universities. Institute staff screened responses for incomplete or blank responses and recoded answers, where necessary.

Of the 56 total survey responses, 37 were valid and represent the final sample population for the 2020 Census. The excluded responses were left out for the below reasons:

- Program was not yet launched (4)
- Duplicate survey responses describing the same program (6)
- Provided incomplete responses; omitted significant number of questions (5)
- Not a ParkRx program (4)

Survey Questions & Design
This survey reiterated some of the basic questions that were asked in the 2018 ParkRx Census, such as year launched, program name, and location, etc. The 2020 ParkRx Census built on these basic questions and dove deeper into questions related to the ParkRx models, which the Institute determined as an important value add to body of existing ParkRx research. Our target population was established ParkRx programs in the United States.

Limitations
The survey results are not entirely representative of the entire ParkRx program population, which the Institute hypothesizes to be 100+, but the 2020 ParkRx response rate of 37 should still provide valuable insights. Additionally, as discussed in the recruitment section, we used non-probability sampling methods to do outreach, in order to capture those not already within the Institute's ParkRx learning community. Finally, we conducted outreach to ParkRx partners whom we have worked with, which may account for a prevalence of respondents from the San Francisco Bay Area and California.