



The Frontlines of Community Health

By
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*Parks can be
a prescription,
but who gets
them?*

When you visit the doctor, you'll likely be asked about your diet and exercise frequency, and possibly your sleep habits. But there's another question that may be worth exploring: *Do you go to your local park regularly?*

Increasingly, research has shown the connection between greenspaces and human health. According to the National Recreation and Park Association, British men living in some of the greenest parts of the country had 5 and 11 percent less risk of cardiovascular and respiratory disease fatality, respectively, than men living in the least-green parts. In Seattle, a 2011 study found that access to parks saved city residents \$64 million in medical costs.

Dr. Laura Payne, a professor at the University of Illinois Urbana-Champaign, who studies the relationship between park use and health, also cited a similar finding in Abilene, Texas.

"Only 32 percent of residents have access to a park within about a half mile," she says. "[If] more people had access to parks, the cost savings in terms of preventable health care [...] would be over \$17 million."

To that end, this is an era of momentum concerning park investments for positive community-health outcomes. In 2025, a record-breaking year, \$12.2 billion was funneled into municipalities across the country. Cities like Buffalo and San Francisco led the pack.

The July 4, 2025 passage of the One Big Beautiful Bill is projected to put extra pressure on state and municipal finances, but it may also create a unique opportunity for the parks and recreation sector: With new data, leaders can recognize improved community health outcomes connected to park access. Therefore, it may be the golden hour to make the case for more investments.

The following are ways that parks and recreation staff members can advocate for more robust partnerships and help local leaders see each park as a social prescription, not only a perk.





Understand The Funding Landscape

One could view the funding that both Buffalo and San Francisco raised for parks and assume the cities are telling the same story, but Will Klein, the Associate Director of Parks Research for the Trust for Public Land, says each situation is different.

“Buffalo had one of the biggest private investments in parks throughout the country,” he says. In San Francisco, the push for more park funding came from a public array of resources, including bond measures, sales taxes, and property taxes that voters specifically earmarked for parks and recreation investments.

There are key differences between these two types of funding. When public resources are allocated for parks, this often means there will be a continual funding stream for maintenance, whereas bulk funding from a donor may launch a new park project with no guarantee that the

space will be staffed for the long term.

That makes conservancies integral to funding talks; they tend to be founded by civic groups interested in securing long-term funding for land preservation. Also, Klein points to cities like Atlanta, where more corporate leaders are partnering with their civic counterparts for park expansions.

“There’s lots of different models [out there],” he says.

Furthermore, 90 percent of all city parks are funded through the local government or philanthropy. While federal dollars don’t necessarily flow into parks, reduced federal dollars for states or municipalities can put park funding on the chopping block when times get tough.

Thus, it’s critical to understand how the public and private sectors work together to launch park projects, making health-focused advocacy more important than ever.



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The Case For Public Health Benefits

Pooja Tandon is the Health Director for the Trust for Public Land and also a pediatrician. Historically, hospitals and health systems haven't considered how local greenspaces can reverse poor health outcomes or prevent disease, but there is a key place to start.

"Every nonprofit hospital has a tax requirement to do a community health-needs assessment every three years and invest into social and environmental determinants of health," Tandon says. "At least half of hospitals in large cities don't have parks and greenspaces on their radar."

Furthermore, for every \$30 per capita spent on park programming, there are lower rates of stroke, heart failure, coronary heart disease,

diabetes, and hypertension locally, Tandon says.

Park leaders should approach local hospital leadership to determine the status of any community health-needs assessments and discuss ways to pool resources to help maintain or open new greenspaces.

Consider Existing Spaces

Almost every municipality already has a park in plain sight: a schoolyard. Klein says that more cities are dedicating dollars to transforming existing school properties into spaces that entire communities can access. In many cases, it's easier than earmarking or acquiring new land, and it serves as a viable starting point.

Parks and recreation leaders also must take stock of which neighborhoods have parks, which don't, and how residents use those



spaces. That can help inform targeted investments for community needs and wants, from social and health perspectives. To that end, schoolyards are a turnkey resource that can unlock greenspace in underserved communities.

“Schoolyards are the number-one way that civic leaders can increase park access and student performance,” Klein says. “There are also greenways, which are one of the most common ways of [developing parks] by taking underutilized land, and making it a place to ride your bike, run, or walk with friends.”

Investment For The Long Haul

For any park, one surefire way to earn a health-focused return on investment is through programming. That’s the key to unlocking continual

community engagement that makes a difference, which then leads to long-term maintenance and staffing investments.

“Existing is not enough,” Tandon says. “Marketing, programming, and investing in those aspects is [just as important] as maintenance. It’s not enough to just have parks exist.”

In the future, Tandon would love to see more doctors providing patients with park prescriptions, or what’s called social prescribing.

“I hope to see increased recognition by the healthcare sector that behavior and physical activity in nature establishes social connections. So many things are possible in parks that improve our health.” **PRB+**

Karen Fischer is an independent writer based in New Mexico. You can find her bylines in publications like CQ Researcher, The Verge, New Mexico Magazine, and Prism Reports as well as on her website at kfischerwrites.com.