AN OREGON ACTION FRAMEWORK FOR

Health and the Outdoors

VERSION 1.0
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Website availability
All information contained in this document is available at http://oregon.healthandoutdoors.org.

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Foreword

Did you know that a simple walk through a neighborhood with lots of trees can help calm your mind? Did you ever wonder what it’s like for those who live in neighborhoods with few trees? Did you know that the number of people going out to fish or hunt has been declining over the years even as we are learning more about the power and importance of experiences that connect us to nature and inspire awe? And that spending time in groups outdoors can build the relationships that promote health? This Health and Outdoors Action Framework is designed to catalyze stronger bonds between people and the outdoors in ways that improve both health and environmental outcomes. Our work is focused on reducing inequities in health and outdoor access in communities (communities of color, low-income communities, places in Oregon, and people with disabilities).

The Framework is a product of a planning team that drew from nearly a year of intensive conversations with 21 state and county public health officials, hospital and health plan executives, leaders in conservation nonprofits, and health advocates across Oregon, and several more years of the planning team members tracking progress in communities from Portland to Birmingham to Houston. The planning team also held two in-person sessions and one webinar with nearly 40 advisors to test the framing and develop the strategies in this document. This document is a result of all those conversations, and will evolve as more occur.

The planning team included:

- **Oregon Healthiest State**: Creating and sustaining healthy environments to support healthy lifestyles
- **Oregon Public Health Institute**: Building vibrant and healthy communities in Oregon
- **Portland State University, Institute for Sustainable Solutions**: Unleashing the power of higher education to address the world’s pressing sustainability challenges
- **Solid Ground Consulting**: Building the capacity and confidence of leaders to make a difference in their communities
- **The Intertwine Alliance**: Working to integrate nature more deeply into the Portland-Vancouver metropolitan region
- **Willamette Partnership**: Increasing the pace, scope, and effectiveness of conservation

Version 1.0 of the Framework is just a start. There is more work to be done, and we need your help - the ideas outlined here will only succeed through partnership of diverse communities across Oregon.

Our work will need to cross sectors and boundaries, engaging people and community organizations, health, conservation, business, youth, outdoor, government, and other groups. For every organization involved, there will need to be active listening and a commitment to learn from each other.
Help build the dialogue

To help build a collaborative path forward to improving health and environmental outcomes, we want to hear from even more people. In particular:

For everyone:
• What makes sense in the Framework and what is missing? Give us your ideas, and let us know what you need to take the Action Framework and use it to achieve goals that are important to your community.

For communities:
• What tools can we give you to talk about health and the outdoors within your community?
• Where are there gaps and opportunities in getting people outdoors more often?
• Who are the people in your community or other communities we need to involve?

For businesses and employers:
• How can you support your employees and their families get outside regularly—at work, home, and play?
• Are there ways you can support community efforts through volunteer hours, financial contributions, communications support, or more?
• Are there policy solutions that can encourage your employees to go outside?

For healthcare and health organizations:
• For some populations, health outcomes can be significantly boosted by spending time in the outdoors. How can you support and invest in community-led programs that make the health-outdoor connection to and to improve health outcomes?
• Are there youth, culturally-specific, outdoor, conservation, or other organizations in your service area that you partner with to make the health and outdoors connection to maximize health?
• How can you help design, implement, and/or provide feedback on needed evaluation tools to build evidence and improve programs?
• Are there policy solutions you can implement to encourage your clients and employees to go outside?

For education, youth, culturally-specific, faith, tribal, conservation, outdoor, or other organizations:
• What other community based organization can you engage that works on reducing the greatest health and environmental disparities in your area? What will it take for you to meet with them to understand how your work could benefit them, and act on their suggestions?
• Are there activities you work on that improve health? How can you better identify and clearly communicate the ways it improves health, and changes you could make to strengthen this connection?
• Find ways to support health and conservation group alliances who want the same things.

We want to find a way for anyone who can and wants to engage to do so in the way that makes the most sense for them and their community—however they define that. Join us!
I. Purpose and Goals of the Health and Outdoors Action Framework

The purpose of the Oregon Health and Outdoors Framework is to improve health and conservation outcomes for all Oregonians by increasing the presence of, access to, and use of parks, nature, and the outdoors in communities experiencing inequities, including communities of color, low income communities, people with disabilities, the very young, elders, and other vulnerable populations.

The Health and Outdoors Framework seeks to integrate health and conservation efforts and concepts, and to provide tools and intervention ideas to healthcare providers, conservation organizations, public health practitioners, and community networks who share our goals of:

• Strengthening social connection and cohesion through shared experiences outdoors;
• Improving both chronic and acute health outcomes (physical, spiritual, emotional and mental health) in communities experiencing significant inequities;
• Measuring and communicating outcomes for health, environment, disparities, and engagement;
• Providing the infrastructure to support access to healthy options for all; and
• Increasing greenspace and healthy outdoor places for all.

II. Background

It’s important that everyone have access to safe outdoor places with clean air, soil, and water to improve health. In Oregon, health, conservation, education, philanthropic, and business organizations are coming together to develop a focused strategy for strengthening the connection between health and the outdoors, and they are inviting others to join and help. There is tremendous opportunity in connecting these concepts, as research continues to show that getting people into the outdoors and bringing the outdoors closer to people increases access to opportunities for physical activity, reduces stress, fosters community and social relationships, and improves air quality. At the same time, we are seeing differences in health conditions widening along racial and income lines in our communities and increases in some environmental stresses. We understand the impacts of both – separately and
When we say “outdoors” we mean…

The clean, safe, and green places that let you and your family be in the open air.

combined – better than ever. Now is the time to make the explicit link between improved health and the outdoors in Oregon.

This Action Framework is intended to identify opportunities, challenges, and actions. It aims to help get everyone outside and finding ways that work best for them to support their health. It is intended to articulate an approach that puts communities in the driver’s seat; building capacity with them to identify priorities, strategies, and actions to make the health-outdoor connection explicit, culturally specific, and relevant to them, and outlining how we can support each other in realizing this important work.

In this Action Framework, “the outdoors” is defined in the broadest sense of the term. Experiencing “the outdoors” can include going for a hike with a group of other moms, tending a neighborhood garden, rafting down a river, or even looking out a window into an open and natural landscape. However, being outdoors is more than simply being “outside”—it invokes a connection with green spaces and what is living and growing in our surroundings. Different people and groups experience the outdoors and nature in different ways.1 The same is true for our use of the term “health,” which refers to a spectrum of well-being and the settings that support this— from the clinic to the neighborhood – and the impacts of the broader physical, social, and regulatory environment that encourage or inhibit healthy behavior. We make behavior choices based on what opportunities we have. Although this Action Framework has been initially designed for Oregon, we will continually consider how it can also serve as a model, inspiration, and road map for other states interested in strengthening the connection between health and the outdoors.

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III. The Science and Business Case for Health and the Outdoors: Samples from the Evidence

The evidence linking time outdoors with better health is substantial, and research exploring this link continues to grow (Children and Nature Network). Existing research demonstrates significant correlations between time outdoors and different aspects of health. For example, a 90-minute walk in green spaces outside can reduce brooding—that feeling of not being able to shake a negative thought. In one study, having 10 more trees in a city block increased health perceptions in ways similar to an increase in annual personal income of $10,000 or being 7 years younger. High densities of urban tree canopy can reduce exposure to airborne pollutants, reducing risks of respiratory and cardiac disease. Spending time outdoors is also connected with more physical activity, and if kids can get outside for 20 minutes a day in a safe, green place, they demonstrate better attention performance in the classroom. A neighborhood’s perceived “greenness” and street trees have been positively associated with local social interaction.

Findings like these are growing in number. They show correlations between time outdoors and better health, but there are important questions remaining. What “types” of nature are linked to better health outcomes? How do different people “react” to the outdoors? Is there an optimal

Weblinks for Compilations of Evidence

- Children and Nature Network
- Green Cities Good Health
- EPA’s Eco-Health Browser
- The Intertwine Alliance
- Healthy Parks, Healthy People

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6 Hartig et al. (2014). *See note 2*.


8 Hartig et al. (2014). *See note 2*. 
“dose” of the outdoors in terms of frequency, duration, and type? Also, time outdoors is not always positive for mental or physical health: advisors to the Framework told stories about how being outdoors can increase stress for people who have felt unwelcomed or experienced trauma in the outdoors, or are exposed to air, water, or soil pollutants. Greenspaces will not get used by people who do not view them as safe. Other advisors reminded us that for people with respiratory conditions, going outside can exacerbate symptoms on days with high pollen counts or heavy air pollution. How can we help remove these barriers to make sure everyone is getting the full benefits of outdoor activity?

There is also a business case for investing in the link between health and the outdoors. Simply put, people who spend regular time outdoors are likely to have fewer chronic health problems, which can generate lower healthcare costs. For example, postoperative patients with a view of nature had shorter hospital recovery stays and needed fewer painkillers. A 2012 study estimated that $93 million in health care costs could be saved simply by providing hospital patients with a view of nature. That work grew into an entire field of research around therapeutic gardens and nature therapy. Some hospitals are also actively using their community benefit programs to improve environmental determinants of health. But there is also a potential business case for spending time outdoors. Employers can incorporate time outdoors for their employees and their families into wellness programs that can reduce costs for large employers, and Legacy Health is discussing that opportunity with the Intertwine Alliance.

From a 2014 gathering of researchers, public health officials, and conservation groups, it is clear that the positive side effects of spending time outdoors are strong enough to justify a collective effort to ensure everyone has access to the benefits. As the evidence builds, we anticipate better data to inform program design, policies, and infrastructure decision, but also a stronger case that more time outdoors for more people is a good idea.

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9 Ibid.
Excerpt from the Wingspread Declaration on Health and Nature (www.healthandnature.org)

“The connection between people and the natural world is fundamental to human health, well-being, spirit, and survival. Nature is a source of food, clean water, clean air, medicine, shelter, and economic opportunity. Moreover, in order to thrive, humans require direct access to nature. Whether a city park, a community garden, a tree-lined street, or wilderness – nature in people’s daily lives reduces stress, renews the spirit, connects people to each other and increases physical activity. In short, humans are part of nature, our connection with nature is a fundamental human need, and we believe access to nature is a basic right.

However, large numbers of people – many of them children – are now disconnected from nature. As a direct consequence, people around the world are suffering from substantial health challenges, many of them preventable. Likewise, the natural world faces increased pressures and vulnerability. The human, natural, and economic consequences of these challenges are already enormous.

This situation calls for placing consideration of the nature-health connection at the center of research, design, and decision-making across multiple fields. Concerted, cooperative action from health, environmental, educational, governmental, and corporate actors is needed to reconnect people with nature and to secure commitment to protecting nature.”

Photo Courtesy of Mac Martin.
IV. Gaining Momentum: Current Efforts, Opportunities, and Challenges

There is a lot of effort already underway in Oregon to connect health and the outdoors. We identified over 25 programs and projects that are making the connection between health and the outdoors, either by taking people into the outdoors or by bringing nature to people nearby where they live and work (see oregon.healthandoutdoors.org for a map and list of projects).

Over the last two years of dialogue with health and conservation leaders in Oregon and around the country, the planning team found that the link between health and the outdoors is compelling, but that it’s challenging to make that link explicit and actionable. In Winter 2015, we conducted key informant interviews with 21 of these leaders\(^\text{13}\), and in Fall 2015 we convened a diverse group of advisors to help construct this Action Framework.

We asked each group for opportunities and challenges in making the health-outdoors connection. Some of their responses are described below.

**Opportunities**

- Health, environmental justice, conservation, education, and other leaders recognize the link between health and the outdoors.
- Equity has to be part of providing access to the outdoors.
- We can apply culturally-specific approaches to integrate health and outdoors.
- We can align the outdoors with growing interest and movement towards creating healthy places to promote healthy lifestyles.

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13 Interviews included state and county public health officials, hospital and health plan executives, leaders in conservation nonprofits, and health advocates. Questions explored opportunities to link health and the outdoors in the next 3-5 years, who is doing innovative work in this space already, who are key partners, and where there are important gaps to fill.
• Shared use agreements (i.e., where one organization agrees to share a space like a playground or field with others) can capitalize on existing greenspace (e.g., there is a school in most communities) to promote health and other outcomes.

• Community leaders we interviewed wanted a menu of evidence-based solutions that can be easily implemented.

• There are a number of existing programs that get people outdoors (e.g., community gardens, Outdoor School, hiking groups, etc.) that we can build.

• Practitioners want access to new research that supports the connection between health and the outdoors. They want to see what health indicators they might build into conservation and green infrastructure projects.

• The body of research on the health benefits of time outdoors is increasing rapidly.

**Challenges**

• Health leaders have a lot on their plate, and may not focus on making the link between health and the outdoors a top priority.

• Both health system and conservation organization leaders tend to be laser-focused on their own issues and maintain their “silos”.

• There are more pressing health issues and access to the outdoors as an isolated health intervention does not address the most important social determinants of health\(^\text{14}\) for many people (i.e., the different factors about where we live, work, play that affect our health).

• Communities, especially communities of color, have in the past and continue now to experience trauma in relation to the outdoors.

• There is not broad recognition of who lacks access and opportunities to safely be outside among people who have that access.

• The “outdoors” means different things to different people.

• Some places do not have enough green infrastructure and related programming to get people outdoors.

\(^{14}\) The World Health Organization defines social determinants of health as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
• Finding the best indicators to measure the impact of relationships and social capital can be difficult.
• Evaluation of outcomes is often not part of project funding.
• Environmental conservation efforts have not been successful in linking with transportation policy, such as Safe Routes to School and other cross-sector efforts.
• Physical health depends on stable access to services and financial opportunity.
• In some contexts, protecting the outdoors is viewed as incompatible with increasing access to it.
• There are institutional and structural sources of racism in both the health and conservation sectors.
• There is a lack of race- and class-based strategies that address the cultural barriers (i.e. perceived and outright discrimination\textsuperscript{15} cultural stigmas, environmental hazards) to increase use and access of outdoors.
• There are remaining gaps in understanding and evidence.

V. Preparing to Act: Linking actions, the outdoors, and better health

Figure 1 on the next page diagrams out how we think interventions can lead to more time outdoors, and how that time (alone and in groups) can lead to better health outcomes. This theory of how to generate change informs the approach, strategies, and ultimately the evaluation tools this Action Framework will use to support community-led efforts, policy recommendations, research agendas, and communication tools.

If communities are enabled to lead and equipped with supportive policies and research/information, they can get more people outdoors more often by:

• Addressing barriers to spending time outdoors;
• Increasing parks, trails and trees;
• Increasing access to safe green space; and
• Activating and scale programs to get people outdoors.

More people outdoors more often will improve physical health, behavioral and spiritual health, and social cohesion. Throughout these links, applying an equity lens will lead to better, more equitable health outcomes. Alone, more people outdoors will not lead to cleaner air, water, natural habitat, and other environmental outcomes. Increasing parks and trees can generate those outcomes directly, and increasing connections to the outdoors will create new stewards and conservationists who value healthy ecosystems. Each has value, and communities will need to decide how they focus their effort on health and environmental outcomes.

**Figure 1: Theory of Change**

- Authentic engagement
- Focus on those facing significant inequities
- Reduced inequities

Applying an equity lens throughout

- Support health-nature Policy
  - Engaged communities lead with their perspectives and priorities, focusing on those that have experienced the greatest disparities
  - Support and use solid health-nature research

- Address the barriers preventing connections to the outdoors/nature
  - Increase parks, trails, trees
  - Increase access to safe green space
  - Activate and scale programs connecting people to the outdoors

- More people outdoors more often
  - Improve Physical Health
  - Improve Behavioral & Spiritual Health
  - Strengthen Social Cohesion
We know enough about the links between health and the outdoors to act now. The approach and the strategies articulated below are starting points. We know there will be more work and innovation, and communities will define which strategies they want to use. These strategies emerged from several conversations with advisors.

### Table 1. Summary of Approach and Strategies

<table>
<thead>
<tr>
<th>The Approach: Success is tied to the leadership of communities, supported by a core team that reflects the values and priorities of those communities. The Oregon Community Health Workers Association will be the Framework’s primary link to organizing community-led strategies, and the existing planning team will evolve into a re-constituted core team.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supporting Strategies:</strong> Coordinated by the core team and delivered statewide</td>
</tr>
<tr>
<td><strong>Information:</strong> A regional research agenda and tools to evaluate outcomes</td>
</tr>
<tr>
<td><strong>Communications:</strong> Talking points, outreach, and others tools to make the link between health and the outdoors</td>
</tr>
<tr>
<td><strong>Policy:</strong> A policy playbook to map the opportunities, gaps, and recommendations to weave health into all policy</td>
</tr>
<tr>
<td><strong>Activate programs:</strong> A guide that you identify with or a group of people from your community can make the outdoors connection</td>
</tr>
</tbody>
</table>
VI.1. The Approach: Authentic engagement, communities as decision makers and leaders, and support via information, policy, and communication tools to enable success.

Both the health and conservation sectors are continuing to learn the value and importance of a “nothing about us without us” approach if we truly want to see change in the human and environmental health of communities. Authentic engagement within and between communities is especially important where past cultural traumas have created barriers to getting outside. In communities of color, there can be a real feeling that greenspaces are “not for us.” Being outside can lead to both outright and perceived discrimination, feelings of alienation, and cultural stigmas regarding perceptions of the outdoors. The same groups experiencing disparities in access to the outdoors are often those experiencing significant health inequities. Culturally-specific strategies are a necessary first step to generating community-owned strategies that support the building of social cohesion.

We cannot achieve our shared health and environmental outcomes without addressing inequities, and we cannot address inequities without sharing power with communities of color, low-income groups, people with disabilities, and urban and rural places to define solutions. As a result, this Action Framework takes the following approach, adjusting for community needs and findings from evaluations:

- Early action will focus on the resources needed for community leaders to shape their specific strategies (see Community Strategy options in Section 6.3) to linking health and the outdoors. We anticipate a community grant program to support a small number of communities build, or expand, specific strategies;

- Community health workers are community leaders in many parts of Oregon, and we will work with the Oregon Community Health Workers Association (ORCHWA) and its members to further define an approach for community engagement;

- We will convene a Core Team and Advisory Group to support communities and to implement the Supporting Strategies (see Section 6.2). That Core Team must include members that represent a diversity of regions, abilities, races/ethnicities, and classes;

What is authentic engagement?

Authentic engagement starts with a definition and understanding of community, which can be a fluid, and people can belong to more than one community. Inclusion and building trust are essential. There is also recognition that engagement is a long-term process with opportunities for skill and capacity building.

(From the Center to Prevent Childhood Obesity, RWJF, 2012)
• As communities develop their strategies, we will develop the resources needed to implement them. We anticipate something like 3-year implementation grants for communities with a clear strategy; and

• The Core Team will support evaluation of outcomes, translation of research into program design tools, coordinate communities, and maintain a policy playbook.

Both the approach and the strategies below are just a beginning. These will have to adapt and adjust, and will have to make room for the countless innovations that we know will come quickly as communities experiment and succeed in connecting the outdoors and health.

VI.2. Supporting Strategies: Information, Communication, and Policy Tools

Supporting strategies are statewide, or even national, actions that will help communities across Oregon design, implement, and succeed in their efforts to link health and the outdoors.

Information: Build evidence and track progress for the Health and Outdoors link

While sufficient evidence exists to ensure confidence in the connection between health and the outdoors, gaps in understanding of the explicit, causal connections, best practices, and evidence-based approaches remain. Over the next year, we must build a regional research agenda (including at least Oregon and Washington) that seeks answers to questions generated by communities across the region, the Advisory Group, and other experts in the field.

In addition, we should create evaluation toolkits for communities to measure and communicate the progress of efforts supported by the community grant program. Evaluation tools need to track engagement processes, not just health and environmental outcomes, which means thinking of measures of trust and relationship strength. Even more importantly, we need the resources for external

Healthy Beginnings + Healthy Communities

The approach above takes some inspiration from Northwest Health Foundation’s initiative to improving healthy births and getting kids and young adults ready for school. A common commitment, information on how to achieve goals, and a focus on building power for communities are centerpieces of the initiative.

Portland State University commits to crowdsourcing a research agenda

PSU’s Institute for Sustainable Solutions has stepped forward to help develop a research agenda that can be shaped by the broad communities that care about this topic. Stay connected.
evaluators to train people using the evaluation toolkit. The data collected in these evaluations will give us a stronger understanding of what works, to what end it works, and the type and quality of impact of interventions and strategies. There is general consensus that there is sufficient research for us to explore potential measures that will evaluate the outcomes of programs linking health and the outdoors. While work to generate shared metrics continues throughout our first year, there are some foundational metrics available for tracking progress and designing programs. These foundational metrics are based in a 2014 research review of reviews\(^\text{16}\) and initial conversations with the project team authoring this report. Table 2 provides some examples of placeholder measures that could be used.

**Table 2: Placeholders: Measuring the links between health and the outdoors**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outputs</th>
<th>Outcome</th>
<th>Metrics</th>
<th>Sample Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Health</td>
<td>Interventions specific measures</td>
<td>Intervention specific access measures</td>
<td>Complete trails, park installation/ increased access/New programs</td>
<td></td>
</tr>
<tr>
<td>Improved Conservation</td>
<td>Interventions specific measures</td>
<td>Increased Physical Activity</td>
<td>Time Spent Exercising</td>
<td>Parks and trails closer to home</td>
</tr>
<tr>
<td></td>
<td>Interventions specific measures</td>
<td>Reduce Stress</td>
<td>Stresor exposure, coping resources, acquisition of cognitive/physiological restoration</td>
<td>Walking groups, Hiking groups, etc.</td>
</tr>
<tr>
<td></td>
<td>Interventions specific measures</td>
<td>Increased social cohesion</td>
<td>Interaction with neighbors, sense of community</td>
<td>Community gardens</td>
</tr>
<tr>
<td></td>
<td>Interventions specific measures</td>
<td>Breathable Air</td>
<td>Air quality metrics</td>
<td>Planting the right kind of trees is the right places</td>
</tr>
<tr>
<td></td>
<td>Interventions specific measures</td>
<td>Clean Air</td>
<td>Air quality metrics</td>
<td>Planting the right kind of trees is the right places</td>
</tr>
<tr>
<td></td>
<td>Interventions specific measures</td>
<td>Clean Water</td>
<td>Water quality and quantity metrics</td>
<td>Restoring green spaces along streams</td>
</tr>
<tr>
<td></td>
<td>Interventions specific measures</td>
<td>Natural Places</td>
<td>Habitat quality, quantity, and connectivity</td>
<td>New park and natural areas protected</td>
</tr>
</tbody>
</table>

\(^{16}\) Hartig et al. (2014). \(\text{See note} \, 2\).
Communications: Create awareness and champions for health and the outdoors

A strong, culturally-specific communications and marketing campaign is needed to make the link between health and the outdoors explicit. That campaign needs to:

• Provide organizations with the talking points and evidence to talk about their work in terms of environmental and health outcomes;
• Raise broad awareness of the health and outdoors link with the public, schools, employers, and organizations; and
• Support champions for health and the outdoors in the legislature, healthcare, schools, environmental groups, and community based organizations.

As communications work begins, there needs to be a discussion about who decides what is culturally-specific and how to track the effectiveness of communication tools. We also plan for a network of champions to evolve into a network that can support lessons learned and best practices.

Policy: Look for opportunities to weave health and the outdoors into all relevant policies

Current environmental and health policies have evolved in their own worlds. There is now opportunity to think about how these policies can operate to enhance the health and outdoor connection. Policy is defined broadly. It could include public policy such as legislation, and also means the creation of financial incentives, institutional priorities, and more opportunities to innovate around health and the outdoors.

To build supportive policies, we need to first understand the policy gaps and opportunities relative to health and the outdoors. Working with communities and other stakeholders, we need a “Policy Playbook” that identifies these gaps and opportunities and suggests possible options for seizing opportunities.

Did someone say free parks passes?

The Let's Go campaign in Maine teamed up with Harvard Pilgrim Health Care and Maine's Bureau of Parks and Lands to provide more than 10,000 free parks passes for patients and their families. The work is tied into toolkits, communication campaigns, and other efforts.

Great Outdoors Colorado's Inspire Initiative

In 1992, Colorado allocated portions of lottery proceeds for open space (like our Oregon Watershed Enhancement Board) that has directed $825 million to acquire lands and create outdoor opportunities. In 2015, the Inspire Initiative opened up $25 million in grants to communities to create nearby nature. The goal is to leverage $100 million with private and public dollars, and healthcare partners are actively part of the effort.
VI.3. Community Strategies: Focus Effort on Populations Experiencing Significant Inequities

The common question communities will face is, “What comes first and where do we concentrate limited resources?” While we anticipate that communities will design and put forth unique strategies tailored to their specific needs, assets and challenges, we offer the following example strategies communities can use to develop their specific strategies. Our work is focused on reducing inequities in health and outdoor access in communities of color, low-income communities, and people with disabilities. That focus implies that work needs to be done to define which communities have experienced significant disparities and conversation about how that work is done and by whom.

We anticipate many actions will build from existing networks. For partnerships and organizations reaching out to build new relationships with communities, there probably needs to be some analysis through an equity lens about what preparatory work might be needed to help make an authentic collaboration possible. There is likely a need to continue refining tools to facilitate this process.

These example strategies align with that focus and complement each other. Communities might choose to focus on one or more strategies.

Community Strategy: Create more front doors to the outdoors by addressing barriers
Many places may have enough parks, trails, and trees, but face significant barriers to going outside. Those barriers could be a sense of security in the outdoors, pollution, time, transportation, etc. We need to support communities who do not view the outdoors as “a place for them” in connecting with the outdoors by supporting community-determined ways to experience it safely. Collective work needs to happen simultaneously within the health and conservation sectors to address and dismantle internal biases, structures and policies that make outdoor places exclusive and unwelcoming to people of color, low income, and disabled persons.

Our advisors emphasized the importance of this strategy if we are to live up to our commitment to apply an equity lens to our efforts. Addressing barriers could include community-led, culturally-specific

**Entre Amigas goes hiking in the Gorge**

Next Door Inc. started a program under a breast health grant called Entre Amigas. Almost 90% of women participating had never been on the hiking trails because of either transportation issues or just not feeling welcome.
group outings, additions to current park guides written from the perspectives of communities of color, improving transportation to parks in rural areas, or finding ways to reduce hazards, income, or time barriers to getting outside. Some of these solutions may be one or two steps removed from directly getting people outside, but could be the most significant actions we can take to improve health and environmental outcomes over the long term.

Community Strategy: Increase access to safe, clean green spaces once people are outside
Once we break through the barriers to getting outdoors, green spaces can still be hard to access. Along rural highways, there may be no sidewalks on routes to schoolyards or parks. One greenspace close by may not be enough. Our advisors said we need to think about systems—connecting people to multiple places and different ways of experiencing the outdoors. This may be important for creating that lasting connection to the outdoors—encouraging people to becoming outdoor enthusiasts, and not have just a single experience. Access interventions might also include trailheads and better park facilities for groups. Accessing the outdoors with others, in a group, was a strategy we heard from multiple Advisors. This could mean group picnic shelters that don’t need a reservation or fee, running water for washing dishes after family meals, or ski lessons for the whole family (not just kids).

Community Strategy: Invest in more parks, trails, and trees
There are places in Oregon without enough clean, safe greenspace. Neighborhoods without dense tree canopy may choose to focus on planting trees along highways, near schools, and other strategic locations to improve air quality. Shared use agreements with school districts may open up more schoolyards after hours for the community. Similarly, green classrooms can make it easier to get kids outside for 20 minutes a day. Easy access to trails can improve physical activity. The nice thing about being outside is that you don’t need to think too hard about exercise—you’re just more active when you’re outside, even if you think you’re relaxing. More parks, trails, and trees also includes cleaning up contaminated sites like brownfields, or planting trees between a highway and a park to make those places clean, safe, and green.

Living Cully turning a brownfield to a park
Hacienda CDC, Verde, and Native American Youth and Family Center (NAYA) are working with the community to provide jobs, more greenspace, and other opportunities in the Cully neighborhood.
These infrastructure investments are made by our parks, roads, and other departments in local, state, and federal government. It could also mean early child education centers where bark-chips are turned into growing landscapes or raised beds in apartment building courtyards. This Action Framework and the communities connected to it can help select where investments are made, how greenspaces can be designed to improve health, and how to bring innovative financing to the maintenance and care of greenspaces.

**Community Strategy: Activate and Scale Programs Connecting People to the Outdoors**

Sometimes, we need a guide and some extra structure to get outside. There are a host of wonderful programs in Oregon that get people outside every day. Outdoor and environmental education programs, hiking groups, school field trips, and hunting and fishing groups are all trying to reach as many people as they can with the resources they have. The Oregon Outdoor Education Coalition is actively working to expand opportunities for students to participate in outdoor school.

It’s possible that these programs may just need more resources to reach more people. Projects have shown how important it is for people to identify with the leader taking them outside. The Foundation for Youth Investment and Transforming Youth Outdoors have teamed up to develop guidelines for culturally relevant outdoor programming. Latino Outdoors has found that group outings helped get people outside, who then turned into outdoor enthusiasts, who then set off to experience the outdoors in their own way.

There may also be some adjustments to how outdoor programs are delivered that can help A) maximize health benefits, and B) better track and articulate health outcomes. Schools and teachers can be given tools to include outdoor lessons into all subjects, not just recess.

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**Soul River gets kids and veterans outdoors**

When Soul River started organizing fly fishing trips for kids from North Portland, the number of black youth fly fishermen in Oregon increased because the kids identified with Chad Brown.

**Walk with a Doc**

A doctor in Klamath Falls and Bend make themselves available for walks outside that also include talking about health issues.

**Children’s Forest of Central Oregon**

When the Deschutes National Forest and Discover Your Northwest paired up, getting outdoors became a regular activity to benefit healthy minds, healthy bodies, and healthy forests.
VII. Realizing Our Goals: Reduced Inequities in Health and Environment

In five years, if we have been successful, there will be a range of communities actively getting more people outdoors more often, and we will see measurable improvement in physical activity, behavioral and spiritual health, social cohesion, and air quality. These social determinants are one part of moving some of Oregon’s most significant health challenges around mental and emotional health, maternal and child health, and obesity. How will we know we are succeeding? Over the next year, we will develop some specific goals for the Action Framework with communities and the associated metrics that will be used to track progress toward those goals.

Near-term Asks

In the next 2-12 months, a core group of interested individuals and organizations will aim to:

- Convene an ethnically-, culturally-, geographically-, ability-, and economically- diverse group of advisors to champion, support, and coordinate efforts tied to the Action Framework.
- Raise a minimum of $100,000 to provide grants to communities to support specific health and outdoor solutions.
- Develop culturally-specific communications tools for organizations getting people outdoors across Oregon. These tools will be used to talk about the health benefits of the work they do and to start a larger conversation.
- Create the evaluation tools and research agenda needed to make time outdoors part of an evidenced-based health strategy.

The planning team is committed to shepherding this work along—creating a learning network for people who want to improve health and environmental outcomes through getting more people outdoors more often. This is the beginning of learning together through action, adapting the Action Framework with experience, and continuing to broaden the groups working together.

We need your help, so stay involved, and join us.