

# Healthy Parks Healthy People: Bay Area

A Roadmap and Case Study  
for Regional Collaboration





National Park Service, San Francisco Maritime National Historical Park

# Table of Contents

- Healthy Parks Healthy People: Bay Area Overview 1
- Background: The Intersection of Health and Nature 2
- A Roadmap for Regional Collaboration 4
  - Step 1: Identify and Convene Stakeholders 4
  - Step 2: Develop a Purpose 6
  - Step 3: Create a Collaborative Structure 7
  - Step 4: Pilot an Idea 10
  - Step 5: Provide Consistent, Appropriate Park Programs 11
  - Step 6: Build Tailored Park Prescription Programs 13
  - Ongoing: Develop Common Evaluation Processes 15
- Conclusion 17
- Appendix I: First Saturday Program Site Survey 18
- Appendix II: Example of Aggregated First Saturday Program Statistics 19
- References 20
- About Us
- Acknowledgements

# Healthy Parks Healthy People: Bay Area Overview

On June 6, 2012, 34 individuals representing 16 Bay Area organizations came together for the first time. Their purpose was to discuss a new partnership effort focused on building robust, sustainable connections between health and park sectors in the region. Participants included a unique and unlikely mix of health care providers, researchers, and park professionals. While each group came with their own values, motivations, and priorities, they all recognized the critical role that parks and nature must play in creating healthy communities.

This initial meeting marked the start of a collective journey that led to the formation of Healthy Parks Healthy People: Bay Area (HPPH: Bay Area), a cross-sector collaborative that brings together leaders from health, parks, open space, academic, and community-based organizations.

Since its creation, HPPH: Bay Area has grown into a wide network of partners working across sectors to improve the health and wellbeing of all Bay Area residents through the use and enjoyment of parks and public lands. The collaborative has reached approximately 6,000 community members through targeted park programming and is developing diverse approaches to implementing Park Prescription programs that are created in partnership between park professionals and health care providers.

Drawing on knowledge shared by HPPH: Bay Area collaborative members, this report outlines key steps and lessons learned that others can adapt to build their own partnership initiatives and regional collaborations. **The story, successes, and challenges of HPPH: Bay Area provide a unique case study and potential roadmap for other collaboratives across the country who are looking to link health and parks within their agencies and communities.**



Point Bonita YMCA

# Background: The Intersection of Health and Nature

Over the past three decades, there has been a dramatic increase in research exploring the impact of nature on human health. As rates of heart disease, obesity, diabetes, ADHD, and anxiety increase,<sup>1</sup> there is a growing interest in better understanding the role that parks and nature can play in combating these chronic diseases.



Golden Gate National Parks Conservancy

The health benefits of nature have long been felt and experienced by park users and the evidence to support the link has been mounting steadily (Figure 1). A 2015 report, *Healthy Parks Healthy People: The State of the Evidence*, published by Parks Victoria, found that “access to safe, high quality greenspace benefits individuals across every stage of lifespan, enhancing their physical, mental, social, and spiritual health and wellbeing.”<sup>2</sup>

The substantial rise in the evidence linking health and nature makes a strong case for recognizing park systems as essential to individual and community health. Parks are an underutilized, low-cost health care

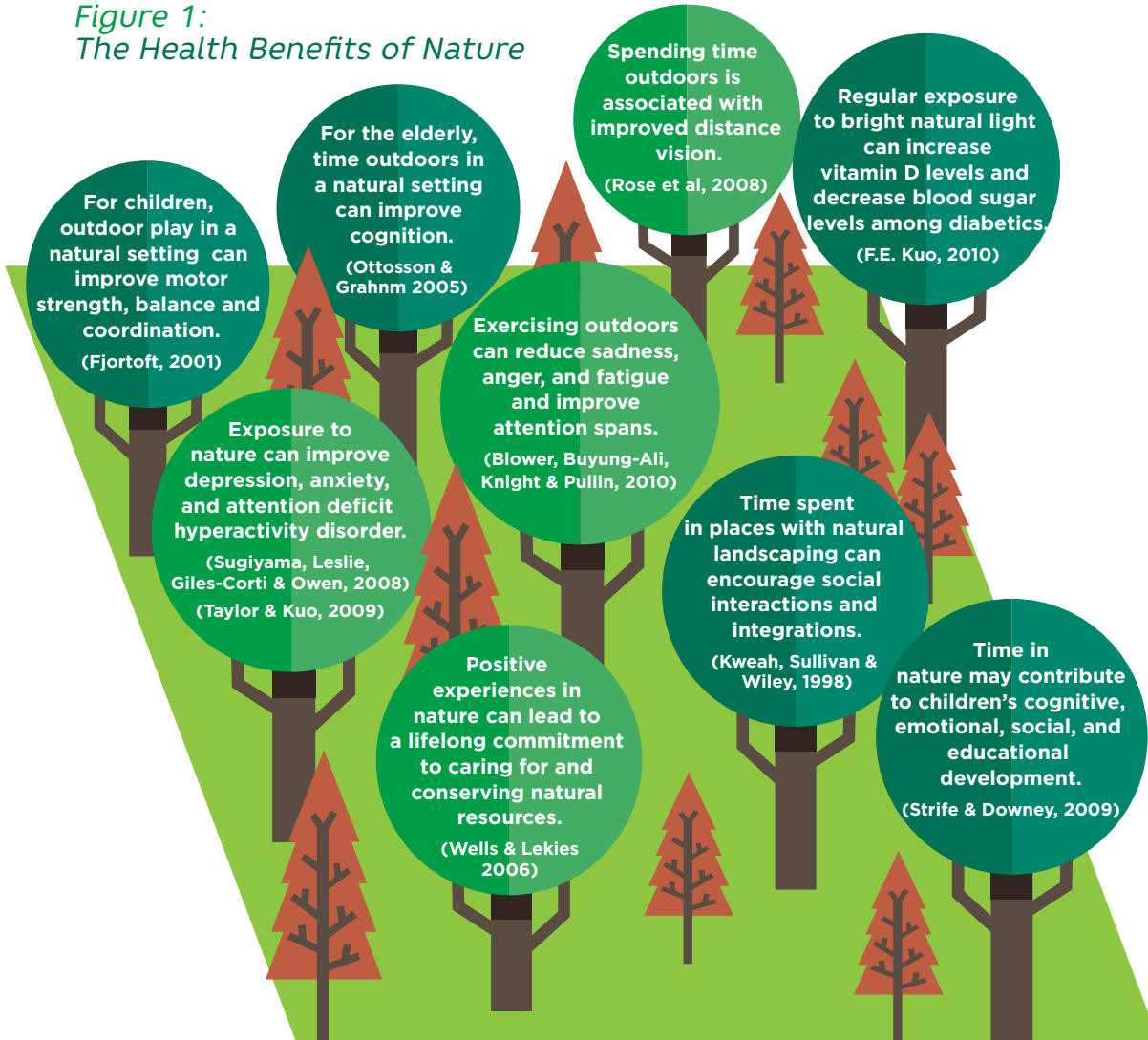
resource that can be used to help prevent and treat chronic disease and psychological conditions, providing opportunities for exercise, social interaction, and stress relief.

This idea that individual and community health can and should benefit from a healthy parks system led to the development of Healthy Parks Healthy People. Created initially as a marketing campaign by Parks Victoria in Australia, Healthy Parks Healthy People has now grown into an international movement that seeks to reinforce and encourage the connections between a healthy environment and a healthy society through cross-sector collaboration.

1 Bowler, D.E., Buyubf-Ali, L. M., Knight, T.M., & Pullin, A. S. (2010). A systematic review of evidence for the added benefits to health of exposure to natural environments. *BMC Public Health*, 10,456. Doi: 10.1016/S0738-3991(30)0041-1

2 Townsend, M., Henderson-Wilson, C., Warner, E., & Weiss, L. (2015). *Healthy Parks Healthy People: The state of the evidence 2015*.

Figure 1:  
The Health Benefits of Nature



Healthy Parks Healthy People is not a cookie-cutter initiative; rather, it is a process of bringing together the right partners and resources and leveraging them to meet a region's needs and opportunities. The essential components that go into Healthy Parks Healthy People can look similar in communities across the country. However, the contributing agencies, resources, and capacities and how these attributes are translated on the ground provide space for innovation.

Healthy Parks Healthy People has spread to more than 30 countries and hundreds of organizations. The San Francisco Bay Area was an early adopter of the Healthy Parks Healthy People platform and has developed a unique implementation model that supports cross-sector collaboration on a regional scale.

# A Roadmap for Regional Collaboration



## Step 1: Identify and Convene Stakeholders

In June 2012, the East Bay Regional Park District, the Golden Gate National Recreation Area, and the Institute at the Golden Gate convened the first meeting to discuss building a regional collaboration at the nexus of health and parks.

To make this initiative a success, these partners recognized the importance of building strategic connections between health and nature and explicitly strove to encourage cross-sector collaboration. As such, they identified a need for strong representation from both the park and health sectors.

With the primary conveners of the initial meetings being park agencies, identifying and engaging other park agencies through existing networks and partnerships proved relatively straightforward.

However, bringing the right health partners to the table was a greater challenge for the early partners. Identifying and engaging health partners are ongoing tasks for the collaborative that have required a multi-pronged approach. By identifying health champions, taking the time to understand the complex system of health care providers, and identifying a range of providers whose agency goals could be furthered by utilizing the health benefits of nature, HPHP: Bay Area has been able to expand the number of health partners in the collaborative.



Santa Clara Valley Open Space Authority

“It was such an unlikely combination that we really weren’t sure it would work at first. Many of the health and parks people didn’t really know each other back then, and it took a little while to learn each others’ lingo and motivations. But even in that first meeting, many of us sensed the potential.”

**CHRIS SPENCE, DIRECTOR,  
INSTITUTE AT THE GOLDEN GATE**

### *Lesson Learned: Understand Agency Motivation and Values*

Bringing on and continuing to engage partners is vital to the long-term sustainability of HPHP: Bay Area. The collaborative has been successful in engaging the park and health sectors by understanding the values and motivations of the different partners and by offering opportunities for these agencies to meet their diverse needs.

**To attract park partners,** it is important to frame Healthy Parks Healthy People as a way for parks to reach new diverse audiences and meet program/visitor quotas. Lowering the barriers for parks to participate is also important. The consistent but flexible HPHP: Bay Area criteria (outlined in Step 5) allow parks to take advantage of pre-existing park programs or implement new programming at a low cost.

**To attract health partners,** ensuring that health care providers are well-informed on the link between health and nature is an important first step. Not only does it help secure buy-in, but it also frames involvement in HPHP: Bay Area as a part of the solution to larger public health goals.

HPHP: Bay Area also has aligned itself with public health initiatives such as *Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities*. Additionally, making sure that health care providers are given locally specific, culturally appropriate, and up-to-date resources aids participation without additional (and often limited) effort.

In addition to engaging both park and health agencies, HPHP: Bay Area members stressed the importance of **establishing agency buy-in at all levels**, particularly the executive level. Executive level buy-in ensures that each collaborative member has adequate support, time, and resources for full participation within the collaborative.

In the initial drafting of the HPHP: Bay Area Memorandum of Understanding, the collaborative sought out general managers, or their equivalent, to sign on. In the redrafting, the collaborative shifted its attention to garner a higher level of buy-in. Securing upper-level support helps ensure that the appropriate time and resources are allocated to HPHP: Bay Area.

### *Lesson Learned: Adopt a Broad View of Health Care Partners*

The term “park prescription” often conjures the image of a doctor in a white lab coat giving out a prescription for nature during a traditional doctor’s visit or in a hospital. However, a key lesson learned from HPHP: Bay Area is that stakeholders looking to build these programs need to broaden their definition of health care providers.

Physicians spend on average less than 15 minutes with a patient and are often overburdened and overworked with addressing acute symptoms. As such, it is critical to engage other health care providers as well. Nutritionists, caregivers, social workers, and other nontraditional health care providers often spend more time with their patients and work on chronic disease management. Their time and expertise greatly contribute to shaping health outside of the doctor’s office.



## Step 2: Develop a Purpose

At the first HPHP: Bay Area meeting, participants agreed to form a group that would meet regularly to identify ways in which park programs could address health needs.

The first major task of this leadership group was to develop a purpose statement with a clearly identified target audience. Through monthly meetings, the group began to explore the different perspectives, opportunities, and challenges inherent in cross-sector collaborations. With representatives from parks, the health field, and academia, the partners began to recognize that they brought a range of sector-specific language and values and that, to be successful, they needed to acknowledge and be aware of this barrier.

Throughout the first few meetings, the leadership group spent a significant amount of time debating the purpose and target audience of the collaborative. In its first iteration, the HPHP: Bay Area purpose statement read: “Parks are used regularly to promote the health of Bay Area residents from all walks of life.”

However, by asking questions such as, “what are the major problems that our sectors face in the Bay Area?,” they identified that the populations not visiting parks regularly were the same populations that have some of the highest health needs. These populations tend to live further from safe and easily accessible parks and public lands. While collaborative members recognized that parks are available for all to use and enjoy, they also recognized the importance of focusing on populations with high health needs and low park usage.

After much discussion and meeting for more than six months, the group adopted the purpose statement that continues to drive the collaborative to date:

*To improve the health and wellbeing of all Bay Area residents, especially those with high health needs, through the regular use and enjoyment of parks.*



Santa Clara County Parks



As with much collaborative work, arriving at this single sentence took extensive communication, compromise, and time. However, once it was refined and agreed upon, having a clear and compelling mission helped to anchor HPHP: Bay Area and to provide direction for the group.

### *Lesson Learned: Start with Stock-taking*

HPHP: Bay Area members highlighted the importance of implementing a process that first assesses the needs and resources of the community and the partner agencies. This assessment can then be used to focus collaborative efforts on the needs of intended communities within the scope of the agency's existing resources.

One way to begin this process is through bringing different stakeholders together and asking questions such as, "What challenges are our communities facing?" or "What populations are disproportionately affected by a lack of park use?" It is important to actually go out to the community and listen openly without pre-conceived notions.

**At the same time, needs assessments should provide a complete picture of who is at the table and what resources are available.** The agency or collaborative can then begin to explore opportunities to leverage these partners and resources to increase impact and meet the self-identified needs of the community.



## Step 3: Create a Collaborative Structure

When HPHP: Bay Area was first established, the collaborative used an external consultant to facilitate meetings. After three months, the Institute at the Golden Gate assumed the role of facilitator and later of "backbone" or coordinating organization.

Within a collaborative such as HPHP: Bay Area, a coordinating backbone is essential to ensure regular meetings, facilitate strong communications, and to coordinate knowledge-sharing and partner engagement. The backbone organization plays a unique role, balancing the needs of diverse partners while still ensuring that the collaborative moves forward. To do this, key staff should have strong emotional intelligence, practice transparency to build trust, and have good organizational and facilitation skills. If possible, the backbone should be neutral and non-competitive to the other partners.

Within HPHP: Bay Area, the Institute at the Golden Gate provides administrative support; creates content; stores and analyzes data; connects partners; and coordinates, facilitates, and leads meetings. Unlike many HPHP: Bay Area members, the Institute at the Golden Gate does not directly serve the general public and their role within the group focuses solely on building up the collaborative as a whole.

While a backbone organization is critical for this type of high-level, cross-sector collaboration, it is important that other organizations are truly driving the initiative.



Recently, HPHP: Bay Area developed a steering committee to allow more agencies to take greater leadership within the initiative. The steering committee provides high-level guidance, helps set the agenda for the collaborative, and ensures that the decision-making processes provide opportunities for all voices to be heard.

Additionally, as the collaborative grew and more organizations expressed interest in joining HPHP: Bay Area, defining roles

for all organizations was critical to not only retain members, but also to provide new members with a clear understanding of group expectations. This need initially stemmed from non-park program providers who struggled to define their role or responsibility within the group. Collaborative members saw that this could lead to dwindling participation, particularly from non-park agencies.

To remedy this, in 2015, HPHP: Bay Area drafted a new Memorandum of Understanding, which can be found on the HPHP: Bay Area website ([hphpbayarea.org/resources](http://hphpbayarea.org/resources)). This document delineated the roles of different sectors in promoting parks as a health intervention. Some of the key access points are reflected in Figure 2.

Looking to the future structure and success of the collaborative, HPHP: Bay Area members have identified a need to maintain momentum in between collaborative meetings. One potential opportunity to do so could be creating subcommittees to communicate between meetings and to help reach collaborative goals. To establish and foster accountability among partners, collaborative members noted the importance of building leadership from outside the backbone organization.



### *Lesson Learned: Build Platforms for Information Sharing*

One of the most pronounced takeaways from discussions with collaborative members was the need for strong internal communications. Virtually all collaborative members agreed that **knowledge-sharing was the most important resource the collaborative had to offer**. It was also the area in which members thought that HPHP: Bay Area could use the most improvement.

There are numerous benefits to sharing information across sectors and organizations. At the intersection of health and nature, organizations are struggling to understand the opportunities that best fit their needs. The questions and challenges organizations face are often similar across the region:

- Who should I be reaching out to? Which park or public health agency is best suited for this partnership?
- How do I approach potential partners? What are the partner agency's needs or priorities that can be addressed through this program?
- Are there tools, resources, or funding sources out there to help?
- What type of programming, marketing, or outreach has been most successful at reaching my target audience?

Providing a forum in which to ask these questions, share this knowledge, and learn from the successes and challenges of other organizations is essential. Potential platforms for sharing information include:

- Newsletter
- Website
- Designating time for updates and sharing at meetings
- Convening events for the purpose of knowledge-sharing

*“For my agency, joining up with another park agency that people recognized was more successful than just going to a neighborhood park where there is a community center and hoping that people would come and join us.”*

**Teri Rogoway, Educational Programs Coordinator,  
Santa Clara Valley Open Space Authority**

Fostering exchanges between partners not only facilitates knowledge-sharing but also promotes new partnerships and collaborative problem-solving. For example, Santa Clara Valley Open Space Authority was struggling to overcome the perception that open space preserves do not provide programs and are often not viewed as a community park. By partnering with San Jose Parks and Recreation and Santa Clara County Parks to offer joint programs, they have been able to associate their offerings with park agencies that communities are more familiar with.

Additionally, HPHP: Bay Area has found that tracking, sharing, and celebrating successes are great ways to engage partners from all sectors. Collaborative members found that this re-energized their commitment to the collaborative as well as the work more broadly.



## Step 4: Pilot an Idea

Once HPHP: Bay Area developed a clear purpose and structure, the question then became: how do we engage the target populations?

In 2012, the Institute at the Golden Gate, funded by a community benefit grant from Kaiser Permanente, launched a pilot project in Bayview Hunters Point (a district in southeast San Francisco) to help answer this question.

Demographically, Bayview Hunters Point is home to sizeable Black, Asian, Latino, and low-income communities. The pilot gave health care providers in the Southeast Health Center the tools to prescribe time in nature. Health care providers were given locally-specific and culturally-appropriate outreach materials in order to engage the Bayview Hunters Point community. Some of the materials included easy-to-use pocket maps that provided Bayview residents with information about local nature opportunities and suggestions on what activities to do in parks. Local health care providers also were equipped with toolkits on how to sustainably implement Park Prescription programs.

### *Lesson Learned: Combine a “Push” with a “Pull”*

The successes of this pilot exemplified the need for park resources in a health setting. It also clearly showed that, in order to attract high health need populations to the parks, there had to be culturally appropriate park programming as well as relevant resources and support for health care providers.

While health providers saw the benefits of connecting their patients to parks, it was not enough for them to simply write a prescription. They needed to be able to provide their patients with detailed information on specific, accessible, and appropriate park programs.

It was clear that HPHP: Bay Area needed to build a two-pronged system in which those with high health needs are attracted to parks and public lands by targeted park programming—and guided into parks and public lands by health care providers. This “pull” and “push” effort was identified as an important tactic to get non-typical park users into nature to improve their health.



Golden Gate National Parks Conservancy



## Step 5: Provide Consistent, Appropriate Park Programs

To build on the lessons learned during the pilot period, HPHP: Bay Area members set about developing a region-wide system of relevant, consistent park programming.

In order to provide an effective “pull,” the collaborative identified components of park programming that would help address barriers to park usage. Programs such as mountain biking or rigorous hikes, although fun, were deemed inappropriate for the target population because of the resources and skill level required. Programming that could help introduce new park users to nature—without having to spend money on equipment or acquiring previous experience—was critical.

With guidance from health and park partners, the collaborative identified six criteria (Figure 3) that allowed parks to take into account their site and resource needs while still ensuring that programming was appropriate for a wide audience, especially those with high health needs. In addition to the six criteria, health care providers stressed that the schedule must be consistent and reliable if they were to direct their patients to HPHP: Bay Area programming.

Considering these criteria, the collaborative developed First Saturday programming during which HPHP: Bay Area park agencies agreed to hold regular, introductory, staff-led programming the first Saturday of every month. This provided consistent, accessible programs that would ensure that health care providers could connect their high health need patients and new park users with a reliable warm welcome and orientation to the parks.

The First Saturday programs initially started with low-impact walking, as it was something all ages, abilities, and communities could take part in at any park. Since then, First Saturday programming has moved beyond walks in many of the Bay Area counties; on any given day parks may now be hosting innovative programs, such as yoga or tai chi, which follow these consistent criteria.

*Figure 3:  
First Saturday Consistent Criteria*

<input checked="" type="checkbox"/>	<b>WARM WELCOME</b>
<input checked="" type="checkbox"/>	<b>INTRODUCTORY</b>
<input checked="" type="checkbox"/>	<b>STAFF-LED</b>
<input checked="" type="checkbox"/>	<b>FREE</b>
<input checked="" type="checkbox"/>	<b>ALL ABILITIES</b>
<input checked="" type="checkbox"/>	<b>SHARED METRICS</b>

“Physical activity is so important for health and mental well being. If you historically haven’t thought about physical activity in the outdoors, if you are uncomfortable doing it, or you don’t feel like there is an opportunity to do it, then in most cases you are not going to start out of the blue or on your own initiative. We wanted the HPHP: Bay Area outings to be that welcoming hand to try that first experience, and hopefully create an environment that is positive and welcoming.”

**Kevin Wright, External Affairs Coordinator,  
Marin County Parks**

“For both health agencies and park agencies, everybody already has a full plate. And as a result, one major question is how to implement something like HPHP: Bay Area without it being a stressor or burden. This is a particularly big challenge.”

Howard Levitt, Former Director of Communications and Partnerships, National Park Service, Golden Gate National Recreation Area

### *Lesson Learned: Reduce Barriers to Participation*

The low cost of implementation for First Saturday programming makes it feasible for many agencies. Most collaborative members did not identify funding as a barrier to participation and found many ways to obtain resources, including:

- *Capitalizing on existing park programming:* Altering existing park programs to fit the First Saturday criteria
- *Reallocating funds:* Using funds from a materials budget
- *Joint funding with partners:* Park agencies pooling funding with a public health agency or a community-based organization
- *Seeking grant funding:* Obtaining funding from grants focused on parks or health interventions
- *Obtaining sponsorships:* Getting a local grocery store to provide snacks for programs

HPHP: Bay Area has used resources for a range of activities, including park improvements, providing healthy snacks, transportation, staff time, and educational trainings. Staff time has been the most significant input for HPHP: Bay Area. Many member agencies have dedicated time and resources to HPHP: Bay Area by integrating the initiative into their work plans or budgets.

### *Lesson Learned: Develop Targeted Partnership Strategies*

Many HPHP: Bay Area collaborative members have increased participant numbers at First Saturday programs by reaching out and building relationships directly with organizations that serve nontraditional park users. While this can be time and labor intensive, building trust and even friendship between program leaders and these organizations can have benefits on multiple levels. Some HPHP: Bay Area program leaders have found that this approach:

- Reaches more diverse populations
- Encourages repeat participants
- Strengthens the connection between the participant, the program, and the park

Collaborative efforts can support individual agencies in building these strategic relationships by developing common collateral that agencies can tailor to their needs. In conversations with HPHP: Bay Area members, they highlighted an existing need for collateral in order to help them engage new partners and broaden their reach.

*Examples of Successful Partnerships — HPHP: Bay Area*

**California State Parks partnered with Latino Outdoors to develop accessible park programs that are not only conducted in Spanish, but also provide free lunch and transportation to and from programs.**

**Leaders at San Francisco Maritime National Historical Park have built strong relationships with the San Francisco chapter of the Volksmarch Association and the San Francisco Senior Center. As result, senior citizens from both of these organizations not only attend Healthy Parks Healthy People programs, but also serve as docents at the Maritime Museum.**

**San Mateo County Parks, San Mateo County Health Department, and East Palo Alto School District partnered to bring students from a school in an urban area to a hike in San Mateo Parks.**



**Step 6: Build Tailored Park Prescription Programs**

Once First Saturday programs had become a consistent entity providing a warm introduction for new park users throughout the region, HPHP: Bay Area members shifted their focus to building the “push” to get those with high health needs out to the park programs.

HPHP: Bay Area recognized that an effective “push” to get non-typical park users out into nature must be more than a marketing technique or a prescription pad. It has to be a well-developed link to park resources in a health care setting. It requires that health care providers and community-based organizations be educated on the health benefits of nature and also have an understanding of local, specific, and appropriate park programming to prescribe.

Similar to how health care providers understand specific dosages of prescription drugs, health care providers have expressed that they need to understand the “dosage” of parks that they are prescribing their patients. Building a system in which this can take place can look very different depending on the resources and needs of a community; Figure 4 provides a conceptual framework for a Park Prescription process.

*Figure 4: From Prescription to Park*



### *Lesson Learned: Focus on Local Implementation*

While the power of regional collaboration can offer many benefits and amplify impacts, implementation of certain projects can be more effective at the county, community, or agency level. For instance, the collaborative has recognized that Park Prescription programs are best developed at the local level, where they can be tailored to the specific needs and resources available to the community.

Currently, a number of Bay Area park and health agencies are experimenting with different approaches to implementing Park Prescription programs. It is important to note that what these programs look like on the ground is just as unique as the communities they arise from.

At the same time, there is an important role for the regional collaborative in facilitating the conversations between partners and sharing different Park Prescription models. At the collaborative level, HPHP: Bay Area is building out its strategy for supporting the implementation of Park Prescription programs throughout all counties in the region.

### *Approaches to Park Prescription programs*

**East Bay Regional Park District** is partnering with **East Bay Regional Park Foundation** and **UCSF Benioff Children's Hospital Oakland** to bring patients to First Saturday programs. To do this, clinic health care providers ask if a patient is spending time in nature. If not, the health care provider notes this on the patient's electronic medical record. Upon exiting the clinic, the patient is guided to the Family Information Navigation Desk (FIND), which links patients to resources such as food, shelter, and other social services. The FIND desk provides the patient with information on how to attend a First Saturday program. Then, on the first Saturday of every month, patients are provided with a free shuttle from the clinic to the park, a free snack, and a day of outdoor activities led by park staff.

**Marin City Health & Wellness Center, Marin City Community Service District, Marin Health and Human Services,** and **Marin County Parks** have formed a unique partnership that leverages the proximity of the park to the clinic as well as the presence of community health educators. When a patient visits the clinic, the provider notes if they are a good candidate to receive a prescription to a park, focusing on those with diabetes, hypertension, obesity, or mental health concerns. Health educators then follow up with the patient, accompanying them on an easy group walk or activity at the park near the clinic, and inviting them to other park-based activities on a regular basis. By assigning a health educator to oversee the journey from obtaining a prescription to attending a park program to returning for follow-up clinic visits, this program has begun to track changes in health and behavior.

**The San Francisco Department of Public Health** is integrating Park Prescription programs throughout their Maternal, Child, and Adolescent Health Unit. Aligning with this roll out, **San Francisco Recreation & Parks, San Francisco Maritime National Historical Park,** and **the Golden Gate National Recreation Area** are providing regular, introductory health programming. In this model, prescriptions are considered a community resource and patients may receive them from both health care providers and social service providers.



## Ongoing: Develop Common Evaluation Processes

HPPH: Bay Area has been collecting data on the reach of First Saturday programming at the agency and collaborative level through voluntary site surveys (found in Appendix I). First Saturday program leaders verbally administer site surveys and the Institute at the Golden Gate stores, analyzes, and distributes the aggregated numbers (found in Appendix II). The site survey metrics include:

- Number of participants
- Percentage of new park users
- Percentage of participants referred by a health care provider

Collecting agency and regional data can be an important tool for showing impact, onboarding new partners, and seeking funding at both an agency and collaborative level. The site surveys also helped to visualize the spread of First Saturday programming over the last three years.

While regional data collection provides a number of benefits, there are also challenges associated with collecting data at the collaborative level. These include:

- Uncertainty regarding the purpose and use of the collected data
- Discomfort sharing personal information with a group
- Park providers overburdened with data collection

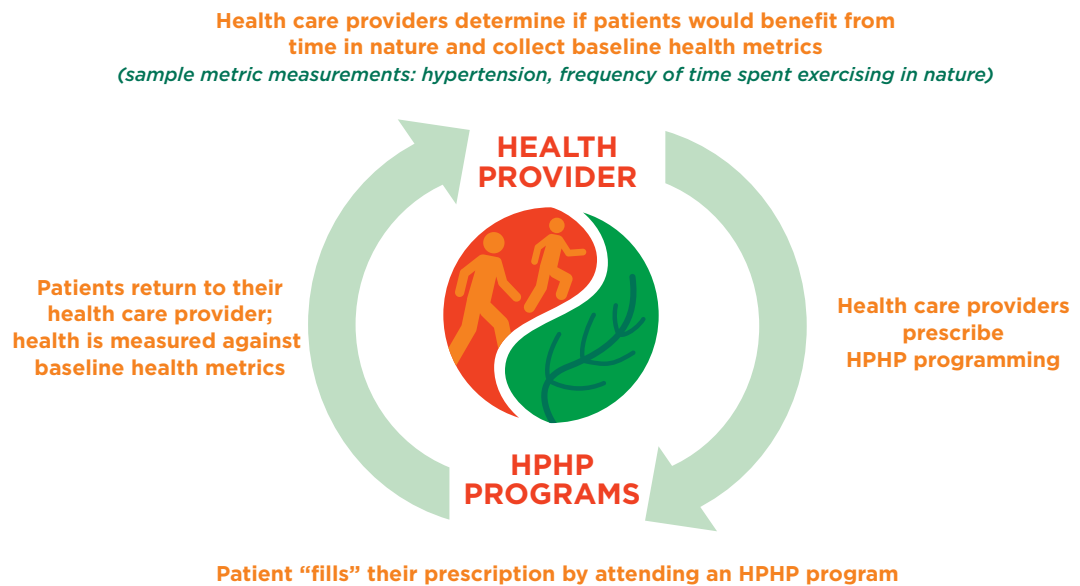
HPPH: Bay Area members suggested that increased transparency and access to the aggregated data as well as flexibility in data collection methodology (for example, using simple random sampling) could help overcome these challenges.



San Francisco Recreation and Park Department

Additionally, as Park Prescription programs continue to grow throughout the Bay Area, the collaborative has begun looking at how to evaluate its impact. What has not yet been proven is if these programs improve short-term health outcomes or change behavior in the long term. One proposed system to accomplish this is a closed metric feedback loop (Figure 5) where, via different partners, the collaborative collects baseline data on health indicators, tracks filled prescriptions, and then monitors health improvements and behavior change.

*Figure 5: Closed Metric Feedback Loop*



### *Lesson Learned: Acknowledge Different Metrics of Success*

Discussions with collaborative members showed that there are some important measures of success—such as the presence of laughter or an intercultural exchange—that contribute to high-quality and robust programming. These benefits are important to note, but difficult to measure.

Evaluation strategies cannot measure everything, but the information that is collected can be a powerful tool for seeking joint funding or sharing successes. Collecting both quantitative and qualitative data can provide a more comprehensive picture of the impact of these programs. Providing open access to collaborative data allows members to take advantage of this tool.

# Conclusion

Building regional-scale, cross-sector collaborations is a messy, time-consuming, and non-linear process. Understanding and meeting the different needs and values of diverse stakeholders requires open communication, empathy, and a willingness to view the development of the collaborative as separate from, but supportive of, individual agency goals. The ultimate products of these collaborations must be as diverse as the organizations that contribute to them.

However, analyzing the history, significance, and impact of the Healthy Parks Healthy People: Bay Area collaborative contributes to the ever-growing body of knowledge linking health and park systems. It shows the power and impact of regional collaboration and has produced a multitude of promising practices and lessons. The experiences described in this report constitute just one example of what Healthy Parks Healthy People can look like on the ground.

Communities have demonstrated immense innovation in this cross-sector collaboration; as a result, not all collaborations have followed the same processes. What ties these efforts together is the knowledge that Healthy Parks Healthy People is not just about organizing programs or about marketing techniques—it's about building deep partnerships and pathways to a healthier society. If collaboratives across the country continue to share and learn from one another, we can leverage joint knowledge to affect change on a national scale.

“Part of the success of these programs is people who come on my walks and realize that they don't really need me to go on a walk ... they continue to go out on their own or bring other people.”

Lisa McHenry, HPHP Recreation Leader III,  
San Francisco Recreation and Park Department



Point Bonita YMCA

# Appendix I:

## First Saturday Program Site Survey

*Collecting information at each HPHP: Bay Area First Saturday program helps us to learn how parks and health can improve outreach to new users and promote physical activity outside.*

BACKGROUND - COMPLETED BY SITE LEADER		
Date:	Park name & City/County:	
Site leader name:	Site leader email:	
Language of introduction:		
OBSERVATION - COUNTED/ASKED AND RECORDED BY THE SITE LEADER		
<i>Observe and count on your own (or ask ages)</i>	Record answers in this column	
Number of people participating		
Number between the ages of 0-18		
Number between the ages of 19-64		
Number over the age of 65		
GROUP SURVEY - COUNTED AND RECORDED BY SITE LEADER		
<i>Ask participants to raise their hand to respond</i>	Record answers in this column	
Raise your hand if you live in [this county of park location]		
Raise your hand if this is your first visit to this park		
Raise your hand if this is your first visit to this park in the past year		
Raise your hand if you heard about this event from:	a) Website	
	b) Radio/TV ad	
	c) Community/church group	
	d) Word of mouth	
	e) Health care provider/ Doctor	
Today's activity will be approximately [program length]. Raise your hand if this is your longest duration of moderate to vigorous physical activity over the past:	a) Week	
	b) Month	
	c) Year	

# Appendix II:

## Example of Aggregated First Saturday Program Statistics (June-July 2016)

### 2016 Site Survey Results

New park visitors



Participants living in the county of the park they are visiting

270 PARTICIPANTS SURVEYED



 AGES 0-18     AGES 19-64     AGES 65+

## References

- Bowler, D.E., Buyubf-Ali, L. M., Knight, T.M., & Pullin, A. S. (2010). A systematic review of evidence for the added benefits to health of exposure to natural environments. *BMC Public Health*, 10,456. Doi: 10.1016/S0738-3991(30)0041-1
- Central Park Conservancy. (2015). History. Retrieved 1 December 2015, from <http://www.centralparknyc.org/about/history.html?referrer=>
- Collaboration For Impact. (2015). The Collective Impact Framework | Collaboration for Impact. Retrieved 10 December 2015, from <http://www.collaborationforimpact.com/collective-impact/>
- Environmental Protection Agency. (2015). *Environmental Stewardship*. Retrieved 10 December 2015, from <http://archive.epa.gov/stewardship/web/html/>
- Environmental Protection Agency. (2015). *What is Open Space/Green Space*. Retrieved 10 December 2015, from <http://www3.epa.gov/region1/eco/uep/openspace.html>
- Fjørtoft, I.(2001). The natural environment as a playground for children: The impact of outdoor play activities in pre-primary school children. *Early childhood education journal*, 29(2),111-117.
- Healthy Parks Healthy People Global. (2011). *Introducing Healthy Parks Healthy People*. Retrieved from [http://www.hphpcentral.com/wp-content/uploads/2010/08/HPHP\\_prospectus\\_July\\_2011.pdf](http://www.hphpcentral.com/wp-content/uploads/2010/08/HPHP_prospectus_July_2011.pdf)
- Kuo,F.E.(2010). Parks and other green environments: Essential components of a healthy human habitat, from [http://www.nrpa.org/uploadedFiles/nrpa.org/Publications\\_and\\_Research/Research/Papers/<img-Kuo-Summary.pdf](http://www.nrpa.org/uploadedFiles/nrpa.org/Publications_and_Research/Research/Papers/<img-Kuo-Summary.pdf)
- Kweon, B.S., Sullivan, W.C., & Wiley, A.R.(1998). Green common spaces and the social integration of inner-city older adults. *Environment and Behavior*, 30(6), 832-858.
- National Park Service. (2015). *NPS Healthy Parks Healthy People US*. Retrieved 1 December 2015, from [http://www.nps.gov/public\\_health/hp/hphp.htm](http://www.nps.gov/public_health/hp/hphp.htm)
- Office of Adolescent Health. (2015). *The Office of Adolescent Health, U.S. Department of Health and Human Services*. Retrieved 10 December 2015, from <http://www.hhs.gov/ash/oah/adolescent-health-topics/physical-health-and-nutrition/>
- Ottoson, J., & Grahn, P.(2005). A comparison of leisure time spent indoors: on measures of restoration in residents in geriatric care. *Landscape Research*, 30(1),23-55.
- Outdoor Foundation. (2015). *Outdoor Participation Report*. Retrieved from Nps.gov. (2015). *NPS Healthy Parks Healthy People US*. Retrieved 1 December 2015, from [http://www.nps.gov/public\\_health/hp/hphp.htm](http://www.nps.gov/public_health/hp/hphp.htm)
- Rose, K.A., Morgan, I.G., Ip, J., Kifley, A., Huynh, S., Smith, W., & Mitchell, P.(2008). Outdoor activity reduces the prevalence of myopia in children. *Ophthalmology*,115(8),1279-1285. Doi:10.1016/j.ophtha.2007.12.019
- Stevens, T., More, T., & Markowski-Lindsay, M. (2014). Declining National Park Visitation. *Journal Of Leisure Research*, 46(2). Retrieved from [http://www.fs.fed.us/nrs/pubs/jrnl/2014/nrs\\_2014\\_stevens\\_001.pdf](http://www.fs.fed.us/nrs/pubs/jrnl/2014/nrs_2014_stevens_001.pdf)
- Strife, S., & Downey, L. (2009). Childhood Development and Access to Nature: A New Direction for Environmental Inequality Research. *Organ Environ*, 22(1), 99-122. Doi:10.1177/1086026609333340
- Sugiyama, T., Leslie, E., Giles-Corti, B., & Owen, N.(2008). Associations of neighborhood greenness with physical and mental health: do walking, social coherence and local social interaction explain the relationships? *J Epidemiol Community Health*, 62(5),e9.
- Taylor, A.F., & Kuo, F.E.(2009). Children with attention deficits concentrate better after walk in the park. *J Attention Disord*, 12(5), 402-409. Doi: 10.1177/1087054708323000
- Townsend, M., Henderson-Wilson, C., & Warner, E. (2015). *Healthy Parks Healthy People*. Retrieved from [http://www.hphpcentral.com/wp-content/uploads/2015/07/HPHP\\_state-of-the-evidence\\_2015.pdf](http://www.hphpcentral.com/wp-content/uploads/2015/07/HPHP_state-of-the-evidence_2015.pdf)
- Urban Institute. (2015). *Health Policy Center*. Retrieved 10 December 2015, from <http://www.urban.org/policy-centers/health-policy-center>
- Üstün, B., & Jakob, R. (2015). *Re-defining 'Health'*. *World Health Organization*. Retrieved 1 December 2015, from 1. [http://www.who.int/bulletin/bulletin\\_board/83/ustun11051/en/](http://www.who.int/bulletin/bulletin_board/83/ustun11051/en/)
- Wells, N. M., & Lekies, K. S. (2006). Nature and the life course: Pathways from childhood nature experiences to adult environmentalism. *Children Youth and Environments*, 16(1), 1-24.

# About Us

## INSTITUTE AT THE GOLDEN GATE

[instituteatgoldengate.org](http://instituteatgoldengate.org)

A program of the Golden Gate National Parks Conservancy, the Institute at the Golden Gate reimagines parks as catalysts for social change, making them more vibrant, relevant, and valuable for everyone. We incubate knowledge and innovation in parks — locally, regionally, and nationally. Embedded in one of the country’s most visited and influential national parks, we serve as thought leaders forging unconventional partnerships to reach beyond traditional park boundaries.

## GOLDEN GATE NATIONAL PARKS CONSERVANCY

[parksconservancy.org](http://parksconservancy.org)

The Golden Gate National Parks Conservancy is the nonprofit membership organization created to preserve the Golden Gate National Parks, enhance the experiences of park visitors, and build a community dedicated to conserving the parks for the future. The Conservancy is an authorized “cooperating association” of the National Park Service and is one of more than 70 such nonprofit organizations working with national parks around the country.

## NATIONAL PARK SERVICE

[nps.gov](http://nps.gov)

The National Park Service is a federal agency within the U.S. Department of Interior charged with managing the preservation and public use of America’s most significant natural, scenic, historic, and cultural treasures. The NPS manages the Golden Gate National Parks, as well as well as over 400 other parks across the United States.

## ABOUT THE RESEARCHER

Rhianna Mendez was an Emerging Leaders Health Fellow at the Institute at the Golden Gate. She has a background in public health prevention and has worked with nonprofits in the nation’s capital, striving to provide a healthy world for all. Rhianna holds a B.S. in Public Health from American University.

# Acknowledgements

The author and the Institute at the Golden Gate would like to thank all of the individuals who participated in interviews and provided insights for the creation of this report.

Carlo Arreglo	John Dell’Osso	Howard Levitt	Gita Uppal
Carmen Bogan	Stephanie Duncan	Moira McEnespy	Kay Wang
Curtis Chan	Carol Johnson	Lisa McHenry	Matt Willis
Lisa Cirill	Mona Koh	Nooshin Razani	Kristin Wheeler
Sheila Coll	Matt Leffert	Terri Rogoway	Kevin Wright

This report was made possible with generous support from Kaiser Permanente



A PROGRAM OF THE GOLDEN GATE NATIONAL PARKS CONSERVANCY  
IN PARTNERSHIP WITH THE NATIONAL PARK SERVICE

