



# REGIONAL PARKS POLICY PLAN



2040



*Regional Parks Policy Plan Summary*

# A World-Class Regional Parks System



## SUMMARY

The Twin Cities region's renowned Regional Parks System showcases the unique landscapes of the region and provides year-round recreation. Residents have consistently singled out parks, trails and the natural environment as the most attractive feature of the region. Parks are critical to our region's current and future livability, sustainability, stewardship, and prosperity.

The Regional Parks System, supported by the Metropolitan Council in partnership with cities, counties and special park districts, was established in 1974. Since then, the Council has invested more than \$658 million in state and regional funds to help agency partners develop and expand our world-class system of interconnected parks and trails. The Council has also allocated an additional \$163 million of state funds to partially finance the operations and maintenance of the system.

## Collaborating to build a regional legacy

The agency partners that own and operate the Regional Parks System are called regional park implementing agencies. A map of the regional park implementing agency areas is shown on the opposite page.

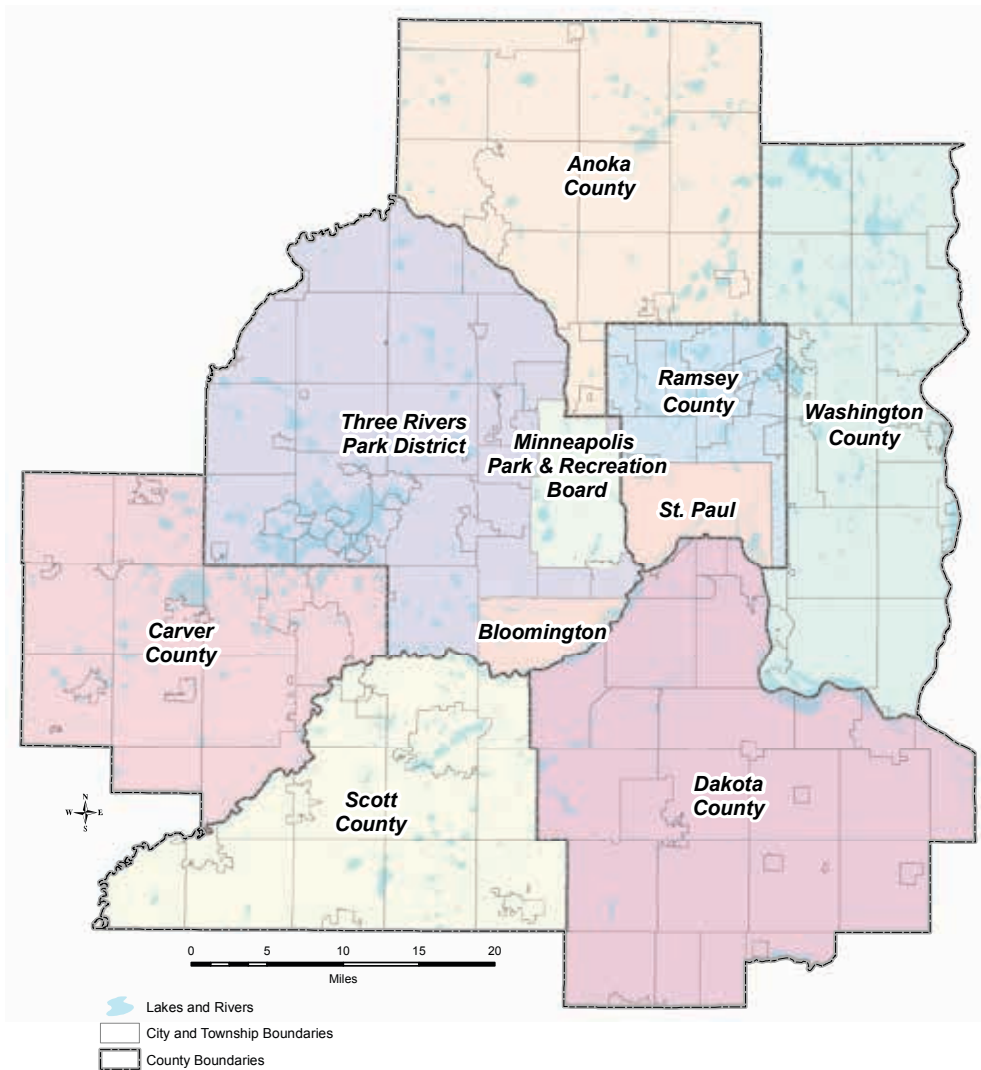


## As of 2015, the Regional Parks System includes:

- 54,286 acres open for public use
- 54 regional parks and park reserves
- Eight special recreation features, such as the Como Park Zoo and Marjorie McNeely Conservatory
- 40 regional trails, with 340 miles currently open the public
- Over 47 million visits each year

## Vibrant communities, healthy people

The Regional Parks System is an amenity that can help retain and attract businesses and residents. Parks and open green space boost human health and well-being. Benefits to physical well-being include increased physical activity and reduced risk of various chronic illnesses and obesity. The social benefits



include increased social capital, family bonding, and social integration. Parks and open space also contribute many environmental benefits including biodiversity conservation, air and water purification, erosion control, and climate regulation.

## Expanding access, equitable park usage

It is key that we provide a regional system of nature-based recreation opportunities for all

residents. The *2040 Regional Parks Policy Plan* incorporates the policy direction provided by *Thrive MSP 2040* to:

- Promote expanded multimodal access to regional parks, regional trails, and the transit network, where appropriate.
- Strengthen equitable usage of regional parks and trails by all our region's residents, such as across age, race, ethnicity, income, national origin, and ability.

The *2040 Regional Parks Policy Plan* sets the goals for the development of the Regional Parks System and the strategies designed to meet these goals. The population of the seven-county area is expected to grow by 800,000 more people by 2040. The planned regional parks and trails will enable residents to enjoy a variety of new park experiences throughout the region.

The vision for the Regional Parks System includes expanding it to nearly 70,000 acres and tripling the trail system from 340 miles in 2015 to more than 1,100 miles by 2040. New regional trails and greenway corridors will link regional parks and park reserves. Also proposed are two additional regional parks in Carver County and a regional park in the northwest corner of Anoka County.

### Financial support for parks

Just less than 1% of the total state and local taxes paid by a household in the seven-county region go to support the Regional Parks System. For the owner of a \$250,000 home in the seven-county metropolitan area, the average annual cost of the Regional Park System is \$67, including \$26 in state income and sales taxes and \$41 in regional and local property taxes. These investments over time have created one of the most iconic park systems in the nation.



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# REGIONAL PARK USE AMONG SELECT COMMUNITIES OF COLOR

*A QUALITATIVE INVESTIGATION*



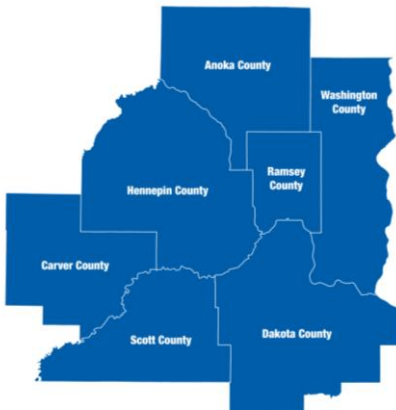
March 2014

The Council's mission is to foster efficient and economic growth for a prosperous metropolitan region.

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The Metropolitan Council is the regional planning organization for the seven-county Twin Cities area. The Council operates the regional bus and rail system, collects and treats wastewater, coordinates regional water resources, plans and helps fund regional parks, and administers federal funds that provide housing opportunities for low- and moderate-income individuals and families. The 17-member Council board is appointed by and serves at the pleasure of the governor.

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## Introduction

The Regional Parks System of the Twin Cities metropolitan area boasts nearly 55,000 acres of designated parklands and over 300 miles of trails throughout the seven-county Twin Cities metropolitan region. The vast Regional Parks System consists of regional parks, park reserves, special recreation features and regional trails (hereto after all referred to as “regional parks”).

The Metropolitan Council is the regional planning organization for the seven-county Twin Cities area. The Regional Parks System is owned and operated by 10 park implementing agency partners – the counties of Anoka, Carver, Dakota, Ramsey, Scott and Washington, the cities of Bloomington and St. Paul, as well as the special park districts of Three Rivers Park District and Minneapolis Park and Recreation Board.

The 1974 Metropolitan Parks Act established the Regional Parks System to meet the recreational needs of the people of the metropolitan area. Since then, the Regional Parks System has grown, attracting over 45 million visits annually. However, a Metropolitan Council survey of Regional Parks System visitors in 2008 showed that use of our regional parks did not represent the overall demographic makeup of the region, specifically for communities of color.

To better understand and address disproportionate or inequitable park use, Metropolitan Council staff conducted a qualitative research project to identify barriers to regional park visitation among communities of color. Specifically, the study sought to explore: a) preferred outdoor recreational activities and desired amenities, b) perceived barriers that prevent use of the system, c) issues or concerns about regional parks and d) recommendations and suggestions to increase and enhance park visits.

## Methods

Metropolitan Council staff partnered with several local community-based organizations and public agencies to organize focus groups throughout the metropolitan region. Where appropriate, organizations were provided small incentives for their efforts. The focus group sessions were held October 2013 to January 2014 at locations pre-arranged by the Council’s organizational partners. Interpreters and participant incentives, in the form of retail gift cards, were provided, where appropriate.

Council staff facilitated the focus group sessions, which were between 45 minutes and 1.5 hours long. The focus group sessions followed a semi-structured format, which included a set of pre-determined questions (Appendix). Each focus group session began by collecting demographic data of participants, including their race and/or ethnicity, primary language, gender, number of children in the household, and vehicle ownership status. The sessions were audio recorded, transcribed and, if necessary, translated. Transcripts were analyzed utilizing a qualitative approach to identify common themes.

## Results

The Council conducted a total of 16 focus group sessions, ranging in size from 5 to 36, with an average of 16 participants per session. In sum, a total of 263 individuals participated in the sessions. Participants represented various racial, ethnic and cultural backgrounds.

Several participating community-based organizations that assisted the Council serve a specific racial, ethnic or cultural demographic group; others provide services to diverse racial, ethnic and cultural backgrounds. One agency provided educational services to immigrant populations from a wide array of



backgrounds and sought to organize different sessions based on those backgrounds. As such, many focus group sessions included participants who shared the same or similar race, ethnicity and cultural background.

The 16 focus group sessions included four sessions with Asian Immigrants or Asian Americans, three with Hispanics/Latinos/Latinas, two with African Immigrants, two with African Americans and five with participants from a variety of racial, ethnic and cultural backgrounds (termed “diverse composition”). It is important to recognize the rich diversity within these racial and ethnic groupings. Interestingly, however, parallel perspectives were often expressed across sessions with similar racial and ethnic compositions, making a strong case for an analysis based on race, ethnicity or immigrant background.

Among participants, about one third identified themselves as African, that is, African Immigrant (Table 1). An additional third indicated they were a recent Asian Immigrant or Asian American. A quarter indicated they were Hispanic or Latino/Latina. About 10% identified themselves as African American and less than 5% Caucasian or white. Several Caucasian participants were recent immigrants from places such as Morocco and Egypt. A total of five participants were U.S. born Caucasians and their input was not included in the analysis of the transcripts. Finally, less than 1% of participants indicated they were multi-racial or Native American.

**Table 1. Race/Ethnicity of Regional Park Usage Focus Group Study Participants**

<b>Race/Ethnicity</b>	<b>Number</b>	<b>Percent</b>
African Immigrant	76	29.6
Asian Immigrant or Asian American	74	28.8
Hispanic/Latino/Latina	66	25.7
African American	28	10.9
Caucasian	11	4.3
Multi-racial	1	0.4
Native American	1	0.4
<b>Total</b>	<b>257</b>	<b>100.1*</b>

\* Does not equal 100.0 due to rounding.

Three-quarters of the participants were female (Table 2). Participants ranged in age from 14 to 79, with an average age of 39.6. More than a quarter indicated they did not have children in the household under the age of 18. Of those that had children under the age of 18, almost one third (28.4%) indicated they had two children.

A total of 23 different languages were reported as being the primary language spoken in the home. The most frequently noted languages were Spanish, English, and Somali (Table 3). More than two-thirds of participants (71.3%) indicated owning a vehicle.

**Table 2. Gender of Focus Group Participants**

	<b>Number</b>	<b>Percent</b>
Female	191	74.6
Male	65	25.4

**Table 3. Primary Language among Focus Group Participants**

<b>Language</b>	<b>Number</b>	<b>Percent</b>
Spanish	55	22.1
English	41	16.5
Somali	40	16.1
Vietnamese	25	10.0
Amharic	19	7.6
Karen	15	6.0
Chinese	8	3.2
Cambodian	6	2.4
Spanish/English	6	2.4
Arabic	5	2.0
Oromo	5	2.0
Tigrinya	4	1.6
Khmer	3	1.2
French	2	0.8
Korean	2	0.8
Laos	2	0.8
Nuer	2	0.8
Thai	2	0.8
Hmong	1	0.4
Kachi	1	0.4
Mina	1	0.4
Portuguese	1	0.4
Romanian	1	0.4
Russian	1	0.4
Somali/English	1	0.4
Total	249	100.0

### ***Preferred Outdoor Activities***

Participants were first asked what outdoor activities they prefer. Overall, the most frequently noted activity was walking, followed by picnicking and/or barbequing. The third most preferred activity was playground use. Swimming or going to the lake and spending time with friends or family rounded out the top five preferred activities. Less frequently noted activities included biking, fishing, viewing nature, rest or relaxation and celebrations.

Differences between the various focus group types did emerge in their top three preferred outdoor activities (Table 4).

- Asian Immigrant/Asian American focus groups identified their top three preferred activities as walking, fishing and rest or relaxation.
- African Immigrant focus groups most frequently noted playground use, walking and being with family.
- Hispanic participants most frequently noted celebrations and parties, followed by picnicking and/or barbequing and spending time with family.

- African American participants identified picnicking and/or barbequing as the most frequent preferred activity, followed by biking and basketball.
- Walking, playground use and swimming or going to the lake were the top three most frequently noted preferred activities among diverse composition focus groups.

**Table 4. Preferred Outdoor Recreational Activities by Focus Group Type**

	<b>African American Focus Groups</b>	<b>African Immigrant Focus Groups</b>	<b>Asian Immigrant/Asian American Focus Groups</b>	<b>Hispanic/Latino/ Latina Focus Groups</b>	<b>Diverse Composition Focus Groups</b>
1	Picnic/BBQ	Use Playground	Walking	Celebrate/ Party	Walking
2	Bike	Walking	Fish	Picnic/BBQ	Use Playground
3	Basketball	Be with Family	Rest/Relax	Be with Family	Swim/Go to Lake

Participants most often identified being with family or friends when they engage in their preferred outdoor activities. Very few participants indicated that they do so alone. Participants most frequently noted they were either with less than five people or between 15 and 20 people. However, the entire range extended from being alone to being with 250 people.

### **Concept of “Park”**

Focus group participants were asked what came to mind when they heard the word “park.” Several themes emerged. The top theme was nature. Participants noted many natural features that they associated with “parks,” including trees, flowers, lakes, grass, among others.

The second most frequently noted theme related to safety and security. Many participants had unsafe associations when they hear the word “park,” while others expressed a more generalized concern and a questioning attitude. For instance, one participant stated, *“I have to make sure that the place is safe, and if accident happens, the police, they can come right away, you know or there’s some police sometimes in the park, you know, in the summer. I get that support and feel safe to play with my kids”* (female Diverse Composition focus group member). A small number of participants, who had more regional park experience, said they felt safe in regional parks.

The third most frequently noted themes, in a tie, were amenities and animals or wildlife. Amenities most frequently noted were playgrounds and picnic areas. Animals and wildlife cited included dogs, deer, geese and ducks.

Playgrounds were the next most common theme noted. One participant said, *“When you say park, my mind is like really playgrounds for kids”* (female Diverse Composition focus group member). Playground attributes noted included swings, slides, monkey bars, among other play structure features.

The fifth most common themes, in a tie, were related to activities done in a park: picnics or barbeques and walking, hiking or trail use.

Celebrations or fun and bonding with friends and family tied for the sixth among themes. In this vein, participants saw “parks” as an opportunity to bring people together for a celebratory event (for example, a birthday party) or to spend quality time bonding with friends or family.

The last major theme that participants suggested when they thought of “park” was solitude and relaxation.

**Table 5. What Comes to Mind When Focus Group Participants Think of a “Park”**

1	Nature
2	Safety/Security
3	Amenities*
	Animals/Wildlife*
4	Playgrounds
5	Picnics/BBQ*
	Walk/Hike/Trails*
6	Celebrations/Fun*
	Bonding with friends/family*
7	Solitude/Relaxation

\* Items tied.

### **Visiting Regional Parks**

A description and visual illustration of the Regional Parks System was provided to the focus groups and participants were asked if they had ever visited a regional park. Several focus groups included just a few participants with regional park experience, whereas other focus groups had a majority with previous experience. Most often, participants indicated they were familiar with Como Regional Park and Special Recreation Feature, located in St. Paul, but less than half of queried participants indicated they had previously visited another regional park.

Focus groups that included a greater number of previous park users differed from those with limited experience in one significant respect. The focus groups with participants with greater regional park experience spoke about a perceived disparity across the system. For instance, one participant said she notices the difference from one regional park in one jurisdiction to a regional park in another jurisdiction. She concluded her remarks by noting, “*There’s not very equitable distribution of amenities across different parks*” (African American focus group member).

Participants were then asked what makes it easy to visit a regional park. Overwhelmingly, participants identified proximity and transportation as the greatest contributors to regional park visitation. With respect to proximity, one participant noted, “*When we go to a park, I’m not going very far*” (female Diverse Composition focus group member). In terms of transportation, motorized and non-motorized options were perceived to make visitation easy. For instance, one participant noted, “*It’s easy to get to the park by driving*” (female Asian Immigrant/Asian American focus group member). Participants cited various transportation modes that helped them access regional parks, including automobile, bus and train, as well as biking and walking. Non-motorized transportation was noted most frequently in instances where participants noted they lived a short distance from a park.

### **Barriers to Visiting Regional Parks**

One of the main objectives of the study was to explore perceived barriers to visiting regional parks. Participants identified several perceived barriers, from which 11 major themes were identified (Table 6). Each major theme is described in detail below.

**Table 6. Most Prominent Barriers to Regional Park System Visitation among Focus Group Participants**

1	Lack of Awareness
2	Time
3	Fear/Safety Concerns
4	Lack of Transportation Options
5	Language Barrier
6	Weather
7	Cost
8	Map Challenges
9	No Companions
10	Cultural or Religious Insensitivity/Discrimination*
	No Desire*

\* Items tied.

**Lack of Awareness.** Lack of awareness, the chief barrier identified, was described in various ways, including knowledge gaps related to: a) what a regional park is, b) where regional parks are located, c) how to get to regional parks, d) regional park rules, e) what to do in regional parks, and f) events occurring in regional parks. Thus, lack of awareness was understood by participants to have many aspects.

For instance, one participant noted, *“I think there may be a lack of awareness, and so lack of awareness is [number] one. Two, there would be some who are aware the parks are there, but they need additional information to see how they can incorporate the regional parks into their lives”* (male African American focus group member). For some participants, confusion surrounded the very idea of a regional park, most notably how it differed from local or city parks. One participant described it as follows: *“I think visibility is also huge...I mean to be honest with you, a lot of people are not even really aware about regional parks or even, you know, like this is a regional park and what does it mean... the Met Council is just not visible to ordinary citizens”* (female African American focus group member).

Several individuals indicated they were aware of a specific regional park or trail, but did not know how to get there. For instance, one participant stated, *“I don’t know how to get there. I’m scared to get lost”* (female Asian Immigrant/Asian American focus group member). Several participants noted that confusion surrounding regional park rules served as a deterrent. A Hispanic male, relatively new to the area, captured the sentiments shared by many participants. He stated, *“Yeah, people know already about it [rules, park hours], but, for example, for me, it’s all new. So those little details, for example, so that you know that you need a license to go fishing, all that information that minorities, probably most of us, we don’t really know. I think that would be really helpful [to know]”* (Diverse Composition focus group member).

Related to activities in regional parks, several participants did not know what activities were permitted or supported. For instance, one person noted, *“The thing is that us Hispanics don’t know how to use the*

*parks. We always go there to sit down and eat. We don't know what activities can be done. Walking, for example*" (female Hispanic focus group member). Several participants perceived regional parks to provide residents a sense of community and talked about not knowing about events that occur within the regional parks. One participant stated, *"You never know, because you don't see in the like newspaper or something happening in the regional park. Sometimes there will be like a picnic, a huge picnic, for the whole city, but I never know if something is happening in the park"* (female Diverse Composition focus group member).

**Lack of Time.** The second most frequently perceived visitation barrier was lack of time. If participants expanded on their notion of a lack of time, either they perceived people were too busy or that they were consumed with trying to meet their basic needs. For instance, one participant noted, *"You're working, you have a family at home. We don't have time to go to the park"* (female African Immigrant focus group member). Another participant noted, *"The reason why many Hispanics don't go to the parks—they are working. White people have better jobs. They have more time to go to the park"* (male Hispanic focus group member).

**Fear and Safety Concerns.** The third most prominent perceived barrier identified was fear and safety concerns. Interestingly, the types of fears identified differed across the various focus group types (Table 7).

One of the most striking differences was that Asian Immigrant/Asian American focus groups, as well Hispanic focus groups expressed fear of wildlife (for example, snakes) and water quality, while African Immigrant, African American, and Diverse Composition focus groups cited fears related to violent crime. African American focus group participants described violent crime as getting jumped or shot, whereas African Immigrant focus group participants noted the fear of getting raped, killed or stabbed. For instance, one female stated, *"Somebody can kill you, somebody can rape you"* (female African Immigrant Group). Other fears were also noted across the various focus groups, including getting lost, behavior of others, drowning and getting hurt.

**Table 7. Fear and Safety Concerns by Focus Group Type**

<b>African American Focus Groups</b>	<b>African Immigrant Focus Groups</b>	<b>Asian Immigrant/Asian American Focus Groups</b>	<b>Hispanic/Latino/Latina Focus Groups</b>	<b>Diverse Composition Focus Groups</b>
Violent crime: get jumped, shot Run over Accidents Behavior of others	Violent crime: rape, killing, stabbing Kids get lost Drowning Being alone Too big=lost	Snakes Bees Water-viruses Too big=get lost Hunters Being alone Behavior of others (drinking)	Water-viruses Getting Lost Darkness Crime Animals People Getting hurt	Violent crime: kidnapping Too big=get lost Kids unsafe Strangers Crazy people Behavior of others (drinking, loitering) Animals

**Lack of Transportation Options.** The fourth most common barrier identified was a lack of transportation options. Although transportation was identified as aiding regional park visits, it was also identified as a barrier. For instance, one person noted *"if we don't drive, we don't have a way to go"*

(female Diverse Composition focus group member). While transportation was perceived by some as a barrier, it was more frequently identified as a potent mechanism that made going to regional parks easy. Unexpectedly, the lack of awareness was noted as a barrier 2.5 times more frequently than transportation constraints.

**Language Barriers.** The next most frequently noted barrier was related to language, most prominently discussed in focus groups comprising recent immigrant learning English. For instance, one participant stated, *“I really want to go there, but it’s hard for us because of the language barrier, and we’ve never been there”* (female Asian Immigrant/Asian American focus group member). Several participants noted that English is their second language. One participant stated the reason she thought people did not visit regional parks was *“because most of the people have a second language”* (female Diverse Composition focus group member). Another participant noted, *“If they say they’re going to provide some Spanish too...then I’m going to come smiling”* (male Diverse Composition focus group member).

**Weather.** The sixth most common barrier that served as a deterrent to regional park visitation was weather. Several participants indicated that winter is too cold to be outside and, therefore, considered the weather to likely be a significant hindrance to park visitation. Other weather conditions cited included rain and heat.

**Cost.** Cost was also identified as a deterrent to park visitation. Cited costs associated with park visits included entrance fees, parking fees, parking tickets, transportation and food. While cost was cited as a perceived barrier, several participants also noted the relative low cost, as compared to other leisure time activities.

**Map and Directional Challenges.** The next most frequently noted barrier was related to challenges of understanding maps and lacking directions. Many participants acknowledged that they did not know how to read a map. Consequently, they were afraid of getting lost either en route or on site. Other participants noted the need to provide better directions. For instance, one person stated, *“Even like the park itself, when you get there, is confusing”* (female African American focus group member). The participant then went on to describe a recent regional park visit, where she drove around for over an hour looking for an area within a park.

**No Companions.** The ninth most frequently identified barrier was having no one to go with. Going with someone else was seen as a way to be introduced to the regional park system, as well as a reflection of an individual’s recreational preference. For instance, one person noted that her desire to go to a park is influenced by whether she has someone to go with. She stated, *“Sometimes you don’t have a friend to go, and if you go alone to the park, it’s not happy”* (female Asian Immigrant/Asian American focus group member). In other instances, participants identified their comfort level of going to the regional park for the first time would be enhanced by having someone to accompany them.

**Lack of Desire.** The last two major themes identified were noted with the same frequency. The first of the two was lack of desire. Several participants believed that some people simply don’t want to go to parks. For instance, one participant noted, *“Some people—some people they do not want to go”* (female Asian Immigrant/Asian American focus group member). Another participant noted, *“Us Latino, [we] generally don’t have in us that curiosity to explore nature”* (female Hispanic focus group member).

**Cultural or Religious Insensitivity.** Tying with lack of desire was labeled cultural or religious insensitivity/discrimination. Cultural or religious insensitivity/discrimination was quite nuanced and described in varied ways.

One participant questioned whether the regional parks accommodate cultural preferences. She stated, “Sometimes I wonder if people feel like the parks are culturally friendly. Like I know for me, the one thing I don’t like is that they took the noise—the noise ordinance that they passed for the parks, like the ability to have music and play music in the park...So, if I want to do a celebration at the park, I don’t feel like it’s culturally friendly for some of the things that me as a culture would like to do at that park” (female African American focus group member).

Another person noted, “Sometimes when we go to parks, we are dressed like this [wearing Hijab]. Some people when they see this dress, they may not know about it...They’re just looking all the time, so you might like—you might feel you might not have to come to this park because they’re like—they don’t even know you, you know? They might think, when they see you, they may think you are a bad person or something like that. They just keep looking at you or something like that, so you’re not feeling very comfortable” (female African Immigrant focus group member).

Another woman noted constraints she faces. She said, “We have to pray like five times a day, so we’re supposed to have a place that we can pray...Men can pray everywhere, like outside, something like that. But the women, they’re supposed to have like a little cover, maybe a small room, something like that...So if we pray five times a day, we cannot go outside because we are thinking about that time of praying” (African Immigrant focus group).

Several participants noted prior negative experiences at regional parks. For instance, one person noted, “The other day we had an experience. We were sitting down there [at the park] with my family. We made it to the lake and we sat down, but there was a person with whom I think they communicate. He came over and stopped us. He said, ‘You have to stand up. You cannot stay here because it has been rented.’ Like that with verbal aggression. We got angry and began to complain. Some of us speak in Spanish, some in English... But, he never said, ‘please’, ‘oh see, I have a paper’, nothing. The person who rents the parks, who is responsible for that area, should be taught to be polite with people, because sometimes people get aggressive, there are problems, then they call the police and at the end one gets kicked out” (female Hispanic focus group member).

**Differences in Barriers by Focus Group Type.** Only minor differences were found across the various focus group types (Table 8). Lack of awareness was identified either as the first or second most frequently cited barrier across all the focus group types. Three of the focus group types identified time constraints among the top three park visitation barriers. Two of the focus group types identified lack of transportation options as one of the top three barriers.

**Table 8. Most Prominent Barriers to Regional Park System Visitation by Focus Group Type**

	<b>African American Focus Groups</b>	<b>African Immigrant Focus Groups</b>	<b>Asian Immigrant/ Asian American Focus Groups</b>	<b>Hispanic/ Latino/Latina Focus Groups</b>	<b>Diverse Composition Focus Groups</b>
1	Lack of Awareness	Time	Lack of Awareness	Lack of Awareness	Time
2	Transportation	Lack of Awareness	Language Barriers	Time	Lack of Awareness
3	Fear/Safety Map Challenges Cultural Insensitivity/ Discrimination	Transportation	Weather	Cost	Fear/Safety

Note: More than one theme listed per row is due to a tie in number.



Similarly, two of the five focus group types noted fear or safety concerns as a top barrier. Weather, cost and cultural insensitivity/discrimination were among the top three barriers with only one focus group type.

### Concerns Related to Regional Parks and Trails

Focus group participants were asked to share their concerns or issues related to the regional park system, if any. Five major themes were identified: 1) safety, 2) behavior of others, 3) litter/uncleanliness, 4) lack of information and 5) dog waste.

Among the concerns raised, safety was noted almost five times more often than any of the other concerns raised. Behavior of others was an extension of safety, but was perceived somewhat differently. Some individuals were not necessarily concerned about their individual safety, but sought to protect their family from witnessing unfavorable behavior exhibited by others. For instance, individuals smoking or drinking were viewed unfavorably. One participant noted, *“Because [we’re] different nationalities—some people, we are not the same, so they look at us, and they’re using alcohol and like to give trouble to us”* (male Asian Immigrant/Asian American focus group member).

Some participants had concerns related to litter, while others spoke to concerns about site cleanliness. For instance, clean restrooms, picnic tables, and trash receptacles. One participant noted, *“Clean is very important”* (female African Immigrant focus group member). Lack of information was also cited as an issue, most notably among participants who did not know about the Regional Parks System or had not visited a regional park in the past. The last major theme was concern over dog waste. Participants noted seeing dog owners who did not clean up their dog waste, as well as concern over their children playing at parks where dog waste was present.

### Suggestions to Enhance Regional Parks System Visitation

Focus group sessions concluded with asking what recommendations participants had to increase regional park visits. Several themes emerged across all groups (Table 9). The top five major themes were: 1) increase awareness, 2) address safety, 3) enhance capacity of gathering spaces and create an ambassador program (items tied), 4) increase and diversify programming, and 5) provide more events. A description of each theme is provided in detail below.

**Table 9. Suggestions from Focus Group Participants to Enhance Regional Park Visits**

1	Increase Awareness
2	Address Safety
3	Enhance Capacity of Gathering Spaces*
	Create Ambassador Program*
4	Increase and Diversify Programming
5	Provide More Events

\*Items tied.

**Increasing awareness.** Increasing awareness was the most prominent theme across all focus groups. As one participant noted, *“I think for a lot of people, if it’s not part of your culture—I mean, if you didn’t grow up going to the park with your family, you’re not going to necessarily think about going to the park yourself and you’re not going to teach your kids to go the park either, especially if there’s no opportunity*

to really understand like why would I go. I've never gone before, my family doesn't go, and what would I do when I get there, you know" (female African American focus group member).

While increasing awareness was the most potent suggestion put forward, the information cited as most helpful was quite varied (Table 10). Across all groups, the most widely cited suggestion to create interest and enhance awareness was to provide a thorough description of both the place and activities offered. One individual suggested the information provided use the following description: "There is a big place and there is a place to do some activities for children and places to do picnics and some seats" (female Diverse Composition focus group member).

The second most prominent suggestion to enhance awareness was to provide comprehensive directions, not necessarily in map format, considering that some participants faced challenges reading maps. Suggested directions included wayfinding signs on roadways, onsite signage, and directions available in written or oral formats that could be accessed. For instance, several participants suggested providing a phone number to call to get directions in their primary language.

Another primary suggestion to increase awareness was to provide a way for individuals to locate which regional park in the system has the activities and amenities they desire. Equally noted was the desire to know what is happening in the parks, including the events occurring in the parks.

A three-way tie occurred for the fourth most common information need and included: 1) notification of rules, 2) better understanding of what a "regional park" is and 3) location. Several participants noted confusion surrounding park rules and suggested that more awareness of park rules should be fostered. Participants also noted the need to create a greater understanding of the Regional Parks System in general. This was particularly prominent in focus groups where several individuals had never heard of a "regional park." By extension, another request focused on creating awareness of where all the regional parks and trails are located within the region.

Finally, the last major theme was providing the opportunity for individuals to identify the location of parks based on the activities that they like to pursue. Some individuals perceived that people would be more prone to go to regional parks if they knew which ones were the closest to them based on the amenities and activities they wanted.

It is important to note that awareness of schedules and contact information was also frequently mentioned as highly important. For instance, many Hispanic participants suggested placing reservation schedules on picnic shelters.

**Table 10. Suggestions from Focus Groups to Increase Awareness**

1	Describe: places and what you can do
2	Directions
3	Which park has what they want*
	What is going on at parks/notification of events*
4	Notification of rules*
	Better understanding of what a "Regional Park" is*
	Location*
5	Locations based on activity

\* Items tied.

**Differences in Increasing Awareness by Focus Group Type.** The aspects identified to increase awareness differed across the various focus group types (Table 11). Most notably, some focus groups preferred conveying more fact-based information, while others preferred extensive descriptions.

For instance, African American focus group members noted it was most important to convey directions and provide information or what is happening in the regional parks. On the other hand, African Immigrant focus group members and Hispanic focus group members noted the need to provide a thorough description of regional parks and an illustration of the activities and amenities available within them. Directions were also highly preferred among all focus group types.

The top suggestions among Asian Immigrant/Asian American focus group members were to create awareness of what a regional park is, followed by where they are located and how to get there. Notably, only Hispanic focus group members suggested the need to increase awareness of park hours and schedules, as well as contact information among their top three most important aspects. The Diverse Composition focus groups most frequently identified awareness of the parks that hosted activities and amenities they prefer, as well as knowing what is going on within them.

**Table 11. Suggestions to Increase Awareness by Focus Group Type**

	<b>African American Focus Groups</b>	<b>African Immigrant Focus Groups</b>	<b>Asian Immigrant/Asian American Focus Groups</b>	<b>Hispanic/Latino/Latina Focus Groups</b>	<b>Diverse Composition Focus Groups</b>
1	Directions What's going on/Events	Describe places and what you can do	What a regional park is	Describe places and what you can do	Which park has what they want
2	Which park has what they want Describe places and what you can do	Directions	Location	Locations based on activity Directions	What is going on at parks/Events
3	What a regional park is	Which park has what they want Locations based on activity What's going on	Directions	Which park has what they want Schedules Locations Contact information	Location

Note: More than one theme listed per row indicates a tie.

In terms of the preferred ways to increase awareness, several were identified (Table 12). Number one was to disseminate information at local organizations. The types of local organizations cited included churches, stores, doctor's offices, community-based organizations, minority-owned businesses and libraries.

Next, participants suggested translating information into different languages. For instance, one participant asked "*Could the parks give information for people in different languages?*" (male Diverse Composition focus group member). Third, participants suggested the use of park ambassadors or tour guides. Importantly, however, the distinction was made that the ambassadors shouldn't just be available onsite, but rather should engage in the community to raise awareness of the Regional Parks System.

Word of mouth and flyers or brochures tied as the next most frequently noted information sources. Several participants noted that they got their information from friends or family, while other participants stated they prefer to garner their information from flyers or brochures. Participants also stated that flyers or brochures should include more pictures than words.

The last major themes included minority and community newspapers, as well as mailings or leaflets delivered to residences. Participants identified various newspapers, either local community newspapers or language-specific newspapers. Mailings included providing information in community education publications and community bulletins. Others suggested door leaflets placed at homes throughout the metropolitan area. Interestingly, typical information sources were not mentioned by focus group participants to any great degree. For instance, TV, internet, maps and radio were each only noted twice across all focus groups.

**Table 12. Most Frequently Noted Preferred Information Sources and Format among Focus Group Participants.**

1	Provide information at local organizations
2	Translate information into different languages
3	Provide park ambassadors or tour guides
4	From my friends or family—word of mouth*
	Flyers or brochures*
5	Minority or community newspaper*
	Receive mailing or leaflet at residence*

\* Items tied.

**Differences in Preferred Information Sources and Format by Focus Group Type.** Preferences for both information sources and format differed across the various focus group types (Table 13). African American focus group members and Hispanic focus group members identified local organizations as their top way to access information.

**Table 13. Most Frequently Noted Preferred Information Sources and Format by Focus Group Type**

	<b>African American Focus Groups</b>	<b>African Immigrant Focus Groups</b>	<b>Asian Immigrant/ Asian American Focus Groups</b>	<b>Hispanic/ Latino/Latina Focus Groups</b>	<b>Diverse Composition Focus Groups</b>
1	Local organizations	Translated into different languages	Park ambassador or tour guide	Local organizations	Translated into different languages
2	Park ambassador or tour guide	Friends	Friends	Targeted newspaper	Local organizations
3	Flyers/community partnerships/ targeted newspaper		Translated into different languages	Flyers/Translated into different languages	Mail or door leaflet

African Immigrant focus group members and Diverse Composition focus groups wanted to have the information translated into different languages, while Asian Immigrant/Asian American focus group members preferred to hear the information first hand from a park ambassador. Friends were important among African Immigrant focus group members and Asian Immigrant/Asian American focus group members.

**Address Safety.** The second most recurrent suggestion to enhance visitation focused on addressing safety concerns. For example, one participant noted, *“Security is important. If we don’t feel secure in the park, we will not visit the park. And nowadays we need a lot of security, and I believe that the environment is pleasant if you have security, and that would make me enjoy it better”* (male African American focus group member).

Various suggestions to enhance safety were put forward. Predominately, participants noted enhancing security presence at regional parks. For instance one participant stated, *“I want to know why I don’t see too much security for all the parks”* (female Diverse Composition focus group member). Among some focus groups, security presence included park rangers and bike cops, while others noted simply the presence of security officers.

Other notable differences across various focus groups also emerged (Table 14). Hispanic focus groups desired only enhancing lighting to feel safer. Similarly, Diverse Composition focus group members and African American focus group members noted lighting, but they also incorporated additional requirements to feel safe. Diverse Composition focus group members suggested lighting, security officers, ambassadors, and having people around. Having people around was conveyed in multiple focus groups as being important. One participant noted, *“If there’s not a lot of people, it’s a little bit scary. But if there’s a lot of people, it’s not scary”* (female Diverse Composition focus group member).

African American focus group members also noted the desire for other people around to feel safe, as well as suggesting lighting, security officers, blue light call boxes and cameras to enhance safety. African Immigrant focus group members also suggested having other people around, as well as security officers and cameras. Asian Immigrant/Asian American focus group members suggested security officers, as well as providing ambassadors or guides to enhance safety perceptions.

**Table 14. Safety Needs by Focus Group Type**

	<b>African American Focus Groups</b>	<b>African Immigrant Focus Groups</b>	<b>Asian Immigrant/Asian American Focus Groups</b>	<b>Hispanic/Latino/Latina Focus Groups</b>	<b>Diverse Composition Focus Groups</b>
<b>Safety Needs</b>	Security officers* Blue light call boxes Lighting Cameras People around	Security officers Cameras People around	Security officers Ambassadors/ Guides	Lighting	Security officers Lighting Ambassadors People around

\* Including bike cops and park rangers

**Enhance Capacity of Gathering Spaces.** The third most notable suggestion focused on park design and onsite amenities. The desire for spaces that accommodate large group gatherings or preferred modes of recreation was noted.

Several participants spoke about what kinds of recreation they like, with a particular emphasis on family gatherings with multiple generations. In this vein, participants acknowledged the need for sites that provided activities and amenities that accommodated a wide age range. For instance, one participant noted, *“We need to locate a place first and eat the food, and after, we want to walk around and some people sit down”* (female Asian Immigrant/Asian American focus group member).

Other participants expressed the desire to have amenities close to one another so that multigenerational families could be together, yet enjoy their respective recreational activities. For example, clustering development was suggested, including playgrounds, picnic areas, ball fields, walking trails, restrooms and other features.

Additionally, participants focused on the need to enhance the capacity for large group gatherings. In this respect, participants most frequently identified the need to increase accommodations for larger groups at picnic areas. A common critique is that picnic shelters, typically reserved ahead of time, were the only facilities that can accommodate more than a small group of people. In this light, several participants did not feel parks provided amenities to meet their needs. For instance, one participant bluntly suggested, *“Accommodate more than one group of people”* (male African American focus group member). Other participants suggested adding more grills, picnic tables, benches and seating to meet the needs of larger groups.

Another suggestion put forward was to incorporate the capacity to accommodate different recreational preferences. For instance, many participants expressed preferences for outdoor recreational activities that are not accommodated in the regional park system, including basketball, soccer, football, baseball and tennis.

Several participants suggested that providing opportunities for games would enhance park visits. For instance, one participant said, *“Kids are playing basketball, they’re playing soccer. I mean, just games and stuff that will attract that demographic will be huge, because we parents now, we’re working. When we come from work, we’re tired...but most of the times, the kids, if there was a basketball or a soccer field or football, something, they will be encouraged about, ‘Hey, let’s go to—let’s go play.’ And like we all know, most parents accompany their kids, so we parents go there, we will then, ‘Okay, this is something new. This is good for my child.’ That would encourage my neighborhood, and you would find you have a lot more people coming to it”* (male African American focus group member).

**Create Ambassador Program.** Another top suggestion was to create an ambassador program to serve as a resource for potential visitors, both on- and off-site. Several participants’ description was akin to an onsite tour guide, while others reflected a desire to have ambassadors within in the community who could provide them an orientation to the parks beforehand. For instance, one participant stated, *“Because we don’t have experience there, we need somebody who knows”* (female Asian Immigrant/Asian American focus group member). Another participant wanted someone to guide them onsite, noting, *“We are like a child. We are students here. We are like a child, so we see something and we want to ask”* (female Asian Immigrant/Asian American focus group member). Importantly, she and others stated they did not want to go to a park without someone to guide them.

A continuum of described roles for an ambassador emerged. More often, the role of the ambassador was perceived to raise awareness of the regional park system, as well as communicate park resources to new and potential park visitors. Other participants suggested the need to orientate new and potential

visitors to recreational activities offered in regional parks. The orientation to recreational activities included both increasing understanding of existing opportunities within regional parks, as well as providing an orientation to those types of activities. For instance, one participant suggested, *“We need a trainer, somebody who trains the people how to skate, because culturally, we don’t do that stuff”* (male African Immigrant focus group member).

**Increase and Diversify Programming.** The fourth most prominent suggestion to enhance regional park visitation among focus group participants was linked to programming. A few participants spoke about programming in a generalized sense of providing things to do on-site to attract visitors. For instance one participant said, *“Programming, more programming, maybe, and trying to attract groups that wouldn’t normally go out”* (male African American focus group member).

Related to attracting new park visitors, one individual noted, *“I grew up in Minnesota and we played outside all the time and we were at parks. We loved being outside. We went skiing with the kids and stuff. But if you’re not accustomed to that, there has to be a hook to get you excited to go and then you might want to continue”* (female African American focus group member). Many participants spoke in favor of programming specifically geared for families, while a few supported organized activities for children. Most notably, programming for both families and children tended to focus on organized play. Interestingly, only rarely did participants suggest nature-based or environmental education-based programming.

**Provide More Events.** The last major theme that emerged about enhancing regional park visits was associated with events. Among focus group participants, events were viewed as a way to introduce regional parks to non-park users. Further, events were described as contributing to community building, which was seen as essential to enhancing the perception that regional parks are a welcoming destination. One young participant stated, *“Take steps in trying to house more events at the regional park, where you gather the community together at once...to expose them to the wonders of the park, and also have them meet and greet other people in the community so they also know other people [are] around, where they can go back to the park and have the same experience they had that day”* (male African American focus group member). Notably, a few participants were careful to convey the importance of having the events hosted by the park entity, as opposed to outside entities, in an effort to maximize exposure and showcase regional park resources.

Other prominent themes that emerged include: a) add or enhance playgrounds, b) bolster nature quality, c) address pet and wildlife waste and d) clean restrooms and facilities.

## **Conclusion**

This study sought to explore regional park use among select communities of color. A total of 16 focus groups were conducted with a total of 263 participants from diverse racial, ethnic and cultural backgrounds. The study found that participants most preferred to walk, picnic or barbeque and use playgrounds when enjoying the outdoors.

Half of participants had previously visited a regional park. Proximity and transportation were perceived to encourage regional park use the most. Eleven major barriers to regional park use were identified, the top three being lack of awareness, time and fear or safety concerns. Safety was also identified as the most prominent concern, more than five times higher than any other concern identified.

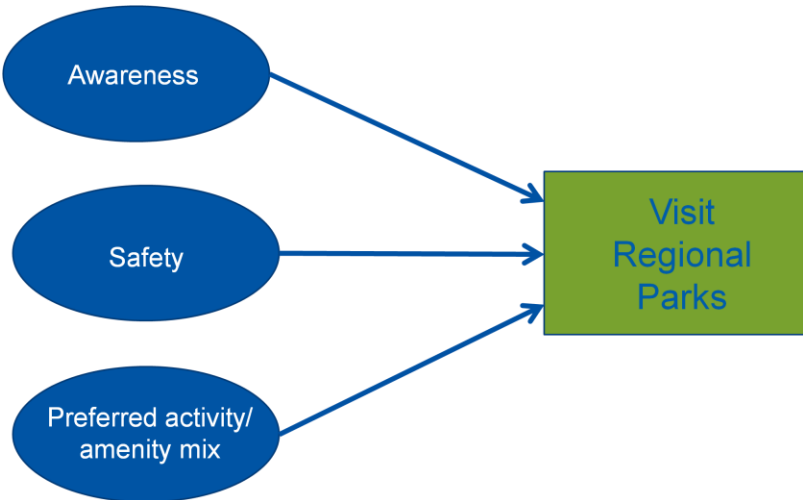
Most notable suggestions to increase regional park visitation included increasing awareness and addressing safety concerns. Other suggestions were focused on design and operations, incorporating

preferences toward increasing the capacity of gathering spaces, providing park ambassadors, programming of activities, and events.

In sum, the findings suggest that the largest factors that determine of regional park visitation include awareness, safety and activity/amenity preferences (Figure 1). Based on the findings, visits largely depend on whether people are aware of the regional parks, whether they would feel safe at the regional parks and whether or not the regional parks provides the activity and amenity mix they prefer.

Notably, the three major factors of park visitation were found to be important among all focus group types. However, differences did emerge across the three. For instance, the concept and description of safety differed significantly across the focus group types. Therefore, when addressing these factors, it is important to consider them from a diversity perspective.

**Figure 1. Major Factors Identified by Focus Groups that Determine Regional Park Visits**





## Appendix Focus Group Guide

Welcome:

We are going to talk about **regional parks** today (provide examples nearby).

I want to know what we can do to make the parks a place people like to go. We will use the comments and suggestions you give us to improve our **Regional Parks** System. If you have any questions or don't understand something I say, you can raise your hand and stop me at any time to ask.

Feel free to stop me at any point to ask any questions. I will be recording our conversation, so I can remember everything you say. We will write a report but your names won't be used.

Do you have any questions now?

### **I. Opening Question: Participants get acquainted and feel connected**

- a. Tell us your favorite outdoor activity (if any).

### **II. Introductory Questions—General outdoor activities**

- a. What kinds of outdoor activities do you like to do?
  - i. Follow up: When? How often? With whom?
- b. What do you think is good about doing the outdoor activities?

### **III. Transition Questions**

- a. When you think about parks, what comes to mind?

### **IV. Regional Parks**

- a. Have you been to a **regional park, trail, park preserve or special recreation feature** in the last year? (see maps; provide overview of system)
- b. What do you think are the things that make it easy to visit **regional parks**? (*Probes (if necessary): opportunities near my house, having my own equipment, having equipment available to use at a park,...*)
- c. What do you think are things that make it hard to visit **regional parks** (i.e. obstacles)? (*Probes (if necessary): expense, time, equipment, lack of interest, other interests, getting a license, transportation, lack of access, concerns ...*)
- d. Are there any other concerns or problems that come to mind when you think about visiting **regional parks** in the Twin Cities metropolitan area? (*Probes [if necessary]: crime, lack of places to go, pollution, racism...*)
- e. Why do you think people don't visit the **Regional Parks** System?

### **VI. Ending Questions**

- a. Do you have any recommendations or suggestions to increase park visits?
  - i. Follow-up: What can the regional parks do to attract people from your community?

- b. What suggestions would you give to *promote* **regional parks** to people from your community?

## **VI. Closure**

- a. You have been very helpful. If you wish, we could follow up with you by sending a brief summary of our conversation today. Would you like to receive a written summary or have me come back to talk about what I learned from all the people I talked to?
- b. If you would like to receive something in writing, could you please give us your address so that we can send/email it to you?



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# Parks, Trails, and Health Workbook

A Tool for Planners, Parks & Recreation Professionals, and Health Practitioners





## National Park Service

### Rivers, Trails, and Conservation Assistance Program

The National Park Service Rivers, Trails, and Conservation Assistance program supports community-led natural resource conservation and outdoor recreation projects across the nation.

Our national network of conservation and recreation planning professionals partners with community groups, nonprofits, tribes, and state and local governments to design trails and parks, conserve and improve access to rivers, protect special places, and create recreation opportunities.

<http://www.nps.gov/rtca>

## Centers for Disease Control and Prevention

### Healthy Community Design Initiative

CDC's Healthy Community Design Initiative (HCDI) improves public health by helping create built environments that support healthy choices where people live, work, and play.

HCDI works with local, state, and national partners to integrate public health into community design, transportation, and land-use decisions to provide people with convenient and safe opportunities to walk, bicycle, or use public transit.

<http://www.cdc.gov/healthyplaces>



# Workbook at a Glance

Parks and trails support community and individual well-being. Access to these resources can help increase residents' physical activity, support mental health, and foster community and social interactions.<sup>1</sup>

Parks and trails development can also benefit local environments and support community wellness. Sensitive areas such as flood plains may be protected, ecosystem services preserved, and areas prone to natural disasters shielded from development that would put people at heightened risk.

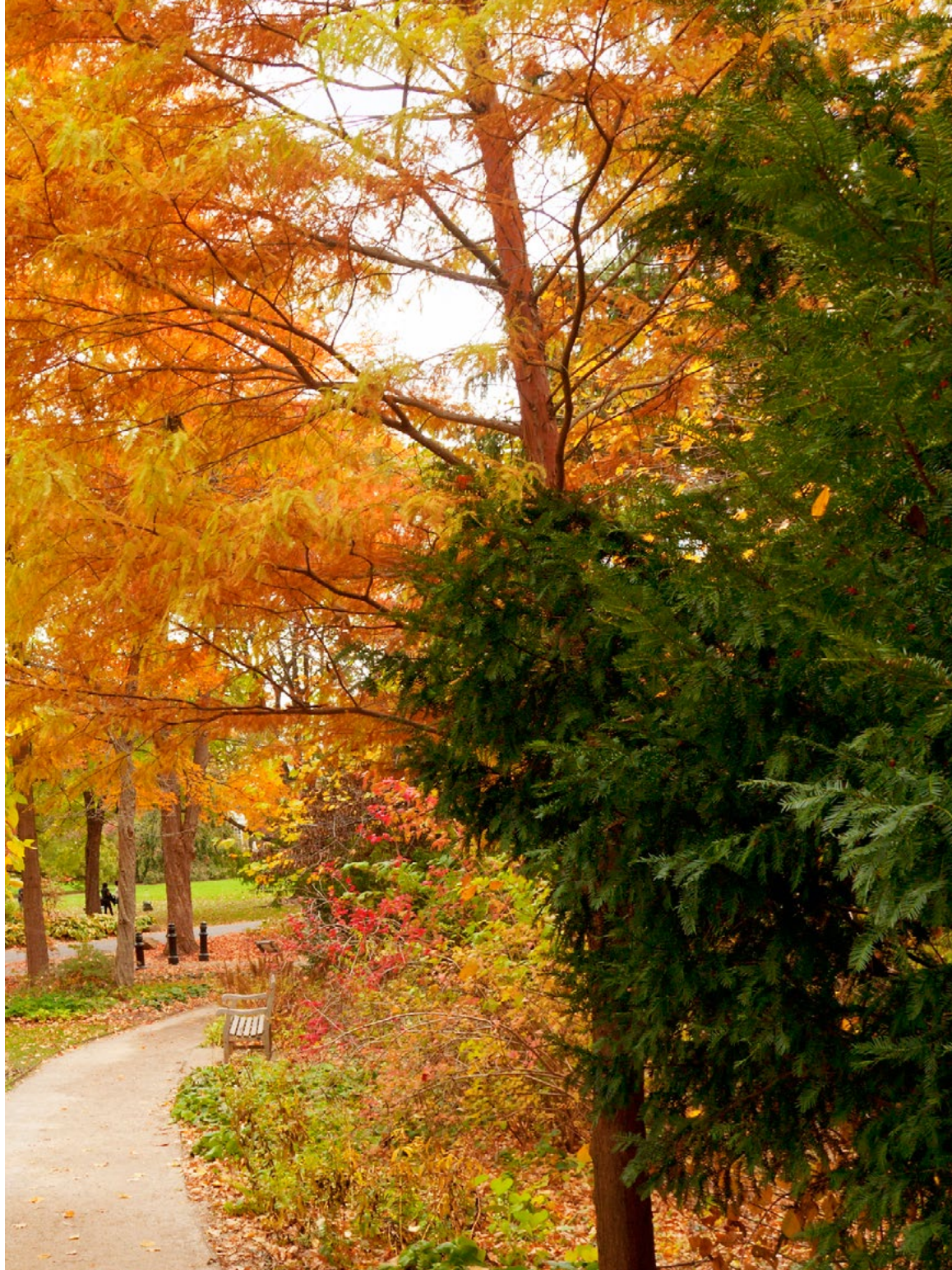
Why is a health workbook for park and trail planners needed? Explicit recognition of public health connections and goals in relation to planning efforts is not always obvious. Integrating public health concepts in planning processes can best ensure the full realization of park and trail health benefits.

## Parks and trails can provide health benefits by:

- ✓ **Providing opportunities to practice healthy lifestyles**
- ✓ **Creating destinations and venues for physical activity**
- ✓ **Reducing stress and improving mental wellness**
- ✓ **Fostering community interaction & social support networks**
- ✓ **Providing beneficial, low impact use of sensitive areas, reducing injury and property loss that could occur if the land was used for other functions**
- ✓ **Reducing air and water pollution**
- ✓ **Mitigating urban heat islands**
- ✓ **Preserving important habitat, environmental, and cultural sites**

<sup>1</sup>Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth. Washington, DC: U.S. Department of Health and Human Services, 2012.

HCDI Healthy Places web site for parks and trails; Trust for Public Land, "The Health Benefits of Parks"





## Purpose of Workbook

This workbook is intended as an outline and quick guide for incorporating public health considerations in the development of a park or trail. Its intended and potential uses include helping you:

- Facilitate interagency and stakeholder discussion and collaboration related to parks, trails, and community health issues.
- Find data and information to engage and enlist new health partners, funding resources, and stakeholders.
- Assess the health and community needs for a new park/trail project or enhancement
- Prepare for a health impact assessment (<http://www.cdc.gov/healthyplaces/hia.htm>) or for health grant applications.

## How to Use this Workbook

The workbook is separated into five sections, along with appendices, all of which build on each other to strengthen the design and implementation of a community-based park or trail project. Each section should be probed for its relevance to the project and should be completed with community stakeholders and expert partners, if possible.

Please note:

- Discuss suggested topics with experts in that field before dismissing. Topics that initially seem to have little relevance to a project may become very important when reviewed with experts.
- Be flexible as to what data to use. Data related to some of the suggested topics may be easily obtained. Other data may need to be adapted from a similar area of concern. Suggested approaches and web links are provided for your convenience and are not endorsements.
- Review appendices for ideas and resources that may inform your group discussions.

Consider this workbook as a starting point. Every project is different. This workbook is intended as a guide to be adapted for specific situations.

It is unlikely that all the items listed will be relevant for a particular initiative or project; conversely, additional items might need to be addressed that are not reflected here. You can use a flowchart or logic model to determine the best way to include this workbook in your efforts.



Photo courtesy of the National Park Service

# Workbook Sections

## Section 1 – Community Health Profile

This section of the workbook establishes the health profile of the community or specific study area of your project. Completion of this section is best accomplished early in the project planning process. This section makes use of existing data. Collection of the data and the rationale behind it begins the park/trail planning–community health collaboration.

## Section 2 – Site Assessment

This section of the workbook helps users understand the dynamics and physical elements of the neighborhoods or communities where park and trail projects are proposed.

Gathering information for Section 2 lends itself to a community workshop where participants:

- Become informed of community health issues.
- Are able to offer input on problems and solutions.
- Are able to identify and map the area’s resources and challenges.

This workshop might be done with assistance from project stakeholders and health practitioners.

## Section 3 – Site Planning

This section of the workbook addresses design considerations related to a specific site. It is intended to ensure that a project is promoting physical, mental, and social well-being. As community ideas become focused, the site planning checklist can be revisited to assure the strategies that address health issues within the community are being considered.



Illustration courtesy of the National Park Service

## Section 4 – Park and Trail System Planning

This section of the workbook highlights planning principles to take into account as part of a community’s comprehensive planning process. The planning principles may be used to identify opportunities to create linked park and trail systems through planning and development policies. They also help in identifying areas outside of park boundaries that affect park access, visibility, and safety. Examples include:

- Identifying opportunities to increase park or trail visibility.
- Locating entrances to encourage walking and biking to the site.
- Making parks more accessible by adding entry points serving nearby neighborhoods.
- Creating walk and bike routes that shorten distances to park entry points.
- Instituting universal access when possible.

## Section 5 – Monitoring and Evaluation

This section of the workbook covers evaluation and monitoring to measure a project’s progress toward stated goals and to ensure the project actually promotes health after it is complete and open for use. Establishing baseline conditions before project implementation is essential if its impact is to be understood.



# Appendices

## Appendix A – Finding Health Data about Your Community: A How-To Guide

Offers resources on how to find health data for your community. Your health department may have data that are more detailed and nuanced.

## Appendix B – Example Matrices

Provides examples of matrices. These examples should be adapted to include information specific to your project. A stakeholder matrix helps identify interest groups potentially affected by park or trail issues and opportunities. A design matrix assures the development has a broad appeal.

## Appendix C – Health Impact Assessment Resources

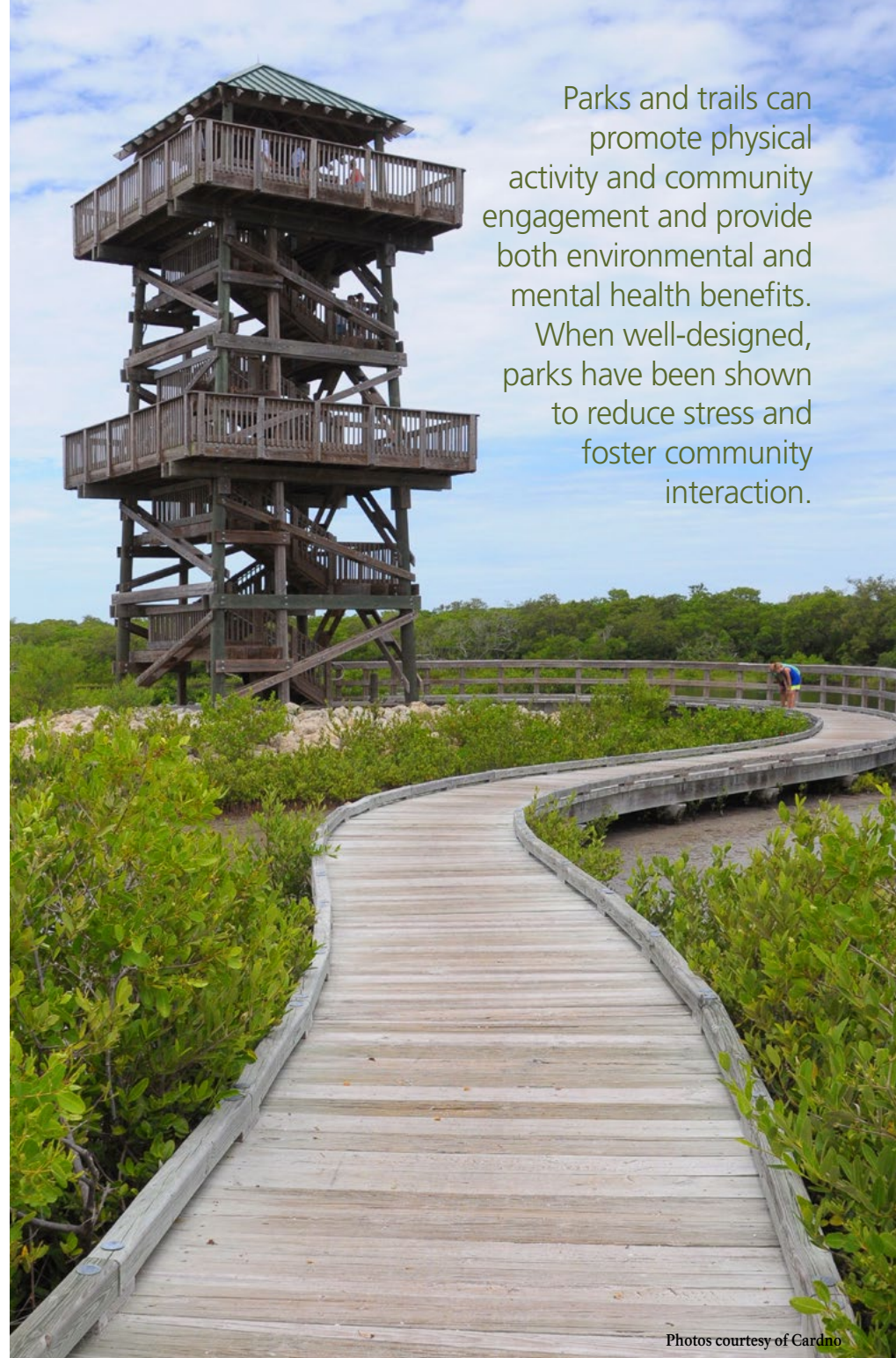
Explains how this workbook is similar to a health impact assessment and lists examples of completed health impact assessments that include parks, trails, and/or greenways. These examples can be used as resources to gain a better understanding of how health considerations can be identified and integrated into planning processes.

## Appendix D – Case Studies

Presents two successful case studies illustrating this workbook process.

## Appendix E – Workbook Summary Report Example

Presents an example of how one community developed an executive summary capturing potential health impacts and health outcomes using a logic model illustration.



Parks and trails can promote physical activity and community engagement and provide both environmental and mental health benefits. When well-designed, parks have been shown to reduce stress and foster community interaction.

Photos courtesy of Cardno

# Section 1: Community Health Profile

Neighborhood health statistics and demographic data provide a useful profile of potential park visitors or trail users and community health issues. With this knowledge, planners, consultants, and technical staff can make informed decisions and tailor their projects to best serve the health needs of visitors and the surrounding communities.

Links that may help you create your community health profile are included in the text and in Appendix A. We also strongly encourage you to contact your local health department during data collection. The local health department likely will have more relevant, detailed, and up-to-date information. This step is especially important for rural communities, because comprehensive online data may not be readily available in less populated areas.

Material in this section is intended to start conversations between nontraditional partners. Before deciding that specific data are too difficult to obtain, check with experts in that area. Then your project team should determine what information is most important and relevant for the park/trail project and whether important topics are missing.

(Additional information is available in Appendix A – Finding Health Data about Your Community).



Photo courtesy of the U.S. Soccer Foundation

## 1.1 Identify potential partners

Identify partners who may play a critical role in achieving specific health outcomes. These groups and individuals may also assist in data collection. Check those that apply, brainstorm who else might be appropriate for this project, and develop a contact list of interested parties. A matrix listing interests and who represents those interests can help assure that your stakeholder list is balanced (Appendix B). The earlier they become involved, the more likely stakeholders will be able to help. Potential partners include the following:

- Health care providers, health departments, hospitals, local clinics.
- Mental health clinics; social service agencies, departments, or organizations; homeless shelters.
- Oversight health councils, health organizations, and coalitions.
- Nonprofit organizations (American Heart Association, American Cancer Society, etc.)
- University public health, nursing, and medical programs.
- University planning, architecture, and landscape architecture programs.
- Health insurance companies.
- Local park, planning, development, and public works departments.
- Police and emergency medical services.
- Adjacent property owners, neighborhood associations, and others served by a park.
- Walking and bicycling groups and participants in programs such as Park Prescriptions, Safe Routes to School, or Walk with a Doc.
- Task force or committee on persons with disabilities.
- Youth service organizations (YMCA of the USA, Boys/Girls Clubs, 4-H, etc.)
- Senior services.
- Veteran services.
- Faith-based organizations, churches, and youth groups.
- Local businesses with park or health interests.
- Community garden and farmer's market advocates.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 1.2 Review demographic data to construct a community profile

The community profile will help you understand who you are designing the park/trail for and help you identify trends (e.g., more families moving to your study area or an aging population). Information you might want to review includes:

- Basic population and density estimates and changes in the past 5-10 years.
- Age and sex distributions and changes in the past 5-10 years.
- Educational attainment levels.
- Employment and income levels.
- Race and ethnicity statistics.
- Living situations (e.g., household type, marital status).
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Planning departments or local universities may be able to assist with the collection of demographic data. Presenting the data in a visual map format can have the most impact on community members. Resources for finding demographic data include the following:

- U.S. Census Bureau – a database that provides demographic information about communities within the United States. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- Community Commons – an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities’ movement. Registered users have free access to GIS data layers and tables. <http://www.communitycommons.org>
- County Health Rankings – a tool that provides health data at the county level. <http://www.countyhealthrankings.org>
- National Environmental Public Health Tracking Network Built Environment Indicator “Access to Parks and Schools” – a resource that presents the number and percentage of population living within a half-mile of a public park by state and county in map and table formats. <http://ephtracking.cdc.gov/showAccessToParksAndSchools.action>



Photo courtesy of the National Park Service

## 1.3 Collect disease prevalence and risk factor data to determine the health needs of the service population.<sup>ii</sup>

Contact your local health department for data most relevant to your area. Visit websites such as <http://www.countyhealthrankings.org> and <http://www.cdc.gov/brfss> for comparative data.

- Diabetes rates.
- Asthma rates.
- Cardiovascular disease rates.
- Depression hospitalization rates.
- Physical inactivity rates.
- Obesity rates.
- Smoking rates.
- Prescription, illicit drug, and alcohol abuse rates.
- Availability of healthy foods (e.g., grocery stores with fresh foods, farmers’ markets).
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>ii</sup> **Service population:** Establish the population to be served by identifying the segment(s) of the population or a geographic service area, the residents of which are expected to use the project. Geographic service areas can be based on political boundaries, proximity (those who live within a specified distance of a site), or access (those who have walk, bike, or driving routes to entrance points within a specified distance).

## 1.4 Identify community health goals that have been defined by your local health community, schools, and nonprofit organizations.

- Physical activity plans.
- Comprehensive plans.
- County health strategies.
- School district health strategies.
- Wellness coalitions.
- Other: \_\_\_\_\_  
 \_\_\_\_\_



## 1.5 Agree on baseline data that address project goals and support monitoring and evaluation.

Develop a monitoring and evaluation strategy early on to document community infrastructure and health outcome improvements. (See Section 5 for additional guidance.)

- Number of park and/or trail users.
- Percent of population who can walk to a park entrance.
- Community satisfaction and perception ratings.
- Programs offered (events, classes, other).
- Health outcome changes (obesity rates, asthma rates, mental health rates).
- Other: \_\_\_\_\_

### Group Discussion<sup>iii</sup>

- Which items on your list rate better or worse when compared with rates for your state and the nation?
- Based on your findings, which community health concerns could be addressed by your project?
- Which are most important?

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### Actions

- Are any partners missing from your list based on the identified community health concerns?
- Are any additional data needed for sound decision making?
- Are there additional methods for gaining and sharing the data, knowledge, and information with your community? Identify them.
- Is there an additional target audience that should be considered? Using your community profile, identify populations with specific or special needs.
- What key baseline conditions might be changed by the project? (It is important to document these before project initiation. It might be helpful to think of these in terms of your project goals.). Baseline information will help you determine if your project is successful and to evaluate the impact of your project.

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<sup>iii</sup> Review resources and case studies in appendices for additional ideas.



# Section 2: Site Assessment

Geography, visibility, safety, and accessibility are all important factors that can influence the design and ultimate use of parks and trails. Understanding a project's setting points to opportunities and possibly problems that might otherwise be overlooked. Site information can be collected during a community mapping workshop (see example in Case Study 1). Park audit tools, available at sites such as Active Living Research (<http://activelivingresearch.org/community-park-audit-tool-cpat>), could help project partners with site assessments. (See Section 5.1 and Appendix B for more resources and details.):



Photo courtesy of D.A. Horchner/  
Design Workshop

**A COMMUNITY MAPPING WORKSHOP** is a planning technique that brings together project stakeholders to develop a map of park or trail site information, assets, and challenges. This map may be in paper or web form, and information can be collected through online research, park or trail audits (see Section 5.1 and Appendix B), and community institutional knowledge.

### Benefits of hosting a community mapping workshop:

1. Taps into local knowledge and understanding of the project site.
2. Fosters a greater understanding of community and project challenges and opportunities.
3. Provides a tangible resource (a map) to incorporate and use formally or informally in the park/trail planning process.
4. Generates stakeholder buy-in and ownership.
5. Builds community and stakeholder trust in the planning processes.

## 2.1 Collect and map data about existing geographic conditions around the project location to identify opportunities and constraints to public health benefits.

Data about geographic conditions are often available through the U.S. Census Bureau (<http://www.census.gov/geo/maps-data>), the Environmental Protection Agency's EJView (<http://epamap14.epa.gov/ejmap/entry.html>), local tax commissions, and online mapping sites. Planning departments and local universities may be able to assist with the collection and presentation of this data. A site visit to supplement data available from other sources is strongly recommended.

Collect data about:

- Existing parks and trails.
- Publicly owned parcels.
- Surrounding streets and undeveloped rights-of-way.
- Adjacent land use.
- Site features and amenities.
- Topography.
- Vegetation (e.g., areas with trees, tree lines, and specimen trees).
- Water (e.g., streams, ponds, shorelines).
- Ecologically sensitive areas (e.g., old-growth forests, flood plains, wetlands, water features, and drainage ways).
- Potentially hazardous land unsuitable for development (e.g., flood plains, steep slopes, unstable soils, and brownfields<sup>iv</sup>).
- Cultural and historic sites and important scenic areas.
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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<sup>iv</sup> Brownfield information is available at ATSDR's Brownfield / Land Reuse Initiative



Photo courtesy of Etienne Frossard, City Parks Alliance (Brooklyn Bridge Park)

## 2.2 Identify pedestrian entry points and routes within a half-mile of the site. Web-based mapping platforms can be used to collect this information.

- Identify bus and light rail routes and stops, particularly any within a half-mile of the project site.
- Examine park and trail entrances and walking and bike routes serving them.
- Pinpoint nearby destinations such as schools, libraries, restaurants, special interest sites, hotels, clinics and hospitals, and other parks/trails within one mile of the project boundary and map potential access routes.
- Recognize unsafe roads and deficient walkways as possible barriers.
- Identify streets with high speed limits and volumes that impact walking and bike routes to and within the site.
- Identify potential populations served within a half-mile radial buffer, compare those to the actual population served by mapping route distances less than a half-mile to entry points.
- Other: \_\_\_\_\_  
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<sup>v</sup>Some tools for doing this can be found at <http://activelivingresearch.org/node/10638>

<sup>vi</sup>Review resources and case studies in appendices for additional ideas.

## 2.3 Create conditions for people to feel safe will help ensure maximum and appropriate use of parks and trails.

Safety information can be found at your public safety department, law enforcement agencies, departments of transportation, and online at <http://www.fbi.gov/about-us/cjis/ucr>.

- Identify vacant or poorly maintained properties. (This can be found using a tax parcel map as a base map and conducting a driving survey of the neighborhood.)
- Evaluate the condition and use of existing park features such as exercise equipment, picnic tables, and amphitheaters.<sup>v</sup>
- Determine park visibility from a range of vantage points, especially from adjacent property, streets, and key points within the park.
- Evaluate park and trail signage.
- Identify nearby land uses or businesses that might affect park safety or security.
- Plot locations of existing light fixtures and quality of lighting along access routes, entry points, and areas designed for use during non-day-light hours.
- Determine crime rates for the area and map hot spots. (Contact your public safety department to request locational data on armed robberies, pedestrian and bicycle crashes with motor vehicles, etc.)
- Map pedestrian and bike collisions with motor vehicles within the site service area. (Contact public safety and transportation agencies for this information.)
- Other: \_\_\_\_\_  
 \_\_\_\_\_

### Group Discussion<sup>vi</sup>

- Which items or approaches could best be used to improve safety perceptions and conditions?
- Which items best support potential community health programming and best practices at this site?
- What are the top issues and opportunities you identified?  
 \_\_\_\_\_  
 \_\_\_\_\_

### Actions

- Is more fieldwork needed?
- Who else could contribute information?
- What could be accomplished in the short term to address trail corridor and park safety issues?
- Who can do it?  
 \_\_\_\_\_  
 \_\_\_\_\_

# Section 3: Site Planning

## A. Physical Health

Parks and trails afford opportunities for outdoor recreation and active lifestyles. This section can help you establish diverse and connected facilities so that all visitors can experience better health. Physical health should be considered as part of the design and concept development.

### 3A.1 Encourage physical activity through park design, features, and amenities:

- Install diverse recreation amenities and space with varying levels of difficulty, such as trails and unstructured fields that support running games.
- Design park features and programs to attract a wide range of visitors throughout the day, week, and seasons of the year. Appeal to age groups, cultures, and ability levels represented in the targeted service area.
- Design entrances and, where appropriate, add or move entry points to promote universal access and encourage the use of active modes of transportation (walking and biking) for park access.
- Include signage that is fun, aesthetically pleasing, and informative about best exercise practices for youths and adults.
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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### 3A.2 Promote equity (across race, age, sex, income, ability levels, and at-risk populations) in the distribution of outdoor recreational resources:

- Incorporate public opinion into park and trail planning via community meetings, surveys, websites, focus groups, social media, etc.
- Tailor park facilities to ensure relevance for target populations.
- Include health benefit considerations in criteria used to prioritize projects.
- Determine if new park/trail entry points would increase pedestrian/bike access, particularly for at-risk populations.
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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### 3A.3 Institute programming and install facilities that will improve physical health outcomes for visitors:

- Include access to drinking water, seating, and shade.
- Evaluate healthy eating strategies such as healthy vending, farmers' markets, produce stands, community gardens, cooking demonstrations, and local restaurants.
- Encourage partnerships that provide free/low-cost physical activities and social programs.
- Work with local health providers and health insurance companies to establish formal walking and physical activity programs, such as Park Prescriptions and Walk with a Doc.
- Provide facilities that support activities such as classes, events, and clubs.
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 3A.4 Refer to public health recommendations for environmental design:

- Assure water features are designed with proper filtration to avoid bacterial infections.
- Include shade protection to mitigate hot temperatures and reduce UV exposure.

### Group Discussion<sup>vii</sup>

- What critical physical health goals have we identified?
- How can our project expand elements and programing opportunities to attract users at times when the park has few people using it? What elements could attract underserved and at risk populations?
- How can our project site visibility be increased?
- How can we expand the number of people who can walk or bike to park/trail entrances? \_\_\_\_\_  
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 \_\_\_\_\_  
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<sup>vii</sup> Review resources and case studies in appendices for additional ideas.



Photo courtesy of the National Park Service

## Action

- Does the site master plan need to be updated?
  - Does the planning/development department need to flag projects for discussion of opportunities to increase site access and visibility?
  - Are activities that have major impacts on the site anticipated?
- 
- 

## B. Social and Mental Wellness

Parks and trails also can create social and psychological wellness benefits for their users. Public spaces promote community involvement and social interactions, which can enhance mental health. Access to nature may reduce stress and restore the mind, leading to higher productivity at work and enhanced learning in school environments.<sup>viii</sup>



### 3B.1 Position the park/trail to serve as a gathering place for community members and facilitate social interaction. During planning, consider the following ideas:

- Install amenities such as seating, shade, drinking fountains, bike racks, picnic tables, pavilions, and open lawns that promote opportunities for congregation and socialization.
- Install features that facilitate and promote participation and inclusion of elderly persons and persons with disabilities into physical and social activities.
- Allow for permits to reserve park spaces and trails for group activities.
- Design parks to accommodate festivals, street fairs, and other community gatherings.
- Foster community and stakeholder collaboration in development decisions to create a strong sense of place.
- Provide signage and information about facilities, features, programs, and contacts; include a prominent place to post notices about community events, programs, and activities near park entrances and gathering points as well as online. Develop distribution plans for sharing information.
- Develop relationship frameworks that support “friends of the park/ trail” groups and volunteer activities.
- Other: \_\_\_\_\_  
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<sup>viii</sup> See Green Cities: Good Health for an extensive literature review.

**PROGRAMMING AND COMMUNITY EVENTS** provide tangible and effective opportunities for healthy activity, mental stimulation, relaxation, social wellness, and health promotion in parks and on trails. Identify potential programs needed within your community and plan for including supportive facilities. Including programs, such as the following, can expand park use to a wider audience:

- **Park Prescription programs:** Doctor-prescribed outdoor activity in parks and trails.
- **Cyclovías:** Permanent or temporary street closures for pedestrian and bicycle traffic around or connected to a park or trail.
- **Trail programs:** Prizes for youth and family outdoor adventures in a park or on a trail.
- **Competitive geocaching:** Races that involve orienteering and the collection of hidden items throughout the park or trail.
- **Art in the park:** Musical performances, art exhibitions, festivals, theater in a park or on a trail.
- **Education:** Outdoor classes or special activities for students during or after school in a park or on a trail.
- **Fitness classes (by age and ability):** Regular fitness classes such as yoga, Zumba, cardio, running clubs in a park or on a trail.
- **Races:** Philanthropic or community races through a park or on a trail.



### 3B.2 Characterize the park/trail as a destination for relaxation:

- Provide strategically placed benches and other comfortable seating with pleasant views in both sunny and shaded areas.
- Limit noise pollution within park boundaries and include traffic calming measures.
- Consider water resources and features.
- Support inclusive programming such as yoga, meditation, and restorative walks.
- Other: \_\_\_\_\_

### 3B.3 Enhance park security for all users:

- Reinforce natural surveillance, establishing views into and within a site to allow observation and reaction to adverse events.
- Establish visual cues that clearly indicate acceptable areas for activity so that sensitive areas can be protected.
- Install lights in strategic and heavily trafficked locations within the site.
- Ensure properly designed and constructed universal access entrances and recreation areas within the site.

### Group Discussion <sup>ix</sup>

- What facilities and amenities will appeal to our target populations?
- Which ideas make sense for this project?
- How can the ideas we have identified be leveraged to have the greatest impact on social and mental wellness? \_\_\_\_\_  
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### Actions

- Establish critical social and mental wellness goals that can help prioritize site planning opportunities. \_\_\_\_\_  
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<sup>ix</sup> Review resources and case studies in appendices for additional ideas.



Photo courtesy of D.A. Horschner/Design Workshop

# Section 4: Park and Trail System Planning

This section suggests broader ideas to consider as part of comprehensive planning and considerations about areas surrounding parks or trails. In addition to using these techniques as part of park and trail planning, they can be considered during development of comprehensive or general plans and subdivision reviews. The following overarching ideas are key to creating a system of linked sites that serve a whole community and provide opportunities to leverage park and trail access with other development initiatives.

## 4.1 Comprehensive/General Planning

- Create a prospective map of resource areas which the community wishes to protect (such as floodplains, stream corridors, steep slopes, cultural sites) that includes additional buffers needed to 1) protect the resource and 2) leverage its use for outdoor recreation.
- Establish overlay zones beyond the mapped resource areas that allow for a discussion of projects that impact those areas in a pre-design review among developers, planners, and resource experts.
- Evaluate proposed developments within overlay zones and near parks and trails for connectivity and better access to existing and future parks and trail corridors. Consider street pattern designs that decrease distances to parks and trailheads, decrease risks to pedestrians and bicyclists, and increase walk route choices.
- Coordinate public transit stops with park and trail entrances.
- Create or coordinate with existing community-wide walking and biking master plans.
- Consider park/trail adoption into local or state parks and recreation policy or system plans.
- Evaluate water management regulations to support the creation of greenways and neighborhood storm water detention facilities that also create wildlife habitat, recreation space, and trails. (The need for additional land can be a barrier to making storm water detention areas multifunctional; incentives for this approach may be needed.)
- Other: \_\_\_\_\_  
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## 4.2 Park/Trail Context and Subdivision Layout

- Space for parks and trails is most easily established early when dividing larger sections of land into smaller lots. Use overlay zones to identify development projects eligible for design guidance, concept reviews, and incentives.
- Establish pedestrian-friendly streets as park edges, with adjacent buildings having windows and entrances that face the park.
- Design streets to reduce distances to desirable destinations within walking distance of a park.
- Consider making sidewalks supporting park and trail access wide enough to accommodate groups of children walking together. Consider complete streets<sup>x</sup> as a design concept and guiding principle.
- Increase access to a park by limiting the distance between intersections for blocks close to the park.
- Reduce design speeds<sup>xi</sup> and use traffic calming for streets along park edges, near trailheads, and the pedestrian routes leading to entry points.
- Encourage mixed-use development, such as sidewalk cafes, small retail stores/services, and residential development with views into the park in adjacent parcels and across pedestrian friendly streets from the park boundary.
- Maximize the value, visibility, and accessibility of the park by placing narrow lots facing and across the street from a park.
- Other: \_\_\_\_\_  
 \_\_\_\_\_

<sup>x</sup> Complete streets are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. For more information, see <http://www.smartgrowthamerica.org/complete-streets-2014-analysis>

<sup>xi</sup> A street's design speed is used to determine its geometric features such as lane width, tightness of curves, and edge treatments. Lower traffic speeds result in fewer crashes and less severe injuries. Consider design speeds under 25 mph. For more information see <http://contextsensitivesolutions.org/content/reading/selecting-a/> and <http://humantransport.org/sidewalks/SpeedKills.htm>.





### Group Discussion<sup>xii</sup>

- What general or specific planning efforts—walking/ bike trail master plans, neighborhood plans, etc.— can our project enhance or support through promotion of health benefits of parks and trails?

■ Other: \_\_\_\_\_  
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### Actions

- Identify the related system plans in our project area that require further research.
- Contact the appropriate policy and decision makers to ensure your park or trail project is considered in relevant system plans.
- Initiate system planning, such as communitywide walking and biking master plans, if they do not already exist.
- Evaluate development review procedures and recommend incentives for storm water management techniques that include opportunities for outdoor activities such as play fields and trails.<sup>xiii</sup>
- Encourage project reviews that include creation of walking routes and park sites as part of the subdivision and development process.
- Establish procedures to encourage developments with pedestrian access routes to park and trail entrances and improved visibility in the park and on the trail.

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<sup>xii</sup> Review resources and case studies in appendices for additional ideas.

<sup>xiii</sup> Expanding storm water management facilities so they also provide publicly accessible outdoor space may require additional land. Developers that decide to pursue such an approach can be supported by allowing the same number of units, but on smaller lots or other methods of encouraging good community design.

# Section 5: Monitoring and Evaluation

Monitoring and evaluation measurements demonstrate whether a project has met expectations. If visitors see the need for additional features or programming, planners and technical staff may modify park design to suit users' needs and ensure the project's success. Data about a project's or policy's impact are needed to identify trends and inform future decisions. Most critical is the establishment of baseline conditions—how things are before the project begins. Using this workbook as a guide to collect data, collaborate with local partners to establish baseline conditions and assessment, monitoring, and evaluation procedures. Those partners might include university public health, nursing, medical, planning, architecture, and landscape architecture programs. Potential partners also include high schools, public health departments, insurance companies, and nonprofit health coalitions such as the Diabetes Association, American Heart Association, and American Cancer Society.

## 5.1 Conduct predevelopment and post-development evaluations. Some potentially useful methods and tools for doing that include the following:

### Methods

- Administer neighborhood and individual health and access surveys. <http://activelivingresearch.org/node/11951>
- Organize stakeholder photography exercises such as PhotoVoice to create before and after assessment of conditions. <http://en.wikipedia.org/wiki/Photovoice>
- Prepare for evaluation of project impact on specific health outcomes in conjunction with local health officials.
- Collect qualitative data such as quotes, photos, and stories.
- Conduct periodic walks to inspect the functioning and condition of the site and document findings.



Photo courtesy of Cardno

### Tools

- Community Park Audit Tool (CPAT). <http://activelivingresearch.org/node/12700>
- Path Environment Audit Tool (PEAT). <http://activelivingresearch.org/node/10652>
- Environmental Assessment of Public Recreation Spaces Tool. <http://activelivingresearch.org/environmental-assessment-public-recreation-spaces-eaprs-tool>
- Bedimo-Rung Assessment Tool–Direct Observation. <http://activelivingresearch.org/brat-direct-observation-brat-do> (If using this tool, please ignore the first section about hurricane preparedness and impact, unless applicable.)
- CDC Walkability Audit Tool. <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/walkability/index.htm>
- Toolkit for the Assessment of Bus Stop Accessibility and Safety. [http://www.pedbikeinfo.org/pdf/PlanDesign\\_Tools\\_Audits\\_EasterSealsBusStopAccess2006.pdf](http://www.pedbikeinfo.org/pdf/PlanDesign_Tools_Audits_EasterSealsBusStopAccess2006.pdf)
- Active Neighborhood Checklist. [http://activelivingresearch.org/sites/default/files/Protocol\\_ActiveNeighborhoodChecklist.v2.pdf](http://activelivingresearch.org/sites/default/files/Protocol_ActiveNeighborhoodChecklist.v2.pdf)
- Analytic Audit Tool and Checklist Audit Tool. <http://activelivingresearch.org/analytic-audit-tool-and-checklist-audit-tool>
- Environmental Pedestrian Audit. <http://planningandactivity.unc.edu/RP1.htm>
- Walkability Checklist. <http://live.heartfoundation.org.au/SiteCollectionDocuments/HFW-Walkability-Checklist.pdf>
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Photo courtesy of Cardno



## 5.2 Work with local medical and public health providers to document changes in medical conditions. Tracking changes in activity and perceptions is also useful.

- Survey and analyze park and trail use via user counts and community questionnaires. <http://activelivingresearch.org/node/10654>
- Record vandalism incidents and nearby crime rates.
- Track volunteer hours.
- Scan park/trail usage at established intervals and report trends.
- Use this workbook to periodically update your community health profile and goals.
- Other: \_\_\_\_\_

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### Group Discussion<sup>xiv</sup>

- What are key indicators for future evaluation?
- Who in your community has the resources to evaluate and report your project's impact after completion? After 2 years? After 5 years?

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### Actions

- Outline the steps your group will take to collect predevelopment and post-development evaluations.

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<sup>xiv</sup> Review resources and case studies in appendices for additional ideas.

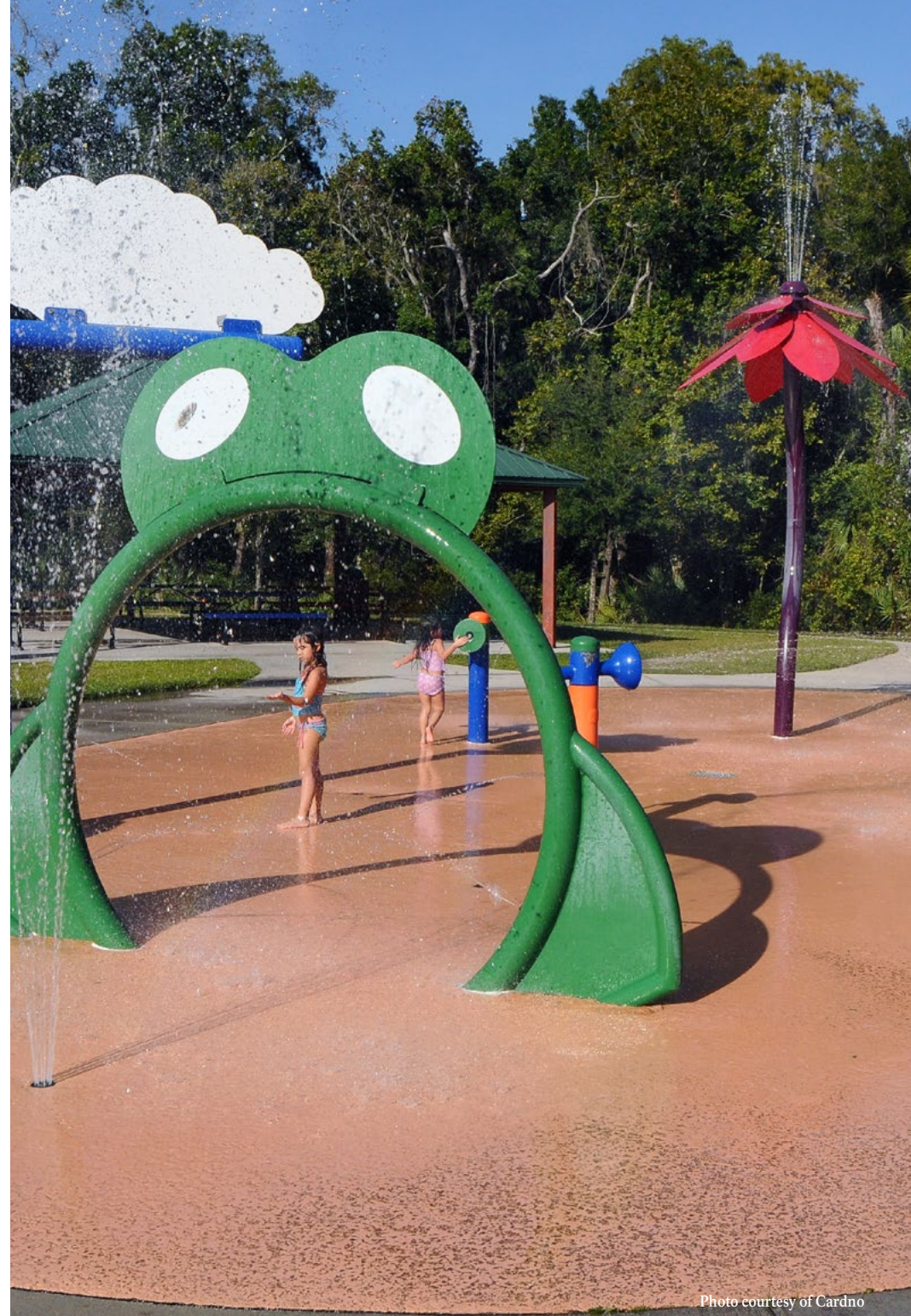


Photo courtesy of Cardno



## Appendix A

### Finding Health Data about Your Community: A How-To Guide

We strongly urge you to work with your local health department when developing your community profile. Asking for their help will give you points of contact and alert the department to the issues and opportunities presented by your project. A goal of this workbook is to connect the public health community to those planning, designing, and providing places that support healthy lifestyles.

Developing a plan for the future requires knowledge of past and current conditions. Knowing the health status of your community members is an essential part of planning for healthier communities. Using data to create a health profile of your community will identify important local health issues so that you can best address them through planning. There are three basic steps:

1. **Know the health issues affecting your community** – Find and interpret health-related data.
2. **Prioritize needs** – Identify the most critical causes of death and disease in your community. Use the key health priorities to position park and recreation facilities/services in your community.
3. **Take action** – Suggest policies and develop park and recreation facilities to address specific community needs and promote a higher quality of life. Understand the role parks can play in mitigating environmental hazards, such as floods, and providing ecosystem services, such as cooling heat islands.

### Resources for Local Data Relevant to Planning and Public Health

- **Your state, county, or local health department.** Your local health department and its website often have health resources for your community. They might have health information for your county or even for the census tract(s) where your community is located (census tracts are small, statistical subdivisions of a county). Sometimes county or local health departments also monitor this information or have created profiles based on data available from the state.
- **Your state, county, or local public safety department.** Your public safety and state law enforcement departments keep records of crime rates, types of crime, and incidence, and they often have these data organized and available by neighborhood, census tract, or community statistical area. Police departments can also be a good resource for traffic crash statistics. They might have data identifying the types of crashes, the areas with the highest crash rates, and contributing factors such as alcohol use.
- **Your state, county, or local transportation department.** Not all places have an independent department of transportation. In some places, planning, construction, and maintenance of the transportation network is handled by a department of public works or related agency. These departments might also be a good resource for records on traffic crashes, as well as information on traffic safety improvements that have been done in your community.

- **Your local park and recreation department.** It is important to know where parks are located, their access points, what is in them, and programs that occur there. The parks and recreation department can provide information about programs and parks; for example, who are the program targets and who uses the parks and programs. Such information can be used to identify poorly served groups. Geographic Information Systems (GIS) departments can assist the local agency in developing powerful graphics showing the half-mile radial buffer around park boundaries and then the half-mile walk route network to park entrances. This is a useful technique to illustrate where new entrances and walk routes can greatly expand access to a particular site or where there are gaps in the park system. If correlated with demographic data, it can also show who does and does not have park access. The technique can also be used to determine the percent of a jurisdiction's population living within a half-mile walk of a park entrance.
- **Your Environmental Protection Agency regional office and state, regional, and local agencies for environmental management.** These organizations can identify the locations of hazardous waste sites and areas with poor air quality. They will likely have maps delineating areas of concern that might impact design strategies.

**HINT:** Finding data for the smallest available geographic area (e.g., census tracts) is one of the best ways to create a health profile of your community. Those data provide localized insights.

## County Health Rankings and Roadmaps

The County Health Rankings and Roadmaps website ranks counties based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. You can use the website to compare your county to others in your state and see rankings for counties in other states.

- Data viewable by county.
- Comparison provided to state and national benchmarks.
- <http://www.countyhealthrankings.org/>
  - Step 1:** Open the Rankings tab to learn about data and methods and explore the rankings data.
  - Step 2:** Within the Ranking tab, enter in your county to see its health outcomes (morbidity and mortality) and health factors (health behaviors, clinical care, social and economic factors, and physical environment).
- **Optional:** Scroll down the main page and click on “Build Your Own Roadmap.” Building your roadmap will provide you with the tools and resources to help make your community a healthier place to live, learn, work, and play.

## Community Health Status Indicators (CHSI)

CHSI provides an overview of key health indicators for local communities. CHSI gives detailed information about your county and a comparison to counties similar in population composition and selected demographics.

- Data viewable by county.
- Comparison of preselected peer counties.

- <http://wwwn.cdc.gov/CommunityHealth/>

**Step 1:** On the left side, choose the most current year, your state, and your county.

**Step 2:** Click Display Data to see demographics for the selected county.

**Additional data:** Data are also available on the left side in the yellow column. Click on each link to find

- Demographics—population size, density, living in poverty, age, and race.
- Summary measures of health—average life expectancy, all causes of death, self-rated health status.
- National leading causes of death—broken down by age group and race.
- Relative health importance—your county’s health status when compared to its peers.
- Vulnerable populations—prevalence of people in your county who may face unique health risks and barriers to care.
- Risk factors for premature death—a bar graph of leading factors for premature death such as lack of exercise, lack of eating fruits and vegetables, obesity, high blood pressure, and diabetes.
- Access to care—the number of Medicare/Medicaid beneficiaries and uninsured; service availability.

**HINT:** Sharing data from the risk factors for premature death section is a simple way to show in graph form the risk factors in your county for the leading chronic disease killers in the United States.

## CDC Chronic Disease Indicators (CDI)

CDI provides a set of 97 indicators that allow states, territories, and large metropolitan areas to uniformly define, collect, and report chronic disease data that are important to public health practice. In addition to providing access to state-specific indicator data, the CDI website serves as a gateway to additional information and data resources.

- Data viewable by state and select counties.
- Comparison by multiple selections  
<http://www.cdc.gov/cdi/index.html>

Some of the categories for which data are available include

- Physical activity and nutrition.
- Tobacco and alcohol.
- Cancer.
- Cardiovascular disease.
- Diabetes.
- Arthritis.
- Overarching conditions (i.e., poverty, high school completion, health insurance, etc.).
- Other diseases and risk factors (i.e., asthma, dentist visits, flu vaccinations, etc.).

**Step 1:** Select your state/area. Some counties are represented, but not all.

**Step 2:** Select one area (or more) for comparison. To compare multiple areas, hold the *Control* key as you select areas.

**Step 3:** Select a category of indicators from the drop-down menu or select *All Categories* to see them all.

**Step 4:** Click Search.

### Interpreting the data:

- A table will show indicators within a health category, the prevalence of each in your area of interest, and the prevalence in your comparison area of choice.
- You can view indicator definitions by clicking on the View Definition link. The link will give you the background, significance, Healthy People 2020 objectives, and more.

## Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a state-based system of health surveys that generates information about the health and health risk behaviors of people for cities, counties, and states. BRFSS data can help identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs.

- Data viewable by state and metropolitan area.
- Comparison if “All” is selected.
- <http://www.cdc.gov/brfss/brfssprevalence/index.html>

Some of the areas covered in BRFSS include

- Alcohol consumption.
- Asthma.
- Cardiovascular disease.
- Diabetes.
- Physical activity.
- Overweight and obesity, measured as body mass index (BMI).

**Step 1:** Search by specific Metropolitan Statistical Area (MSA) or select All to compare your MSA with others around the country.

**Step 2:** Choose year and click Go.

**Step 3:** Choose one of the listed topics and a particular subtopic as appropriate.

**Interpreting the data:** Results will appear in table and graph form. In the table, percentages are weighted to population characteristics and the “n” represents actual number of survey responses.

**Note:** The results page may have links to county-specific data.

**HINT:** If you'd like to see a quick graph of data comparing a selected MSA with state and nationwide data on health status, diabetes, flu vaccination, current smoking, binge drinking, and obesity, click the Quick View Charts link on the left side of the screen (under the CDC logo).

## Youth Risk Behavior Surveillance System (YRBSS)

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors (listed below) that contribute to the leading causes of death and disability among youth. YRBSS includes a national school-based survey conducted by CDC as well as surveys conducted by state, territorial, and local education and health agencies and tribal governments.

- Data viewable by state, local site (typically city or MSA), territories, or other populations (Navajo).
- Comparisons available by clicking View 2 Locations on the upper right of the results page.
- <http://nccd.cdc.gov/youthonline/app/default.aspx>

Information on the following risk behaviors is available:

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including human immunodeficiency virus (HIV) infection.
- Alcohol, tobacco, and other drug use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Prevalence of obesity and asthma.

**Step 1:** Select your location (above the U.S. map) by state, territory, or other populations. You can also choose your state by clicking on the map. Note: Below the map you can toggle between high school and middle school survey data, but you cannot view both at the same time. Click *Go*.

**Step 2:** Select all questions, specific questions, or years under *Choose Table Content*. You can also filter data under *Filter Data* in the left column.

**HINT:** Click on Location then select Local, and you may find a drop-down selection for your borough, county, or city. This will make the data more specific to your community.

**Other useful sites include the following:**

American Community Survey from the U.S. Census

<http://www.census.gov/programs-surveys/acs/>



## Environmental Public Health Tracking Network

Provides raw numbers and percent of population living within a half-mile of a park boundary for states and counties. <http://ephtracking.cdc.gov/showAccessToParksAndSchools.action> (see links on left “Search Community Design Data”)

## Sortable Stats 2.0 - Interactive Database for Behavioral Risk Factors and Health Indicators

This database has useful state-level data in 31 categories, including death rates by diseases, health burden, risk factors, and preventive services. Public health data are available by state and region. The site enables comparison with other states, regions, and the nation.

<http://wwwn.cdc.gov/sortablestats>

## Community Commons

Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. Registered users have free access to

- Thousands of map-able GIS data layers and tables displayed at varying geographies for all communities in the United States.
- An application program interface that provides free access to data.
- Contextualized mapping, reporting, data visualization, and sharing abilities.
- Searchable profiles of place-based community initiatives and multi-sector collaborations. <http://www.communitycommons.org>

## Alliance for Biking & Walking Benchmarking Reports for 2010, 2012, and 2014

In conjunction with the Centers for Disease Control and Prevention's Healthy Community Design Initiative, the Alliance publishes the biennial benchmarking report to collect and analyse data on bicycling and walking in all 50 states, the 52 largest U.S. cities, and a select number of midsized cities. The report combines original research with over 20 government data sources to compile data on bicycling and walking levels and demographics, safety, funding, policies, infrastructure, education, public health indicators, and economic impacts.

<http://www.peoplepoweredmovement.org/site/index.php/site/memberservices/C529>

## Landscape Architecture Foundation: Landscape Performance Series Fast Fact Library

The Landscape Performance Series Fast Fact Library is a searchable collection of landscape benefits derived from published research. Each includes a citation and links to the full article when available.

<http://landscapeperformance.org/fast-fact-library>

## Active Living Research

A report on co-benefits of activity-friendly community design settings including open spaces, parks, and trails based on a literature review. The report includes an analysis of evidence availability and strength.

<http://activelivingresearch.org/making-case-designing-active-cities>



Photo courtesy of Cardno

## Appendix B: Example Matrices

### Stakeholder Matrix

A stakeholder matrix (Figure 1) helps illustrate issues related to parks or trails that are a concern to various stakeholder groups. The stakeholders would be all the groups and organizations that could be affected by the outcomes of the project. To use this matrix, list all the stakeholders in the first column and list all the identified issues across the columns at the top. Mark the boxes where a stakeholder has identified an issue of concern. Commonalities among groups and issues will emerge, helping your group strengthen partnerships. This example focuses on social and safety issues. It is not an exhaustive list. In addition to other community concerns, storm water management, tree cover, and other environmental issues may also surface with your project.

Figure 1: Stakeholder Matrix

	no park access	graffiti everywhere	no bus stops	feel unsafe	dangerous to walk to school	diabetes prevalence	30% middle schoolers overweight	busy streets in neighborhood	no trails near neighborhood
neighborhood association	x	x		x	x			x	x
parks and recreation dept.	x	x		x					x
community health clinics						x	x		x
health dept or council						x	x		x
school staff					x	x	x	x	
parent teacher assoc.	x			x	x		x	x	x
transit department			x						
police department		x		x				x	
local bike/pedestrian advocacy	x			x				x	x
planning / land use dept.	x		x	x					x
senior programs	x	x	x	x		x			x
people with disability advocates	x		x					x	x
YMCA	x					x	x		x
Silver Sneakers	x					x			x



Photo courtesy of the National Park Service



## Design Program Matrix

A design program matrix (Figure 2) is used to ensure that project programs are inclusive. It can identify strengths and weakness in a design program. For example, it is desirable to have multiple park uses and activities available for different groups during the day and across seasons. Some facilities appeal to many groups, others are more targeted. The design program matrix helps identify which areas need additional focus within the design program.

Targets are focus areas that a community wishes to make sure the design program addresses. For example, focus areas could be times of the day, seasons of the year, demographic groups, or other areas the community wants addressed. Each row receives a score based on the number of opportunities it has within the design program. Lower numbers indicate areas where the design program is weakest; higher scores indicate where the design program is stronger.

Opportunities are the facilities that typically address that target. These can be determined by interviews, surveys, or the use of similar opportunities in sites within the community. They can also receive scores. High scoring opportunities indicate activities and areas with broad uses.

In figure 2, the morning, winter, and those older than 70 years appear to have fewer opportunities within the design program. As a result, a community might try to identify additional opportunities that would attract people during those periods or that appeal to this group.

Figure 2: Targets and Opportunities That Are Strongly and Weakly Represented

Target	Opportunity																		
	Target Score	<i>tot lot</i>	<i>playground</i>	<i>exercise station</i>	<i>volleyball</i>	<i>tennis</i>	<i>basketball</i>	<i>open field</i>	<i>soccer</i>	<i>baseball</i>	<i>softball</i>	<i>nature walk</i>	<i>seating (sun)</i>	<i>seating (shade)</i>	<i>checkers/chess</i>	<i>croquet</i>	<i>community garden</i>	<i>picnic area</i>	
<b>Opportunity Score</b>		8	8	11	7	10	9	14	7	7	9	15	12	11	7	8	13	13	
<b>Time of Day</b>																			
morning	5	1		1								1	1				1		
early afternoon	7	1	1					1				1		1	1			1	
late afternoon	15	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1		
evening	17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
<b>Season</b>																			
Winter	6			1			1	1				1	1					1	
Spring	16	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	
Summer	12	1	1	1		1	1	1		1	1	1		1			1	1	
Fall	15	1	1	1	1	1	1	1	1		1	1	1		1	1	1	1	
<b>Age Group</b>																			
Under 10	10	1	1					1	1		1	1	1	1			1	1	
10 to 14	11		1			1		1	1	1	1	1	1	1			1	1	
15 to 19	13			1	1	1	1	1	1	1	1	1	1	1			1	1	
20 to 34	13			1	1	1	1	1	1	1	1	1	1	1			1	1	
35 to 54	11			1	1	1	1	1				1	1	1		1	1	1	
55 to 70	10			1		1		1				1	1	1	1	1	1	1	
Over 70	8							1				1	1	1	1	1	1	1	

Adjust / add additional categories and opportunities as appropriate for project  
 Primary use (suggest basing this on community surveys - current and desired uses)  
 Totals highlight targets and opportunities that are strongly and weakly represented

## Appendix C: Health Impact Assessment Resources

A health impact assessment (HIA) is a process that communities use to improve public health through community design. HIAs are useful in determining what a project, program, or policy's potential effects are on community health. HIA practitioners urge project screening as an important step to determine whether an HIA adds value to a project, program, or policy with respect to health. Typical HIA criteria to consider include:

- The significance of a project, program, of policy's potential health impacts – positive or negative.
- The value of added information from an HIA.
- The feasibility of conducting an HIA.

Using this workbook raises understanding and appreciation for the health benefits that can be derived from parks and trails. The workbook can be used to identify and leverage park and trail benefits for your community. It is designed to be an effective, rapid assessment tool that takes only a few days to complete and costs little to no additional funding. After this workbook is completed, it is possible that the findings could lead to a decision to conduct a comprehensive HIA. A comprehensive HIA would require community leaders' support, funding, and professional services and expertise from a team with experience in this area.

Examples of completed HIAs that included parks, trails, or greenways (as of spring 2013) include the following:

1. Atlanta BeltLine, Atlanta, GA , 2007. <http://www.healthimpactproject.org/hia/us/atlanta-beltline>

2. East Bay Greenway, Oakland, CA, 2007. <http://www.healthimpactproject.org/hia/us/east-bay-greenway>
3. Clark County Bicycle and Pedestrian Master Plan, Clark County, Washington, 2010. [http://www.clark.wa.gov/public-health/reports/documents/FINAL\\_RapidHIA.pdf](http://www.clark.wa.gov/public-health/reports/documents/FINAL_RapidHIA.pdf)
4. Marquette County Ice Age National Scenic Trail Expansion, Marquette County, Wisconsin, 2011. <http://www.co.marquette.wi.us/Departments/Health/pdf/Health%20Impact%20Assessment%20of%20the%20Ice%20Age%20Trail.pdf>
5. Knox County Health Department Community Garden, Knox County, Tennessee, 2010. <http://www.healthimpactproject.org/hia/us/knox-county-health-department-community-garden>
6. HOPE VI to HOPE SF: San Francisco Public Housing Redevelopment, San Francisco, 2009. <http://www.pewtrusts.org/~media/assets/2011/01/hopevitohopesfsanfranciscopublichousingredevelopment.pdf?la=en>
7. St. Louis Park Comprehensive Plan HIA, City of St. Louis Park, Minnesota, 2011. [http://www.health.state.mn.us/divs/hia/docs/slp\\_hia.pdf](http://www.health.state.mn.us/divs/hia/docs/slp_hia.pdf)
8. Adams Park Master Plan, Douglas County, Nebraska, 2012. [http://www.omahacso.com/files/8313/7401/2026/APMA\\_Final\\_Report\\_2012-11-01\\_TRANSMIT-Small.pdf](http://www.omahacso.com/files/8313/7401/2026/APMA_Final_Report_2012-11-01_TRANSMIT-Small.pdf)
9. Quequechan River Rail Trail, Fall River, Massachusetts, 2012. <http://www.mapc.org/quequechan-river-rail-trail-hia>

10. Planning for Parks, Green Space, and Trails in Greenville's West Side, Greenville, South Carolina, 2013. <http://www.pewtrusts.org/~media/assets/2013/03/01/hiaofparktrailandgreenspaceplanningingreenvillesc.pdf?la=en>

To see a comprehensive list of HIAs completed in the United States, go to: <http://www.healthimpactproject.org/hia/us>. Health Impact Project catalogs and links reports for these HIAs.

- Click on *List*.
- Choose *Complete*.
- Choose the *Sector* drop-down list to select *Built Environment*.



# Parks, Trails, and Health Workbook

A Tool for Planners, Parks & Recreation Professionals, and Health Practitioners



## Case Studies

### Appendix D: Case Studies

National Park Service community planners work in local communities with a range of partners to plan and develop close-to-home recreation opportunities such as parks, trails, and open space. Health care practitioners and providers are often the most challenging stakeholders to engage in project planning.

There is increasing evidence nationwide that parks, trails, greenways, and open space can be effective tools to help the U.S. combat our physical inactivity epidemic. Research is being conducted to determine how the public uses parks, how far they travel to access parks, and which facilities or amenities most encourage physical activity.

The *Parks, Trails, and Health Workbook* builds on this research. A collaborative exercise in the workbook helps parks and recreation planners and community health professionals better understand local health issues and, consequently, design and

construct parks, trails, and open space facilities that could specifically address those issues.

During the development of the *Parks, Trails, and Health Workbook*, the National Park Service (NPS) and Centers for Disease Control and Prevention (CDC) project managers coordinated with five communities that pilot tested this workbook approach. Each project stakeholder group worked through the workbook sections to determine its overall value in facilitating stakeholder collaboration and to identify public health elements that should be considered in park or trail developments. Workbook sections cover community health profiles, local site information, local site planning, park and trail system planning, and monitoring and evaluation.

These two case studies demonstrate pilot use of the *Parks, Trails, and Health Workbook* in two communities. They are good examples of how to make use of this workbook.

### Case Study 1

#### Tularosa Creek Discovery Trail Mescalero Apache Tribe, New Mexico

The Mescalero Apache Tribe in south-central New Mexico was a recipient of a New Mexico Department of Health (DOH) Community Transformation Grant award. To help determine the success of the grant, the Mescalero Apache agreed to meet these population performance measures by 2016:

- 5% decrease in prevalence of childhood obesity,
- 5% increase in prevalence of children's healthy eating behaviors, and
- 5% increase in prevalence of children's increased physical activity behaviors.



Photo: National Park Service

Mescalero Apache Boys and Girls Club participants at trail design workshop.

The Mescalero Apache Healthy Kids Coalition and the DOH applied for technical assistance from the NPS Rivers, Trails, and Conservation Assistance program to help plan a 0.75-mile trail along Tularosa Creek and assess other walking opportunities within the Mescalero community.

The NPS Rivers, Trails, and Conservation Assistance program and the Healthy Kids Coalition used the *Parks, Trails, and Health Workbook* to:

- Better understand the health issues facing the Mescalero Apache people;
- Engage a broader section of health partners including Indian Health Services, senior programs, and health education and mental health services; and
- Help stakeholders understand how properly designed trail corridors could help address a multitude of health issues.

#### Our Process:

1. After an orientation to the workbook steps, the Mescalero Healthy Kids Stakeholder Group collected community health data from various sources. The Community Transformation Grant coordinator organized and compiled the health data over a two-month period.
2. The stakeholder group held a workshop to share data and learn about trail design as it relates to physical, mental, and social well-being. Workshop participants engaged in discussions about how the Tularosa Creek Discovery Trail could affect positive change in physical activity among youth and hypertension and depression among adults. Emphasis was on health profile, physical, social, and mental health site planning and monitoring. Large-scale park and trail system planning was beyond the scope of the project.

3. Mescalero residents were engaged in park and walkability audits (Rural Active Living Assessment and Physical Activity Resource Assessment).
4. The stakeholder group developed a draft trail plan. The Mescalero community was invited to participate in a workshop to walk the trail alignment and refine healthy trail ideas.
5. A final Tularosa Creek Discovery Trail Plan was presented to the Mescalero Tribal Council and adopted by tribal resolution.

#### Key Outcomes:

- The Tularosa Creek Discovery Trail became the anchor for other informal walking paths within Mescalero lands, including the Diabetes and Senior walking routes.
- To foster social and mental health, the trail will become a gathering place featuring a drumming/singing circle; Mescalero War Chiefs memorial; and places for community gardens, flea markets, and rustic pavilions.
- To address physical activity, discovery play pockets are envisioned for climbing, balance, swinging along with new traditional playgrounds.
- A liquor store will be relocated away from the trail corridor.
- Tribal members performing community service will provide trail and walking path maintenance.

## Case Study 2

### Birch Bay Drive and Pedestrian Facility Project Whatcom County, Washington

Birch Bay is a rural, unincorporated, coastal community in northwest Whatcom County, Washington, and a popular destination for outdoor recreation in summer months. The current population is 8,400, a mix of long-term residents, retirees, and young families; this doubles in summer months with an influx of tourists and seasonal residents. Designated as an urban growth area in the county comprehensive plan, it is anticipated that Birch Bay will experience significant population growth in coming years.

The Whatcom County Health Department (WCHD) made Birch Bay a priority area for efforts promoting healthy communities and sought support from NPS-RTCA because of

- higher rates of obesity among the local population compared with those of populations in other areas of the county and
- a lack of safe environments for walking and biking.

The Birch Bay Drive and Pedestrian Facility Project is a comprehensive community and environmental legacy project that includes shoreline restoration, flood hazard mitigation, and road repair, in addition to the construction of a two-mile pedestrian pathway (trail) and beachfront park. Although many people use Birch Bay Drive as a place to walk, bike, and recreate, particularly in summer months, no



Photo: The Northern Light  
A Birch Bay bicyclist after the huge winter storm and especially high tide hit the shoreline road.

safe pedestrian facilities currently exist along the waterfront thoroughfare. Pedestrians alternately share a narrow shoulder with bicyclists or walk along a narrow dirt track adjacent to the road or through parking lots. Community members are actively engaged in the project and WCHD and Whatcom County Public Works have worked with a citizen-led group in the planning of the facility and in promoting its use and manifold benefits to the community.

The *Parks, Trails, and Health Workbook* provided a framework for WCHD and NPS-RTCA to

- organize planning efforts to include community health among the decision-making criteria for the project and to engage the Birch Bay Waterfront Group as active participants in that work,
- share the group’s community health assessment and goals with the community and partners,
- create a baseline assessment to compare with post-construction evaluation of the trail’s health impacts, and
- develop a structure for assessing health impacts that will lead to the creation of a standard practice for WCHD involvement in active living projects.

### The Process:

1. WCHD and NPS-RTCA encouraged the group to undertake a healthy community assessment for Birch Bay. The group established the following goals for the project:
  - evaluate public health impacts of a shoreline trail;
  - increase community support for beach restoration;
  - recommend site design that will enhance health benefits;
  - provide a health perspective to inform plans for future parks, trails, and community design; and

- recommend programs to support the new facility.
2. Generally following the NPS-CDC workbook, WCHD created a custom data worksheet for the group to finalize and compare Birch Bay to the rest of the county and country. The group wanted additional data to better understand the extreme seasonal fluctuations in population and the social and economic impacts of tourism and to establish a pre- and post-trail baseline.
  3. The section on monitoring and evaluation strategies inspired the group to start a program of quarterly pedestrian/bike counts (using the National Bike and Pedestrian Documentation Project methodology; <http://bikepeddocumentation.org>) to establish a baseline and build community awareness of the shoreline and trail project. As one member said, “Collecting data is part of the infrastructure.” More than 30 volunteers participated in the counts, including families with young children and teens.
  4. WCHD consolidated the assessment data and graphed the information for the group’s discussion and use.
  5. An introduction to community health and the draft Birch Bay health assessment were presented to the community in coordination with a project update by the public works department.
  6. From the data collected and current literature, WCHD prepared a fact sheet, “Community Health Impacts of Birch Bay Shoreline Enhancements,” which is used by the community group and partners to inform and advocate.

### Key Outcomes:

The community health assessment was an opportunity for the health department to share pertinent health data with the community. It also provided an opportunity to educate the community and partners, such as the public works department, parks and recreation district, and Whatcom County Council, about the connection between the built environment and health.

The Birch Bay group and WCHD have been invited to provide recommendations on the trail design based on findings from the workbook process.

The assessment efforts sparked renewed interest in, and provided evidence for the health benefits of, an additional beachfront park and community center. Community members advocated acquiring additional property for the park, and the Whatcom County Council approved \$2,500,000 for land acquisition and park development.

The Blaine/Birch Bay Parks and Recreation District recently embarked on a bicycle and pedestrian master planning process. The plan will include regional routes (trails and/or bike lanes) to connect communities and a network of trails, pedestrian paths, and/or bike lanes that will improve internal connections within communities.

WCHD was also able to engage Birch Bay representatives in a process to provide public health input to the update of the Whatcom County comprehensive plan, including recommendations to set higher standards for park and trail access in urban growth areas.

## Appendix E: Workbook Summary Report Example

Promoting the potential health impacts of your park or trail project is critically important. Community leaders, project partners, and grant funders may desire a summary report or document that captures the important health issues facing the community and how your proposed park or trail project aims to address those issues. Although a standard template does not exist, this example, created by the Birch Bay Waterfront Group in Whatcom County, Washington, captures the summary of potential health impacts, health outcomes described in a logic model, and recommendations for project implementation.

### Executive Summary Example

#### Community Health Impacts of Birch Bay Shoreline Enhancements

In January 2013, the Whatcom County Health Department and the Birch Bay Waterfront Group were invited to participate in a national pilot test of a tool developed by the Centers for Disease Control and Prevention and the National Park Service to assess potential impacts on health attributed to parks and trails. The tool offered guidance on data collection, measures of health and safety, and ways to use this information to maximize health benefits of parks and trails projects. The Birch Bay Waterfront Group provided community input on the selection of factors to assess and final recommendations. This fact sheet summarizes the results of that process.

#### Summary of Potential Health Impacts

Based on current literature and public health data, changes to the Birch Bay shoreline would likely have an overall positive impact on the health of the community.



#### Physical Activity

Bike lanes, a dedicated pedestrian facility, and increased access to open space along the Birch Bay waterfront will increase opportunities to engage in physical activity through recreation and active transportation, especially for vulnerable populations such as children and the elderly. In turn, this can reduce the risk of obesity and help prevent chronic diseases such as diabetes and cardiovascular disease. Given the relatively high obesity risk in Birch Bay, the benefits of physical activity may help reduce health disparities in Whatcom County.

##### Key Data:

- Availability, proximity, size, and density of recreational facilities, such as parks and trails, are all correlated with increased physical activity levels.
- Neighborhood connectivity, street design, and the presence of bicycle and pedestrian infrastructure are also linked to increased physical activity.
- Birch Bay residents are among those most likely to be obese in Whatcom County, affecting 28%–30% of the adult population.



#### Economic Development

The economic benefits observed in communities that invest in trails and recreation spaces will likely provide the same kind of boost to the Birch Bay economy through increased tourism, more local business activity, and increases in home values. Local economic growth may have some positive effect on health outcomes associated with income and can help reduce stress for business owners.

##### Key Data:

- Trails and green spaces significantly increase property values and attract home buyers.

- Up to 56 existing tourism-based businesses in Birch Bay could benefit economically from shoreline enhancements.



#### Safety

Proposed changes made to the Birch Bay shoreline will likely enhance the safety of users of Birch Bay Drive. Separated pedestrian walkways and safe crossing facilities can reduce collision risks and prevent injuries.

##### Key Data:

- Off-street walkways can prevent up to 88% of pedestrian-motor vehicle collisions.
- On average, bike/pedestrian users of Birch Bay Drive range from about 40 people in less-trafficked areas to more than 150 people at high-volume locations per hour at peak times.



#### Social Cohesion

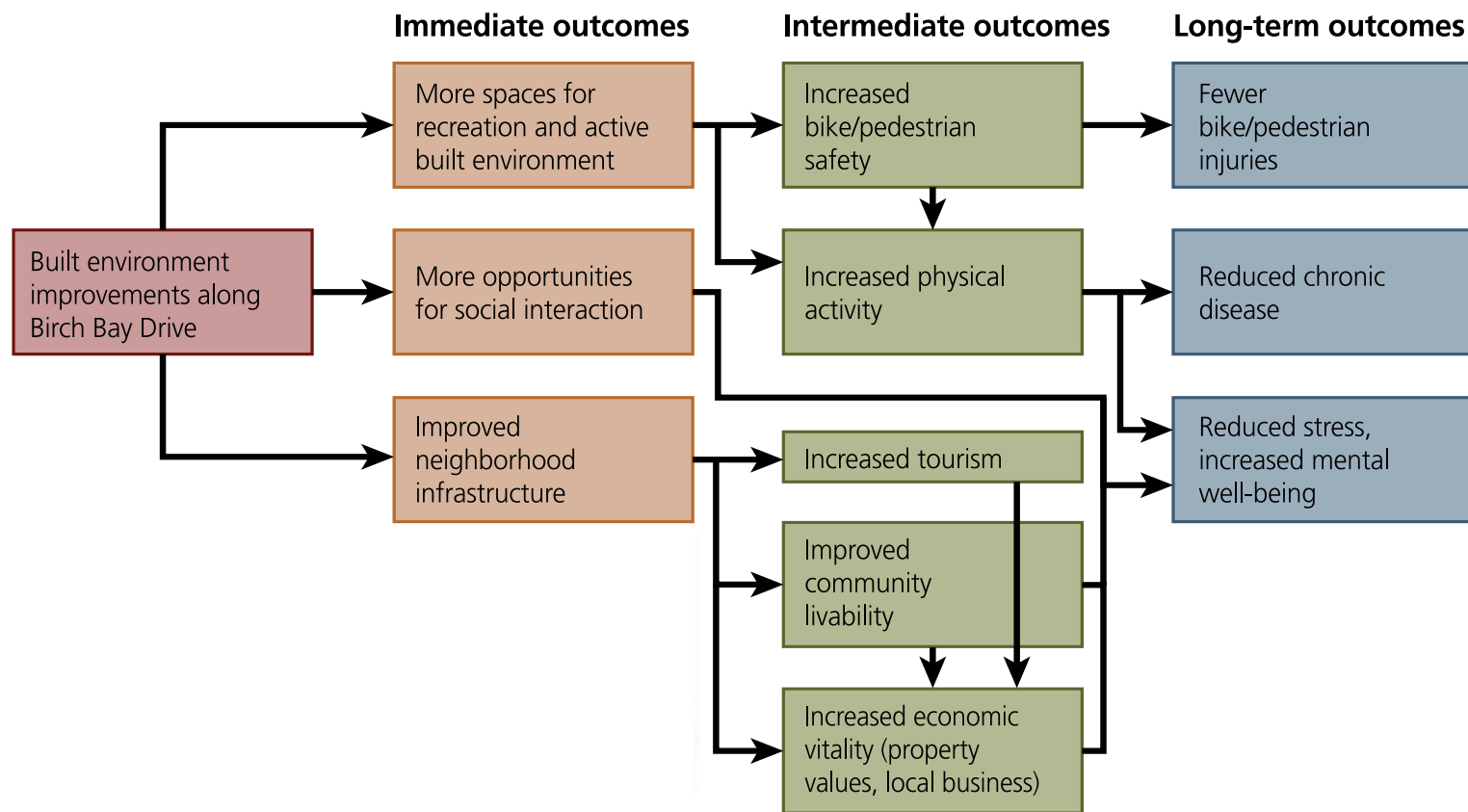
Outdoor spaces for recreation and physical activity provide physical and mental health benefits. They help reduce stress, provide opportunities for social interaction, and foster social support among neighbors, leading to increases in social cohesion. Enhancing the community outdoor spaces along the Birch Bay waterfront would likely improve the social environment of the community and lead to better well-being for residents.

##### Key Data:

- Park spaces have been shown to reduce stress by fostering social support and by creating a space for relaxation and physical activity.
- Communities that are more walkable are known to promote a healthier social environment.
- Communities with better social connectedness tend to have better health outcomes.



## HEALTH OUTCOMES Associated with Shoreline Enhancements



### Recommendations

#### Design/Engineering

- Install signage, pedestrian crossing facilities, and appropriate traffic calming at high-volume pedestrian/bike locations
- Provide highly visible bicycle parking
- Consider incorporating fitness stations into pedestrian pathway design
- Design to promote use by all types of user groups, especially older adults and young children

### Community Use/Maintenance

- Continue to collect community data on use of facilities, including bicycle and pedestrian counts on Birch Bay Drive
- Encourage use of shoreline facilities through educational and physical activity programs
- Create maintenance plan that includes community groups and volunteer-led programs
- Include permanent facilities—such as picnic areas, restrooms, drinking fountains, event space—to attract year-round users and promote social interaction

### Long-Term Connections

- Plan for connectivity between Birch Bay Drive and upland neighborhoods to enhance walkability and decrease car trips
- Promote community use of outdoor space through festivals, events, and other civic engagement opportunities.

This summary of community health impacts was prepared with assistance from members of the Birch Bay Waterfront Group Healthy Communities Assessment Team, Whatcom County Health Department, and the National Park Service Rivers, Trails & Conservation Assistance Program: Alex Stone, Doralee Booth, John Gargett, Joyce Dippold, Judy Osman, Kathy Berg, Melissa Morin, Nicole Willis, and Terry Terry.



## Acknowledgments

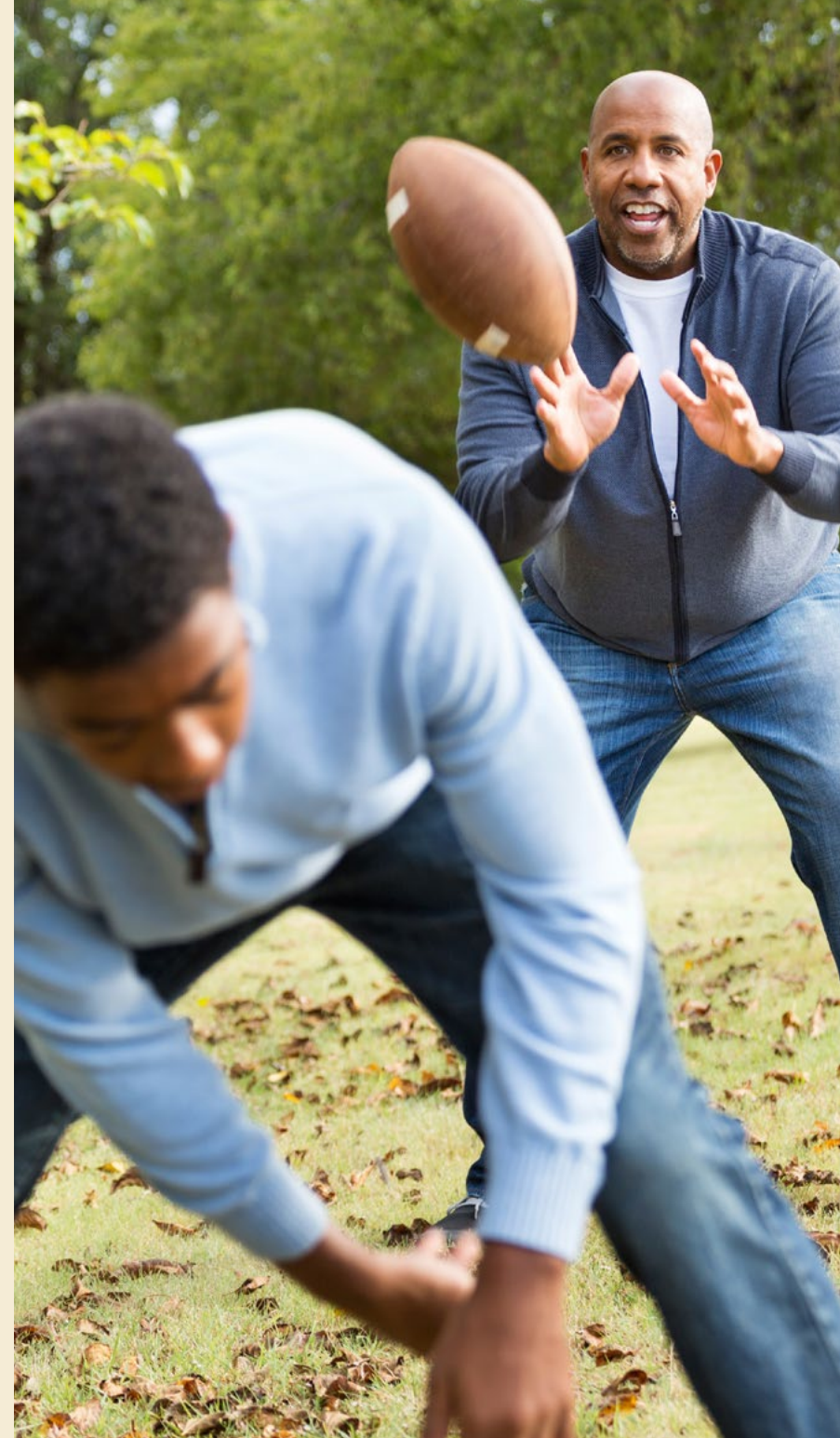
Please keep us informed as to whether this workbook was helpful to more explicitly incorporate health into your parks and trails planning projects. If you have any suggestions, successes, case studies, or photos to share, please send them to the authors:

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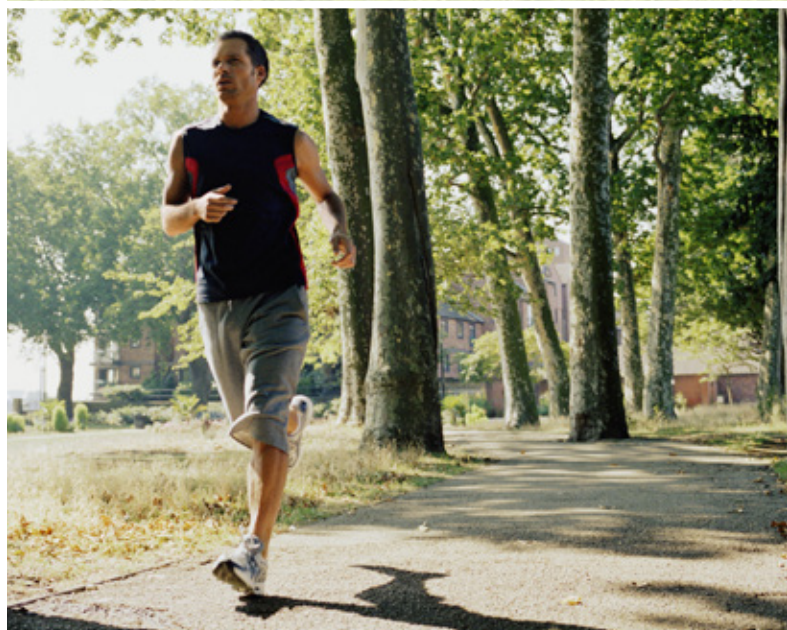
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# Safe Routes to Parks:

Improving Access to Parks through Walkability





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# INTRODUCTION

Public parks provide highly valued benefits in America’s local communities. Some of these benefits include but are not limited to economic viability, environmental conservation and improved health outcomes. Adults living within a half mile of a park visit parks and exercise more often, but according to the 2014 State Indicator Report on Physical Activity, less than 38 percent of the U.S. population lives within a half mile of a park. More safe and convenient places are needed for Americans to be physically active in their communities.<sup>1</sup> People who are unable to walk to parks are deprived of the opportunity to engage in two instances of physical activity – walking to the park site and participating in activities at the site.<sup>2</sup> Given evidence that access to parks increases one’s level of physical activity, parks are an important destination that should be easily accessible to all citizens. Consequently, the key to ensuring accessibility to parks is through creating safe routes to parks within communities. When citizens have the resources to safely walk to parks, every trip taken by foot is an opportunity to engage in physical activity. Nevertheless, there are several physical and social barriers that make walking to parks undesirable, such as proximity to parks, lack of infrastructure, crime and traffic safety concerns.<sup>3</sup> These barriers are a result of engineering, zoning, land use and design trends that have existed in the United States for the past 50 years. Breaking down these barriers requires a shift in the transportation system paradigm from mobility to accessibility.<sup>3</sup>

Given the high prevalence of obesity and chronic diseases in the United States, parks have proven to be affordable locations for physical activity because they are located in most communities around the nation. Empirical evidence demonstrates that people who reside in communities with safe, active transit to parks are more likely to be physically active than their counterparts. Although these findings are encouraging, we are faced with a challenge that needs further attention - that is, most neighborhoods are not appropriately connected to parks via pedestrian paths. This presents difficulty for people to easily access parks without motorized transportation. People are more likely to walk to parks if their communities are better connected to parks by active transit routes.

The purpose of this report is to understand the obstacles limiting walkability to parks and identify the essential elements of a safe route to a park. Additionally, this report assesses the barriers to walkability, determines the key stakeholders responsible for creating safe routes to parks, identifies strategies on building awareness on the importance of walkability, and recognizes current initiatives on improving safe routes to parks.



## METHODOLOGY

This report was developed using a two-part process. The initial step involved a thorough literature review on safe routes to parks. The literature review demonstrated that research on safe routes to parks does indeed have limitations. Although there exists significant empirical evidence on the health impacts of walking and on the relationship between physical activity, health benefits and access to parks, there is limited research conducted on how to specifically improve pedestrian routes to parks. This raises a question that calls for further research — how can communities improve walkability to parks?

Two focus groups were conducted to explore two overarching research questions aimed at identifying the key elements that constitute a safe route to a park and identifying community strategies used to create new and safer routes to parks. A diverse selection of professionals participated in the focus groups ranging from park executive directors, research and evaluation managers, landscape architects, community relations and outreach professionals, physical activity coordinators and strategic planning professionals.



## OBSTACLES LIMITING WALKABILITY TO PARKS

Barriers limiting walkability to parks are dependent and unique to each specific community; however, distance and physical barriers are the most common obstacles in building safe routes to parks. Large roadways such as interstates and geographical barriers such as rivers are identified as major obstacles. In addition, multi-modal trails are also classified as barriers discouraging specific groups from walking to parks. For example, seniors may not be comfortable walking to a park on a trail with bicyclists. Specific barriers are outlined as follows:

### Proximity to Parks

Long distances to parks are a deterrent of park use. Research demonstrates that people who have easy access to parks are 47 percent more likely to walk at the daily-recommended level than those who do not have easy access. Moreover, when the distance from a park doubles, the likelihood of park use decreases by almost 50 percent.<sup>4</sup> Consequently, inequity in park access is a big concern for park and recreation professionals. Although public parks are located in urban, suburban and rural communities across the United States, the distribution of these amenities is not uniform. Disparities in distribution and park access exist across communities that are specifically characterized by low-income and ethnic minority populations.<sup>5,6</sup> In cities that have more parks per population, distance to parks is still a barrier to park use. For example, the city of Los Angeles has more park acreage than any other city with 4 acres of parkland per 1,000 of the population; however, 75 percent of children do not live within a quarter mile of a park.<sup>4</sup> In Newark, New Jersey, fewer than 50 percent of children live within walking distance of a park or playground. Furthermore, while some people may reside in close proximity to parks, the location of the park entrance may not be easily accessible due to fencing and street patterns. As a result, residents still have to walk long distances to get to the park.<sup>2</sup>

### Lack of Infrastructure

While long distances from parks is a clear barrier to walkability, lack of physical infrastructure is also a deterrent to park use.<sup>3</sup> Incomplete and disconnected streets present difficulties for pedestrians, thus making walking to parks an unattractive choice. Many neighborhoods either lack pedestrian crossings, pedestrian bridges, paved shoulders, pedestrian signals, medians, visible crosswalks, warning signals, signs, maps, landscape cues and in-pavement lighting.<sup>8</sup>



A 2012 national survey on pedestrian behavior revealed that 24 percent of injuries to pedestrians occurred as a result of uneven/cracked sidewalks. The survey highlights that poor quality infrastructure is the leading cause of pedestrian injury.<sup>9</sup> When roads have safe sidewalks, people are four times more likely to walk.<sup>10</sup> The absence of appropriate pedestrian infrastructure leads to the next barrier – traffic safety concerns.

## Crime and Traffic Safety Concerns

Traffic safety is a major barrier to active transportation. Research demonstrates that negative traffic perceptions are associated with decreased walking because people purposefully avoid dangerous traffic areas. People are especially fearful of traffic volume and speed.<sup>10</sup> In 2012, 4,743 pedestrians were killed in crashes with motor vehicles.<sup>11</sup> These concerns are substantiated

with evidence that there is a 45 percent probability a pedestrian will be killed if struck by a vehicle traveling at 35 mph. The probability of death is reduced to 5 percent if the vehicle is traveling at 20 mph.<sup>3</sup>

Crime is another factor that discourages people from walking to parks. The type of physical design in and around parks can either create a risk factor for crime or a protective factor for residents of a neighborhood. Problematic features of physical design around parks that influence crime include:<sup>12</sup>

- » Narrow pedestrian paths located between dense planting;
- » Dense shrubs that block the view of the park from adjacent houses;
- » Secluded and unmonitored pedestrian routes that encourage misuse;
- » Inadequate lighting on pedestrian routes;
- » Signs of physical disorder such as graffiti and garbage; and
- » Lack of formal surveillance of areas surrounding parks.

## Partnership Building

While proximity to parks, lack of infrastructure, crime and traffic safety concerns are physical and social barriers limiting walkability to parks, a major challenge to overcome such barriers is to successfully work toward a unified goal through building partnerships with local government agencies, nonprofits and community organizations. Such challenges stem from the lack of understanding on issues related to walkability. It is important to approach partnerships as a process of creating a shared vision on walkability, building trust and communicating effectively.

One goal of building partnerships is to reduce the need for new resources. Therefore, potential partners should be prepared to share premises, equipment, staff and ideas to improve routes to parks.



# ESSENTIAL ELEMENTS OF A SAFE ROUTE TO A PARK

There are five essential elements of an ideal safe route to a park; however, it is important to note that all the elements identified below are interrelated.

## Comfort

The conditions of the sidewalks and aesthetics are key factors to take into account when building a safe route to a park. It is particularly important to make walking to parks inviting to residents by introducing tree-lined streets (particularly in warm weather states), creating a visually appealing and clean environment, ensuring low traffic and developing off-road trail access.

## Convenience

Pedestrian routes to parks should be in close proximity to where residents live. The route to the park should be no longer than a half of a mile (within a 10-minute walk) from where people reside. To ensure that citizens are in close proximity to parks, appropriate site selection of new parks is an extremely important factor in the dialogue on building safe routes to parks because park siting policies heavily influence travel patterns to parks.

## Safety

Physical separation boundaries are critical in establishing pedestrian safety. Separating pedestrian paths from roads with physical barriers is critical when building a safe route to a park so that pedestrians are not competing with automobiles. Introducing physical separation of sidewalks from curbs and parking areas reinforces a safer environment for pedestrians. Other essential safety elements required are well-maintained infrastructure, adequate lighting and winter maintenance (e.g., ice management and snow removal) for the northern tier states.

Perceived safety is also a major element of what makes a route to a park safe. Perceived safety is defined as the community's interpretation and assessment of whether routes to parks are safe and secure. It can be related to fear of accidents (safety-related risk perception) and/or fear of crime and violence (security-related risk perception). Although stakeholders may identify a route as safe, the community's perception of safety may differ; therefore, perceived safety is a determinant of whether residents will use routes to a park.

## Access and Design

A safe route to a park must reflect various levels of mobility. Proper design benefits all users and allows all citizens to use safe routes to parks. All walkways at intersections must also be reviewed for ADA compliance. Important elements of access and design include effective wayfinding systems such as the use of landmarks, signage, distance to destination markers and interest points to assist in navigating the routes easily.

Ensuring multiple access points to parks is also important. While many homes may be in short linear distance to parks, pedestrian access to park entrances often results in longer walking distances due to the limited number of entrances due to fencing and other barriers. Consequently, it is essential to develop multiple access points around the park where possible.

## The Park

A critical element to building a safe route to a park is the park itself. While all the above factors are indeed crucial to building a safe route to a park, the park itself must offer the amenities that the surrounding population will use. For example, if a local park does not offer programs for older adults in a community that has a significant older adult population, they will be less likely to use the park. Consequently, even if all the above elements were to exist in a community, residents are less likely to use safe routes if the park itself does not offer the amenities that the population desires.

# HOW TO BEGIN ASSESSING BARRIERS TO WALKABILITY

There are three initial steps in which communities can begin assessing the barriers limiting walkability to parks:

## 1. Assessing Park Usage

The first step is to conduct a local needs assessment of the park to determine if it is meeting the needs of its community. Surveys and questionnaires are valuable tools to gather such information. Prior to implementing improvements on safe routes to parks, it is useful to know if residents are using the park, and if not, what the reasons behind that may be. If the park itself is not catering to the community's demographics it is intended to serve, it is unlikely that residents will use routes to the park.

## 2. Walkability Audits

The second step is to conduct walking audits. Walking audits are a simple and systematic way to assess a community's walkability to parks. Completing walking audits are beneficial for the following reasons:

- » They assist in identifying routes that are functioning well and those that need improvement.
- » They allow you to describe problem areas using photos, checklists, maps or reports.
- » There is a record of the environmental condition you are auditing, and have you the ability to track changes over time.

### Formal and Informal Routes

While conducting a community's walkability audit, it is crucial to determine if residents are using informal routes to access local parks. In many communities, youth are known for cutting through wooded areas and flowerbeds for easy access to parks. It is highly recommended that the community itself (adults and youth) is involved in identifying informal routes to understand why residents are opting to use these routes over formal routes.

## 3. Community Focus Groups and Public Participation

Since perceived safety is an important determinant on whether residents will use routes to parks, it becomes important to hold community focus groups to gather feedback from residents on what improvements are needed for them to feel safe walking to parks. Due to perceptions of crime, parents are fearful and reluctant to let their children walk alone to parks. As a result, implementing focus groups with parents to ask them what improvements would make them comfortable to allow their children to walk to parks is also beneficial.



# WHO IS RESPONSIBLE FOR ADDRESSING WALKABILITY TO PARKS?

Building safe routes to parks is a shared responsibility of every agency responsible for public services and every segment of municipal services. Although there are certain agencies responsible for developing public infrastructure, partnerships with nonprofit and community organizations also play a vital role in building safe routes to parks. Potential partners include bike and pedestrian committees, citizen advocates, municipal planners, economic developers, municipal management, schools, recreation staff, health departments, advisory boards and law enforcement.



# BUILDING AWARENESS AND COMMUNITY SUPPORT FOR SAFE ROUTES TO PARKS

Building awareness and community support for safe routes to parks can be initiated through several avenues. Information gathered from walking audits and use of local statistics on pedestrian and motor vehicle crashes should be distributed publicly. A community's walk scores can also be made public through social media and newsletters so that residents are able to discern the issues of walkability in their neighborhoods. Advocacy and neighborhood groups that have a working relationship with appropriate local agencies also play a large role in generating support for safe routes to parks by relaying the concerns and needs of the residents to the relevant agencies. Furthermore, the key to building awareness and establishing community support is to remain proactive in reiterating the benefits of walking and the value of parks as a way to counteract the negative perceptions.

# CURRENT INITIATIVES TO IMPROVE SAFE ROUTES TO PARKS

Currently, there are two initiatives being implemented to improve safer routes to parks as described below:

## 1. Safe Park Zone Initiative

As discussed earlier, data illustrates that establishing and enforcing speed limits significantly reduces the probability of traffic fatalities. As a result, the Safe Park Zone initiative employs an integrated approach that promotes walking to parks by ensuring the safety of pedestrians through reducing speed limits and infrastructure improvement.<sup>13</sup>

### **What is a Safe Park Zone?**

Safe Park Zones are streets adjacent to parks where a municipality monitors traffic by establishing slower speed limits and higher penalties for violation of traffic laws. Funds generated from penalties are invested in education and infrastructure improvements to the zone by the municipality and park district. Safe Park Zones encourage easier access to parks by promoting a safer environment and by introducing infrastructure that emphasizes the presence of pedestrians walking to the park.<sup>12</sup> Much like Safe School Zones, Safe Park Zones are streets around parks where the maximum traffic speed is 20 mph.<sup>1</sup> In 2006, Illinois was the first state to implement a Safe Park Zone Statute. By 2012, five of Illinois' municipalities had adopted the Safe Park Zone.<sup>13</sup>

### **How are Safe Park Zones Developed and Implemented?**

Although there are standard guidelines to assist in the developing Safe Park Zones, each neighborhood will have a unique process to achieve the desired result due to variables in community and local government structure. The guidelines are as follows:

#### **Process**

The process begins by a municipality adopting an ordinance that defines Safe Park Zones on selected streets adjacent to parks.<sup>3</sup> Speed limits are set to 20 mph on these streets and signs are displayed warning drivers entering these zones. Fines are then set for traffic violations in these zones. Safe Park Zone penalties are issued in addition to other fines a driver would normally get for these violations. Revenue from penalties is then allocated to the park district for improving pedestrian infrastructure.<sup>3</sup>

#### **Partnerships**

This initiative involves close collaboration between various stakeholders including local police, park authorities, public works departments and elected officials. Since every community and every park is unique, it is necessary that all stakeholders work together to identify issues and strategize solutions.<sup>13</sup>

#### **Planning**

Safe Park Zones must include pedestrian safety infrastructure such as crosswalks and signs. All stakeholders must develop a clear plan focusing on improvements and maintenance for each zone. The plan should prioritize improvements in high-traffic areas.<sup>3</sup>

#### **Enforcement**

In order for the Safe Park Zones initiative to be successful, enforcement of the laws is the most effective way to address traffic safety and ensure drivers are obeying the law. Training law enforcement on Safe Park Zones and violation penalties is a crucial element to the success of this initiative.<sup>3</sup>

#### **Allocation of Revenue**

Revenues from Safe Park Zone penalties should be allocated to the local park district for improvement and maintenance in the zone. The process for transferring funds from local or county traffic court to park districts may vary in each community and relies heavily on a concrete relationship between all partners.<sup>3</sup>

## 2. Safe Routes to Play

The Safe Routes to Play initiative was developed in the early 2000s in Lebanon, New Hampshire. The concept involves strategy to connect neighborhoods to parks, playgrounds and open play spaces to encourage safe and easy active transportation options for children and adults.<sup>14</sup> Safe Routes to Play was adopted by Research, Education and Development for Health, Recreation and Land Agencies (GP RED) as a national initiative in 2010. The key principles that underlie this concept are that:<sup>14</sup>

- » Children are also commuters;
- » Child health and safety-oriented transportation planning is crucial; and
- » Active access to community parks promotes physical activity en route to parks and within parks.

The Safe Routes to Play initiative involves children as participants in the process of identifying safe and unsafe areas in their community to travel independently using a mapping exercise known as uMAP.<sup>15</sup> Furthermore, Safe Routes to Play also uses PhotoVoice, a photography storytelling tool that allows youth to share their perceptions of community safety with policy makers.<sup>15</sup>



## CONCLUSION

The literature review and focus group discussions reveal that safe routes to parks is a new and emerging concept to advance safe walking to and from parks to improve the well-being of all citizens and to foster the creation of livable communities. The data presented highlights some of the complexities involved in building safe routes to parks in America's local communities. Nevertheless, this report aims to initiate important conversations on how to approach the process of building safe routes to parks.

While there are urban planning principles that encourage walkable communities, the planning and implementation process can be complex due to policy, design and budgetary factors. An initial approach to improving walkability to parks is to understand the obstacles limiting walkability to parks in every community and identify essential elements required for a route to be classified as safe. Prior to implementing improvements to pedestrian routes, it is important for communities to assess walkability to their local parks and build community awareness by publicizing the barriers limiting access to parks in their neighborhoods.

In a time where our nation is faced with health, economic, social and environmental challenges, the dialogue around safe routes to parks requires further attention and exploration so that we can create neighborhoods that easily connect to parks because safe routes to parks is a vital component in creating a sustainable future.

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