

# PRESCRIBING PARKS FOR BETTER HEALTH

## SUCCESS STORIES



Rx

PATIENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription: \_\_\_\_\_

*Get Outside  
and Play!*

\_\_\_\_\_  
Signature



National Recreation  
and Park Association



Time and again, studies have demonstrated the “medicinal” impact of outdoor exercise. These studies emphasize the feeling of revitalization, along with decreases in tension, anger, and depression that come with physical activity in natural environments.

As childhood obesity continues to be a leading health concern in the U.S., so too does the recognition that parks and recreation are powerful players in addressing this epidemic.

In 2013, with support from the National Recreation Foundation, the National Recreation and Park Association (NRPA) provided grants to five communities across the U.S. to enhance existing “park prescription” programs designed to strengthen linkages between the public park and healthcare sectors. “Park Prescriptions” is a concept that connects the healthcare community and public lands to create healthier people.

From coast to coast, these communities are:

- Seeking best practices and implementing changes that will help them form stronger relationships with children and families;
- Creating resources that assist health professionals in connecting youth with close-to-home opportunities for recreation and fitness; and,
- Engaging physician champions who, in turn, are inspiring involvement and support from other colleagues and partners.

And while no community embracing this initiative is without its share of challenges, each is overcoming them by harnessing the energies of a broad range of public, private, and non-profit partners.

This publication highlights the ways these communities are changing the conversation about health and wellness. We hope that these case studies will inspire more people around the U.S. to embrace this new way of thinking.

These communities are proving that strong commitment at the local level is critical to lasting impact. And they are moving forward with the understanding that creating healthier residents is a day-by-day, collective effort that involves our dedicated healthcare sector and our nation’s most valuable public resources.

Sincerely,



**Barbara Tulipane**  
President and CEO



# Unique Baltimore Park Events Encourage Outdoor Physical Activity



Leading by example is an important strategy in promoting better health in Baltimore, Maryland. In 2013, through its novel *Docs in the Park* (*DITP*) program, the Baltimore City Department of Recreation and Parks (BCRP) and a number of regional partners united residents in three major parks to promote lifelong outdoor engagement and demonstrate—through hands-on experience—the large menu of recreation programs and activities available to children and adults.

Through their experiences with children, Dr. Maria Brown of Saint Agnes Hospital and the Children & Nature Task Force of the Maryland Chapter of the American Academy of Pediatrics determined several major barriers to outdoor physical activity for underserved families, including: safety concerns, lack of familiarity with parks, and perceptions by pediatricians that park prescriptions would be difficult for families to fill. Parks & People Foundation, with support from Kaiser Permanente, launched *DITP* in 2011 to: 1) highlight the ways families can fill prescriptions for healthy outdoor activity; and 2) educate participants on the physical, cognitive, and social benefits of parks and recreation.

*DITP* events are designed to provide activities for all age groups, with multiple emphases on unstructured play, stewardship, nutrition, and nature. At each event, physicians “prescribe” physical activity, answer questions, and serve as models of healthy behavior. Other community partners include naturalists, outdoor recreation programmers, urban farmers, and nutritionists.

Six *DITP* events held over a 2-year period engaged more than 400 youth. Volunteers from the Greater Baltimore Children & Nature Collaborative helped implement the program activities

at each *DITP* event. To build on this success in 2013, *DITP* became a BCRP program. Events in four park districts in the West, East, Central, and Southwest parts of the city were planned. Each park location was chosen based on its potential to reach a large number of underserved families.

In 2013, *DITP* saw a jump in participation, with more than 600 youth taking part in socially

## Engaging Healthcare Providers

*“Often, the physicians coming to events haven’t been to the parks before and are surprised by what they see. Once they see what’s available, they get much more on board...” – Dr. Maria Brown*

According to *DITP* program partners, exposing physicians to parks and facilities through events and individual tours has been extremely successful in engaging physicians.

Other successful strategies include:

- Going through local chapters of associations, such as the American Academy of Pediatrics
- Reaching out to university public health groups
- Reaching out to medical students with advocacy/community-service requirements
- Engaging with physicians employed at clinics targeting underserved populations

enriching outdoor activities and healthy food demonstrations. At the first event on June 4 in Carroll Park, *DITP* partnered with the Maryland Department of Natural Resources and various state and local non-profit partners to serve 222 youth and 92 parents. Participants hula hooped, biked, visited a live wildlife exhibit, engaged with nature study stations, and enjoyed nature hikes, while six physicians prescribed physical activity. A healthy lunch was served to parents, further driving home the message of good nutrition.

BCRP credits the event with connecting a large number of families to a park that, despite its potential, is underused. “So many parents said they lived within blocks of the park but had never been there,” states Mary Hardcastle, BCRP volunteer coordinator. “They hear about illicit activity that happens after hours so are reluctant to take their kids to the park during the day. But after the event, many parents said they planned to go back.”

*DITP* also inspired stewardship through engagement, such as during the September event at Middle Branch Park as part of the Middle Branch Waterfront Festival, where a group of youth went kayaking with a doctor. “The kids had fun being active out there [in their kayaks]...but they noted things that needed to be addressed in the water and along the shore,” affirms Dr. Brown.

Although inclement weather forced the cancellation of their October event, BCRP was able to successfully connect with 200 additional children and their parents later that month at the National Wildlife Federation’s annual Baltimore Hike & Seek™. It was a double win, allowing BCRP to encourage physical activity and promote the last *DITP* event in November at Herring Run Park.

In particular, program partners credit grassroots outreach with successfully reaching many families without Internet access. These efforts included distributing promotional materials at citywide events and special sites such as the Druid Hill Park Farmer’s Market and an American Diabetes Association health expo.

“Providing *DITP* materials at neighborhood events hosted by trusted community organizations builds credibility among our target population,” notes Hardcastle.

Grassroots outreach also allowed *DITP* staff to have in-depth conversations with residents and

adjust programming accordingly. For example, by having a *DITP* exhibit at the annual Dia del Nino festival in Patterson Park, staff gleaned valuable insights on how to be more culturally correct and inclusive.

Program partners continue to seek ways to have a greater impact in the metro area. In 2014, *DITP* hopes to expand its partnership with the Baltimore City Health Department in support of the Mayor’s Healthy Baltimore 2015 initiative, which aims to increase physical activity among residents. In collaboration with the Chesapeake Center for Youth Development, BCRP is also planning to offer additional *DITP* events and physical activity groups that will engage families in targeted areas of West Baltimore through a grant from the Maryland Health Enterprise (HEZ) program.

For more information visit Baltimore’s website: <http://bcrp.baltimorecity.gov/SpecialPrograms/DocsinthePark.aspx>.

### Docs in the Park Partners in 2013

- Baltimore City Health Department
- Maryland Chapter, American Academy of Pediatrics Children & Nature Task Force
- Greater Baltimore Children & Nature Collaborative (partners include U.S. Fish & Wildlife/Patuxant Research Center, Maryland Partnership for Children in Nature, Maryland Department of Natural Resources, Natural History Society of Maryland, Carrie Murray Nature Center, Irvine Nature Center, Real Food Farms, Filbert Street Garden, Reach High Baltimore, Parks & People Foundation, and the following Friends of Parks groups: Gwynns Falls/Leakin Park, Carroll Park, Herring Run Park, Middle Branch Park, and West Baltimore Squares)
- Saint Agnes Hospital
- Maryland Department of Natural Resources
- Chesapeake Center for Youth Development

# Clinically Focused Park Effort in Greenville Impacts Youth Health

LiveWell Greenville in South Carolina is a coalition of more than 100 public and private partners actively exploring solutions that “make the healthy choice the easy choice in Greenville County.” In 2013 via the Greenville County Health System *New Impact* program, the coalition developed a clinically focused park prescription effort to reduce obesity in underserved youth and encourage healthy lifestyles through increased connections to parks and recreation.

Greenville launched its first park prescription efforts in 2010 to facilitate physician-patient conversations about active living. The LiveWell At the Doctor and LiveWell for Fun workgroups created a toolkit including prescription sheets, handouts on fitness and nutrition, and county maps detailing parks and recreation facilities offering free and low-cost opportunities for physical activity.

Responses to the toolkits were extremely positive, with physicians affirming that the materials gave their offices a unified approach to exercise discussions and that patients were excited about the materials. However, physicians expressed the desire for handouts with more detailed information on programs, amenities, and costs. The coalition also recognized the need for a more targeted effort to increase the likelihood of continuous rigorous physical activity in patients after prescriptions are made.

*New Impact* is an active treatment program for low-income youth ages 6 to 21 with Body Mass Indexes (BMIs) at or above the 85<sup>th</sup> percentile. After medical and psychological assessments, patients undergo eight weekly clinical visits with dietitians and exercise specialists, in which weight goals, activities, and accomplishments are set and assessed. Other activities include a two-month family YMCA membership, exercise and cooking class-



es, and group walks. Follow-up takes place at the fourth, seventh, and twelfth months.

Integrating park prescriptions into *New Impact*'s treatment plan would make it possible to reinforce messages about park use and carefully evaluate participant progress. The coalition would also engage more Mexican-American children, who make up one-fifth of *New Impact* participants and who have the highest rates of obesity in Greenville.

The coalition hired an intern to coordinate efforts and established a clinical protocol whereby referrals were made during the fourth visit. Surveys were also developed in partnership with Furman University and an outside evaluator to measure patients' weight goal achievements and park use, with implementation contingent upon approval from the Greenville Health System Children's Hospital Internal Review Board (IRB).

## Collaborating for Better Communitywide Park Access

LiveWell Greenville's positive relationships and well-known brand among the health community have been critical to program success. The coalition serves as a “neutral convener,” ensuring a spirit of collaboration between many public agencies, hospital systems, physicians, non-profits, and schools.

Park prescription maps promote active-use parks from all six park and recreation departments in the county to connect families to opportunities for physical activity as close to their homes as possible.

To better assist physicians in referring close-to-home resources, LiveWell Greenville separated the county map into four quadrant maps, which display “complete parks,” or parks that contained trails, playgrounds, sports fields, and other amenities most conducive to physical activity, as well as public bus stops and cost information.

As a critical part of the program, the coalition reduced communication barriers by creating Spanish-language versions of the maps, program consent forms, and survey. “Because 19 percent of our patient population is Spanish speaking, it was essential that the consent forms and survey be translated into Spanish so that all patients, regardless of ethnicity, were allowed the opportunity to benefit from the maps,” affirms Dr. Cara Reeves, a psychologist for *New Impact*.

Unfortunately, the unexpected departure of two key staff members and a delay in IRB approval resulted in project delays. Upon launch in the fall, the partners also tweaked the program protocol—moving the referrals from the fourth to eighth week—after recognizing the need to slow down information flow during the clinical phase. “The exercise physiologist found that families were often overwhelmed by the amount of new information they were being inundated with,” affirms Melissa Fair, LiveWell For Fun Workgroup coordinator. “It was too much at one time.”

The streamlining of the protocol helped build momentum, and the program has engaged 30 youth to date. Families have thus far responded extremely positively, stating that they are both excited about using parks as venues for exercise over gyms and simply as places for family enjoyment.

As more program surveys are completed, the coalition anticipates gleaning valuable insights from the crosschecking of park use with BMI data. LiveWell Greenville plans to use the results of the study to help build a case for the expansion of their park prescription efforts, and current plans are underway for a larger project with *New Impact* through a Community Access to Child Health (CATCH) Planning grant from the American Academy of Pediatrics.

For more information visit LiveWell Greenville’s website:

<http://dev.livewellgreenville.org/2013/11/12/livewell-greenville-partners-new-impact>.

### LiveWell Greenville Park Prescription Partners

- Greenville Health System Children’s Hospital/New Impact Program
- Greenville County Recreation District
- City of Greenville Parks and Recreation Department
- City of Greer Parks and Recreation Department
- City of Mauldin Parks and Recreation Department
- City of Simpsonville Parks and Recreation Department
- City of Fountain Parks and Recreation Department
- Furman University Department of Health Sciences
- Hispanic Alliance
- Reedy Rides
- Drum Creative

### Unique Program Expansion in Greenville

The growing park prescription collaboration in Greenville County led to an unexpected and exciting new program in 2013. In June, LiveWell Greenville and the Greenville Health System launched Park Hop, a new scavenger hunt contest involving 17 city and county park and recreation facilities.

The campaign successfully engaged more than 1,000 children, 233 of which completed the scavenger hunt in full. The campaign also heightened awareness of parks among local pediatricians, who helped promote Park Hop and distribute event materials in their clinics.

# “Dedicated” System Changes in Portland Reduce Health Barriers



Over the past six years, Portland, Oregon’s *Rx Play* park prescription program has served as a powerful tool for strengthening conversations about exercise between physicians and patients. To expand *Rx Play* in 2013, the Portland Parks and Recreation Department focused on making simple system changes to the program—leveraging key strengths and addressing key challenges—in order to build stronger relationships with disadvantaged families and eliminate access barriers to parks and recreation.

## Portland’s Clinic Referral System

To protect privacy regarding the sharing of medical information, the identification of children is kept to a minimum in *Rx Play* referrals, with only first names and no ages supplied. Consent from parents is taken through signatures on referral forms or medical release forms.

Launched in 2008 by Terry Bergerson of Oregon State Parks and Recreation and Jean Rysstrom of Kaiser Permanente as part of Oregon’s Statewide Comprehensive Outdoor Recreation Plan (SCORP), *Rx Play* creates a bridge between medical advice and community-based recreation systems.

Through Kaiser Permanente, OHSU Doernbecher Children’s Hospital, and Multnomah County School Based Health Centers, approximately 200 prescriptions are made each year to youth by more than 50 clinicians. Written consent from

parents is acquired so physicians can refer these patients to the Portland Parks and Recreation and Tualatin Hills Parks and Recreation departments via U.S. Mail, after which recreation staff follow up by phone and offer to enroll referred youth in fitness classes and programs. The activities are paid for through a scholarship fund.

Physicians have been very enthusiastic about the program concept. However, the city has noted varying and sometimes low conversion rates (average 12.5 percent per year), which they historically attribute to: the lack of a dedicated staff person to follow up with patients and physicians; and, language barriers with parents and guardians, as 40 percent of those involved with *Rx Play* speak English as a second language or not at all. To overcome these issues, Portland hired and trained a bi-lingual, part-time program coordinator with the following objectives:

- Provide rapid follow-up to referrals, and at appropriate times of day (e.g., evenings and weekends);
- Meet participants where they are physically, speak their language, and motivate them into action; and,
- Capture stories to build relationships with clinicians and supporters.

Prior to the program coordinator’s start in June 2013, follow-up calls could take one to three months. But after her arrival, and despite a backlog, she was able to quickly narrow the window to between 7 and 10 days. “Our goal was to close the gap,” states Sue Glenn, North/Northeast Zone services manager for Portland Parks

## Championing Physician Engagement

Portland emphasizes the importance of having a committed individual inside the healthcare system in order to actively engage doctors and clinicians.

Jean Rystrom, regional practice director for pediatrics at Kaiser Permanente, has served as a principle partner for *Rx Play* since 2008, helping to secure active involvement from dozens of physicians both inside and outside the Kaiser healthcare system.

*“The pediatricians are wildly enthusiastic. They want to have something to offer patients, and they are willing to bend over backwards if they’ve got something to make it work.”*

– Jean Rystrom

## Rx Play Partners

- Kaiser Permanente Northwest
- OHSU Doernbechers Children’s Hospital
- Multnomah County School Based Health Centers
- State of Oregon Parks and Recreation Department
- Tualatin Hills Parks and Recreation
- Nike Play Pass

and Recreation. “To be able to reach families in a week was a great gain, and we attribute that to having a focused professional just working on *Rx Play*.”

Of the 157 participants who received prescriptions during or after January 2013, 27 (17 percent) were registered in 1 or multiple programs.

The ability to communicate in Spanish created a layer of support for the 65 referrals made for bilingual and Spanish-speaking families. Additionally, the program coordinator made great strides in connecting with families in their own neighborhoods. By meeting them at close-to-home recreation centers, introducing them to staff (bilingual when necessary), giving tours, and assisting with onsite registration, she lessened the “fear” of unfamiliar ground.

As a point of emphasis, *Rx Play* partners note that they were not just successful in motivating youth referred to the program, but siblings and parents too. “One example is a family of six in which [everyone] was very interested in being involved,” states Glenn. “The parents registered all four of their children for classes and signed up for a family membership.”

Funds for *Rx Play* scholarships were drawn initially from Portland’s Nike Play Pass partnership, which targets youth. However, Portland was able to dedicate other city funds to support the unexpected but welcome family-wide interest. Portland is currently seeking additional donations for ongoing *Rx Play* scholarship support.

And for those families who did not register in programs, Portland points out the value of simply being able to follow up with them and have a conversation about physical activity.

Although staff turnover led to the acquisition of a new program coordinator in the fall, Portland continues to reduce referral follow-up times and strengthen relationships with healthcare providers. Portland is also considering expanding options for teens with School Based Health, and in the next couple years hopes to greatly broaden the reach of *Rx Play* in the metro area.

For more information visit the Oregon Parks and Recreation Department: Integrated Park Services’ website:

[www.oregon.gov/oprd/PLANS/pages/planning\\_rx\\_play\\_medical\\_admin.aspx](http://www.oregon.gov/oprd/PLANS/pages/planning_rx_play_medical_admin.aspx).

# County of San Diego Breaks Barriers to Recreation for Obese Youth



In San Diego County, California's unincorporated Lakeside community, engaging in physical activity is a challenge for many families due to a lack of resources and negative perceptions of nearby parks. In 2013, the County of San Diego Department of Parks and Recreation (County) launched a coordinated effort in Lakeside to: 1) assist local healthcare providers in connecting overweight youth to opportunities for exercise; and 2) address cost, information, and perception barriers to park and recreation programs. Through the *Rec Rx* initiative, the County hoped to help more children attain their fitness goals and adopt lifelong healthy behaviors.

The County piloted *Rec Rx* in 2009 in the Spring Valley community, whereby free recreation programs, as well as fitness classes for a \$5 co-pay fee, were made available to overweight and obese youth through clinical prescriptions. To assist pediatricians in making the prescriptions, the County created handouts with information

about qualifying park programs along with maps detailing public transportation routes. The program helped educate many families about their neighborhood parks and created a sense of community connectedness in the area.

Lakeside was an ideal location to expand *Rec Rx*. The community is home to Lindo Lake County Park, a recreational hub. A wide variety of amenities support active recreation, including a community center, teen center, playgrounds, green space, sports fields, and a 17-station fitness trail. Although residents have long considered Lindo Lake Park unsafe, the County has worked to improve perceptions over the last decade by increasing the park's offering of community events and programs. The department hoped *Rec Rx* would further demonstrate the park's value.

The park is also in extremely close proximity to the Neighborhood Healthcare (NHC) Lakeside

## Success Through WIC

The *Rec Rx* prescriptions given out through the WIC program have resulted in a high follow-up rate of 90 percent. The County tentatively attributes this to the following:

- Patient visits take place inside the community center. This results in a high convenience factor for registration as well as constant exposure to classes.
- WIC nurses see many patients below preteen age who are easier to engage in new activities.
- WIC nurses see patients on a semi-regular basis, which makes it possible to build trust and form closer relationships.

clinic, a principle healthcare provider for *Rec Rx*. “The premise is: if the patients can get to the clinic, they can definitely get to the park,” notes District Manager Christine Lafontant of the County of San Diego Department of Parks and Recreation.

More than 30 recreation classes were made available to Lakeside patients through a \$5 co-pay system. The County further reduced cost barriers by providing free programs, including ranger-led hikes, a “Fit Kids” program via the Healthy Adventures Foundation, and a brochure-led TRACK Trails program developed by Kids in Parks.

Through detailed training sessions, the County successfully engaged eight healthcare providers for the expansion, including four doctors with NHC Lakeside, two “home visit” nurses employed by County of San Diego Health and Human Services, and two nurses providing weekly health services at the Lakeside Community Center via the American Red Cross Women, Infants, and Children (WIC) program.

According to Lafontant, the overwhelming excitement for *Rec Rx* expressed by health professionals was coupled with only one point of contention. While most felt that all children were at risk of being overweight and should receive prescriptions, the County wished to limit the program target to youth with high Body Mass Indexes (BMIs) due to budget constraints. Ultimately, it was decided that any patients could receive prescriptions for free programs, but only patients with high BMIs would be eligible for co-pay classes.

Of the 49 prescriptions handed out to date, the County notes that the overall filling of prescriptions has been low. However, the County has achieved enormous success with the WIC program, in particular, with 90 percent of the prescriptions being redeemed. The parks and recreation department attributes this in part to the fact that prescriptions could be filled in the very facility in which they were handed out—reducing transportation barriers and eliminating the potential for loss of momentum following prescriptions.

Interestingly, the County observed that the co-pay programs were much more successful in appealing to parents, due to their perceptions of subsidized, fee-based classes having a higher value for participants than free activities.

In pre-surveys given to *Rec Rx* participants, patients indicated having negative perceptions of parks, and that their use of parks was low, prior to joining the program. The County is following up with respondents a second time to determine how *Rec Rx* has impacted their use and perception of local parks in the longer term. The County has officially mandated the official expansion of the program in the East Region through the Live Well, San Diego initiative and anticipates that survey data will be useful in engaging new funding sources and partners.

### Rec Rx Partners

- Neighborhood Healthcare
- Healthy Adventures Foundation – Fit Kids Program
- Lakeside Community Collaborative
- County of San Diego Health and Human Services Agency
- San Diego County Childhood Obesity Initiative
- California Health Network
- American Red Cross/California Women, Infants & Children (WIC)
- Kids in Parks
- Live Well, San Diego

### Program Challenges

The County has noted two specific challenges in the implementation of *Rec Rx*:

- Turnover among dedicated program staff
- The lack of a person in each clinic that serves as a physician champion for the program and helps streamline coordination with the County

# 350 Parks: Powerful Medicine for Better Health in DC



Since its inception, the *DC Park Rx* program has helped disadvantaged youth throughout the District of Columbia create powerful connections to the outdoors. In 2013, the D.C. Department of Parks and Recreation (DCDPR) and the D.C. health community expanded the program to Ward 1 in Northwest D.C. to address significant barriers to parks and improve health outcomes in the city's most diverse region.

Launched in 2010 by the D.C. Department of Health and the American Academy of Pediatrics (AAP), *DC Park Rx* was created to help physicians "prescribe" nature to patients in an effort to: "increase physical activity in parks, prevent chronic disease and obesity among youth, and create a generation of environmental stewards through outdoor exploration." The layout of D.C.—in which local and national resources exist side by side—presented a unique opportunity for collaboration with national and federal agencies, and program partners emphasize the significant role they have played in building and maintaining momentum for *DC Park Rx*.

"We've been very successful at creating these partnerships," affirms Dr. Robert Zarr, immediate past president of AAP, D.C. Chapter, and

*For the first time in this region, we have the health agencies and the healthcare providers talking. With that kind of relationship... and the bi-directional learning that comes with it...we can make parks more valuable and more important in people's lives.*

– Dr. Robert Zarr

"physician champion" for *DC Park Rx*. "Everybody has had an invaluable role...the parks, the health providers, the agencies, and the champions within those agencies. And those partnerships will carry us into the future."

A pilot program was implemented in four Children's National Medical Center clinics in D.C. in 2011. To enable physicians to prescribe resources as close to patients' homes as possible, volunteers from the George Washington University and the National Park Service evaluated and rated 350 local and national parks, noting transportation routes and amenities, and grading each park for safety, cleanliness, and potential for physical activity. Subsequent "Park Pages" (one-page summaries of each park) were created and inputted into a database searchable by zip code. Physicians could then print out the options that best appealed to their specific patients.

Unity Health Care's Upper Cardozo Health Center in Ward 1 was considered an ideal location for the expansion of *DC Park Rx* due to the challenges faced by local residents with regard to physical activity. Ward 1's diverse population includes a large percentage of low-income African American and Hispanic households and a large percentage of immigrants. The area has less green space than other wards, further reducing the ability of residents to engage in outdoor exercise.

"Literature clearly shows that low-income people and people of color have poorer health outcomes in terms of chronic disease, asthma, obesity, and mental health than their Caucasian counterparts," notes Dr. Zarr.

Through detailed training and information sessions, 20 primary care clinicians were recruited and trained in the Unity clinic. And, the partners made a particularly significant achievement with regard to future evaluation: the seamless merging of Park Pages into Unity's Electronic Medical Records (EMR), enabling the tracking of health data such as the number of prescriptions reported, biometrics data, and physician acceptance of *DC Park Rx*.

Between July 1 and Oct. 31, 300 prescriptions were prescribed. Responses from health care providers thus far have been extremely positive, and many have observed a positive impact made in their patients with regard to weight loss and the desire to be in a park setting.

A post-intervention survey was also implemented to study changes in the attitudes and behaviors of 400 youth before, and 3 months after, prescriptions. The results of the survey will be available in early January 2014.

Clinicians have expressed the need for more search variables for Park Pages, such as by amenity or by program, to facilitate more customized searches, and program partners have plans to make the additions in the next year. Additionally, as the digital age replaces paper, they hope to make Park Pages more accessible through mobile and hand-held technologies.

DCDPR is in the process of developing a new 10-year master plan and is helping to implement the District's 20-year sustainability plan. The department believes insights gleaned from *DC Park Rx* will provide valuable input for these processes. Ultimately, program partners hope that longitudinal studies and other evidence of

impact will help engage new partners for further expansion of the program throughout the city and, someday, the National Capital Region.

### Creating Park Pages

While an extensive set of criteria are used to survey parks for Park Pages, final grades are assigned based on subjective opinions for safety, utility, and cleanliness. This provides a human element to the ratings and allows *DC Park Rx* administrators to feel more confident about the parks they are recommending to families.

### DC Park Rx Partners

- D.C. Department of Health
- American Academy of Pediatrics District of Columbia Chapter
- Unity Health Care
- D.C. Department of Parks and Recreation
- National Park Service
- U.S. Department of Health and Human Services
- Centers for Disease Control and Prevention
- National Environmental Education Foundation
- George Washington University Children's National Medical Center



## NATIONAL RECREATION FOUNDATION

The National Recreation and Park Association thanks the National Recreation Foundation for recognizing and supporting the critical role of park and recreation agencies in combating childhood obesity and ensuring the health of our nation's children.





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