COLORADO Rx for PRONTOS:

Prescriptions for Parks, Recreation, Outdoors, Nature, Trails and Open Space

WORKSHOP REPORT AND RECOMMENDATIONS

Westminster, CO
November 2019

COLORADO
Department of Public
Health & Environment

Jo Burns
Consulting

MetroDNA
METRO DENVER NATURE ALLIANCE

NATIONAL PARK SERVICE

COLORADO PARKS • WILDLIFE

Acknowledgements

The Rx for PRONTOS Report is the result of the enthusiasm, hard work and commitment of many individuals and groups in the communities across Colorado. We thank everyone who participated in the November 2019 workshop and all the providers who continue to build awareness and grow Coloradans' exposure to nature and outdoor recreation.
This was a great day of complex and amazing conversations!

This effort was led and reported on by the following multi-sector team:
Jo Burns, Jo Burns Consulting
Dana Coelho, Metro Denver Nature Alliance
Patsy McEntee, National Park Service- Rivers, Trails & Conservation Assistance
Cate Townley, Colorado Department of Public Health & the Environment
Joan Brucha, Colorado Department of Public Health & the Environment

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the OutdoorRx report created by the Colorado Outdoor Recreation Industry Office (ORec) in 2017.

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Executive Summary

"Time in nature is not leisure time; it's an essential investment in our children's health (and also, by the way, in our own)."
Richard Louv 2008

Time spent outdoors, free-play and in unprogrammed physical activity is at an all time low for children and teens. This has given rise to increased hours on electronic devices (phones, computers, video-gaming, tv, and tablets) both at school and during free or recreation time. Some individuals spend as much as 90% of their time indoors (Klepeis 2001). At the same time we have seen an increase in obesity, diabetes, ADD/ADHD, cardiovascular disease, depression, anxiety, social isolation and other mental health issues. Research shows that time spent outdoors, in nature and/or in recreation can help prevent, decrease the impact of these conditions and even help reverse the prognosis (Mowen, 2017; NRPA, 2018; Barrett et al, 2014, Mannell, 2007). Being outside can improve short term memory, reduce high blood pressure, improve creativity and focus, reduce inflammation and eliminate fatigue (Loria, 2018) to name a few. If access to the outdoors can do all that, isn't it worthwhile to find out how we can make it accessible for all Coloradoans.

Over the last decade or two, the need for nature to re-enter our human lives through access to the outdoors, play, and physical activity has emerged in academic research, publications, programs, and community engagement. It has become a matter of preserving and improving our health, physically, socially, emotionally, mentally, environmentally, and spiritually. Research on the health benefits of exposure to nature is published in a variety of books, (Last Child in the Woods, Louv; The Nature Fix, Williams) magazines (Nature Rx, Outside Magazine May 2019) and research (Active Living Research Conference).

As the evidence of the health benefits of participating in physical activity, accessing the outdoors, and connecting to nature continues to expand, a variety of programs have emerged utilizing some form of prescription to prompt individuals to get outside to improve their physical and mental health. Research specific to the value of and impact of parks prescription programs is still fairly new, but the research is growing, and a simple google search leads to over 52 million options for review. Although these programs have a prescription element in common, each program is designed for the unique needs of the community and health issues they are addressing. The place-based nature of these programs is vital for success but creates challenges for comparing efficacy, impacts, and sustainability of one program to another.

In Colorado, interest in the connection between health and the outdoors via prescription programs is documented as a strategy in the 2019 State Comprehensive Outdoor Recreation Plan (SCORP): "Advance collaborative efforts between community groups and health and recreation providers to increase prescriptions for nature-based recreation and other policies and practices that promote outdoor recreation for improving public health." In addition, Colorado's Outdoor Recreation Industry Office formed the Colorado Outdoor and Health Collaborative (OHC) to advance Coloradans' health through nature-based recreation and published a report titled: Outdoor RX Elevating Coloradans' Health Through the Outdoors.

To build on the work of the OHC and to support implementation of the SCORP, the Prescription for Parks, Recreation, Outdoors, Nature, Trails and Open Space (Rx4PRONTOS) project was created with the hopes of developing a community of practice among prescription programs in Colorado. The project started with a few simple questions: What would happen if we gathered as many people as we could in Colorado who are doing this work from multiple perspectives and asked them to talk to each other, share information, and brainstorm? What could we learn? We have a variety of programs operating around Colorado and we've heard that there are others in the works. RX4PRONTOS received a grant from the Partners in the Outdoors Grant program in 2019 to convene prescription program providers from across the state. This report is an attempt to synthesize what we learned at the convening, look at some short and long term strategies for engagement, implementation and collaboration to make RX for PRONTOS type programs a reality in healthcare and in communities.

The Following are Efforts Informing Colorado's Rx4PRONTOS Type Programs

• **Park Rx America** was one of the first fully functional and integrated prescription programs in the US with a website with park locations, integration into the electronic health record system, and collaboration with multiple partners (including the National Park Service and National Recreation and Parks Association) as well as resources/toolkits for both health and park agencies to start their own programs. The program is primarily on the east coast, northern,CA and emerging in UT.

• **Outdoor Rx Colorado (CO Outdoor and Health Collaborative)** was a project of the Colorado Outdoor Recreation Industry Office. Following the delivery of the final report the project funding ended and the Outdoor Health Collaborative dissolved. Outdoor Rx Colorado then went to LiveWell Colorado and then faced a refocusing of priorities.   The ORIC office completed the Outdoor Employer project with the Colorado School of Public Health

• **Colorado Statewide Comprehensive Outdoor Recreation Plan (SCORP)** This plan is created by a diverse group of advocates and professionals connected to outdoor recreation. The plan outlines priorities, goals, objectives and strategies for Colorado's successful conservation, maintenance and access to outdoor recreation on public and private lands.

• **Colorado's Outdoor Principles (Colorado Outdoor Partnership)** This link invites you to review and adopt the 7 outdoor principles for caring for and recreating in Colorado's outdoors.

Rx for PRONTOS Goal and Process

Goal:

The goal for Rx4PRONTOS was to convene a community of practice for organizations that are providing prescription programs for parks, outdoor recreation, nature, or trails in Colorado. The purpose of the community of practice was to provide a space for organizations to learn more about each other, who they are serving, how they are connecting with healthcare, and what types of data they are collecting. It was also to help build the capacity and expertise of the program providers. On November 15, 2019, more than 50 individuals representing local, state and national organizations convened at the Westminster Recreation Center. The full day meeting provided an opportunity for networking, sharing lessons learned, successes and barriers, identifying needs, and setting goals for the future of this work. The attendance and energy at the convening indicates that there is a high level of interest from organizations who want to elevate the reach and effectiveness of prescription programs in Colorado.

The Process:

On November 15, 2019, the Rx4PRONTOS team hosted approximately 50 participants to discuss existing prescription programs for parks, recreation, outdoors, nature, trails, and open space; document program benefits and challenges; and identify opportunities and next steps that can positively affect health and healthcare in Colorado. Participants represented parks, recreation, public health, health care, community agencies, funders, and others. (See Appendix B for the Agenda)

Step 1: Survey

First, the RX4PRONTOS team compiled an inventory of the prescription type programs we knew were currently in existence in Colorado. We contacted the identified programs and sent program contacts a preliminary survey to gauge interest in attending the convening, anticipated outcomes, expertise/lessons learned, and what attendees would like to learn from each other. We gathered basic information about their organizations and Rx program, if any. We also asked for recommendations for other people to invite to the convening. Approximately 35 people completed the preliminary survey and shared 10+ additional names of professionals.

Step 2: Workshop

The RX4PRONTOS planning team used the responses from the pre-survey and the goals identified in the grant application to shape the agenda for the convening. The agenda focused on an interactive format bringing in programs and providers identified through the inventory to share their experiences. A large group discussion format was used to raise awareness of the various prescription programs working across the state. Small group discussions were used to identify areas of strength, weaknesses, evidenced-based programs, and opportunities for collaboration. Finally, a world cafe format was used for group brainstorming to discuss relationships with healthcare providers, program marketing, equitable access to nature, reporting and tracking, funding and sustainability, and prescribing and implementation.

Step 3: Report Back

Participants shared an incredible amount of insight, engagement, and perspective. The complex and amazing conversations resulted in a large amount of raw data, ideas, and perspectives around the benefits, challenges, barriers and opportunities for prescription programs to have an impact on community and individual health in Colorado. We created a list of resources for attendees of current programs and contacts. To close the day, we asked participants what they got out of the day and what they thought the next steps should be moving forward.
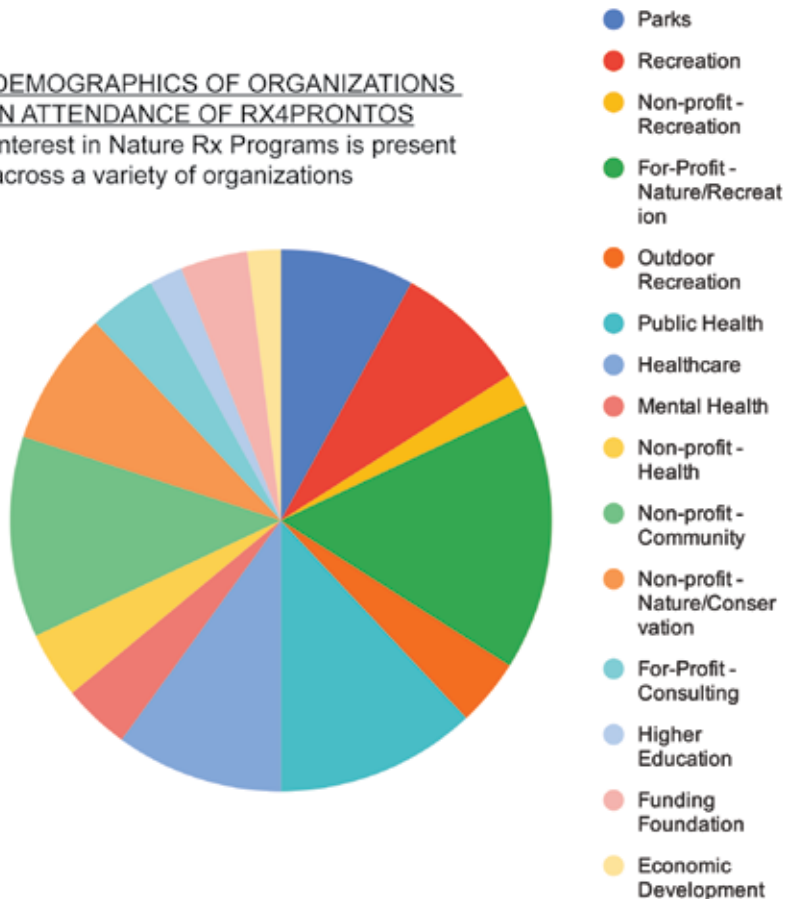
Convening Demographics:

50 registrants, 5 cancellations, 2 replacements = 47 attendees
37 women and 10 men

Types of agencies represented:
14 Government (all levels, parks, public health etc)
2 Recreation Special Districts
5 Healthcare
2 Funding Organizations
12 Non-Profits
10 For-Profits
1 Higher Education
4 Other

DEMOGRAPHICS OF ORGANIZATIONS
IN ATTENDANCE OF RX4PRONTOS
Interest in Nature Rx Programs is present
across a variety of organizations

- Parks
- Recreation
- Non-profit - Recreation
- For-Profit - Nature/Recreation
- Outdoor Recreation
- Public Health
- Healthcare
- Mental Health
- Non-profit - Health
- Non-profit - Community
- Non-profit - Nature/Conservation
- For-Profit - Consulting
- Higher Education
- Funding Foundation
- Economic Development

After the convening, the RX4PRONTOS team collated and condensed the raw data and information. We looked for patterns, possible best practices, definitive components of prescription programs in Colorado, necessary collaborative relationships, and ways to make sustainable programs a reality. This included examining marketing and framework opportunities, funding, partnerships and stakeholders, incorporating evidence-based practice and determining "dosing" practices.

THE 5 ESSENTIAL RELATIONSHIPS NEEDED FOR Rx PROGRAM SUCCESS

According to the group discussion, the following **five (5) key relationships need to be created, nurtured and in place for prescription programs to be viable and sustainable:**

1. Relationships with **recreation, parks, or activity provider** (municipal, state or national parks and recreation agencies, grassroots groups, specialty recreation.)

2. Relationships with **public health agencies** (local or state agencies.)

3. Relationship with **medical and healthcare providers** as prescribers (hospital organizations, local clinics, primary care groups, specialists, doctors, nurse practitioners, therapists of all kinds.)

4. Relationships with **funders, insurers, 3rd party payers** (insurance companies, foundations, medicare/medicaid.)

5. Relationships with **community members, organizations, and educational institutions** (non-profits, patients, community groups, schools, and higher education.)

KEY TAKEAWAYS:

1. There is High Level of Interest in Nature Rx Programming: The attendance and energy at the convening indicates that there is a high level of interest from organizations who want to elevate the reach and effectiveness of prescription programs in Colorado. The RX4PRONTOS team initially estimated that 25-30 people would attend the convening. Nearly double the estimate attended with even more people indicating that they wanted to attend but were not available that day.

2. Issues of Scale May Exist: Challenges may emerge when trying to look at prescription type programs from a statewide perspective versus a community, county or regional perspective because the needs, access, and opportunities are unique to each community.

3. Barriers to Equitable Access Exist: Equity in access to nature is an issue with the most passionate responses for growth, improvement and opportunity. Our attendees most notably shared that outdoor places and spaces are a human need, no matter where they exist (rural or urban) or how large or small. The barriers to equitable access to nature are vast. Whether real or perceived, physical or cultural, psychological or emotional, these barriers seem to exist due to a system based on white-centric values and priorities around nature and the outdoors.

4. Sustainable Funding Sources are Vital to this Work But Don't Exist: Common to all the organizations is a desire to find sustainable funding. The organizations and community groups that attended believe emphatically in the power and outcomes created by prescription type programs yet little infrastructure or funding is available to make the support of these programs a reality.

5. Consistent Data Collection is Needed: Collecting data in RX4PRONTOS type programs is imperative in order to prove that the programs are effective and produce the desired outcomes but challenges exist in data collection and data sharing.

6. Many Programs are Already Partnering with Health Entities: Most programs include some kind of partnership with a healthcare entity or organization as either an advocate or in an advisory capacity, some formal, some not. There are many programs aligning themselves with prescription type programs, such as Walk with a Doc and Montbello Walks. There are local coalitions and businesses with a focus on health and well-being combined with activities outdoors, such as Vibe Tribe Adventures, REC-Rx, Americas Conservation+Arts, and San Luis Valley Great Outdoors.

7. Organizations are Eager to Enhance Their Programs Through Collaboration: Participating organizations are in varying stages of creation and implementation and their ability and willingness to partner and collaborate for the health of their communities is extensive. The organizations need seamless collaboration amongst the multiple stakeholders/partners. In addition, the organizations see community buy-in/integration as an opportunity to develop healthy, knowledgeable and engaged community members both for their own well-being and their families.

The following sections include the summarized notes from the discussion questions posed at the convening:

*Morning discussion questions:*
Where are the strong and weak points of Nature Rx Programs? What areas need more support?

The Nature Rx movement is gaining strength NOW because of the people and communities involved, their passions for health and nature, and the demonstrated health benefits of outdoor recreation and time in nature. What is missing are systemic regional and statewide partnerships and funded collaborations to connect and build on these strengths.

Barriers to program implementation and growth include public and professional awareness of the health benefits of nature, real and perceived legal challenges (liability, safety, agreements), lack of capacity (money, staff time, trusted data and analysis, motivation, etc.), and lack of access (physical, cultural, language) to the outdoors and recreation facilities.

How do we frame/pitch the Nature Rx movement?
• Reaching People Where They Are
• Encouraging Behavior Change
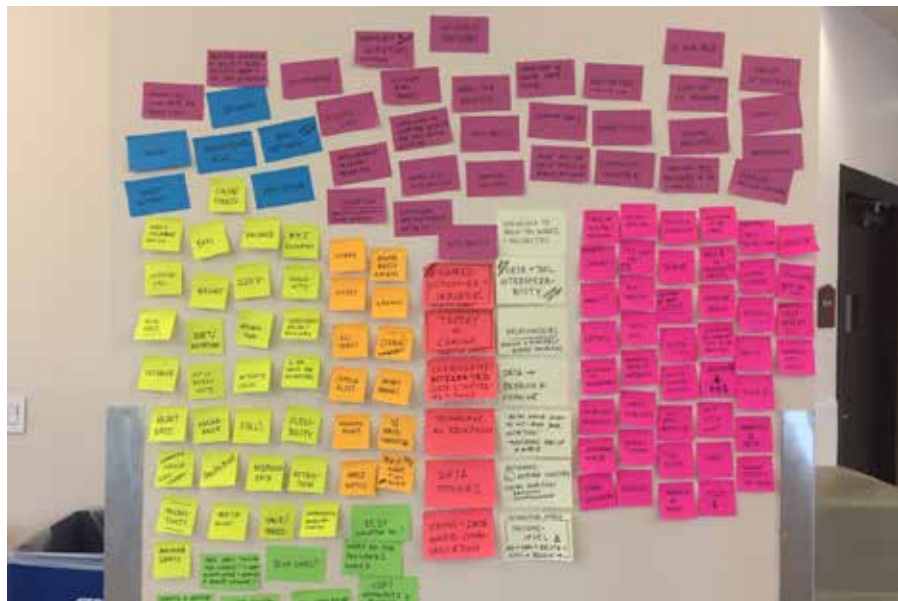
• Driving Demand
• Nature Rx As Standard Health Terminology
• Building On Success

Opportunities for partnerships:
(While avoiding duplication of efforts)
• Education - Integrate Nature Rx Partnerships Into Education
• Health Care Partnerships
• Recreation And Land Management
• Insurance Companies, Medicare
• Planning Organizations

Evidence based info: What are successful strategies to track, measure and celebrate success?

It was indisputable to workshop participants that collecting data in RX4PRONTOS type programs is imperative in order to prove that the programs are effective and produce the desired outcomes of improved health.
What was more complex was determining the following:
  • The type of data
  • How much data
  • What technology to use to collect the data
  • Who should be collecting the data
  • What data participants' would be willing to share
  • How to keep that data secure

It would also be important to have the collected data shared back to prescribers in order to track the success of program outcomes. It seemed imperative to have info about both physical and mental health changes over the course of a prescription program. Another big challenge would be where and how to store, manage and statistically analyze collected data.

Collaborating opportunities with other organizations delivering programs - how? (RX4PRONTOS Existing Programs in Colorado)

The partnership infrastructure that already exists to collaborate in Colorado is impressive. All the participants who joined us at the covening were willing and ready to collaborate across disciplines to work toward the improved health of communities and individuals through prescription type programs. Participants could name and share more organizations and people that they wished were in attendance that day. Through discussions around collaboration

opportunities in the morning and networking discussions in the afternoon, we determined there were 5 main types of relationships that need to be formed for a prescription for parks, recreation, outdoors, nature, trails and open space type programs to be successful and sustainable.

• Relationship with recreation, parks, or activity provider
• Relationship with public health agencies
• Relationship with medical and healthcare providers as prescribers
• Relationships with funders, insurers, 3rd party payers
• Relationships with community members/agencies

It would mean that many more memorandums of understanding (MOU's) and public-private partnerships (PPP) would need to be formed and agreed upon.

Afternoon World Cafe Topics:
What are the components of a successful program?
How do we motivate and enhance programs?

Interdisciplinary relationship-building and connections with health providers/doctors:

The healthcare crew, from docs to physician assistants to therapists of all kinds, to nurse practitioners, patient navigators, independent practices, hospital systems need to be made aware of the opportunities and potential partners available for bringing prescription type programs to their patients.
Workshop discussions accentuated the following needs:

• We need to be able to convert outdoor and recreation language to health care related language and health language to parks industry language.
• We need to break down barriers and make providing a prescription for PRONTOS an easy and quick process.
• We discussed the need for electronic health record compatibility depending on provider type.
• The big picture takeaway highlighted the need for recreation providers to have a consistent message and to develop positive relationships with healthcare practitioners and consistent information on how to prescribe and find Rx4PRONTOS type programs in the communities of their patients.

Marketing the information for Rx Programs to patients, community members and park users

The question continually emerged throughout the day on how to get information and knowledge to the people in communities. How would people know about RX4PRONTOS type programs that were available to them in their community? Would the information best come from schools, health providers, recreation providers, public land providers, social media, faith-based organizations and/or public service announcements? Most importantly what would the message be? How could you reach the most Coloradoans in a way that people would know these opportunities were for everyone? Much thoughtful discussion was had around target audiences, messengers, different methods that would resonate with different audiences and still carry the same underlying message. Products and tools (tangible, social, local promo, PSA) were discussed as well as desired outcomes.

Equitable Access to Nature - Programming with Community in Mind

This was the issue with the most passionate responses for growth, improvement and opportunity. Our attendees most notably shared that outdoor places and spaces are a human need, no matter where they exist (rural or urban) or how large or small. The barriers to equitable access to nature are vast.

Whether real or perceived, physical or cultural, psychological or emotional, these barriers seem to exist due to a system based on white-centric values and priorities around nature and the outdoors. Ideas also explored the "chicken or egg" argument- will programs and prescriptions do enough to get people outdoors recreating for health or do we do more to build the nature-based recreational infrastructure where it is needed most and assume if you build it they will come?

There is an overwhelming need for improved communication on all levels of relationships around access with participants/guests and park employees. This ranged from posting of clear signage and rules to information about what to expect when you get to a park. There is a great need for accessible and affordable transportation to public parks, whether that is through public transportation or safe connecting trails There was also discussion around how improving community involvement in reducing barriers to access was also key. The following are top areas of concern for the convening attendees: Communication, close-to-home outdoor opportunities, education, community involvement, cultural sensitivity, access to gear, cost for parking and entry, pathways to jobs, safety, awareness and fear. For prescription programs to be successful, programs must be willing to address access to nature issues head on and with collaborative solutions involving community members.

Reporting and Tracking Success

(Electronic health record, technology, tools, etc)

This table discussion was an in-depth examination of evidenced practice and research issues. The groups took a broad look at how to utilize data from current prescription program models, reach for the sky with big picture examples and identify every metric (both qualitative and quantitative) type, data point and collection method they could think of at the time. Groups also identified barriers to collecting data for and in these programs, ranging from cost, time, privacy, choice, and having people to analyze the info. Other concerns lay around acquiring consent for the data and who would have access to it, and all the emotions that go with it. The abundance of tools and technology are in our favor making it easy and unobtrusive for participants. From wearables, phone apps and websites, heart monitors and pedometers. Other challenges include identifying collection partners, mapping out the collection of data, analysis of statistics and dissemination to providers and researchers.

Investment/Funding/Sustainability

(What's available, where to explore funding)

The discussion among convening attendees on this topic was intense. Throughout the day it was a predominant issue that RX4PRONTOS programs that did not have a sustainability plan or ongoing funding went extinct as soon as the primary ambassador, advocate or champion left the project or organization. Nonprofits and programs are generally operating from year to year on small pots of money that don't ensure their continuation into the next year. This financial challenge inhibits their ability to partner or collaborate in an ongoing manner. As a result, the group brainstormed in order to identify multiple individual and collaborative options for funding, backbone support, investment and sustainability. While the ultimate desire is for RX4PRONTOS type programs to be considered for 3rd party reimbursement (insurance, medicare, medicaid), in the intermediary there is a need for sponsorship, grant funding, interdisciplinary agreements to contribute both dollars and in-kind support and designate a team for implementation. There is also a great opportunity for foundations and recreation program funders to allocate funding to programs for mentorship and sustainability dollars.

Implementation/Prescribing

(Program, community, healthcare)

Putting Rx4PRONTOS type programs into implementation with a health care component will require that we reach out of our comfort zones and build relationships with healthcare providers of all types. It will require that we all become adept at verbalizing our abilities to effect change around physical, social, emotional and mental health through exposure and engagement in parks, recreation, outdoors, nature, trails and open space. This has never been more prevalent than now during the COVID-19 outbreak and intentional "social distancing". Our local parks, trails and open space are some of the few spaces still "open".

Tools for health providers to find out what's available to them and their patients in their local areas is imperative. Could be having all better utilize ParksRx for sharing and storing locations. Tools for parks, recreation, public health and community organizations to know what to share and how to initiate and develop relationships with healthcare. Could look like a website with Colorado messaging and locale resources and existing programs.

If we are going to ask healthcare to think of Rx4PRONTOS type programs as an alternative to medication prescriptions or a partner to go with them, then we need to learn to think like big pharma and share the info with the healthcare industry and the community members OR find our own unique way to make the connections.

Next Steps, Reflections and Immediate Needs:

• Create a Community of Practice
• Create an Action Plan from recommendations (See page 13-14)
• Continue to convene conservation, education, recreation, health and nature coalitions and stakeholder groups
• Build a resource library with a searchable database of best practices, guidelines, groups, practitioners. (See Appendix A-1, A-2, A-3)
• Provide support/awareness for existing programs.
• Identify sources of funding to sustain this work. (grants, foundations, legislative)
• Outreach to medical & insurance communities to identify champions for prescription type programs and identify ways to build support and buy-in among health programs, systems, and organizations
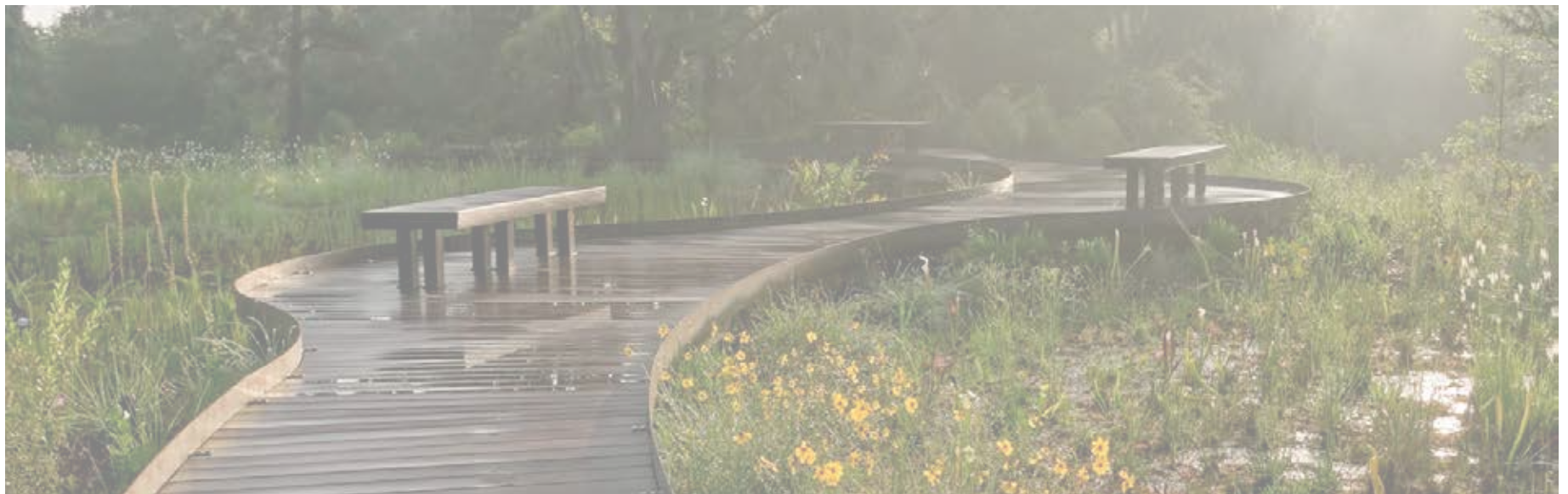
Action Plan for Rx for PRONTOS

Based on input from our convening participants and our planning team, the following are suggested short term strategies for moving this work in Colorado forward. One of the most important necessities for continuing this work across Colorado is finding a "home" for these resources and ideas, where it will get time, attention and support. Whether that is in some sort of coalition with a "backbone support organization" or in an organization that recognizes the potential of

Focus Area	Short Term Strategies	Example
People	1. Outreach to medical & insurance communities to grow champions for Park Rx 2. Marketing for awareness of Park Rx: Go to where the people are: Walmart, church, Boys and Girls Club, etc in communities to reach people 3. Develop a CO Outdoor Rx Branding umbrella that providers may collaborate under for larger funding sources. 4. Finding a permanent "home" for RX4PRONTOS to "live" with support and funding.	Robert Wood Johnson Foundation, PITON
Places	1. Equitable access- Promote the 10-min walk/park standard 2. Park perimeter trails 3. Add signage to aid in wayfinding, connectivity, awareness (increases use of a facility by 10%) 4. Build health into community planning at every level, make the conservation-environment-human health connection 5. Use Active People Health Nation * TPL database to prioritize work 6. Explore Park, Rec and Community centers as the POC for Park Rx- what is the best model for this?	Trust For Public Land Parkscore, City of Denver's Gameplan Park Masterplan standards
Policy	1. Find examples of early childhood education models that incorporate Nature Rx- how can policy guide standardized practice of nature exposure/education 2. Standardized education of nature-based experiences 3. Look at how other countries that are doing this better are doing this- develop some profiles as examples to explore. 4. Social Determinants of Health: Health, Community/Recreation Planning and Park/Trail Sectors need to align & improve collaboration 5. Work with ORec office to identify priorities they also support 6. Utilize Community Health Impact Model, Social Determinants of Health or Healthy Places by Design to frame Park Rx strategy	National Wildlife Federation ECHO Program
Program	1. Identify best data tracking strategies that everyone should use 2. Identify large-scale cooperative inter-disciplinary programs to model 3. Improve toolkits/resources to help partnerships expand capacity 4. Identify case studies and narratives that define and exhibit success 5. Identify impacts of best-case successful city-wide programs	Example programs happening in other states: NM, CA, AZ, D.C.

Focus Area	Short Term Strategies	Example
Education	1. Find web host for resources, including Health Links module and toolkit- link from many sites to resources- acknowledge the need for a range of programs to reach different audiences 2. Create Park Rx best practices guide 3. Strategize Nature Rx ed to Early childhood education & parents of that age group 4. Addressing healthy outdoor lifestyles for kids through schools: 5. Target medical school educators, students and professional organizations in Park Rx strategy	SHAPE-Co Use PE teachers to teach/program outdoor sports NWF ECHO Program
Funding	1. Work with the CU School of Public Health/Dept of Environment and Occupational Health Graduate students to research possible funding streams. 2. Pursue studies for funding feasibility: Urban Institute, Piton, RWJ 3. Who is currently motivated/making efforts at reimbursement of Outdoor RX efforts by patients: Insurance companies are beginning to reimburse parks and rec programs/ participants like Silver Sneakers 4. Meet with Gov and Congressional offices: What is needed to show and what would it take for a dedicated funding stream?	CU School of Public Health Medicaid is a healthcare conglomerate who can strategize and be supportive

Appendix A-1

RESOURCES-NATIONAL

	Name	Website	Focus Area
1	Active People Healthy Nation	https://www.cdc.gov/physicalactivity/activepeoplehealthynation/index.html	National CDC initiative to help 27 million Americans become more physically active by 2027. Comprehensive resource for individuals, programs & communities to address activity guidance, program and built environment needs.
2	Children and Nature Network	https://www.childrenandnature.org/	Advocacy, Tools & Resources connecting children to nature, based on Richard Louve's groundbreaking research.
3	Eppley Istitute Public Health Fundamentals and Human Health & Natural Environments Certificate Programs	https://provalenslearning.com/public-health-fundamen-tals-for-park-and-recreation-profession-als-certificate-program	This course engages park and recreation professionals in health-related terminology and strategies. Successful learners leave this certificate with policy and programming ideas to influence their community's health and the tools to communicate these changes to community leaders.
4	Exercise is Medicine	https://www.exerciseismedicine.org/	American College of Sports Medicine's global health initiative and Rx for Health
5	Institute at the Golden Gate	https://instituteatgoldengate.org/proj-ects/park-prescriptions Park Rx Census: https://www.parkrx.org/team	The Institute focuses on applied, practical research that enables us to design essential tools and resources to support park innovators. Through these case studies, toolkits, roadmaps, trainings, and more, we promote collaboration and creativity among partners and park leaders.
6	Kids in Nature/Kids in Parks Track Rx	https://www.kidsinparks.com/	Engaging kids and families in outdoor recreation to foster lifelong wellness and meaningful connections to public lands.
7	Move Your Way	https://health.gov/moveyourway/	Program plan for carrying out physical activity guidelines
8	National Environmental Education Foundation (NEEF)	https://www.neefusa.org/resource/get-nature-better-health-brochure https://www.neefusa.org/ https://www.neefusa.org/resource/pe-diatric-environmental-history	NEEF - Cultivating an environmentally conscious and responsible public. Provides funding, program for pediatric asthma and sun protection. Environmental history assessment.
9	National Institute of Health (NIH)	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6104990/	How does nature exposure make people healthier?: Evidence for the role of impulsivity and expanded space perception

	Name	Website	Focus Area
10	National Recreation & Parks Association (NRPA) Park Rx Toolkit	https://www.nrpa.org/parks-recreation-magazine/2018/april/developing-a-park-prescription-program-for-your-community/	NRPA Web Publication: https://www.nrpa.org/blog/create-community-level-impact-through-nrpas-referral-guide/ NRPA Referral Guide: https://www.nrpa.org/contentassets/ce61ea9b63934de6bed170b04fbdbccd/electronic-health-record-referral-process-guide.pdf
11	National Physical Activity Society	http://physicalactivitysociety.org/	Resources for Physical Activity. Recently merged with National Coalition for Promoting Physical Activity and National Physical Activity Plan Alliance. New name is forthcoming. Membership organization for anyone using a public health approach to physical activity.
12	National Wildlife Federation	https://www.nwf.org/Kids-and-Family/Connecting-Kids-and-Nature	Source for current statistics, programs connecting kids with nature
13	New Mexico Prescription Trails	https://prescriptiontrails.org/	Fantastic web-based programming, activity tracking and Rx trails awareness site.
14	Parks, Health & Trails Workbook (CDC & NPS partnership)	https://www.cdc.gov/healthyplaces/healthtopics/parks_trails_workbook.htm	A Tool for Planners, Parks and Recreational Professionals, and Health Practitioners is quick guide for incorporating public health considerations in the development and improvement of a park or trail. This tool can help start collaborative discussions about the health benefits of parks and trails and prepare for a health impact assessment (HIA).
15	Park Rx America	Park Rx.org	Non-Profit Organization. Many tools and resources on site. Works to prescribe Nature during the routine delivery of healthcare. A support for programs across the country.
16	Park Rx/NIH	https://parkrxamerica.org/pdf/Media-Release-NIH-10-25-19.pdf	NIH funded, first randomized study of Park Rx programs
17	Physical Activity Guidelines for Americans	https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf	Physical Activity Guidelines for Americans
18	Rethink Outside/Blue Sky Thinkers Forum	https://rethinkoutside.org/	Shared narrative/advocacy for bringing organizations and communities outside.
19	SHIFT (Shaping How we Invest For Tomorrow) Conference/Webinars	https://shiftjh.org/ https://shiftjh.org/the-shift-rx-challenge-take-your-doctors-health-recommendations-outside/	SHIFT convenes thought leaders around the advancement of nature as a social determinant of health—an invaluable addition to the movement to protect the natural world.
20	Trail Forks	https://www.trailforks.com/	National and International trail maps for all types of activities, also an app

Appendix A-2

RESOURCES-COLORADO

	Name	Website	Focus Area
1	"A Private Guide"	https://www.aprivateguide.com/	Provides active customizeable CO-based group itineraries and activities.
2	Boulder PLAYPass	https://www.playboulder.org/playpass-english	PLAYpass is a program that aims to reduce barriers to fee-based participation in sport and recreation programs, so all Boulder youth have the opportunity to thrive and live healthy, active lifestyles.
3	CO TREX - Colorado Trail Explorer	https://trails.colorado.gov/	Free app for accessing all Colorado trails.
4	Colorado Black Health Collaborative	https://coloradoblackhealth.org/	Working to achieve health equity in Colorado's Black community.
5	Colorado Outdoor Recreation Industry Office	www.corecindustry.com	Helping Colorado's Outdoor Industry thrive.
6	Colorado Parks and Wildlife PITO SOLE Program	https://cpw.state.co.us/aboutus/Pages/Partners.aspx	CPW & partner support enables us to excel at our work of protecting and caring for our most valued and valuable resources. The Partners in the Outdoors program brings together diverse interests from across the entire spectrum of the outdoors to advance and balance both outdoor recreation and conservation in Colorado. Sole provides nature education development for schools.
7	Colorado Department of Public Health & Environment	https://www.colorado.gov/pacific/cdphe/categories/services-and-information/health/prevention-and-wellness	Prevention and wellness information and services.
8	Colorado Recreation & Parks Association	https://www.cpra-web.org/	CO Parks & Recreation network of providers and municipalities sharing information and expertise.
9	Denver by Foot	https://www.denverbyfoot.com/	Places to walk and hike in Denver
10	ECHO (Early Childhood Health Outdoors)	https://www.nwf.org/ECHO	Providing young children in Colorado with access to quality outdoor learning environments. National Wildlife Federation- sponsored technical assistance grant program for nature-based pres-school playground design.
11	Health Links + Outdoor RX module + Colorado-School of Public Health	https://www.healthlinkscertified.org/get-started	You can see a Sample Assessment here, but it does NOT include the Outdoor RX module. May have to contact them to see if we can see their assessment questions.
12	Hiking Project	https://www.hikingproject.com/	Hiking trail maps, also an app

	Name	Website	Focus Area
13	Livewell Colorado	https://livewellcolorado.org/	LiveWell focuses on changing these systems to create opportunities for health and wellness in partnership with communities and individuals who face systemic and institutional barriers to a healthy lifestyle: low-income communities and people of color in urban, suburban, and rural parts of our state.
14	Metro Denver Nature Alliance (MDNA)	www.metrodna.org	Metro DNA is a growing coalition of non-profit, government, research, and private sector partners seeking to align nature-based efforts to ensure more equitable access to nature and to promote healthy people, communities, and natural places.
15	Mind Shine Foundation	https://mindshinefoundation.org	Mind Shine Foundation is helping to lead the movement to eliminate stigma and find better solutions surrounding mental health issues. They host the annual Brain Run 5K and Mental Health Expo in Denver at Sloan's Lake Park.
16	Mountain Bike Project	https://www.mtbproject.com/	Mountain bike trail maps, also an app
17	San Luis Valley Great Outdoors (SLV GO)	www.slvgo.com	Our mission is to provide residents and visitors throughout the San Luis Valley with accessible and inclusive outdoor recreation opportunities that connect communities, improve wellness, encourage stewardship, and contribute to the economic vitality of the region.
18	Thriving Weld	http://thrivingweld.com/	The Thriving Weld Dashboard provides an understanding of Weld County, Colorado – our strengths, challenges, and future opportunities. Join us and help Weld County THRIVE.
19	Trailhead Institute	http://trailhead.institute/	This is where we strive to be the inspirational basecamp in Colorado's public health arena. Think of Trailhead as the new gathering place where ambitions and ideas, aspirations and "what ifs" of public health can take root and grow and even flourish.
20	University of Denver, Institute for Human-Animal Connection	www.du.edu/humananimalconnection	The Institute for Human-Animal Connection intentionally elevates the value of the living world and the interrelationship and health of people, other animals and the environment. This is accomplished through natural and social science-informed education, applied knowledge, research and advocacy, with an ethical regard for all species.
21	Vibe Tribe Adventures	www.vibetribeadventures.com	Vibe Tribe Adventures (VTA) is a global outdoor adventure company that was created to encourage Black women to explore the great outdoors, practice conservation of our planet, educate on health and wellness and to inspire one another to be authentically who we are naturally. VTA teaches outdoor awareness, health and wellness, mindful practices and we even have a STEM education platform for the youth. VTA connects Black women who already love the outdoors with Black women who have lacked the opportunities to explore.

Appendix A-3

PROGRAMS-COLORADO

	Program Name	Website	Focus Area
1	Ampt Biking	https://amptbiking.com/	Outreach with the purpose of encouraging and empowering amputees through biking.
2	Cancer Fit	https://www.cpra-web.org/general/custom.asp?page=CancerFit	Supporting better everyday function and overall higher quality of life for cancer survivors who exercise.
3	Challenge Aspen	https://challengeaspen.org/	Dedicated to impacting lives through adaptive experiences for individuals faced with cognitive/physical disabilities.
4	City Wild	https://www.citywild.org/	Envisions communities as ecosystems that thrive when everyone has access to the healing, recreational, and social-emotional opportunities of nature.
5	Del Norte Trails	https://www.delnortetrails.org/	A go-to resource for all things recreation in Del Norte.
6	Denver by Foot	https://www.denverbyfoot.com/	Places to walk and hike in Denver
7	Environmental Learning for Kids (ELK)	http://www.elkkids.org/	Environmental, Inspire, Educate, Transform
8	Estes Valley Prescription Trails	https://www.eptrail.com/2016/04/28/estes-valley-part-of-burgeoning-park-prescriptions-movement/	Prescription trails program organized by REACH, Town of Estes Park, Rocky Mountain National Park, EVRPD and Visit Estes Park Tourism Bureau.
9	Get Outdoors Day - Pike Peak Region	http://www.getoutdoorscolorado.org/activity/free-get-outdoors-day-colorado-springs	Create a tool & venue to connect Coloradans to Everything Outdoors.
10	Get Outdoors Day - Safe Summer Kick Off Denver	https://www.metrodna.org/ss-ko-go/	Create a tool & venue to connect Coloradans to Everything Outdoors.
11	Girl Trek	https://www.girltrek.org/	It's the most inspiring health movement in the country for Black women.
12	Montbello Walks	https://www.montbellowalks.com/	Community Walking program
13	Poudre Learning Center	https://poudrelearningcenter.org/	Poudre River riparian land gifted to the local community for environmental education.
14	Promotores Verdes	https://www.afcanatura.org/promotores-verdes	Advancing a culture of recreation, conservation, & public health anchored in nature & a sustainable outdoors economy

	Program Name	Website	Focus Area
15	REC-Rx	https://rec-rx.com/	Focused on seamless access to evidence based programs delivered in your community.
16	Revitalize the Rio in Alamosa	https://slvgo.com/wp-content/up-loads/2018/07/RevitalizeTheRioRe-port_medres.pdf	Community plan for engaging the community in recreation and environemntal education of the Rio Grande.
17	San Juan Nordic Club	https://sjnordic.wordpress.com/	Clearing house for nordic ski education, events, gear and trails information in the San Luis Valley.
18	Silver Sneakers	https://www.silversneakers.com/	Exercise and Recreation
19	SLV GO - San Luis Valley Great Outdoors	https://slvgo.com/	Outdoor Recreation, Community Wellness, Local Food/Agriculture
20	Thriving Weld - Outdoor Rx	http://thrivingweld.com/outdoor-rx/ Outdoor Rx	Weld County initiative aimed at getting people outdoors.
21	Urban Farm Youth Alternatives	https://theurbanfarm.org/	The Urban Farm strives to inspire excitement for learning through practical work experience in a farm setting
22	Vive Tribe Adventures	https://vibetribeadventures.com/	Outdoor Adventure, Women of Color
23	Walk with a Doc - Denver @ National Jewish	https://walkwithadoc.org/our-loca-tions/denver/	A walking program for everyone interested in taking steps for a healthier lifestyle and the opportunity to chat with a doctor.
24	Walk with a Doc - Boulder	https://walkwithadoc.org/our-loca-tions/boulder-co-2/	A walking program for everyone interested in taking steps for a healthier lifestyle and the opportunity to chat with a doctor.
25	Walk2Connect	http://www.walk2connect.com/	Walk2Connect is an innovative social enterprise that works hard to help people and communities become healthier and more connected while also advancing awareness on the importance of walkable community design.
26	Weigh N Win	https://www.weighandwin.com/Home.aspx	Recreation center program that helps people engage and motivate for personal health goals.
27	Wild Within Reach	https://wildwithinreach.wixsite.com/wildwithinreach	Reconnect children and adults to nature in their own community

Appendix B

RX for PRONTOS CONVENING AGENDA

Colorado Outdoor Health Collaborative: to support efforts to advance statewide awareness, accessibility, and effectiveness of outdoor recreation health advocacy programs.

Desired Outcomes and Takeaways

Shared knowledge of Colorado Outdoor/Park RX programs/locations that are underway.

Understanding of primary components of Rx programs - identify successes, challenges, barriers, and available resources through case studies and sharing.

Knowledge of how to promote/educate/expand capacity for Park Rx programs locally and statewide.

Strategies for creating a community of practice and expanded Park Rx network.

Agenda (Subject to flexibility)

8:30am Check-in and meet people

9-9:45am Welcome, Meeting Purpose, Introductions & Personal/Organizational Park Rx Goals

9:45-10:30am Overview of a few successful and/or current CO Park Rx Case Studies (approx 5min each)

10:30- 11:15am (Format: Small Group Discussions) Questions related to Pre-Survey

    State of the state: Awareness of programs in CO - Large Group

    Where are the strong and weak points, what areas need more support? - Small group

    Evidence Based Info: How do we measure and celebrate success? What are successful tracking strategies?

    Metrics you would like to see measured - Small Group

    Collaborating opportunities with other organizations delivering programs - how? - Small group

11:15-11:30am Report back to large group, reflections

11:30-12pm Review of resources available for new programs, doctors, patients and community members.

12-1pm Lunch, networking and movement break

1-3:30pm (Format: World Cafe) What are the components of a successful program?How do we motivate and enhance programs?

    -Each Table gets to talk about each program component: (20min at each table- 30 min wall time)

    Relationships/Connections with Health providers/doctors

    Marketing the Info for Rx Programs to patient/community member/park user

    Equitable Access to Nature - programming with community in mind

    Reporting/tracking success - electronic health record, technology, tools, etc

    Investment/Funding/Sustainability - what's available, where to explore

    Implementation/Prescribing - program, community, healthcare

3:30-4pm Wrap-up and Next Steps

Appendix C

SYNTHESIZED WORKSHOP COMMENTS

This appendix contains all the synthesized data collected from the RX4PRONTOS Convening on November 15, 2019, Westminster, CO.

MORNING DISCUSSION QUESTIONS: (Asked to the whole group)

WHERE ARE THE STRONG AND WEAK POINTS OF PROGRAMMING FOR, AREAS THAT NEED MORE SUPPORT?

1. HOW DO WE FRAME/PITCH THE NATURE RX MOVEMENT?

FRAMING: REACHING PEOPLE WHERE THEY ARE
School, workplace, and community wellbeing
Include in workplace wellbeing programming
Build school/work community culture
Educating, human connection, finding your community
ENCOURAGING BEHAVIOR CHANGE
Recognize the power of an Rx - important to many groups due to the health authority of those prescribing
Need to address the social stigma of 'exercise'
The behavior of going outside is not normalized (in certain communities)
Shift mental health sessions to outdoors
DRIVING DEMAND
Wellbeing, happiness & empowerment as outcomes
Getting the business community to 'demand' coverage of these programs.
Statewide promotion of Rx type programs and providing a "go-to" web platform for resources.
Determining success: Is it reducing ER visits (hospitals want to know = KPI)
NATURE RX AS STANDARD HEALTH TERMINOLOGY
Insurance Co + Medicaid - the language of Nature Rx is not in preventive care
BUILDING ON SUCCESS
Return on investment and proven benefits are needed:Need large scale pilots to prove it works: For example: Denver, Aurora, or State Employees
Track metrics and population health change
Need causation - motivation from the health system is necessary.

OPPORTUNITIES FOR PARTNERSHIPS -- (Avoid Duplication of efforts)

EDUCATION - INTEGRATE NATURE RX PARTNERSHIPS INTO:
School engagement
Afterschool programs
Piggy back on relationships established with schools
Universities (rec opportunities)
School joint use agreement/liabilities
Early childhood Education and new parents
HEALTH CARE PARTNERSHIPS
Heavily reliant on doctors to carry the torch
Pursue partnerships with the state: CDPHE, HCPF, DDPHE
Minimal health clinics are currently participating- there is a need to highlight successful case studies to encourage community-based programs.
Partner with organizations that are providing "virtual Nature Rx" such as Sources of Strength
Partner with trade and professional associations (PR/PH/Med/APA)
Partner with Medical Schools to utilize medical students for Nature Rx Programming
RECREATION AND LAND MANAGEMENT
Put pressure on the state: DDPHE, DOI
Great Outdoors Colorado (GOCO)
Having recreation centers serve as a Hub
Trade and professional associations (PR/PH/Med/APA/Outdoor Industry Association/SORP- Society of Outdoor Recreation Professionals)
INSURANCE
Standardize Nature Rx health terminology for insurance Co + Medicaid:language is not currently included in preventive care
Insurance companies are not part of the conversation/engaged
Need Medicaid strategists engaged and at the table and talking to each other
Explore partnerships with the insurance community who are motivated to improve health and reduce medical costs.

2. EVIDENCE BASED INFO: SUCCESSFUL STRATEGIES TO TRACK, MEASURE AND CELEBRATE SUCCESS

WHAT DATA?
Data needed to speak to/appeal to insurance/medicaid/payers, etc
Rec collects demographic data on members and frequency of use
Member frequency and use
Hard 'science' vs. soft 'science'
How do you find 'hard evidence'
How to measure success
Integrated data sharing/records
Standardized metrics
Need for funding
Customizable/individualized program
Capturing data
Lack of data/care info for populations
Health assessments @ onset of participation
Short-term positive health effects

HOW TO COLLECT?
Weigh & Win
collects data via kiosks and leverages both employer payer and community
Does a barriers assessment
Looks at zip code level to match people to programs/places
Are programs working on the mental health side and suicide reduction
Some small scale
Behavioral health may be an opportune area for measurement
Behavioral health providers have more time with patients
Mental health providers
Schools as a pathway to entry
Home visitation to introduce to overcome barriers and chaos
Is there an opportunity to look at MyCard impacts
What other health impacts could we measure
Truancy/days of school/work missed
Social network connection/influencer
Qualitative
Stories
Smiley face survey

Quantitative
Counting infrastructure to measure visitor data
Resiliency scale/community cohesion survey
Demographics
County health region/health stats/tribal health records
Check with RN/PA
Look at the 85% who use P&R
How to tie in Silver Sneakers users to look at data
How to identify community (IRL & Virtual)
ZWIFT (age, mentorship, social support)
Tracking strategies:
Use tech/apps to measure (forest app, CoTREX, wearables)
Self-reporting
Incorporate into performance measures
How are you showing up at work
Health technology for tracking
Gamifying
Identify payers who are motivated by impacts of improved health
Incentives
State employees

EVALUATION (Data points)
Access to service
Retention/repeat users
First experience positive
MOOD/MENTAL HEALTH
Mental health outcomes
Change in emotion/mood
Loneliness scale/dimensions of loneliness
Relationship based
Depression
Smile factor/qualitative
Self disclosed feeling depression
Family engagement
PHYSICAL HEALTH
Physical health outcomes
Weight
Diabetes indicators
Obesity

BMI
Blood/oxygen
Blood pressure
Cholesterol
Flexibility
CHALLENGE
Pathway at data connections takes time
Need a 10 year buy-in and data
Don't have a way to measure all users
SCHOOL/WORK
Grades/attendance
Engagement
Employee wellness points
Days lost/sick days
Productivity

3.COLLABORATING OPPORTUNITIES WITH OTHER ORGANIZATIONS DELIVERING PROGRAMS (See Appendix A1,A2, A3)

Schools
Build nature into education/learning plans/curriculum
21st century grants
Incorporate nature into education improvement plans
Parent-teacher groups
GOCO/Generation Wild
Public Works
Transportation Dept
Planning
Public Safety
Organizations that can supply gear, first air materials (gear libraries)
Construction/landscaping/landscape architecture
Access to information (libraries, AllTrails, orgs with online hub)
Conservation groups
Volunteer groups (CMC, Wilderness restoration volunteer, VOC, RMFI, THORN)
Universities - exposure to careers in outdoor space
Children in nature network
Doc office - share resources about existing programs
Educating docs in medical school
Health clinics

211
Insurance carriers
Medicaid funded programs
Rec RX
Recreation referrals - Trailhead Institute
Rec provider sponsors MEND (healthy living/healthy weight programs; teaching kitchen, shopping guidance)
Montbello Walks - food supplement, cooking, senior olympic programs, (Sav-A-Lot is key sponsor)
Promodores Verdes - family volunteer program with conservation projects in forests; museum passport program
City of Boulder's Play Pass for qualified participants
Referral programs
Co-hosting events
Resource sharing
Collaborative funding/grants
Creating partnerships
Identifying gaps

WORLD CAFE TOPICS IN AFTERNOON:

INTERDISCIPLINARY RELATIONSHIPS AND CONNECTIONS WITH HEALTH PROVIDERS/DOCS

The following are the variety of comments and ideas exploring how RX4PRONTOS providers may work more collaboratively with the health care community:

Challenge with language and refugee communities; disconnect with providers
Repeated outreach to providers wand little response or referrals to others
Could not connect provider to CBO because of HIPPA
Providers over-burdened by the many requests that come at them
Tie to things they are already working on
Do as much homework to identify providers low hanging fruit and meet them there
Docs love to hear from other Docs
Hospital admins also have priority of their KPIs i.e. hospital readmissions
Focus on primary care vs. hospitals

Providers need to trust the other end of the referral will be a positive experience for their patient; how to ensure this?

Need large population to pilot an RX program to get longer-term data to prove the worth/impact

Build a network of practicing providers to learn from each other

Focus on providers

Get their buy-in

Have a conference, show data, do programs, heart math

Simon Sinek TED Talk - Social Fabric, heal the healers

Walk with a Doc - nice to be engaged with someone without having to talk face-to-face, breaks down the 'formal' barrier

Medical community are on board - want this

Need a variety of providers

Get parks people to do a program for providers, nurses, office staff

RX needs to integrate with health record

Think outside the box to others like social workers

Barriers: time constraints on providers

Resources are not connected

Research on green exercise vs. indoor exercise

Diversify who we approach for relationship i.e. VA, nurse practitioners, community health worker

Must figure out system-wide approach to have large impact vs. one doc at a time/champion

What is the quantifier for the Rx

Not just for the 'sick' for as prevention for both physical and mental health

Provider/nurse/DO vs. MD

Trail intros (Walk with a Doc) in order to know trail level difficulty

How to get evidence-based programs and providers at state level for all the payers or hospital systems

Program to get docs/providers certified asx a nature connecting health provider

Provider education, med school curriculum for physical activity and nutrition (Japan does this)

Schools
Parents of Early Childhood Education kids
Decisionmakers
Hospital systems
Institutional change makers
Understanding who the patients' trusted source/point of reference is
Strategic partnership/leverage marketing with outdoor industry
Care navigators/coordinators in healthcare companies
Education and awareness to clinicians
Churches, family communities, community centers
Pharmacists
Remember the users WIIFM
First market to core partners
Emergency rooms
Dedicated resources (staff, contractor, $$)

Market thru Messengers
Community champions
Athletes
Politicians
Pattie Gonia on Instagram
Put a face on it - local influencer
Celebrities lead the way on social media

Marketing Methods/Modes:
Incentives
Sponsors
Swag
Discounts
Social media recognition
Awards (Gov's Healthy Business)
Build as 'cool factor'
Events as marketing
Media coverage of events
Parks Rx Month

Stories
Offer as a resource
Start w/ self-care of clinicians
Create new convention with providers and have date/demos
Present at established conventions
Provider to Provider recommendations
Consumer focus groups to understand relevant messages
Use Next Door
Focus groups
Local events
Rec Centers
Community paper
FB ads

WHAT TO MARKET/MARKET TO WHAT END:
Looks like this can be for all people of all shapes, sizes, ethnicities, race, gender, etc…
Incorporate gardening
Diversify and target marketing to look like all Coloradans
Overcome barriers and stigma
Value and return on investment
Changing the stigma of what is a typical Coloradan
Eliminate fear of outside
Science, medically proven benefits, preventive health
Competition between Cities/Counties
Cross-issue impact (education, economy, etc)
Quantifying the savings $$
Health changes
Marketing Products and Tools
Branding at state level to leverage for bigger funding opportunities
Catchy hashtag i.e. #optoutside
Branding recognizable tagline
Specific branding toolkit for each audience
Logo or visual (mascot like Gen. Wild - Wilder)
Commercials with side-effects disclosure like any TV ads for pills
Creating marketing package for local promotion (radio, newspaper, etc)
Qualitative and quantitative market assessment
Interactive marketing experience
Nature Valley Nature Rx (example) advertisement for time in nature

Ads with non-white people, too
Success stories leveraged through social media, local media, print media, etc
Build relationships with media to raise awareness of program and of benefits
VF Foundation

EQUITABLE ACCESS TO NATURE

Communication at/with Parks Organizations (Local, County, State, National)
Signage x 5
Invitation to participate like "meet up"
Creating comfortable zones
All trails bilingual nfo with pictures
Prep for experience/expectations
# of people in groups allowed in places
Limited group site
Alleviate fear of wildlife/knowledge of wildlife
Park rangers open to all
Rangers
How to provide info to community to get it - WofM, community outreach, text, newsletters
Special use permits
Access to information - model 211 or 311 info hotline for basic outdoors
Know before you go
Make calls
10 essential things
High user consideration: walking distance, connectivity, adaptive access
Knowledge of park or public space rules
High user consideration demand times/off peak season
Nominal effects land manager
Conservation & engagement
Blended rec and conservation
Local agencies
Nominal effects - NFS - challenges with intergenerational groups (in national, state, OS wildlife refuge)
Social trails - turn into formal trails
Priority for access to nature
Community Involvement
Parks planned with community
Program planning with community

Community
Let everyone know in community
Word of mouth
Start small, less structure
Lack of neighborhood access
Get out of comfort zone
Cultural sensitivity
Fellowship - group activities - cultural sensitivity
Neighborhood community connections
Cultural sensitivity
Access to public open space for historically underserved populations/ neighborhoods
Diversifying staff pictures/rec providers: seeing self and others outdoors
Approachability resources/issues
Park rangers open and welcoming to all visitors
Welcoming environment @ public lands - need for relationship building
Land manager policies/red tape
Building relationships with rangers, etc.
Gear/Attire/Equipment
Education for how to use gear
Gear access
Gear libraries
Outdoor industry partnerships
Osprey
Recycle gear
Transportation to/from parks and outdoor venues
Trailhead direct types
Bustang
Trail rider shuttle
Transportation-shuttle
Transportation to the trails/parks via a bus/shuttle
Connectivity
Mobility
Trailhead direct - shuttle program
Bustang shuttle
Trail rider shuttle
Transportation rec opportunities
What's available and how to get there
Trail connectivity

Access to trails for mobility
Walk audits - Sandcreek Greenway
Walk - young people
Access to public spaces
Trail use
Adaptive access
Where you put trailheads is important
Time x3
The work reality of access to time;lack of time
Distance /time considerations
Health
Mental space, Mental restoration
Healthcare providers need to experience nature to be able to encourage patients
Hierarchy of needs
Providers
Cost/Fees
Cost x3
You get there and then there is a charge to park; eliminate parking fees on public lands
Pay to play isn't inclusive
Fees to fund maintenance backlog
Public land - free access
Pathways to jobs,
opportunities to earn
Sustain opportunity - internship, earlier teens skill & knowledge, building school requirement
Paid positions
Built environment barriers
Railroad tracks
Highway
Roads
Pedestrian accessibility
Safety:
Feel safe in urban park
Fear of outdoors
Fear of getting there
Unknown about gear
What should I wear

Don't have gear to do it

How do you know

Familiarity

Trust

Awareness

Train park staff to understand and expect different cultural practices (i.e. large groups)

Knowledge when off-peak times are for better experience

Where you can legally recreate

Education

Do with plants and animals - identification/education

No judgements for level of knowledge

Perception - need to touch, imagine/pretending, interact with nature, learning in nature, inaturalist

Citizen science programs

You can't protect what you don't know

Education about experience - hard, moderate, easy/fitness level-pacing

Linking apps with education information in nature, history, ecological aspect

Programs on public/conservation needs

Tribal consultation camps

Equitable/inclusiveness

Trails segregated by $$/income of residents

Gentrification - park/trail placement - connectivity is key

Bias, lifeview lens

Diverse program/trusted

Accessible accommodations

Variety to fit needs of participants

Built environment friendly

Fishing pier

Trails

ADA consideration

Build Amenities vs. invite to participate

Fear

Lack of prep

No bad weather clothing

Concerns that inhibit participation

Fear of fit/perception

Challenge of liability

Lack of exposure

Uncertainty of what could happen

Red tape

Accessible accommodations

REPORTING/TRACKING SUCCESS

Who is interested in, how can we use the data?

Other countries - study, learn, model

Blue Zones

Create a better system to outcompete the status quo

Are EAPs moving the needle?

Decrease cost to employer and employee?

Increase health outcomes

EE21 evaluation tool?

What do the providers want?

CDFI Community funding

Big picture issues around data, metrics, and evaluation

Cross-data base communication

Data stories

Coordinated & integrated data strategies & tools

Technology as education

Shared outcomes & indicators (Common Core, Collective Impact)

Theory of Change (Collective Impact)

Metrics (Qualitative)

Outcomes:

Outdoor industry

Social Cohesion

Belonging

Companionship

Systems-level change (Collective Impact)

Ind>Fam>Rec Ctr>City>Region

Relationships - among changemakers and across disciplines

"You're never going to out-hike poor nutrition"

Outdoors part of a whole

Data>Behavior Change

Speaking to hospital needs & priorities

Data & Tool interoperability

Data sharing

Common platform

Metrics (Quantitative)

Heart Rate

Endurance

Longevity

BMI

Healthy Aging

Attention

Community involvement

Pace/speed

Response rate

Hydration

Community group clinic company

Balance

ROI economics

Cholesterol

Calm/stress

Substance abuse/recovery

Sleep

Activity level

Flexibility

Distance

Sick days

Weight

Out of Pocket Costs

Decrease insurance costs for employers

Diet/nutrition

Early childhood development

Individual

Activities to monitor

Unstructured play

Meditation

Bird watching (quantifiable?)

Walking

Forest bathing

Biking

Barriers to collecting, sharing and/or using data

Lack of collaboration

Intimidation

Physical disability

Preaching to the choir

Validity

Self-selection

Cohort

Self-reported

Invasive

Big pharma

It's not me!

Shame

Gov $ vs. community need

Knowledge

Provider buy-in to track

Mobility

Privacy

Language/jargon

Cost of care and tools

Safety

Busyness

Economic dis-incentives to be healthy

HIPPA

Mental health metrics

Community awareness

Unrealistic goals

Access

Highly individualized

Policy

Sick or PTO or vacation?

Evidence . $$$$

Many audiences

Competing priorities

No EAP baseline

Boring system/tool design

Quantity of data

Advertising

Too much

Time

Learning Curve

Hierarchy of needs

Pilot $

Choice

Time consuming

Data partners and programs

Medicaid integration

Medical records

Employee performance metrics

Bike-ability

Mentorship

Schools

Business Case

Stair-step to greater activity and self-actualization

15 min-mile

Medicaid pays providers to Rx outdoors

Affordable housing programs

Causation: trails>walking>social cohesion

Group activities

Community calendar

Provider incentive to collect more activity data and social determinants of health

Nature play theory

Business advocates

Employee Assistance Programs (vitality)

Anonymize/lump data for reporting

Collaborate

Sharing medical records

Competition

Walkability

More rec center pilot programs w/ health providers

Correlate with social stats - crime

Motivation

Training Programs

Work-life balance

University partners

Workplace incentives>insurance>$vacation

Tools & Technology

Strava (demographics)

Garmin

All Trails

Smart phones

Heart rate monitor

Map my Walk/Run/Bike (demo)

Apple watch

!Naturalist

Fitbit

Rental bikes and scooters

COTREX

Training peaks

INVESTMENT /FUNDING/SUSTAINABILITY

Look at other countries that are doing this better

Messaging - what do we mean by Park Rx

Branding

Talking points

Shared Strategies

Creating programming around the collaborative strategies

Doesn't mean getting rid of your niche

Successful events

Document popularity

Use before/after

Pooling resources, coalition building around a particular program

Collaborations

Social media influencers

Parent knowledge and awareness

Early childhood groups

Child clinics

Reach people where they are

Social determinants of health

Policy change

Healthcare billing charges resulting from advocacy

Collaborative presentations on vision

Think about roles and responsibilities of different groups

Create a donor community (funders group) willing to support efforts

Latino Age-Wave/Finder City/Denver

Medicare is a healthcare conglomerate

Funding can't go through state

Medicaid policy change

Presentations to boards of directors on funding Park Rx

Current system not working

Tied to changing system community health model

Systemic change - get away from individual funders

Messaging needs to make the case for anything but a Pharma Rx

80/20 principle: 20% is outside hospital community benefit - move to prevention not internal

Insurance company beginning to reimburse P/R billing medicare for Silver Sneakers

Document success: photos, surveys, food supporting community

Hosting community events = gain support from local businesses

1% for Park Rx

Federal/state employee contributions (auto)

Grocery store bag donations and register donations

Fundraisers

Patron - member based

Crowd sourcing

Visitor experience

VC

Pay to play

Buying branded items

TH donations

QR code/iron ranger

Private/public partnerships

Individual donations

Specific Funders:

Gates Foundation

GOCO

Health Insurance

SHAPE-CO

Teach outdoor sports

Use PE teachers to increase physical outdoor rec ed

The Chinook Fund

Robert Wood Johnson Foundation

Piton

CO Trust

NE Transport Connection

CO HEalth Foundation

Denver Foundation

Denver Health and Hospital Program

CO Black Health Collaborative

ZOMA Foundation (Walton)

Walmart

REI

Sav-a lot

North Face

DaVida

Nike

IMPLEMENTATION/PRESCRIBING

Program Characteristics

May be more reception with mental health, more appetite and have more time with patients

Mental health and physical health providers are sometimes connected; could share leverage data outcomes

Mental health - easier to get 1:1 data but harder to get outcome data. Qual/Quan

Tie into check.Change.Control (KPIs) and cardiac rehab

Parks make more human centered

Need more time for warm handoff - build into the program

Tailor to the environmental conditions in which people live

Need to hone-in on one chunk at a time and not dilute to be all things to everyone

Docs need to base RX on level of patient ability/mobility

Clinicians/Docs need increased understanding of the activities that are available/appropriate

In therapy, get clients to say 'this is what I want to do and why" vs. telling them

Have people/families self-prescribe what they want to do, acknowledge goal, photos motivator, ownership

Identify individual goals and objectives and have client state what they want rather than clinician telling the patient what to do

Creates more agency

Want to learn more about

Could build stewardship

Not punitive - think of what interests people and build on that

Pipeline for diverse workforce development by exposure to who works in these

areas/roles

Language barriers - need bi-lingual staff to deliver programs especially outside the metro area

Providers and PPTs

Define who your priority participants will be:

Pre-diabetes, obese, mental health, anxiety, prevention, coping

Some people will need incentives beyond awareness of benefits of nature

How to get Docs to buy in?

How to overcome liability?

Create strong waivers

Once you have a connection with a provider it's easier to make connections with other providers

Work with providers to sponsor patients and be part of implementation

Identify types of providers/prescribers (Docs, PA, NP's, RN's, Psych, Rec Therapist, PT, OT)

Medical and recreation providers work at their own pace

Variability

Agree on a definition of what an Rx program is if you are implementing it

Access

People need to be able to access what they are being prescribed

Provider needs to know access or connection to community group that can help with access

TOOLS AND RESOURCES

Could state parks have a familiar face, bilingual to meet/greet people in parks

Community programs could help with connections and with tracking to connect people for activity

Is there a resource for a person to identify activities such as a menu or 211?

Who gets the Rx info via the EHR? Where does the RX go? CRN being built

Rec RX

Statewide Park Rx app to identify opportunities and track activities

Now that Rx pads are obsolete, all electronic, how does that impact this program?

211 - Mile High United Way - used for a menu

Could Park & Recs do lunch and learns like pharma does?

Create opportunities to meet park rangers and state/county/national level

Train community members who can design 'programs' walks, hikes, and facilitate

Important to build capacity of community members

Need menu with levels/types/providers/community organizations

Communication

Good data will strengthen implementation of Rx program

Health metrics: BMI, attendance at work/school, increase in Park use,

What is the cost to implement

Piece funding together (King Soopers & Horseback example) and insurance companies

Need strong program model to sell to provider

Word of mouth: families tell each other and connect activities

Partner and Partner Considerations

Consider natural resource implications

Barrier may exist for new groups that are not established; build credibility, data, cultural

What is currently happening with public awareness now? Benefits of nature, Wilder and Generation Wild

Identify organizations that need to be involved.

Partnering with existing organizations (schools, non-traditional, sources of strength, GOCO)

Black Health Collaborative

Connect healthcare to community orgs

Community connectors help

Human services can be good partner to connect with community members

Go beyond NPS; think locally

RX Dosing & Perceptions

Dose - 200 min week activity; look at mental health recommendations

Latest research recommends 120 minutes per week (all at once or separated, still good

Doctors do not necessarily like promoting prescriptions via media = could this be different?

Some patients want a pharma RX, accepting a nature RX may be a challenge; need messaging

WELCOME
BIENVENIDOS

- Be present
- Be brave and speak up - you are an expert
- Be kind and listen - your neighbor is an expert
- Notice Power Dynamics in the Room - Step up and step back
- Create Spaces for Multiple Truths – Speak your truth, and seek understanding of truths that differ from yours
- Respect each other
- Business & bathroom breaks are at your convenience- minimize multi-tasking
- Sit, stand, stretch and move

Convening Agreements

BROUGHT TO YOU BY:

- A grant from the Partners in the Outdoors Conference
- Fiscal Sponsor support from Colorado Parks & Recreation Association
- Facility Host – City of Westminster

CO Park Rx Case Studies

Park Rx – Estes Park

Westminster Medical Clinic – Rec Rx

Thrive Weld Outdoor Rx

Resources and Tools

- **Park Rx America -** https://parkrxamerica.org/resources.php
- **Park Rx -** https://www.parkrx.org/parkrx-toolkit
- **NRPA -** https://www.nrpa.org/our-work/three-pillars/health-wellness/parksandhealth/
- **Institute at Golden Gate -** https://instituteatgoldengate.org/resources/park-prescription-program-toolkit
- **Association of Nature and Forest Therapy -** https://www.natureandforesttherapy.org/

What tools are you using?

World Café

Topics on the Tables

- Relationship/Connections with Health Providers/Doctors
- Marketing Info for Rx Programs to Community Members
- Equitable Access to Nature
- Reporting & Tracking – technology, tools, e-health record
- Investment/Funding/Sustainability
- Implementation/Prescribing – program, community, healthcare

Lunch, Networking and Outdoor Time

WRAP IT UP

NEXT STEPS

Appendix E

ATTENDEES LIST

First Name	Last Name	Organization
Nidia	Alfaro	Americas for Conservation + the Arts
Alex	Alma	Colorado Department of Natural Resources
Caitlin	Barba	Westminster Medical Clinic
Janet	Bartnik	Mountain Recreation
Matthew	Beall	Ampt Biking
Leslie	Beckstrom	Weld County Department of Public Health and Environment
Zuza	Bohley	Americas for Conservation + the Arts
Joan	Brucha	CO Dept of Public Health and Environment
Jo	Burns	Jo Burns Consulting LLC
Ford	Church	Cottonwood Institute
Dana	Coelho	Metro DNA
Nikki	Collins	CO Dept of Public Health and Environment
Erica	Elvove	Institute for Human-Animal Connection at DU
Nathan	Fey	Colorado Office of Outdoor Recreation Industry
Natalie	Flowers	Wild Within Reach
Heidi	Fritz	Tri-County Health Department
Maria Rosa	Galter	Walk 2 Connect
Kevin	Gilbert	HeartSmartKids
Kristin	Gilchrist	MindShine Foundation
Alayna	Grace-Flavin	RecRx
Michelle	Graham	The Urban Farm at Stapleton
Kristen	Greenwald	Wild Nature Wellness
Kevin	Ives	Mountain Recreation
Pam	Jiner	Montbello Walks
Jody	Kennedy	Colorado Parks and Wildlife
Lia	Kleppe	incentaHEALTH
Keri	Konold	GreenPlay LLC
Eve	Kutchman	Children's Hospital Colorado

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Jody	Kennedy	Colorado Parks and Wildlife
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Keri	Konold	GreenPlay LLC
Eve	Kutchman	Children's Hospital Colorado
Molly	Lanphier	Denver Parks and Recreation
David	LaSalle	Estes Park EDC
Becky	Leinweber	Pikes Peak Outdoor Recreation Alliance
Tinelle	Louis	Vibe Tribe Adventures
Gianni (Gigi)	Louis	Vibe Tribe Adventures
Cindy	Marroquin	Servicios de la Raza
Cathy	McCurdy	SLV HEALTH
Patsy	McEntee	National Park Service
Alison	McLean	Mile High United Way
Jackie	Miller	Great Outdoors Colorado
Andrew	Miller	Cottonwood Institute
Ross	Mittelman	Mesa County Public Health
Krista	Muddle	National Park Service
Jessica	Newton	Black Girls Hike Global
Ray	Nypaver	Wanderlust Counseling
Theresa	Odello	El Paso County, Community Services
Patrick	Ortiz	San Luis Valley Great Outdoors
Maddie	Philley	American Heart Association
Leslie	Pickard	Denver Parks and Recreation
Gloria	Sacido	Americas for Conservation + the Arts
Ana	Sanchez	Americas for Conservation + the Arts
Julissa	Soto	Servicios de la Raza
Cate	Townley	Colorado Department of Public Health and Environment
Irene	Vilar	Americas for Conservation

Appendix F
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