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## Partners at Play: Engaging Parks and Recreation Departments in Extension's Health Promotion Work

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*As Extension assumes a more prominent role in health promotion efforts at the national and local levels, it is increasingly important to build strong, sustainable partnerships with organizations that address health and health disparities across the socio-ecological model. Given the role that the built environment plays in fostering and impeding health and physical activity, we argue that state and local Extension staff should build and maintain strong partnerships with organizations that carry out this work at the national, state, and local levels, such as Parks and Recreation departments. This article presents a case study of how Extension staff in one North Carolina county built strong and sustainable partnerships with Parks and Recreation to create and enhance access to places to be active, particularly in low-income and communities of color. Drawing on this case study, we outline best practices that can facilitate these types of partnerships, based on experience from a two-year community-based research and Extension project at North Carolina State University.*

**Keywords:** physical activity, health promotion, case study, community-based, built environment

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## Introduction

Increasingly, Extension has assumed a more prominent role in health promotion efforts at national and local levels, most notably in the areas of access to healthy foods and safe places to be active. These efforts have contributed to the goal of increasing the health of Americans across the lifespan (Braun et al., 2014). A recent study of Extension faculty, agents, and administrators identified three ways that Extension staff aim to engage in health promotion efforts by (a) educating community residents about health, (b) taking a “systems”-based approach to address health across the socio-ecological model, and (c) leveraging the assets of the land-grant system to build evidence-based practices (Remley et al., 2018). As state and local Extension staff build their expertise and programming in health promotion, there is a need for strong partnerships across organizations and sectors to build collective impacts and address the complexity of public health issues in local communities.

Recognizing that social-, community-, and built environment-level factors influence physical activity and health, the Community Guide to Preventive Services recommends physical activity strategies that “increase the diversity and proximity of local destinations where people live, work, and spend their recreation and leisure time” (Community Preventive Services Task Force, 2016, para. 4). Given that the built environment can foster or impede health and physical activity efforts (Smith et al., 2017), we argue that state and local Extension staff need to build and sustain strong partnerships with organizations that have historically been at the forefront of built environment efforts, such as Parks and Recreation Departments. The research reported here provides a case study detailing how Extension staff in one North Carolina (NC) county built partnerships with Parks and Recreation to help local communities increase access to places to be active. We outline several best practices that can help facilitate this type of partnership, based on experience from a two-year community-based research and Extension project at NC State University.

## Background

National physical activity frameworks are based on the socio-ecological model, which affirms that health behaviors should address multiple levels of influence, such as individual (e.g., genetics, age, gender, race/ethnicity, knowledge and skills, health beliefs, and personal preferences); inter-personal (e.g., family, friends, and peers); organizational (institutions and organization characteristics and formal and informal rules and regulations); community (relationships between organizations and institutions, which can include early care and education, schools, healthcare, worksites, parks, and the food environment); and societal (e.g., local, state, and federal policies, such as agricultural policies, food systems, transportation) (Institute of Medicine, 2012; National Physical Activity Plan Alliance, 2016). A key tenet of this approach is that effective interventions should seek integration across each level of influence. Ultimately, as recognized by several major health organizations, successful physical

activity interventions require coordinated multi-level, multi-sectoral partnerships (National Physical Activity Plan Alliance, 2016; Robert Wood Johnson Foundation, n.d.).

Increasing access to parks is a key strategy to improve physical activity outcomes on a population level (Smith et al., 2017). However, research shows that families who live in low socioeconomic status (SES) neighborhoods and/or communities with a higher percentage of African American and/or Latinx families have less access to recreation facilities and amenities and are less likely to be physically active (Engelberg et al., 2016; Hume et al., 2005). However, even underserved neighborhoods have schools and other facilities such as recreation centers, faith communities, and public and private open spaces that may be used for recreation (Edwards et al., 2014; Hardison-Moody et al., 2017; Kanters et al., 2014; Young et al., 2014). Strong local, state, and national partnerships are necessary to increase access to safe places to be active, particularly in rural, low-income, and communities of color. Parks and Recreation Departments are a vital partner in this work, as they have facilities, programs, reach, and expertise that can play an important role in increasing the built-environment for physical activity (Community Preventive Services Task Force, 2016).

Given the importance of increasing access to places to be active, and the national emphasis Cooperative Extension is currently placing on health, partnerships with Parks and Recreation Departments could have broad impacts on community health. Extension staff have partnered with Parks and Recreation Departments to increase programmatic impacts, but these results are limited (Gossett, 2012). Extension has increasingly adopted systems-level approaches to address health and health disparities, for example, by adopting a Health In All Policies approach, which advocates “promoting health, equity, and sustainability; supporting inter-sectoral collaboration; benefiting multiple partners; engaging stakeholders; and creating structural or process changes” (Walsh et al., 2018, p. 42).

However, as others have noted, state and local Extension staff are sometimes hesitant to adopt systems-level approaches to health promotion and may need additional training and support to adapt their work beyond traditional direct education (Smathers et al., 2018; Walsh et al., 2018). In what follows, we detail how one county Extension office built and sustained strong partnerships with their local Parks and Recreation Department to increase access to physical activity for low-income residents across their county. We utilize a case study approach (Yin, 1994), highlighting one county’s work to provide an in-depth understanding of how and why Extension can effectively partner with Parks and Recreation Departments to improve health.

### **Health Matters: Integrating Extension and Parks and Recreation**

In 2016, NC State University received a grant from the Centers for Disease Control and Prevention (CDC), designated specifically for land grant universities, to work in four counties

with adult obesity rates greater than 40% at the time of the award. The goal of the grant, titled Health Matters, was to build on NC Cooperative Extension's strong local networks across the state to positively improve access to healthy foods and places to be active.

Health Matters addressed change across multiple levels of the socio-ecological model and built on each community's existing strengths, in accordance with asset-oriented, community-based participatory approaches (CBPA; Emery & Flora, 2006; Jakes et al., 2015). Throughout the two-year grant, county Extension staff in four North Carolina counties engaged with 147 partners to implement 79 evidence or practice-based projects to promote healthy eating and physical activity, primarily in African American and Latinx communities. In what follows, we describe projects implemented in one county (County A), where Extension staff partnered with one town's Parks and Recreation Director to implement park improvements, trail enhancements, and wayfinding signage (to orient residents to walkable or bikeable destinations) that impacted thousands of county residents. We draw upon observations, notes, and the formal evaluation activities of the Health Matters project to provide a case study of how one county Extension office built and sustained strong partnerships with Parks and Recreation Departments to increase access to physical activity for residents across their county.

### **County A Case Study**

County A is an economically distressed county with persistent health disparities. The annual average salary for county residents (\$33,487) is less than the state average, and 45% of families with children under five live in poverty (compared to 23% in North Carolina). Fifty-seven percent of the county is African American. At the time of intervention, the adult obesity rate was 36%, and 31% of residents report no leisure-time physical activity (UNC Healthy Futures, 2018.). The county seat contains a historically low-income, predominantly African-American neighborhood with the largest park damaged during two major hurricanes in 1999 and 2016.

### **Community Assessment**

At the onset of the project, staff and collaborators at the state and local levels developed a spatial map of the distribution of community assets in County A. Maps included the location of schools, parks, food outlets (including those accepting SNAP/EBT), faith communities, sites with known shared use agreements, streets, and major highways. State and local Extension staff used these maps to identify regional concentrations of resources, needs, and community assets. From these maps, County A's Extension staff identified key informants they could interview to learn more about the community needs and assets identified in the mapping process. To measure the impacts of park improvement projects cited in this article, faculty used ArcGIS version 10.5 (ESRI, Redlands, CA) to calculate the number of people (U.S. Census Bureau, 2017) living within a 1-mile radius of park sites (Cohen et al., 2012).

Local Extension staff conducted ten semi-structured interviews with key informants to discuss their role and work in the community and their perspectives on the community's current needs, priorities, and assets. The interviews helped project staff identify points of leverage and existing projects that could be expanded or enhanced to promote health, particularly in disadvantaged communities or areas of the county that were identified in the mapping process as areas with a high concentration of community assets and/or need.

The Parks and Recreation Department and the physical parks and recreation facilities in the county were identified as potential points of leverage in County A by key informants. However, informants also indicated that these resources were not utilized by everyone in the town or county. As one informant in County A said, "Our community has a lot of activities for children through the [Parks and] Recreation Department, t-ball and softball and baseball and football and basketball and soccer but it's the same little group of kids in all of it and a lot of our children aren't being reached." Several key informants from this county talked about transportation barriers for residents in rural municipalities, who could not travel to Parks and Recreation facilities in neighboring counties or cities to be active.

### **Building Partnerships**

In addition to carrying out a county-level assessment, local Extension staff joined existing county coalitions dedicated to healthy eating and physical activity, where they met local partners dedicated to this work and learned about existing action plans and projects that they could leverage and extend through this grant. While the breadth of the coalitions' work went beyond the strategies outlined in the Health Matters' work plan, Extension staff attended regular coalition meetings and relevant subcommittee meetings to effectively integrate Extension's resources into the coalitions' and coalition partners' existing work and leverage partner resources to increase community impact. In many cases, Extension staff facilitated connections between coalition members with outside organizations and businesses. One key partnership that emerged through this assessment period and partnership building phase was with Town A's Parks and Recreation Department.

Gaps in recreation and park services, particularly for communities of color and poor neighborhoods, were identified through the key informant interview process in County A. Extension staff identified a park in a low-income area of the town that had been damaged in recent floods, and, according to anecdotal interviews and conversations with local residents carried out by Extension staff in the neighborhood, was not being used because it was run down. As part of the Health Matters project, Extension staff in County A reached out to the Parks and Recreation Director to discuss the park and identify renovation needs. The grant supported new playground equipment, renovation of a walking trail, and informational signage to encourage park usage. The town was able to pay for the installation of the signage and the equipment. The town's Parks and Recreation Department agreed to maintain these upgraded facilities to ensure increased access to the park after the grant ended. Additionally, the park was promoted and used by the adjacent

community center and a nearby middle school. The park was within one mile for 3,150 individuals (1,313 families) in one of the town's poorest neighborhoods.

By working together on the park enhancements, Parks and Recreation and Extension staff began to identify other areas of the town where low-income families lacked opportunities to engage children in play and physical activity. Working closely with the county manager and staff, they applied for and received a grant from a North Carolina foundation to enhance an existing town trail, adding self-guided activities to encourage walking and recreation. In addition to providing community access to an enhanced trail (1,700 people within a one-mile radius), this grant brought about a new partnership between the county government and the town, who work together to support trail maintenance and supplies.

These successes led Extension and Parks and Recreation staff to pursue other opportunities to increase access to physical activity. Along with other town and county partners, they applied for and received a wayfinding grant from the NC Division of Public Health.

Recent studies have highlighted the importance of wayfinding as an integral element of increasing physical activity among low-income, rural communities. Specifically, in rural communities, visible directional signage on marked trails can help residents feel safer and more comfortable walking in natural areas (Kegler et al., 2015). Town and county partners used grant funding to install wayfinding signage to promote connectivity and walkability throughout the county seat, highlighting organizations and locations to which residents could walk or bike along the route, within a 5 to 15-minute time span, using materials developed by the NC Division of Public Health (Move More Walk Now NC, n.d.). The Parks and Recreation Department funded the installation and maintenance of signage, and the wayfinding signage campaign became a part of the town's pedestrian master plan. Approximately 7,500 residents live within a 1-mile radius of a point on the wayfinding route in the town.

These collaborations in County A between Extension and Parks and Recreation staff have prompted a more formal partnership between town and county leaders, who have formed an ad-hoc county task force to create a Parks and Recreation Department for the entire county (not just the county seat). This county task force is continuing the assessment of county resources, assets, and needs.

They have recently administered a county-level survey to assess resident interest and input on parks and recreation planning in the county and will conduct park audits to assess the usability and functionality of county, municipal, and shared-use spaces for physical activity across the county in the future. These assessments serve to guide the creation of a parks and recreation master plan, which they were in the process of creating with the support of Recreation Resource Services (RRS), the nation's oldest technical assistance and applied research program for Parks and Recreation agencies in North Carolina.



### Best Practices and Lessons Learned

Researchers have noted that to effectively engage in successful health promotion work, Extension must move beyond “stakeholder” models and embrace “partnerships” with other organizations that are doing health promotion work in the communities they serve (Buys & Koukel, 2018). Building partnerships at the local level requires mutual respect and trust to achieve a shared goal or vision. Through conversations with local Extension staff, we have identified several best practices to effectively partner with local Parks and Recreation Departments and staff.

1. **Assess the community:** This project began with a community mapping and key informant interview process that allowed county staff to gain a better understanding of the resources, assets, and needs of the communities where they lived. In County A, the identification of Parks and Recreation Department resources as a strong but underutilized resource provided a point of leverage for county staff to reach out to the Parks and Recreation Department to talk about how to encourage usage of parks and increase physical activity in low-income and communities of color.
2. **Build and maintain strong partnerships and shared goals:** At the start of the grant, Extension staff in County A reached out to the town’s Parks and Recreation Director to share information about project funding, findings from the community assessment, and discuss ways that the two organizations might work together to improve health. The two organizations quickly realized that they shared many of the same commitments to health equity. Both also approached health from a socio-ecological perspective.
3. **Leverage existing resources:** Extension and Parks and Recreation staff discussed how their partnership and limited grant funds could be leveraged to apply for additional grants and build support for health programming among town and county leaders. Together, they leveraged \$94,102 through donations of materials and time from local vendors and other community partners (public health, local nonprofits) and created buy-in from town and county leaders for more comprehensive initiatives like wayfinding and parks and recreation master planning.

Like Extension, Parks and Recreation staff are often focused on direct educational and/or recreation-based programming and struggle to identify ways that their organizations can affect change across systems. By working together, these local partners were able to address health across the socio-ecological spectrum. For example, the local park enhancement was implemented in a park adjacent to a park and recreation community center that hosts after-school programming. In addition to improving the park, Extension staff were able to work with Parks and Recreation staff at the center to increase healthy food offerings for the children served there, building on the expertise of local Extension agents in foods and nutrition. Staff at both

organizations leveraged their institutional knowledge and programming expertise to increase access and improve knowledge within their local communities.

4. **Connect state and local staff:** It is important to note that these local partnerships have been encouraged and supported by state-level staff in Extension and through state-level parks and recreation organizations. The Health Matters project is multidisciplinary and includes faculty from the Department of Agricultural and Human Sciences and Department of Parks, Recreation, and Tourism Management (PRTM) at NC State University. PRTM faculty helped NC State Extension faculty to engage state-level partners like (a) the North Carolina Recreation and Park Association (NCRPA), a nonprofit education and advocacy organization dedicated to the advancement of the park, recreation, and leisure professions and (b) Recreation Resources Service (RRS), a technical assistance program for park and recreation agencies in North Carolina. NCRPA staff and NC State Extension faculty have co-presented at Extension and parks and recreation conferences, helping over 120 Extension agents and parks and recreation professionals better understand how sustained engagement can enhance health promotion work. Additionally, RRS worked closely with Extension staff in County A, providing resources and technical assistance to aid in the creation of a parks and recreation master plan. This university-level partnership has increased local Extension staff's capacity to engage their parks and recreation counterparts, which is necessary as this work spreads throughout North Carolina in the coming years.

### **Limitations**

As other Extension professionals seek to reach out to and partner with Parks and Recreation Departments in their areas, it is important to highlight challenges to this work. One challenge is that not all towns or counties have Park and Recreation Departments. For example, while the staff on this grant were able to work closely with Town A's Parks and Recreation Director, the county does not have a Parks and Recreation Department, which means that many of the smaller municipalities do not have access to the human resources and recreation services that are available in the county seat. However, the partnerships developed through this grant have led to a county-wide parks and recreation planning process, and the focus of that work is on bringing resources to communities that do not have access to resources available in the county seat or neighboring city.

Additionally, other Parks and Recreation Departments might not share the same commitments to health or health disparities that are evident in this town and through this partnership. We recommend working closely with state-level partners, like Recreation Resources Service or the North Carolina Recreation and Park Association, to make a case for partnership at the local level with their affiliates.

## Conclusions

Extension, through the National Framework for Health and Wellness (Braun et al., 2014), has committed to engaging in community health initiatives that aim to have a large-scale impact on public health, emphasizing the need to address health behaviors across the socio-ecological model. For this work to be effective, Extension faculty and staff must build strong, sustainable partnerships with organizations that already have a vested interest in improving community health outcomes. Parks and Recreation Departments and staff are key stakeholders in this work and should be engaged in Extension efforts to improve physical activity outcomes among our constituents. Through Health Matters, NC State Extension staff and faculty implemented numerous physical activity interventions that impacted thousands of individuals through strong partnerships with state and local Parks and Recreation Departments. For these effects to be replicated nationally, additional training and support are needed for local Extension staff to build and sustain long-term relationships with these vital state and county partners.

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