

Healthcare Provider Perspectives

Relevance

Q: As a healthcare provider, why should I be interested in prescribing a park or nature in the first place?

A: An ever increasing larger part of a healthcare provider’s job is to help patients manage their chronic disease, and to focus on prevention. As healthcare providers, we currently have many tools and toolkits to help our patients, but many of our current treatment options run the risk of side effects and adverse reactions. Prescribing nature is yet another tool in our toolkit to prevent and treat chronic disease and promote wellness.

Q: How is prescribing a park relevant to my job as a healthcare provider?

A: Our first duty to our patients is to provide sound advice to promote healing and well-being, and to prevent and treat disease. As healthcare providers, we can easily incorporate the advice of spending more time in natural settings to prevent and treat chronic disease, as well as promote well-being.

Chronic Disease	Risk factors	Why prescribe Nature?
Heart disease and stroke	High blood pressure, high cholesterol, diabetes, smoking, physical inactivity, and obesity	“Viewing and spending time in green spaces lowers cortisol levels and blood pressure.” ¹ “Access to parks reduces risk of being overweight and obese.” ²
Diabetes	Prediabetes, inactivity, obesity, family history,	“Nature improves blood glucose levels in diabetics and facilitates higher levels of physical activity.” ³

Q: How is prescribing parks different from telling my patients to exercise more?

A: Exercise is good for our patients, but we must recognize that Nature and green space is associated with higher levels of physical activity as well as linked with decreased anxiety, rumination, and negative affect.⁴ Physical activity in a natural environment is more beneficial on mental well-being than physical activity indoors.⁵ The mental health benefits of spending time outside in green settings should not be understated.

Q: How is prescribing a park relevant to my patients?

A: As a group, we healthcare providers are diverse in our specialties and practice settings. Whether we practice in an inpatient or outpatient setting, whether we are hospital intensivists

or primary care providers, whether we focus on mental or physical health, all of us have a unique contribution to make in our patients' lives by prescribing nature. Our patients look to us for sound advice, and are more likely to follow the same advice coming from us, rather than from other people in their lives.

The how-to's

Q: As a healthcare provider, how and when exactly do I incorporate park prescriptions into my daily routine?

A: Across the country, we now have extensive experience in prescribing parks as part of the daily routine of providing healthcare, in a diversity of settings, to a diversity of patients. Prescribing of parks can and should be seen as yet another tool in our toolkit to prevent and treat chronic disease, as well as promote wellness. Just as we ask our patients about daily routines, including sedentary behavior, smoking and alcohol consumption, sleep schedules, and seatbelt use, we can easily incorporate a question or two about time spent outside in natural settings. Just as we ask our patients about their readiness and willingness to make a change in behavior, we can easily do so in the context of recommending to them to spend more time in natural settings. Just as we prescribed medications, make referrals to specialists, and recommend proper sleep hygiene, we can just as easily write a prescription for our patients to engage in physical activity or simply to spend more time outside in a park.

Q: Is prescribing parks something in addition to what I already have to do during a scheduled visit with my patient?

A: It is best to think about a park prescription as an additional part of our drug formulary or treatment plan, rather than something in addition to what we already do. Providers of healthcare are naturally adept at incorporating new modalities or new treatment options into the patient's treatment plan. Prescribing a park or time in nature may be best understood as a small tweak in the care we already deliver.

Q: If and when I want to prescribe a park, do I just write a prescription? What does the prescription look like?

A: Depending on your practice setting, a prescription may be electronic and linked to an electronic database of parks, best suited to match the needs of your patient. In other practice settings, it may be a paper prescription, familiar to all who deliver healthcare.

Q: Should the prescription be as specific as a prescription for antibiotics?

A: Prescription for a park should always be made based on the same criteria we use to make other recommendations to our patients. As we already do with other prescriptions and recommendations, we need to carefully weigh the risks and benefits, and share those with our patients. The degree of specificity and detail of the Park prescription depends on the

willingness or readiness of the patient, physical and mental capacity of the patient, and the likelihood incorporating a change into their daily or weekly schedule. Matching the best park(s) in terms of access, activity, safety, programming, proximity, etc. increases the likelihood of our patient to follow our advice.

Q: Where do I find webinar on how to write a prescription for nature?

A: You will be able to find an in-service on how to write a park prescription on the ParkRx.org website soon.

Q: Is it possible to attain continuing medical education (CME) or maintenance of Board certification credits by doing an in-service on park prescriptions?

A: Yes, we are hopeful in the near future that this will be possible through the ParkRx.org website.

Q: What kinds of patient would be ideal for a park prescription?

A: Based on numerous scientific studies that show improved health outcomes in both physical and mental health, a park prescription may be useful for the vast majority of our patients. Knowing that nearly one in three Americans currently suffers from a chronic disease reminds us of the role that park prescription can and should play in both preventing and treating chronic disease (obesity, high blood pressure, diabetes, depression, anxiety, ADHD, etc.). Patients currently suffering from chronic disease or at high risk of developing chronic disease (like pre-diabetes) are ideal for a park prescription.

Q: What kinds of chronic conditions or diagnoses would best be treated with a park prescription?

A: Although park prescription is commonly thought of as a way to both prevent and treat chronic disease, the most common conditions in the scientific literature are hypertension, diabetes, obesity and overweight, depression, anxiety, and attention deficit disorder.

Q: As a healthcare provider, should I see prescribing a park as prevention, treatment, or both?

A: Because the average American spends approximately 90% of his or her time in an indoor setting, virtually everyone is at risk of adopting a more sedentary lifestyle. This less active in-indoor lifestyle is an independent risk factor for developing chronic disease. Therefore, park prescriptions should be seen as a tool to both prevent and treat chronic disease, as it relates to both physical and mental health.

Q: Should time spent in nature be a question asked to all patients at every visit, regardless of the reason for the visit? Should time spent in nature be regarded as another vital sign?

A: Questions that we routinely ask of all of our patients are considered part of a health screen or health questionnaire. Many healthcare setting/offices already routinely ask about physical

activity, but because of the advantages of moving in green space, it is reasonable to ask of all our patients how they spend their time, and if part of that time is spent in natural settings.

Q: Is prescribing a park a task only for healthcare providers, or can it be seen as a team approach, including registration clerks, medical assistants, and other ancillary staff?

A: Just as many questions are asked of our patients before we as providers begin the face-to-face encounter with our patients, the question of time spent in natural settings can be easily fit into a list of questions already asked prior to the start of the visit. As is often currently done, these questions can be initiated by registration clerks, medical assistants, nurses, or other parts of the healthcare team.

Q: For those health providers who currently use electronic health record, can prescribing a park be done electronically?

A: Most practice settings have already transitioned to electronic health records, or are in the process of doing so. Prescribing a park can be as easy as prescribing a medication, and incorporating that, as an option in the “treatment” window is crucially important. Making it easy to prescribe parks, whether it is by paper, or electronically, is a key element to success of thoroughly implementing park prescriptions throughout a practice. Also, fostering a culture of ParkRx friendly practice is analogous to creating a breastfeeding-friendly hospital. Every member of the healthcare team would ideally be “on board” and playing his/her part in promoting time outdoors.

Q: Are there already best practices for how prescribing a park can be seamlessly incorporated within the electronic health record?

A: Unity Health Care, Inc., a federally qualified health Center in Washington DC, which serves over 100,000 patients through over 500,000 visits a year, with 180 primary care providers delivering primary and specialty care to children and adults, has successfully integrated Park prescription as a treatment option with an electronic health record. Since July 1, 2013, approximately 1000 park prescriptions have been prescribed, and 66 providers have written at least one Park prescription. Evaluation of Unity Health Care’s ParkRx program in 2013 showed that after being prescribed a Park Rx, more children visited parks (93% vs. 82%)($P < 0.01$), more parents believed physical activity affected their child’s health (42% vs. 32%)($P < 0.03$), mean weekly physical activity increased from 150 to 172 minutes ($P < 0.01$), and mean number of days per month spent in a park for 30+ minutes increased from 6.8 to 8.3 ($P < 0.01$).

Q: How do you train health teams to prescribe time in parks? How do park prescriptions become integrated into the culture of a clinic?

A: In most healthcare settings, provider and staff meetings are great opportunities to share best practices, and to introduce the idea and the “how to” of ParkRx. It is important to reach all members of the healthcare team so as to be inclusive in the process and to get practical

feedback. Often, starting small and building is the best advice. You will find ParkRx slide sets in the near future on the ParkRx.org website that can be used as a teaching and promotion tool within your practice settings.

Q: After a healthcare provider prescribes a park, is there a recommended interval of time to follow up with that patient about his or her experience?

A: As would be expected, this depends a lot on the chronic condition or diagnosis as well as many social factors, but a typical time interval can be anywhere from 1-6 months. As with any treatment modality, follow-up is necessary to gauge the failure or success of the intervention, and to provide insight into how best to make changes that might better suit the needs of the patient. In this way, a prescription for a park is no different than any other treatment options, in that it often requires minor changes or tweaks more amenable to your patient’s likelihood to follow through.

Reasons why patient doesn’t follow through	Change in park prescription to accommodate
No time in their schedule	Review patient’s daily routine to find opportunities to visit a park
Lack social component	Search for parks with volunteer or Ranger-led programs
Unclear how to get there	Educate using maps, mass transit schedules, park access points, hours of operation

Quality measures

Q: As a healthcare provider, how do I know if prescribing a park actually makes a difference in my patients’ health and well-being?

A: One of the most satisfying parts of the healthcare provider’s job is to see the results of advice recommended at a prior visit. Still today, much of what we know about our patient’s behavior is largely based on self-reporting. Keeping in mind that causes for developing chronic disease is largely multifactorial, it is not easy to appreciate a cause and effect relationship when prescribing parks. As healthcare providers, we often intuit which interventions work and which don’t based on trusting relationships between our patients and us. Open-ended questions like “did you enjoy your time in the park” or “tell me about your park experiences since we last met” can start a conversation to delve deeper into the ways to enhance the ParkRx. We also gauge success not only by what our patients report back to us, but by monitoring more objectively measurements of body mass index, peak flow, hemoglobin A-1 C, and blood pressure, just to name a few. This combination of subjective and objective feedback helps us to know whether prescribing of parks brings about the desired outcome in our patients’ health and well-being.

Q: In terms of monitoring outcome measures, are there examples of how the healthcare provider can incorporate an intervention like Park Rx into his or her maintenance of board certification for his or her specialty?

A: Many board specialties are now requiring a quality improvement component to the maintenance of certification (MOC). It is our intention to explore developing a quality improvement module to be available to most if not all specialties as part of their maintenance of certification.

Q: For healthcare providers and healthcare systems interested in partnering with research collaborators focused on outcomes research, or are there opportunities for individuals or organizations to create compatible study designs and share data?

A: As the National ParkRx Initiative grows both among the communities of healthcare providers and researchers, we anticipate opportunities for individuals and organizations to work closely together so that we can better understand more objectively the impact of prescribing parks within the health delivery system.

Citations

¹Park B, et al. (2009). The physiological effects of Shinrin-yoku (taking in the forest atmosphere or forest bathing): evidence from field experiments in 24 forests across Japan. *Environmental Health and Preventative Medicine*, 15:18–26.

²Wolch, J., Jerrett, M., Reynolds, K., McConnell, R., Chang, R., Dahmann, N., et al. (2011). Childhood Obesity and Proximity to Urban Parks and Recreational Resources: A Longitudinal Cohort Study. *Health & Place*, 17(1), 207-214.

³Kuo, F. E. (2010). Parks and Other Green Environments: Essential Components of a Healthy Human Habitat. National Parks and Recreation Association.

⁴Bratman, G. N., Daily, G. C., Levy, B. J., & Gross, J. J. (2015). The benefits of nature experience: Improved affect and cognition. *Landscape and Urban Planning*, 138, 41-50.

⁵Coon, J. T., Boddy, K., Stein, K., Whear, R., Barton, J., & Depledge, M. H. (2011). Does Participating in Physical Activity in Outdoor Natural Environments Have a Greater Effect on Physical and Mental Wellbeing than Physical Activity Indoors? A Systematic Review. *Environmental Science and Technology*, 45, 1761-1772.

⁶Unpublished data-manuscript under review