

PARKRX CENSUS 2018

PURPOSE STATEMENT & METHODOLOGY

Golden Gate National Parks Conservancy | Institute at the Golden Gate

PURPOSE

The Park Prescription (ParkRx) Census survey was designed to start collecting baseline data on ParkRx programs, informing the progress of the ParkRx movement to date. Both the gathered data and the identification of missing data will be essential to strengthening and growing the movement.

METHODOLOGY

Recruitment

The research tool was an online survey that was sent in three e-mail outreach efforts. Invitations were first sent June 28, 2018 to the Institute at the Golden Gate's (Institute) internal listserv. Two subsequent e-mail reminders were sent to the same list on July 10, 2018 before closing the survey on July 27, 2018.

Convenience and snowball sampling methods were used to reach potential respondents. Convenience sampling was used in the sense that the Institute had relatively easy access to the ParkRx network it surveyed. Snowball sampling was used by encouraging respondents to share the survey with their network to maximize reach.

While these do not represent the gold standard of sampling methodology, they were necessary to be inclusive and meet the goal of finding previously undiscovered programs.

The Institute also asked the following organizations to share the survey through their distribution channels: The National Recreation and Park Association, Park Rx America, and other individual partners involved in related work.

Knowing that typically there are multiple stakeholders involved in organizing ParkRx programs, we asked that there be only one survey respondent for each program.

Survey responses were incentivized by the offer of a chance to win one of five Amazon gift cards.

Participants

Survey inclusion criteria required that respondents meet the Institute's [definition of a ParkRx program](#). Respondents included non-profit/community-based organizations, public land agencies, health care organizations, universities, etc. Two Institute staff screened responses for incomplete or blank responses, determined whether programs met the inclusion criteria, and recoded answers where necessary.

Of the 268 total survey responses, 155 were complete. The other 113 were nearly or completely blank, likely from respondents looking at the survey but not answering questions. Twenty-eight responses represented individuals leading ParkRx inspired work, as opposed to formal programs, and were not included in the final sample population. The remaining 56 responses were:

- deleted for being a duplicate (another survey discussed the same program)
- deleted for not meeting the Institute criteria of a ParkRx program
- recoded after first stating that they were an established ParkRx program and in a later question saying their program had not yet launched
- or were not included because they represent national umbrella programs—e.g. Walk with a Doc and Park Rx America—that are being implemented at multiple sites and not every site using these concepts answered the census, making it difficult to standardize responses.

The final count of vetted ParkRx programs came to 71.

After initial data review, some respondents that required further follow up were contacted for more information or clarification.

Survey Questions & Design

Since a national survey of this kind had not yet been conducted to our knowledge, the census prioritized questions that would establish a base of foundational data. With the idea that a similar survey may be sent out periodically in the future, the Institute tried to keep this census brief and focused on the most important, basic data points that would be most immediately helpful to know. This includes information on when programs were launched, what types of organizations lead programs, a brief description of program models.

Our target population was regionally focused ParkRx programs, as opposed to individuals, and ideally programs collecting some type of evaluation data. As such, skip logic jumps were created to organize responses. The survey had a total of 33 questions (Appendix A), comprised of 3 skip logic jumps (Appendix B).

To ensure the right respondent population was reached, the first question asked respondents to self-identify whether their program met the following definition:

Does your work involve a health or social service provider who encourages clients/patients to spend time in nature to improve health & well-being? (survey screener question)

Respondents who answered “no” were sent to the contact information page at the end of the survey.

The second skip logic was for the question of whether the respondent was an “individual” or a “program.” Individuals were sent to a shorter section, while programs were asked more robust questions, reflecting the intent of the survey to gather information on formalized initiatives.

The individual section covered when individuals began their ParkRx related work, what they did to encourage people to spend time in nature, how their work was funded, and how many people they reached in the past 12 months.

While capturing the efforts of individuals was not the primary purpose of this census, it was important to see that individuals are inspired to take on similar work despite not having formal programmatic support.

Respondents that answered that they lead an established program were sent to a different section of the survey where they were asked many of the same questions as the section for individuals but dove deeper into specifics. This section also aimed to assess the model of the ParkRx program, such as who is doing the prescribing, for whom, and with what activities.

The last skip logic intended to capture information on programs that were doing any type of data collection. If known, it prompted respondents to provide numbers on program metrics. These metrics included the following: how many staff wrote prescriptions in the past 12 months, how many individuals attended ParkRx programs, what tools were used to refer individuals to nature, etc.

LIMITATIONS

The survey results likely have some degree of nonresponse bias because the ParkRx definition is not standardized, continues to evolve, and some individuals may not self-identify their work as a ParkRx program even though it meets our definition.

Additionally, to best be able to find new programs not already within the Institute’s ParkRx learning community, we cast a wide net and used a range of non-probability sampling methods, as discussed in the recruitment section. Even with these sampling efforts, other reasons for non-response include our survey not reaching the entire sample population because the program was still in development or out of our network. Ideally in the future, we’ll be able to capture the full scope of the ParkRx movement and ensure all programs are spotlighted for their successes.



For more information, visit instituteatgoldengate.org

Appendix A. Survey

Calling all health and nature leaders! The Institute at the Golden Gate is conducting a nationwide Park Prescription (ParkRx) census. Our goal is to create a comprehensive snapshot of the ParkRx movement and we need your help.

Many of you are doing amazing, pioneering work and we want to ensure we capture it all. If you are part of a ParkRx program, please tell us more about your work by completing this census. Even if you haven't traditionally identified with the "ParkRx" terminology, if your work involves health or social service providers encouraging people to spend time in nature for their health and well-being, we want to hear from you.

Additionally, those who complete the census by the **Friday, July 20th deadline** will be eligible to win an Amazon gift card!

What to know before starting:

- For efforts that include multiple agencies, we request that only one representative per program complete the census. The census should take less than 15 minutes to complete.
- You can save your questions and go back to the survey later.
- If you're unsure about a question or if you're not collecting the relevant data, please write "unknown."

If you have any questions about the census please contact Oksana Shcherba at (oshcherba@parksconservancy.org)

* 1. Does your work, program, or initiative...

- Involve a health or social service provider
- who encourages their clients/patients to spend time in nature with
- the goal of improving their health & well-being.

Yes, it involves all three points

No, it does not involve all three points

2. Please fill out the below information on your program.

Program name

Program website (if you have one)

Year program launched

Program location (i.e. city or county served)

3. If your program does NOT have a website, please briefly describe it in no more than 2-3 sentences.

* 4. May we contact you if we have additional questions?

Yes

No

* 5. Are you an individual incorporating nature into your work **OR** are you part of an agency or partnership-led program?

Individual

Program

* 6. Name of program

7. Program website

* 8. Program location (i.e. city or county served)

* 9. Year program launched

* 10. What type of agency/organization is the primary coordinator of this program? (Select the most appropriate response)

- | | |
|---|--|
| <input type="radio"/> Park or public land agency/rec & park department | <input type="radio"/> Non-profit/ Community-based organization |
| <input type="radio"/> Health care organization (ie: clinic, hospital, therapy group) Public | <input type="radio"/> A specific collaborative dedicated to this program |
| <input type="radio"/> health agency | <input type="radio"/> University |
| <input type="radio"/> Social service agency | <input type="radio"/> Student group |
| <input type="radio"/> Other (please specify) | |

* 11. How is your program funded? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Core operating budget | <input type="checkbox"/> Public/ government grants |
| <input type="checkbox"/> Philanthropic grants (healthcare industry) | <input type="checkbox"/> Individual donations |
| <input type="checkbox"/> Philanthropic grants (outdoor industry) | <input type="checkbox"/> Insurance reimbursement |
| <input type="checkbox"/> Philanthropic grants (other) | <input type="checkbox"/> It's not funded; we are doing this work on the side. |
| <input type="checkbox"/> If other (please specify) | |

* 12. Does your program have a target audience?

No, our program serves the general public

Yes, our program serves the following audiences (please write in):

* 13. Who is referring people to parks or other nature experiences? (Select all that apply.)

Doctor

Behavioral or Mental Health Professional

Nurse

Medical Assistant

Nurse Practitioner, Physician's Assistant

Health Educator/Community Health Worker

Physical Therapist, Occupational Therapist, Dietitian Other

Social/Case Worker

(Please specify. Ex: teachers, daycare staff, peers)

* 14. Briefly describe what is being recommended or "prescribed." (For example: self-guided walks, ranger-led hikes, group fitness programs, group medical session, minutes of physical activity or time in nature, voucher for a free visit to a local park, etc.).

* 15. What does your program use to refer participants to nature? (Select all that apply.)

Paper Prescription pad

Handout to a specific park program (e.g.: ranger led walk, field trip/shuttle program)

Electronic health record printout

Technology-based tool (mobile app or website) Flyer

to general park resources or trails

Verbal referral

Other (Please specify. Ex: punch card, parking pass, taxi voucher, etc.)

* 16. Please describe what you do to encourage people to use parks and nature for their health and well-being.

* 17. What year did you start doing this work?

* 18. How many people did you reach in the last 12 months?

* 19. How is this work funded? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Core operating budget | <input type="checkbox"/> Public/government grants (other) |
| <input type="checkbox"/> Philanthropic grants | <input type="checkbox"/> Individual donations |
| <input type="checkbox"/> Public/government grants (healthcare industry) | <input type="checkbox"/> Insurance reimbursement |
| <input type="checkbox"/> Public/government grants (outdoor industry) Other | <input type="checkbox"/> It's not funded; I'm doing this on the side of my regular job |
| <input type="checkbox"/> (please specify) | |

* 20. May we contact you with additional questions?

- Yes
- No

* 21. Do you collect any data on your program? (For example: # of referrals distributed, # of attendees at hikes, body measurements, perception of parks, etc.)

- Yes
- No

Measuring Impact

Evaluation is difficult and a common challenge. If you are unsure of an answer, please write "unknown."

* 22. Approximately how many referrals were written in the past 12 months?

* 23. Approximately how many staff wrote referrals in the past 12 months?

* 24. Approximately how many referrals were "filled" by participants in the past 12 months?

* 25. What kind of impact data are you gathering? (For example, changes in: blood pressure, cortisol levels, self-reported emotional health, comfort using parks, personal connection to parks, knowledge of how to use parks, etc.)

* 26. How are you collecting data? (Select all the apply.)

- Sign in sheet
- Verbal self report from participant to program provider
- Activity log (passport, stamp card, etc.)
- Technology platform (mobile app or website)
- Other (please specify)

27. What, if any, have been your challenges in data gathering?

* 28. What do you do with the data that's collected? (Select all that apply.)

- Use it for reporting purposes
- Share it with health partners
- Share it with park or public land partners
- Share it publicly
- Store it for your records
- Other (please specify)

* 29. May we contact you if we have additional questions?

- Yes
- No

* 30. What are the main barriers to gathering data for your program? (Select all that apply.)

- Not sure what data to gather
- Don't have the capacity or resources
- Limitations on what participant information can be gathered due to
privacy or other concerns
- Not sure what to do with the data once it's gathered
- It's not a priority at the moment
- Other (please specify)

* 31. May we contact you with additional questions?

- Yes
- No

Contact Information

32. Please provide your contact information so we can follow up with any additional questions.

First Name

Last Name

Organization

Organization's ZIP Code

Email Address

* 33. For updates on ParkRx.org, would you like to be added to the Institute at the Golden Gate's email list?

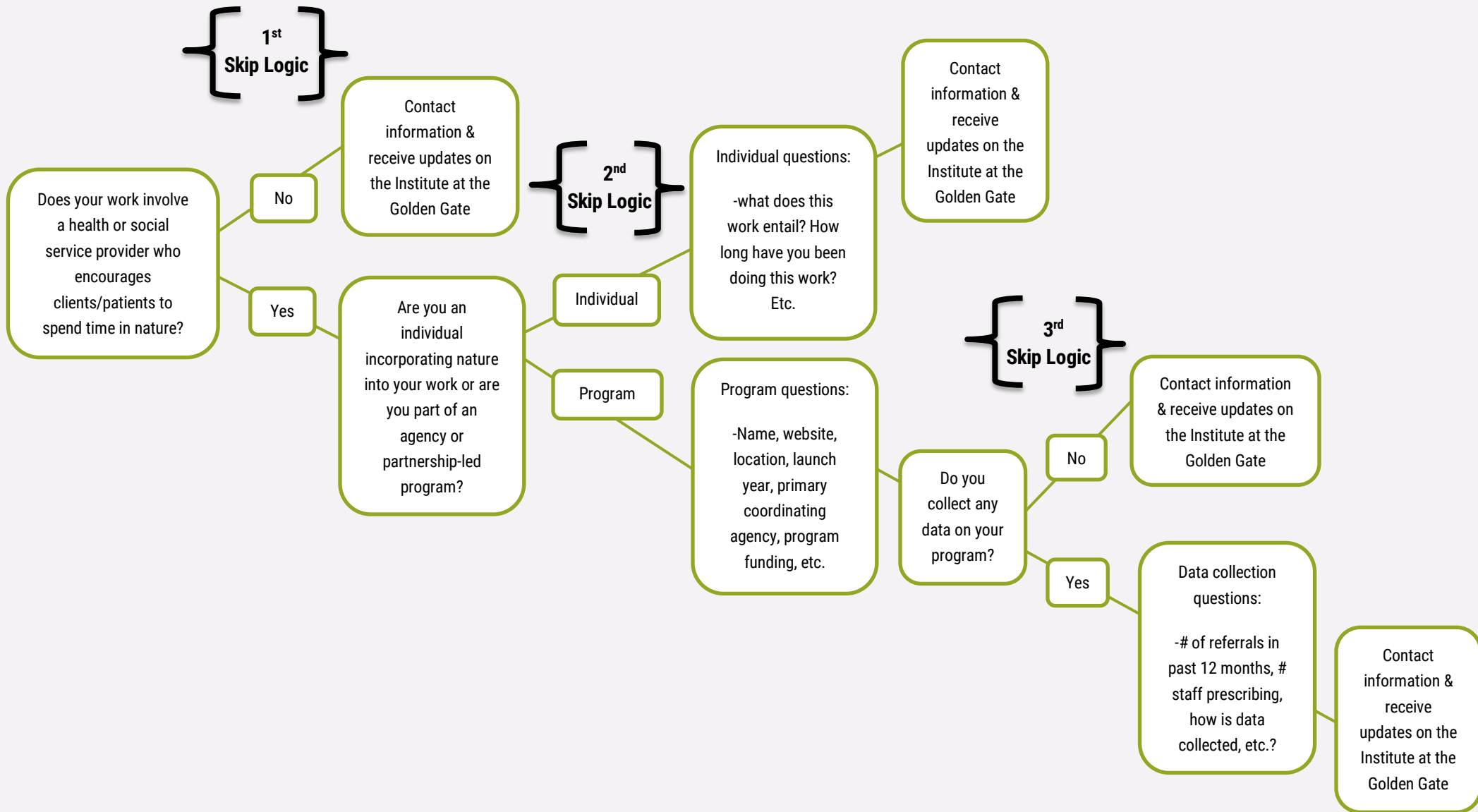
Yes

No



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Appendix B. Skip Logic



For more information, visit instituteatgoldengate.org