

Report to the Legislature

**Washington
Parks Rx
Task Force
Findings &
Recommendations**

September 2022

(2021) ESSB 5092



Prepared by the Office of Healthy & Safe Communities
Division of Prevention & Community Health



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Publication Number

DOH 140-261

For more information or additional copies of this report:

Prevention & Community Health

Office of Healthy and Safe Communities

111 Israel Rd. SE

Tumwater, WA 98501

HEAL@doh.wa.gov

Report Authors

Theresa Sanders, MPH

Parks Rx Task Force Coordinator

Office of Healthy and Safe Communities

Prevention and Community Health

Washington State Department of Health

Beth Mizushima, MPH, MA (Task Force Chair)

Director, Office of Healthy and Safe Communities

Prevention and Community Health

Washington State Department of Health

Umair Shah, MD, MPH

Secretary of Health

Collaborators

Parks Rx Legislative Task Force members

Regional Advisory Committee members

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A Note on Terminology

In this report, *Parks Rx* is used to describe programs that involve healthcare providers and community organizations encouraging people to spend time in nature to improve health and well-being. *Park Rx* is more commonly used, as compared to *Parks Rx*. In other reports and research, the term *Parks Rx* may refer strictly to healthcare providers prescribing nature to patients with specific health conditions. This report will use *Parks Rx* in its broader understanding. The term *park prescriptions* may also be used in this report, instead of *Parks Rx*.

Executive Summary

In 2021, the legislature passed a budget proviso as part of the 2021-2023 biennium operating budget (ESSB 5092, Sec. 222(21)), directing the Washington State Department of Health (DOH) to convene a task force focused on the development of a statewide Parks Rx health and wellness program. The operating budget required the task force to provide recommendations on a three-region pilot program, models for public-private implementation funding, and model agreements with insurance carriers to incentivize participation in Parks Rx programs. The legislation also mandated creation of three Regional Advisory Committees (RACs) to represent the Eastern, Puget Sound, and Southwest regions.

The Washington Parks Rx Legislative Task Force (Task Force) convened between August 2021 and June 2022. Three RACs convened between January and June 2022. The Task Force developed recommendations in the following areas:

- **Suggested frameworks for the pilot program**
- **Equity**
- **Leadership and support structures**
- **Selection of pilot project locations and an inclusive request for application process**
- **Funding**
- **Collaboration with health insurance carriers**
- **Promoting Parks Rx**

The goal of the three-region pilot program will be to evaluate best practices for wider implementation across the state. The Task Force recommends two flexible program frameworks that rely on community engagement to ensure equity is at the center of the effort. The Task Force also emphasizes the need for program evaluation during the pilot program phase. Program evaluation is essential to illuminate strengths, weaknesses, best practices, and to secure sustainable funding.

The Task Force believes that Washington has the necessary community readiness to successfully launch the three-region pilot program and an ongoing statewide Parks Rx program. The Washington State Parks and Recreation Commission (State Parks) started the statewide Parks Rx effort in 2019, and there are several Parks Rx programs operating throughout the state. The pilot program is needed to support and expand these efforts, and to address equity and program evaluation gaps. The Task Force believes that implementing these recommendations will meet the legislature's objective to bring the benefits of nature and time outdoors to those who will most benefit.

Introduction

Parks and natural spaces have a long been assumed to be a positive factor on public health outcomes.¹ Over the last decade, a growing body of research has brought further credibility to the positive associations between nature and public health.

Research on the impact of nature on health is still an emerging field of research, but support for spending time in nature, as both a clinical and public health tool, has gained increasing public support over the last decade. In 2019, the University of Washington conducted a literature review of over 100 studies that identified evidence of the physical, mental, social, and cognitive health benefits of being outdoors.² The literature review found that the health benefits of nature, "may be particularly impactful for those who have incomes below the poverty level," and that children may greatly benefit from the positive effects of spending time outdoors.^{3,4}

To help harness the potential health benefits of nature, Parks Rx programs encourages people to spend time in nature to improve their health and well-being. The overall goals of these programs are to improve community and individual health, while fostering environmental stewardship and a unique sense of place. Parks Rx programs often include collaborations between health care or social services providers, park and recreation organizations, public land agencies, public health agencies, healthcare providers, and community partners.

Although the research on the relationship between exposure to natural outdoor settings and health is of varying quality and often lacks rigorous study designs, there is considerable interest in growing this body of research and evidence base. Therefore, it was important that during the development of these recommendations, the Task Force looked towards best practices from other successful Parks Rx programs within Washington state, and across the country, to prioritize evaluation measures.

Equity and Parks Rx

The research around the relationship between nature and health has grown in the last decade, but there is a lack of research that centers on the experiences of vulnerable populations. The positive health impacts of being outdoors may differ among individuals and communities depending on history, culture, and other social determinants of health. There are issues of

¹ Schultz, C. L., Layton, R., Edwards, M. B., Bocarro, J. N., Moore, R. L., Tepperberg, S., & Floyd, M. F. (2016). [Potential measures for linking park and trail systems to public health](#). *Journal of park and recreation administration*, 34(1).

² Perrins, S., & Bratman, G. (2019). [Health Benefits of Contact with Nature](#). University of Washington for the Recreation and Conservation Office.

³ Perrins et al., op. cit.

⁴ Fyfe-Johnson, A. L., Hazlehurst, M. F., Perrins, S. P., Bratman, G. N., Thomas, R., Garrett, K. A., Hafferty, K. R., Cullaz, T. M., Marcuse, E. K., & Tandon, P. S. (2021). [Nature and Children's Health: A Systematic Review](#). *Pediatrics*, 148(4), e2020049155.

safety, trauma, and unique lived experiences that are important to include when developing a successful and inclusive Parks Rx program. As an example, individuals or communities that have experienced violence in natural settings, either historically or recently, may not experience positive health impacts from Parks Rx type programs.

The impact of overlapping social and political categories that create systems of discrimination and inequity for individuals and groups also needs to be considered when implementing Parks Rx initiatives. Community engagement is a key piece of this intersectional work. Outdoor recreation campaigns have historically promoted a white, cis-gender, and able-bodied bias. Any current or future Parks Rx programs need to be mindful of this legacy and actively work to dismantle this bias. A statewide Washington Parks Rx program should center equity and actively work to promote diversity, a sense of belonging, and environmental justice.



Task Force's Approach

Beth Mizushima, director of the Office for Healthy and Safe Communities in DOH, chaired the Task Force. Task Force members included 13 people who represented multiple stakeholders named in the legislation (see *Appendices A and B*). Additional participants were asked to present to the Task Force and contribute to meetings. The involvement of these additional participants enriched the diversity of viewpoints included in the Task Force's recommendations.

The Task Force met six times between August 2021 and June 2022 to learn about:

- Model Parks Rx programs from around the nation
- Suggestions on working with health insurance carriers and employee wellness groups
- Options for developing public-private partnerships

The Task Force nominated three of its members to serve as Regional Advisory Committee (RAC) leads. Each RAC lead was assigned to the Eastern, Puget Sound, or Southwest region (see *Appendix C*). Task Force members nominated community members within each region to serve on the RACs to gather a diversity of viewpoints (see *Appendix D*).

Task Force members and DOH staff researched and interviewed other Parks Rx programs around the nation to gather best practices and lessons learned at various stages of implementation (see *Appendix E*). Highlights include conversations with subject matter experts in California, Pennsylvania, South Carolina, Tennessee, Utah, and several locations in Washington state.

From this research, the Task Force created draft recommendations to present to the RACs. RAC members from the three regions met in January, February, and March of 2022. They provided comments on the Task Force's draft recommendations, focusing their feedback on equity and local community needs. DOH staff incorporated this feedback into the Task Force's recommendations and presented updated draft recommendations to the Task Force. This process was repeated a second time to create the final set of recommendations. Additional information on the Task Force's procedures can be found in the Task Force's charter (see *Appendix F*).

In March and June of 2022, DOH staff also convened a small ad-hoc State Advisory Network (SAN) to provide comments on the Task Force's recommendations (see *Appendix G*). SAN members were suggested by Task Force members and DOH staff, with a focus on organizations that have visions, missions, or programming related to Parks Rx programs. The role of the SAN was to provide input on the recommendations, particularly on structure, feasibility, funding, and overlap with other statewide programs.

Findings

Parks Rx Across the Country

There are a variety of Parks Rx programs that exist at the local, state, and national levels in the United States. [Park Rx America](#), a national nonprofit organization, focuses on decreasing chronic diseases by encouraging health care providers to prescribe spending time in nature as part of routine healthcare visits. Park Rx America developed a web platform to link medical providers, patients, and park locations to encourage and facilitate park prescriptions. This platform is used by Parks Rx programs around the country, including Washington state.

Utah and Tennessee have implemented state programs, that started as grassroots initiatives at the park district or county level and grew over time into unique initiatives supported through a variety of state, private, and grant funds. Tennessee's program, [Healthy Parks, Healthy Person](#), centers around technology. The program developed a web and mobile application for Tennesseans to track outdoor activities and earn rewards. Utah's program, [Park Rx Utah](#), has programs that work directly with medical providers, as well as other community-based initiatives focused on improving mental health.

In addition to these state programs, the East Bay Regional Park District in California and the Pittsburgh Parks Conservancy have also launched successful Parks Rx programs. The East Bay Regional Park District developed its diverse [Stay Healthy in Nature Every Day \(SHINE\)](#) in 2014. SHINE includes partnerships with healthcare providers and community organizations. The program offers community walks, outdoor games, and meditation classes in local parks. It also installs murals of local parks in healthcare settings.

In Pennsylvania, a nonprofit organization called the Pittsburgh Parks Conservancy leads the [Pittsburgh Parks Rx](#) program, which works with schools, community resource centers, and healthcare providers. The program builds on existing community partnerships and networks to promote the benefits of spending time in natural settings, as well as participating in more traditional healthcare-based Parks Rx activities.

Parks Rx in Washington – State Parks

In 2019, State Parks launched a [Parks Rx program](#) using the web platform developed by Park Rx America. State Parks populated the website with parks and engaged with healthcare providers across the state to promote the program. Table 1 shows data on the number of parks, providers, and prescriptions connected to the Washington Parks Rx website.

Table 1: WA Parks Rx Website: Parks and Provider Data (2019-2021)

Registered Providers	Prescriptions Issued	Percentage of Prescriptions Filled	Unique Parks Prescribed	Parks in the Database
234	735	10.2%	201	911

Based on provider feedback, it is likely that more prescriptions were filled than is reflected in this data. The Park Rx America web platform is not integrated with electronic health records systems therefore, providers or patients must complete additional steps to track whether a park prescription is filled. Park Rx America made recent improvements to the web platform to help address this issue.

In 2020, State Parks partnered with DOH’s Washington Healthy and Active for Arthritis Management program to use federal grant funding to purchase state park parking passes, also known as Discover Passes. Healthcare providers who issue prescriptions to visit parks were able to give patients these Discover Passes at no cost. This program is an example of how Parks Rx can be embedded into existing chronic disease prevention efforts, with outcomes focused on increasing outdoor physical activity. Due to the COVID-19 pandemic, State Parks lost staff capacity for their Parks Rx activities, but it remains in Washington Park’s [2021 - 2031 strategic plan](#).

Parks Rx in Washington – Program Models

In addition to the work done by State Parks, there are examples of successful Parks Rx programs implemented by local organizations across Washington. One such example of a healthcare-based program was Spokane’s Parks Rx program, Parks Rx Spokane. This program launched in 2017 and focused on increasing the numbers of youth who were active outdoors. In 2018, Parks Rx Spokane developed a pilot project in partnership with the Community Health Association of Spokane and The Native Project to identify youth who could benefit from increased outdoor physical activity. Healthcare providers then wrote prescriptions for them to attend summer youth and teen outdoor adventure camps offered by Spokane Parks and Recreation without cost to the youth or their families. Parks Rx Spokane is no longer active but grant funding for youth summer camp activities in the area still exists.

EvergreenHealth, a public hospital district serving north King and south Snohomish counties, started a different healthcare-based Parks Rx program model, Walk with Your Doc, in the fall of 2018. In this model, a health and wellness coach and a handful of healthcare providers gathered each Saturday in a local park to lead interested patients in stretching and walking. Typically, 10-20 patients participated each week. Although similar in both format and name,

this program is not related to the national [Walk with a Doc](#) program. EvergreenHealth's program is on hold due to the pandemic, but they plan to resume the program in 2022.

Finally, an example of a broader community-based program is Bellingham's [Parkscriptions](#) program run by Recreation Northwest. Recreation Northwest is a nonprofit dedicated to teaching the health benefits of nature, promoting outdoor recreation, and stewarding the places where people play. Their Parkscriptions program started as a pilot program in 2016 and became a full public health campaign in 2019. The program works with parks, healthcare providers, and community programs to connect more people with positive outdoor experiences. In 2021, Parkscriptions began offering walks, hikes, and nature immersion experiences that incorporate using all five senses and education on how nature benefits health. Recreation Northwest compiled a full summary of their program from [2016-2020](#).

Funding and Partnerships

The Task Force found that initial, sustainable funding is needed to launch a successful Parks Rx program. All programs interviewed by the Task Force highlighted this as a key component of program success, and that often public funding was used to start programs. Funding was used to purchase supplies, provide incentives for participants, and pay for dedicated staff. Managers of successful programs cited the importance of dedicated staff to manage the labor-intensive tasks of recruiting providers, creating program materials, managing leadership committees, and seeking funding partnerships.

Most state programs eventually came to rely on diverse funding sources but are still trying to achieve sustainability. All the programs interviewed stated that they relied heavily on in-kind support but did not feel such support was a sustainable means of operating the programs.

Most Parks Rx programs also eventually connected with a hospital foundation or park foundation as a source of funding. In addition, most state programs looked to create public-private partnerships with outdoor recreation or sporting equipment companies. Tennessee and Utah are examples of this approach. Both Tennessee and Utah relied almost exclusively on public funds and small donations when they began their programs. After a few years of successful programming, they were able to develop partnerships with national outdoor recreation and sporting equipment companies. At the time of the Task Force's research, Tennessee was attempting to form a nonprofit for their statewide program to expand partnership and funding options.

Grant funding is another funding source that is used by many Parks Rx programs, including those interviewed by the Task Force. These programs utilized grant funds to launch specific activities or projects within a larger Parks Rx program. Challenges with grant funding included restrictions on how funds could be spent, long application processes, a large amount of administrative work for small funding amounts, and lack of financial stability.

One key challenge related to diverse funding and partnerships is the lack of evidence-based Parks Rx programs. Without evidence-based measures of a program’s effectiveness, it can be challenging to apply for funding or find partners willing to invest in projects. Other Parks Rx programs appear to rely on public funding, in-kind support, and community donations to initially build programs and gather program evaluation data. After this initial phase, expansion of public-private partnerships and mixed funding became feasible.

Collaborations with Insurance Carriers

The Task Force did not find a statewide Parks Rx program that had model agreements with State Medicaid or private health insurance carriers to reimburse or incentivize Parks Rx activities. Programs cited issues regarding a lack of easy methods for integrating park prescriptions into physician workflows through their electronic health records and a lack of existing billing codes for Parks Rx activities, as reasons why working with insurance carriers was not feasible.

Some Parks Rx programs have chosen to partner with other national programs, such as Walk with a Doc, that use traditional insurance reimbursement methods as a means of working with health insurance carriers. Other programs, like the [East Bay Regional Park District](#), partnered with Walk with a Doc as one component of a larger Parks Rx program.

Washington insurance carriers interviewed by the Task Force stated that reimbursement for park prescriptions is not supported by the current insurance system, because park prescriptions are not viewed as true prescriptions. Therefore, there are no billing codes or other models for reimbursement. RAC members noted that there is also a high administrative burden on community organizations that attempt to bill insurance carriers, which can limit the abilities of organizations to participate in such programs.

A recent [funding toolkit](#) released by the National Recreation and Park Association confirmed these challenges. The toolkit notes that direct reimbursement from health insurance carriers for wellness activities provides diversified and sustainable funding, but requires specialized training, is administratively burdensome, and can take a long time to establish.

Despite these challenges, the Task Force and RAC members strongly supported attempting to work with the managed care organizations (MCOs) that provide Apple Health coverage, Washington’s State Medicaid program, as part of the three-region pilot program. Options for working with the MCOs include incorporating Parks Rx activities as a Value-Added Benefit or as part of a Performance Improvement Project.

Value-Added Benefits are non-standard health care benefits paid for by MCO’s administrative funds. The benefit is normally a tangible good, like membership to a fitness center, that can be directly connected to health outcomes by existing research. In Washington, Value-Added

Benefits must be approved by the Washington State Health Care Authority in a process that can take three to six months.

Performance Improvement Projects are quality improvement projects designed to significantly improve health outcomes and satisfaction among enrolled members. Performance Improvement Projects are implemented and managed by the MCOs and must also be approved by Washington State Health Care Authority. Performance Improvement Projects must show, through metrics, a clear improvement in specific health outcomes. These projects most often use [Healthcare Effectiveness Data Information Set Metrics](#). It may be difficult to find appropriate metrics for Parks Rx pilot projects, however, and Value-Added Benefits may be the easier path for collaborating with Apple Health MCOs.

Employee wellness programs are also a viable option for promoting and incentivizing Parks Rx programs and working with insurance carriers. Many employer-funded health insurance plans that serve large employee groups provide optional employee wellness programs. Parks Rx programs could be incorporated into these programs with targeted outreach to employers and employer-based insurance funds.

The Task Force looked at state, county, and city wellness programs and found that all of these provided possible avenues for incentivizing Parks Rx activities in Washington. Private companies with employer-funded health insurance plans would also be feasible avenues for Parks Rx programming. Linking Parks Rx programming to employer-based wellness plans and private insurance without public alternatives may result in negative equity impacts since only Washingtonians employed by certain employers, or who hold certain insurance plans, would be able to participate. Employee wellness plans provide a defined audience that could make evaluating pilot project outcomes more feasible and successful.

Strengths and Challenges

Task Force members identified strengths and challenges for implementing the three-region pilot program and an ongoing statewide Parks Rx program in Washington.

Key strengths for Washington include:

- Abundance of nature—many local, state, and national parks
- Home to nationally known outdoor recreation companies
- Strong community support for outdoor activities and natural spaces
- Strong healthcare systems and research institutions that believe in the health benefits of nature
- Previous Parks Rx work done by local programs and State Parks

Vision of Success

The Task Force envisions a sustainably funded statewide Parks Rx program, that brings together a diversity of partners to support and co-create equitable access to outdoor activities and nature, to improve the health and well-being of all Washingtonians.

Potential challenges for Washington include:

- Disparities between the needs and resources of eastern and western Washington
- Disparities between rural and urban areas
- Time and funding for the community engagement needed to design pilot projects
- Securing ongoing sustainable funding
- Lack of evidence-based Parks Rx programs and program outcome data
- Exhaustion within healthcare and community-based organizations due to the COVID-19 pandemic
- Accessibility of outdoor spaces for wheelchair users or people with other mobility challenges



Recommendations

Recommendation 1: Suggested Frameworks for the Pilot Program

The Task Force suggests two Parks Rx program frameworks for use in the three-region pilot program, and key elements that all pilot projects must contain.

The Task Force proposes pilot project implementation and evaluation starting in 2023. The Task Force's timeline did not allow for the needed community engagement to recommend specific activities; therefore, the Task Force recommends two frameworks for use in the pilot program with the intent that these frameworks serve as a flexible guide for program implementation.

The pilot projects should be intentionally led by communities based on their specific needs, goals, and capacity. To maintain the authentic, community-driven, community-led nature of these pilot projects, the Task Force has chosen not to specify the activities these pilots should include, however such activities might include physician-led walks in nature, community walks tailored for specific populations, reducing barriers to nature access, or working with a specific health clinic to integrate nature prescriptions into their practice.

- **Framework 1 – A health care or wellness organization serves as the anchor organization for the program. Program work focuses on connecting those experiencing health disparities with time in nature or outdoor experiences.**
- **Framework 2 – A community-based organization or school serves as the anchor organization for the program. Program work focuses on connecting people historically excluded from outdoor spaces or those experiencing health disparities to outdoor experiences or time in nature.**

Regardless of the framework used, pilot projects must contain these key elements to be successful:

- Community engagement throughout all phases of the project.
- Partnerships with other community agencies focusing on community environments, environmental justice, health disparities, social determinants of health, or behavioral health.
- Prioritization of populations experiencing health disparities or those historically excluded from parks, recreation, and nature spaces—including people with disabilities.
- An evaluation plan prior to pilot project implementation, in consultation with community members and the lead agency (see *Recommendation 3*). A [community-based participatory evaluation model](#) is recommended. Evaluation should include quantitative and qualitative measures, process outcomes, and outcomes created in partnership with the community.

Recommendation 2: Equity

The Task Force recommends equity be centered throughout all phases of the three-region pilot program. An equity framework and equity tools should be selected and utilized.

The Task Force highlighted specific equity considerations for all phases of the Parks Rx three-region pilot program.

Specific equity considerations for the Parks Rx three-region pilot program include:

- King County’s [Equity Impact Review](#) process or a similar tool should be used to guide overall community engagement, as well as the application and implementation phases.
- Pilot project timelines need to allow for community engagement processes in all phases.
- Pilot projects should be co-created with communities and build on current community initiatives.
- Pilot projects need to consider the layered impact of race, class, gender, ableness, and safety on the acceptability and appropriateness of nature-based programs.
- Pilot projects should evaluate and address accessibility for people with disabilities.
- Pilot projects should strive to address transportation barriers for those participating in pilot project activities.
- Leadership committee members should participate in shared equity learning, such as [Targeted Universalism](#), led by a trained facilitator.⁵
- Funding and processes should include a mechanism for the appropriate and timely compensation of community members serving on committees or as community messengers.
- Community outreach and pilot project materials should be made available in multiple languages and be fully accessible.
- Program activities and communications should be particularly mindful of ableism by creating inclusive program activities and communication materials.⁶

⁵ Targeted Universalism is an approach to equity work that recognizes groups of people have differing needs and require specific supports to reach the same goal.

⁶ Ableism is the discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. Like racism and sexism, ableism classifies entire groups of people as ‘less than,’ and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.

Recommendation 3: Leadership and Support Structures

The Task Force recommends that the three-region pilot program be supported by a statewide leadership committee, with a lead agency to coordinate project management and technical assistance.

The Task Force recommends the creation of a statewide leadership committee to support all phases of the pilot program. The leadership committee should be composed of subject matter experts, those connected to regional and local programs with similar programmatic goals, and community members from across the three regions. The statewide leadership committee is needed to ensure that both community input and subject matter expertise guide the three-region pilot program.

As part of this structure, a lead agency is needed to coordinate project management activities, support the statewide leadership committee, and provide technical assistance to pilot project sites. A full-time program manager is needed within the lead agency to accomplish this body of work.

Additional recommendations on leadership:

- A state agency, selected by the legislature, should be the lead agency during the pilot program.
- The statewide leadership committee should determine the lead agency beyond the pilot program phase, as applicable with state law and policy.
- In selecting the lead state agency, the following characteristics should be considered: alignment of Parks Rx with the agency's mission and vision, ability to provide technical support for the request for application (RFA) and pilot project phases, data analysis and evaluation capacity, and authentic, diverse state partnerships.
- The leadership committee must include a representative from each of the three pilot project regions and the majority of members should be from the community.
- The leadership committee must contribute to the review and selection of pilot programs, provide subject matter expertise, provide guidance on pilot project implementation, assist with partnership building, and contribute to the development of a sustainable funding plan.
- The lead agency must provide technical assistance to applicants during the RFA phase, including hosting informational webinars and providing one-on-one support to potential applicants.
- The lead agency must provide technical assistance to pilot project sites during the project implementation phase, focusing on communications and evaluation.
- The lead agency should collaborate with local health jurisdictions and other local community organizations to increase local accessibility.

Recommendation 4: Selection of Pilot Project Sites

The Task Force recommends that pilot project sites be selected through a clear and inclusive RFA process.

The Task Force recommends a pilot project selection process focused on community engagement, inclusivity, and simplicity. The timeline for this Task Force did not allow for adequate community engagement to determine pilot project sites. A RFA process would allow interested communities to build Parks Rx pilot projects based on community needs and existing capacity. A RFA process would encourage communities to build from a foundation of existing community health assessments, parks assessments, and other forms of community planning and engagement work.

To accomplish this, the RFA process must be simple and accessible to diverse community partners. Examples of RFAs to use as models for this process include the [2022 SEEK Fund](#) and the [2021 Maternal Behavioral Health Awareness RFA](#).

Additional requirements for the RFA process:

- The RFA process must be streamlined and simplified to achieve the goal of a diverse applicant pool.
- One pilot project site must be selected from each of the three regions. If funding allows for additional pilot project sites, one urban and one rural site should be selected in each region.
- The RFA must include questions related to the key elements listed in *Recommendation 1* of this report.
- The pilot project selection process must include a focus on populations experiencing health disparities with reference to local, state, or national data tools, such as [Health Disparity Reports](#), the [DOH IBL Mapping Tool](#), and [County Health Rankings](#).
- Technical assistance must be provided by the lead agency (see *Recommendation 3*) to potential applicants.
- The RFA announcement and technical assistance opportunities must be promoted through diverse communication channels and involve community partners.
- Community members from the leadership committee (see *Recommendation 3*) must participate in the selection of pilot project sites.
- An equity tool must be used in the review of applications and the selection of pilot project sites (see *Recommendation 2*).

Recommendation 5: Funding

The Task Force recommends that the legislature should appropriate funds in the 2023-2025 biennium budget bill to be used for the Parks Rx pilot programs starting in 2023. After the initial pilot program phase, future options include continued state funding, establishing public private-partnerships, and accessing existing chronic disease and behavioral health funding sources.

The goal of the three-region pilot program will be to evaluate best practices for wider implementation across the state. The information gained through the three-region pilot program is needed to develop public-private partnerships and a sustainable, diverse funding plan for an ongoing statewide Parks Rx program. The Task Force strongly recommends providing funding and capacity to measure outcomes, which may require partnering with a research institution or other entity to support evaluation. Although the Task Force did not develop a potential budget for a Parks Rx Program, DOH estimates that launching a Parks Rx Program with a full-time program manager and part time evaluation staff at the state level and adequate funds for 3 pilot projects would cost approximately \$470,000/year.

Additional recommendations on funding for the three-region pilot program include:

- Funding must include resources to assist pilot projects with program evaluation.
- Pilot program funding focused on evaluation will determine best practices and program models for implementing a statewide Parks Rx program in Washington.
- Funding must include a full-time program manager at the lead agency and technical assistance capacity for pilot project sites.
- As the RFA and pilot projects are being developed, consider outreach to the MCOs that provide Apple Health coverage for potential investments in the pilot projects (see *Recommendation 6*).
- Once pilot projects are selected, consider outreach to private and nonprofit hospitals with community benefit funds for potential investments in the pilot projects.

Additional recommendations on funding beyond the three-region pilot program include:

- Consider collaboration with existing chronic disease prevention programs to utilize federal grant funding.
- Investigate new federal behavioral health grant funding.
- Consider collaboration with research institutions or other entities engaged in research on the connections between human health and nature.
- Consider transferring leadership to a statewide nonprofit to diversify funding options.
- Consider nonprofit and private hospitals, MCOs, insurance foundations, and outdoor recreation companies as other potential funding partners.

- Look for creative options to partner with climate change and environmental justice initiatives.

Recommendation 6: Collaboration with Insurance Carriers

The Task Force recommends two options for working collaboratively with health insurance carriers in the pilot program phase.

- **Option 1** – Collaboration with MCOs that provide Apple Health coverage to determine if Parks Rx pilot projects could be part of a Performance Improvement Project or could be included as a Value-Added Benefit. This option is highly dependent on the type of pilot project selected in each region, the administrative support capacity of the lead agency, and insurance coverage within each region.
- **Option 2** – Work directly with insurance funds that cover large groups of employees such as city, county, or state insurance funds, to incentivize Parks Rx activities through their employee wellness programs. This recommendation could be integrated into one of the pilot projects or be a stand-alone initiative (see *Recommendation 7*).

To ensure equity, Task Force and RAC members suggest prioritizing working with the MCOs that provide Apple Health coverage. Pursuing the Value-Added Benefit option may be the most feasible but would require approval by the Washington State Health Care Authority (HCA), which can take three to six months.

If a Performance Improvement Project is desired, an established collaboration between a pilot project location and at least one MCO offering Apple Health in the pilot region would be beneficial. This would need to be included in the RFA process (see *Recommendation 4*). This type of collaboration may also be beneficial for supporting pilot sites in the evaluation process.

The easiest option for collaboration with insurance carriers is to look towards employee wellness programs. Many of these programs offer an incentive to members for participating in wellness activities. Integrating Parks Rx activities into these programs is feasible, but also limits the population who will benefit to those with health insurance. It may be worthwhile to pursue this option to build additional credibility and acceptability of Parks Rx programs across the state, and later expand the programming further.

Recommendation 7: Promoting Parks Rx

The Task Force recommends that while awaiting legislative action on the recommendations made in this report, specific action items could be started by organizations and individuals involved with, and interested in, the Parks Rx Task Force.

The Task Force recommends the following actions be taken now to promote Parks Rx in Washington:

- Communicate with community organizations, potential funders, and other partners about the Task Force’s recommendations.
- Collaborate with State Parks to revive and expand the current Parks Rx website.
- Collaborate with HCA to create additional nature-based wellness activities as part of the SmartHealth wellness incentive program for people of all ages and abilities.
- Continue to promote policies, systems, and environments that support nature access in communities, such as activity friendly environments and shared-use agreements.
- Consider collaboration with existing federally funded programs, such as chronic disease prevention programs, youth recreational programs, and healthy aging programs.
- Monitor ongoing Parks Rx activities in other states, including their leadership committees, to keep learning best practices as they are developed.



Conclusion

Washington state is well positioned to launch a successful three-region Parks Rx pilot program. Washington is a state known for its natural beauty and has a culture of spending time outdoors. In addition, there is community readiness and enthusiasm to support the three-region pilot program, as well as an ongoing statewide Parks Rx program.

There are several existing Parks Rx programs throughout the state that will provide a foundation for a statewide program. The three-region pilot program is needed to support and expand these efforts and to address equity, accessibility, and program evaluation gaps. Investing in quality program evaluation and community engagement during the pilot program phase, will be key pieces of building a sustainable statewide program.

The Task Force has identified key recommendations for launching a three-region Parks Rx pilot program starting in 2023. Central to these recommendations is to allow for community diversity by suggesting two program frameworks, rather than one specific model program to be followed by all communities. The recommendations also aim to center equity, accessibility, and community engagement throughout the pilot program phase. The Task Force believes that the implementation of a pilot program following these recommendations would meet the intent of the legislature to bring the health benefits of nature and time outdoors to those experiencing health disparities.



Appendix A: (2022) Engrossed Substitute Senate Bill 5092 §222(21)

(21)(a) \$200,000 of the general fund—state appropriation for fiscal year 2022 is provided solely for a task force, chaired by the secretary of the department, implemented by August 1, 2021, to assist with the development of a "parks Rx" health and wellness pilot program that can be implemented in the Puget Sound, eastern Washington, and southwest Washington regions of Washington state.

(b) Members of the task force must include:

(i) The secretary of health, or the secretary's designee;

(ii) The following members to be appointed by the secretary of health:

(A) Two representatives of local parks and recreation agencies, from recommendations by the Washington recreation and park association;

(B) Two representatives of health care providers and community health workers, from recommendations by the association of Washington healthcare plans from recommendations by the department community health worker training program;

(C) Two representatives from drug-free health care professions, one representing the interests of state associations representing chiropractors and one representing the interests of physical therapists and athletic trainers from recommendations by their respective state associations;

(D) Two representatives from hospital and health systems, from recommendations by the Washington state hospital association;

(E) Two representatives of local public health agencies, from recommendations by the Washington state association of local public health officials; and

(F) Two representatives representing health carriers, from recommendations from the association of Washington healthcare plans; and

(iii) A representative from the Washington state parks, as designated by the Washington state parks and recreation commission.

(c) The secretary of health or the secretary's designee must chair the task force created in this subsection. Staff support for the task force must be provided by the department of health.

(d) The task force shall establish an ad hoc advisory committee in each of the three pilot regions for purposes of soliciting input on the design and scope of the parks Rx program. Advisory committee membership may not exceed 16 persons and must include diverse representation from the pilot regions, including those experiencing significant health disparities.

(e) The task force must meet at least once bimonthly through June 2022.

(f) The duties of the task force are to advise the department of health on issues including but not limited to developing:

(i) A process to establish the pilot program described in this subsection around the state with a focused emphasis on diverse communities and where systematic inequities and discrimination have negatively affected health outcomes;

(ii) Model agreements that would enable insurers to offer incentives to public, nonprofit, and private employers to create wellness programs that offer employees a discount on health insurance in exchange for a certain usage level of outdoor parks and trails for recreation and physical activity; and

(iii) Recommendations on ways in which a public-private partnership approach may be utilized to fund the implementation of the pilot program described in this subsection.

(g) The members of the task force are encouraged to consider grant funding and outside funding options that can be used toward the pilot program.

(h) The department of health must report findings and recommendations of the task force to the governor and relevant committees of the legislature in compliance with RCW 43.01.036 by September 1, 2022.

Appendix B: Task Force Members

Task Force Members	Organization
Christopher Bandoli	Association of Washington Healthcare Plans
Terri Drexler	Association of Washington Healthcare Plans
Hunter George	Washington Recreation and Park Association
Cindan Gizzi	Washington Association of Local Public Health Officials
Cindy Green	Washington Association of Local Public Health Officials
Carrie Hoiness	Washington Recreation and Park Association
Amanda McCarthy	Washington State Parks and Recreation Commission
Ifrah Mohamed	Community Health Worker
Steven A. Montague, DO, ABFM	Washington State Hospital Association
Robert H Perkes, DC	Washington State Chiropractic Association
Shawn M. Rundell, PT, DPT, PCS	American Physical Therapy Association – Washington Chapter
Robert Stevens	Community Health Worker
Pooja S. Tandon, MD, MPH	Washington State Hospital Association

Appendix C: Composition of the Three Regions

Puget Sound	Eastern Washington		Southwest Washington
Clallam	Adams	Klickitat	Clark
Jefferson	Asotin	Lincoln	Cowlitz
Island	Benton	Okanogan	Grays Harbor
King	Chelan	Pend Oreille	Lewis
Kitsap	Columbia	Spokane	Pacific
Mason	Douglas	Stevens	Skamania
Pierce	Ferry	Walla Walla	Wahkiakum
San Juan	Franklin	Whitman	
Skagit	Garfield	Yakima	
Snohomish	Grant		
Thurston	Kittitas		
Whatcom			

Appendix D: Regional Advisory Committee Members

Eastern RAC Members	Organization
Carrie Hoiness	RAC Lead – Task Force Member
Meghan DeBolt	Blue Zones Project – Walla Walla
Mels Felton	Inland Northwest Disability Experience
Deb Miller	Action Health Partners
Allen Noble	Moses Lake Community Health Center
Carl Strong	City of Spokane – Parks and Recreation
Jessica Van Doren	Yakima Health District
Cambron Walker	Kittitas County Public Health
Shuwen Wang	Spokane Mountaineers
Puget Sound RAC Members	Organization
Hunter George	RAC Lead – Task Force Member
Marc Berejka	REI
Sarneshea Evans	Trust for Public Land
Blake Geyen	Community Member
Dr. Danette Glassy	Best Start Washington
Dr. Veronica Hooper	MultiCare
Jeff Jamba	Rainier View Christian Church
Joseph Le Roy	HopeSparks
Ashley Mocerro-Powell	Community Member
Dr. Kristi Moffat	EvergreenHealth
Heather Moss	Pierce County Human Services
Elizabeth Nelson	Parkscriptions - Bellingham
Victor Rodriguez	Tacoma-Pierce County Health Department
Mary Tuttle	Metro Parks Tacoma
Claire Verity	Regence Blue Shield

Southwest RAC Members	Organization
Amanda McCarthy	RAC Lead – Task Force Member
Liz Cattin	PeaceHealth
Alyssa Fine	Cowlitz Indian Tribe Health Clinic
Carrie Johnson	Centralia College – Physical Activity
Jane Tesner Kleiner	Nature Play Designs
Melissa Martin	Clark County Public Health
Dr. Jennifer Polley	Northwest Pediatrics – Chehalis/Centralia
Jennifer Wills	City of Longview Parks

Appendix E: Existing Parks Rx Programs

(This is the list of Parks Rx Programs that were interviewed by the Task Force. For additional US programs, please visit the national [Parks Rx directory](#).)

Program	Location	Website
Healthy Parks, Healthy Person	Tennessee	http://healthyparkstn.com/
Kids in Parks	South Carolina	https://www.kidsinparks.com/
Park Rx America	National	https://parkrxamerica.org/
Park Rx Utah	Utah	https://parkrxutah.org/
Parks Rx Washington State Parks	Washington	https://www.parks.wa.gov/1137/ParkRx
Parkscriptions	Washington	https://parkscriptions.org/
Pittsburgh Park Rx	Pennsylvania	https://pittsburghparks.org/parks-rx/
Spokane Parks and Rec Outdoor Adventure Camps	Washington	https://my.spokanecity.org/parksrec/
Stay Healthy in Nature Every Day (SHINE)	California	https://www.ebparks.org/programs/hphp/shine
Walk with a Doc	National	https://walkwithadoc.org/
EvergreenHealth Walk with Your Doc	Washington	No program website associated with EvergreenHealth Signature Care

Appendix F: WA Parks Rx Task Force Charter

Purpose of this Charter

This Charter is a statement of the scope of the WA Parks Rx Task Force (Task Force). It outlines the purpose of the Task Force, identifies the membership, clarifies the operational structure, provides a preliminary delineation of roles and responsibilities, and defines the authority of the Task Force Chair. It serves as a reference of authority for the future of the Task Force.

Task Force Purpose

The purpose of the Parks Rx Task Force is to plan the development of a “Parks Rx” (or Park Prescription) health and wellness pilot program that could potentially later be implemented in the Puget Sound, eastern, and southwestern regions of Washington State. This Task Force was established by ESSB 5092, through the 2021-2023 biennium operating budget passed by the Washington State Legislature and signed by Governor Inslee earlier this spring.

In a report due to the legislature by September 1, 2022, the Task Force will make recommendations on issues including, but not limited to:

- a process to establish the three-region pilot program;
- model agreements enabling insurers to offer incentives to employers to create wellness programs offering employees a discount on health insurance through use of through use of parks, trails, fitness, and recreation programs for wellness activities; and
- ways in which a private-public partnership approach could be used to fund implementation.

The Task Force will include program evaluation elements within the recommendations laid out in the legislative report. The Task Force intends for the recommendations laid out in the legislative report to be rooted in health equity.

Membership

Membership in the Task Force is defined in ESSB 5092. The following organizations were responsible for recommending 1-2 people to serve on the Task Force:

- American Physical Therapy Association – Washington Chapter
- Association of Washington Healthcare Plans
- Department of Health Community Health Worker Training Program
- Washington Recreation and Park Association
- Washington State Association of Local Public Health Officials
- Washington State Chiropractic Association
- Washington State Hospital Association
- Washington State Parks and Recreation Commission

Conducting Task Force Business

Voting Membership

Each Task Force member will have a vote.

Quorum

A quorum necessary to vote is defined as at least two-thirds of Task Force members present, either physically or electronically.

Votes on Issues

Work toward consensus, with room for dissent. Passage of issues voted on by the Task Force members requires over half of the quorum in agreement. Diverse viewpoints will be captured using a “challenges and solutions” framework. Dissenting opinions to a recommendation that passed with a majority vote will be included in the final legislative report. TF members who know they will be absent in advance of a vote can delegate their vote if necessary or can vote via e-mail to the Chair before the meeting takes place.

Conducting Task Force Business

The Task Force will meet every other month between August 2021 and June 2022. Additional meetings may be convened at the request of the Task Force Chair.

Notice for regular meetings and a meeting agenda will be provided to all members at least seven days prior to the meeting. Notice for any special meeting shall be provided at least five days prior to the meeting. Notices shall include the time, place and objective of the meeting, and the means available to join the meeting electronically.

Meeting notes for all meetings shall be prepared and distributed to the membership.

Meetings will be open to community members and other interested individuals. Notice of the meeting will be sent out via electronic newsletter at least seven days prior to the meeting.

Task Force Member Roles

Parks Rx Task Force Coordinator

The Coordinator will be housed at Washington State Department of Health, and will be responsible for working with the Task Force Chair and members to plan and carry out logistics for Task Force and Regional Advisory Committee meetings, track action items, assist in developing the legislative report and other actions as identified. Tasks include:

- Scheduling meetings, taking notes, and disseminating related documents to Task Force Members.
- Collaborating with the Parks Rx Task Force Chair to achieve its goals and objectives.
- Tracking and ensuring follow up of action items identified during meetings.

- Seeking input from Task Force members during the development of the legislative report.
- Develop a communication plan for the Task Force.

Chair

The Chair of the Task Force, as defined by the State Budget, is the Secretary of the Washington State Department of Health or his designee. The Chair shall represent the Task Force and shall collaborate with the Task Force Coordinator in conducting the business of the Task Force. The Chair shall work with members to promote collaboration. The term of office for the Chair shall be the duration of the Task Force through September 2022.

Members

Members of the Parks Rx Task Force will be appointed as a representative as outlined in the state budget.

Members should:

- Attend regularly scheduled meetings
- Participate in establishing priorities for the Task Force
- Educate and inform on Task Force activities
- Lead and participate in sub-committees to contribute to building the knowledge base

Additional Interested Parties

Parties who were not named in the State Budget but are interested in participating in the Parks Rx Task Force can attend meetings and participate on subcommittees, but do not have voting rights in decision making processes. See information in the Regional Advisory Committees and State Advisory Network sections below.

Ad-Hoc Committees

Regional Advisory Committees (RAC)

The Parks Rx Task Force will create three Parks Rx Regional Advisory Committees (RACs). The regions defined in the budget proviso are Puget Sound, Eastern Washington, and Southwest Washington. The purpose of the RACs is to provide input on the design and scope of the Parks Rx Pilot Program. The RAC's role is to offer a local or community level perspective on proposed ideas and recommendations and provide key information to the Task Force to ensure the program will benefit community members. RACs will have fewer than 16 members each.

State Advisory Network (SAN)

The Parks Rx Task Force will create a State Advisory Network (SAN) to advise the Task Force on the design and scope of a Parks Rx Program. The SAN will be composed of state agencies and state-level partners who have content, logistical or contextual information that can help inform the state Parks Rx program.

Communications

The Task Force will communicate information and progress through the following tools:

- Parks Rx Task Force GovDelivery Newsletter
- Other methods identified by Task Force members

Legislative Report

Recommendations of the Task Force will culminate in a report to the legislature in September 2022. Task Force members will have the opportunity to review and approve content of the Legislative Report. After the task force reviews and approves, additional editing will occur, and the report will be reviewed by the Office of Financial Management. The layout and structure of the report will follow established protocols and templates developed by the Department of Health.

Appendix G: State Advisory Network Members

SAN Members	Organization
Leah Dobey	Washington State Recreation and Conservation Office
Jessica Lloyd	Washington Department of Natural Resources
Sarah Mariani	Washington State Healthcare Authority – Behavioral Health and Recovery
Katya Miltimore	Boys and Girls Clubs of Washington
Cindil Redick-Ponte	Washington Department of Health – Equity and Social Justice
Paula Reeves	Washington Department of Health – Environmental Public Health
Dawn Shuford-Pavlich	Washington State Department of Social and Health Services – Aging and Long-Term Support Administration
Kristen Stoimenoff	Washington State Health Care Authority – Washington Wellness Program
Jamie Teuteberg	Washington State Health Care Authority – Life Stages

