

ELECTRONIC HEALTH RECORD REFERRALS:

**A CASE STUDY AND CHECKLIST
FOR PARK AND RECREATION
PROFESSIONALS**



**NATIONAL RECREATION
AND PARK ASSOCIATION**

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Introduction

At the National Recreation and Park Association (NRPA), we believe parks and recreation are vital to community health and well-being. Access to these spaces, programs and services remains essential to community vitality and is a key factor in advancing health equity, improving individual and community-level health outcomes, and enhancing the quality of life. Park and recreation professionals and their agencies protect and promote health for all people in the communities where people live, learn, work and play.

As one of the leading community-based providers of older adult services, park and recreation agencies play a crucial role in supporting their health and wellness. Nine in 10 park and recreation agencies offer targeted community-based programming and services for older adults, including evidence-based physical activity initiatives and chronic disease self-management programs. Many older adults rely on these evidence-based programs to maintain and improve their quality of life.

NRPA, with support from the Centers for Disease Control and Prevention, has been supporting the expansion and implementation of Arthritis-Appropriate, Evidence-Based Interventions (AAEBIs) through the local park and recreation agencies since 2013. AAEBIs are safe and effective forms of physical activity that help individuals manage chronic conditions like diabetes, heart disease and arthritis. As part of this work, NRPA explored the development of a permanent system of referrals from an electronic health record system to AAEBIs offered by parks and recreation.

Background

Healthcare and community-based organizations, such as parks and recreation, share the common goal of improving the health of the communities they serve. Efforts to strengthen coordination and alignment between traditional healthcare (e.g., hospitals and health systems, independent medical practices, health payors) and community-based organizations, collectively known as “Community Integrated Health Strategies,” is an increasing trend being utilized to support a growing number of people experiencing and managing chronic health conditions, including arthritis.

Since 2018, NPRA has advanced [Community Integrated Health Strategies](#) to increase access to AAEBIs by piloting electronic health record (EHR) referrals between healthcare providers and local parks and recreation. These projects explored the feasibility of establishing clinical-community linkages via EHR systems to connect patients to AAEBIs in park and recreation settings.

In 2019, NRPA released [Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process](#). This resource explains the importance of partnerships between healthcare organizations and parks and recreation for identifying and referring individuals to evidence-based programming in a community-based setting for the prevention and management of chronic conditions like arthritis. It also provides a step-by-step guide to implement a referral system based on lessons learned from pilots in two communities. Building off those lessons learned, NRPA continued to support pilots in additional communities. In 2021 NRPA released [Electronic Health Record Referral Pathways: A Guide to Development, Relationship Building and Implementation](#). The guide describes the benefits of Community Integrated Health Strategies and outlines key considerations for community-based organizations and healthcare providers interested in developing referral systems.

About This Guide

This supplemental resource builds off of NRPA's guides — [Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process](#) and [Electronic Health Record Referral Pathways: A Guide to Development, Relationship Building and Implementation](#). It provides a deeper look at a Community Integrated Health model in Oregon and offers more detailed guidance on the key factors park and recreation agencies should consider when developing and expanding successful referral systems with local healthcare organizations. This supplement is based on the lessons learned and best practices from a pilot in Oregon conducted in collaboration with Samaritan Health Services, Newport Parks and Recreation, and Corvallis Community Center. These partners participated in developing and refining a permanent EHR referral pathway to Walk With Ease, a recognized AAEBI program, from 2020 to 2022.

NRPA's evaluation team conducted in-depth, semi-structured interviews with key stakeholders from Samaritan Health Services, Newport Parks and Recreation and Corvallis Community Center to learn more about the key factors that should be considered when building referral systems between healthcare organizations and park and recreation agencies. These factors included but were not limited to leadership support, communication, stakeholder mapping and healthcare provider education. Lessons learned from this project will help other park and recreation agencies and community-based organizations plan, develop and implement sustainable referral mechanisms to engage more patients in evidence-based health and wellness programs.

Case Study: Community Integrated Health Collaboration Between Parks and Recreation and a Healthcare Organization

Project Overview

In Oregon, NRPA partnered with Samaritan Health Services (SHS), Newport Parks and Recreation and Corvallis Community Center to develop an EHR referral process. The EHR referral process identified, referred and enrolled patients from SHS clinics into AAEBIs in the tri-county service area of Lincoln, Linn and Benton Counties. After building, testing, and refining the EHR referral pathway, the referral mechanism was fully functioning by the end of 2021. The process for developing the referral pathway is documented in [Electronic Health Record Referral Pathways: A Guide to Development, Relationship Building and Implementation](#).

Project Partners

► Parks and Recreation

[Corvallis Community Center \(C3\)](#) and Newport Parks and Recreation (NPR), both located in western Oregon, serve as key park and recreation partners (i.e., community-based organizations) delivering AAEBIs throughout the tri-county service area.

C3's mission is to preserve and create a community heritage by providing places and programs designed to enhance quality of life. C3 provides direct services that support engagement in activities such as curated adventures, arts, crafts and do it yourself clinics, and health and wellness programs like AAEBIs. C3 also works with other community partners to provide wrap-around services connecting individuals to local food, housing, legal, technology and medical resources.

The [Newport Parks and Recreation \(NPR\) \(Newport, Oregon\) 60+ Activity Center's](#) mission to preserve the dignity and value of all older adults in the community by providing equitable and accessible opportunities for social interaction, recreation, support services, education, volunteerism and community action. Like C3, NPR and the 60+ Activity Center serve the community by providing direct access to services like health and wellness programming and AAEBIs and by serving as a conduit to social services like Meals on Wheels.

Healthcare Organization

As the project’s healthcare organization (HCO) partner, [SHS Regional Health Education Hub \(ReHEHub\)](#) served an integral role in the development of the EHR referral pathway, connecting providers in the SHS network to AAEBIs in the park and recreation setting.

SHS is a nonprofit network of hospitals, clinics and health services caring for residents of the mid-Willamette Valley and central Oregon coast. The ReHEHub provides centralized service that enable community members, healthcare professionals and partner organizations to easily access and refer patients to health education resources.

Developing and Implementing the EHR Referral Pathway

Relationship Building

Developing the EHR referral pathway required ensuring all partners were engaged early and regularly involved. The core project team — C3, NPR and SHS — implemented a regular, monthly (at minimum) meeting schedule during the project period. The core project team also maintained a regular monthly meeting schedule with NRPA to discuss project goals and activities, challenges, successes and opportunities. Collectively, the core project team met approximately 48 times during the two-year project period.

Then, with guidance from NRPA, each partner identified goals for their individual organization to focus on, and the partners collaborated to identify overarching goals for the project (Table 1). Individual goals were determined based on the position of each partner within the community in addition to identifying the assets of each partner. For example, the assets of C3 and NPR consisted of their existing older adult programming and their interest and ability to expand offerings to include AAEBIs like Walk With Ease. As the HCO, SHS assets included proximity to healthcare providers who use Epic, an EHR system, regularly, and who see patients who can benefit from participation in AAEBIs. The core project team offers the collaborative asset — their focus on supporting their communities through equitable access to evidence-based programming that can positively influence health related quality of life.

“...having good relationships with your...partners, having constant communication...is very helpful and...sharing what the challenges [have] really been, it’s been good.”

- NPR Staff

Table 1. Individual and Collaborative Project Goals

Community Based Organization (CBO)	Healthcare Organization (HCO)	Collaborative Goals
To increase the number of participants who enroll in Arthritis-Appropriate, Evidence-Based Interventions (AAEBIs) at Corvallis Parks and Recreation (C3) and Newport Parks and Recreation (NPR).	To increase the number of healthcare professionals who make referrals to AAEBIs at C3 and NPR.	To increase the number of patients referred to AAEBIs at C3 and NPR. To increase the number of patients who enroll in and complete AAEBIs at C3 and NPR.

To build cross-organizational support, both C3 and NPR included their respective leadership teams in all meetings and project correspondence. This strategy allowed leadership at each of these agencies to be fully informed on all aspects and during all phases of the project, resulting in sustained leadership buy-in for the duration of the project.

SHS also engaged regularly with healthcare partners and other departments within the HCO to build cross-organizational support resulting in an effective EHR referral pathway. SHS identified the care team members who will interact with patients or have a role in the referral process (e.g., healthcare providers, care coordinators and health navigators, clinic managers and information system team members).

“Relationship building with key partners is important. Looping in clinic partners early in the process is key.”

- SHS Staff

A Strong Portfolio of Evidence-Based Intervention Offerings

Before developing the EHR referral pathway with SHS, both C3 and NPR built strong portfolios of AAEBI offerings. With support from NRPA, both park and recreation partners recruited and trained instructors to lead Walk With Ease (WWE) in their communities. Recognizing the importance of having consistently running programming that make it possible to accept referrals in real time, NPR and C3 consulted with each other to offset their WWE sessions (each session lasts six weeks).

[WWE](#) is a community-based physical activity program and arthritis self-management education program which centers walking as the primary activity. NPR offered four WWE sessions through the year with a cadence of six-weeks on and five-weeks off. Due to the close geographic proximity of NPR and C3, many WWE participants in the area can access programs at both NPR and C3. During NPR’s “off” period, participants were able to continue with a self-paced iteration of WWE or to attend another six-week, instructor-led WWE session at C3.

Additionally, NPR found that using innovative program delivery methods, like offering WWE online, expanded access to the program for individuals who were not able to or chose not to participate in-person, thus increasing access to the AAEBI for individuals who were referred by their provider.¹

“I think the fact that our partners have [been] working really hard to have annual schedules and build out their plan has made it a success and easier for us to be promoting programming in the clinical setting.”

- SHS Staff

Outlining and Implementing the EHR Referral Pathway

After the core project team developed a shared vision and goals, identified champions to ensure cross-organizational support and created a calendar of consistent AAEBI programming, they outlined the EHR referral pathway. This required each partner to examine their own internal processes and explore how these processes would converge to result in an EHR referral pathway.

SHS providers regularly use the Epic electronic health record system. SHS first explored the feasibility of the EHR referral pathway using Epic and the Unite Us/Connect Oregon (Unite Us) platform to establish patient referrals from the healthcare setting to parks and recreation. Unite Us is a Health Insurance Portability and Accountability Act (HIPAA)-compliant platform that facilitates simple, secure, electronic referrals between healthcare and social care providers.

As part of this exploration in early 2020, SHS and NPR² conducted a site visit with another community-based organization (CBO) currently using the Unite Us referral process to learn more about the user interface of the platform in real time. NPR then conducted a risk benefit assessment of using Unite Us with personnel from the city's (Newport, Oregon) special projects office, human resources, information technology, legal, and the NPR park and recreation director. After agreeing Unite Us was an appropriate platform from which NPR could receive referrals from SHS providers, they identified which evidence-based programs should be offered in the referral system and what information to provide such as the program facilitators (e.g., WWE instructors) and locations for the programs (e.g., NPR, C3). SHS sent Unite Us a query about adding WWE at NPR to the Unite Us platform. NPR staff received formal training from SHS staff on how to use Unite Us to receive referrals from SHS providers. This exploration culminated in the first iteration of the EHR referral pathway outline (Figure 1).

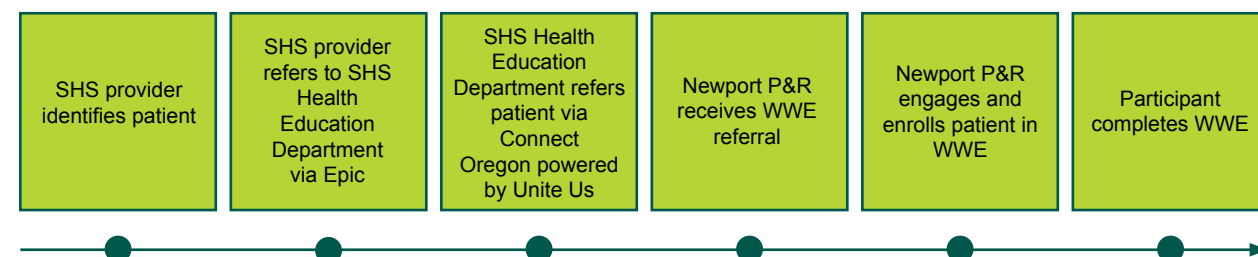


Figure 1. Outline of the original EHR referral pathway from an Samaritan Health Services (SHS) provider to Walk With Ease (WWE) at NPR.

In 2021, C3 became a project site and received peer-to-peer training from NPR staff and formal training from SHS to receive referrals from the Unite Us platform. During this time, a statewide effort in Oregon encouraged supporting and “re-vamping” *Compass*, a web-based platform used to promote health and wellness programs offered across the state. *Compass* centralizes workshop and participant data management, report generation, calendar information and registration for a broad range of evidence-based lifestyle and chronic disease self-management programs including AAEBIs. This platform benefits CBOs by automatically registering participants, tracking enrollment and exporting reports for programs like WWE.

¹To ensure program fidelity, always check with program developers before implementing the remote delivery of AAEBIs and other evidence-based programming.

²Newport Parks and Recreation became a project site in 2020 and Corvallis Community Center became a project site 2021.

The addition of *Compass* did not interfere with the established referral pathway from SHS providers to WWE at C3 or NPR; however, C3 also offers another AAEBI known as Fit&Strong! (F&S!), which is not currently supported by *Compass*. To address this, the project partners developed two potential pathways in which patients can be referred to WWE and/or F&S! via the previously established flow from Epic to the SHS Health Education Department to the park and recreation agency (Figure 2). As part of this update, staff at both C3 and NPR received formal training on how to best utilize *Compass* alongside *Unite Us* to receive referrals from providers to AAEBIs.

The current pathway allows staff at C3 and NPR to receive a secure referral from *Unite Us* or registration information from *Compass* and contact the patient directly to confirm interest; if the patient is interested, park and recreation staff enroll the patient in WWE. The ability to receive secure patient information allows the staff at C3 and NPR to follow-up and engage the patient in AAEBIs and other park and recreation and community-based programs. Once the EHR referral pathway was established to include each of the respective systems (i.e., Epic, *Unite Us*, *Compass*), the pathway was tested to ensure functionality.

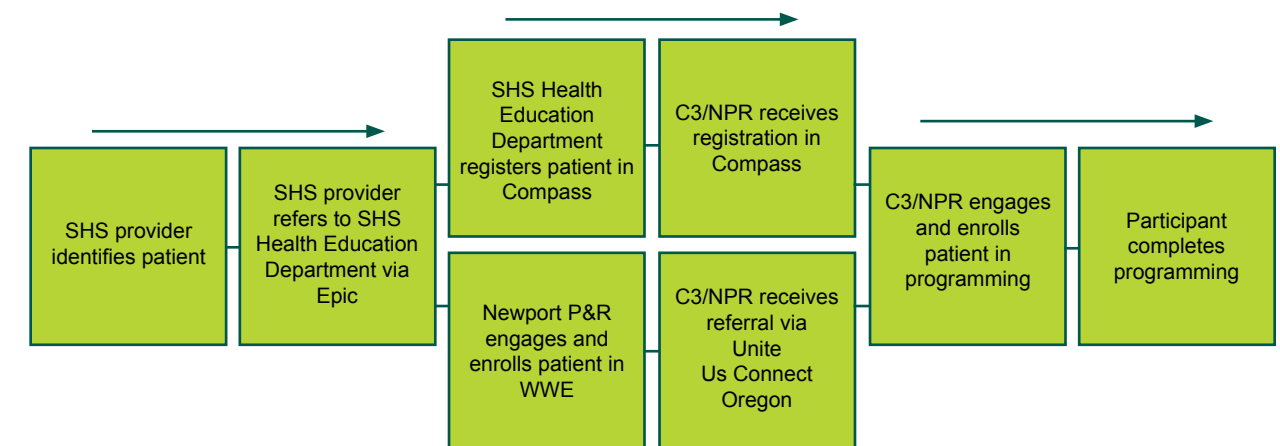


Figure 2. Outline of the current EHR referral pathway from an SHS provider to WWE at C3 and NPR.

Education and Engagement Activities

As part of the implementation phase, SHS focused on providing training and education to referring healthcare providers (e.g., physicians, nurses, community health workers, health educators) to ensure (1) they understand the benefits of WWE and other AAEBIs, and (2) they understand how and when to refer patients. These activities have included roadshow presentations, marketing material packets (provider handouts, workshop fliers, handbills, etc.) and visits to clinical spaces to ensure the most up to date marketing materials are available and displayed. During the two-year period, SHS has facilitated ten roadshows,³ and has distributed marketing materials to more than 100 clinics and community spaces in the Linn, Benton and Lincoln County region.

Staff from C3 and NPR also participated in continued training and educational opportunities facilitated by SHS. This training was focused on ensuring patient information remains protected, how to track and store any data associated with the programs, and how to report enrollment and program completion back to the referring providers. These training activities helped ensure that multiple staff on the park and recreation side are familiar with the process and procedures for successful referrals, AAEBI program enrollment and completion.

Though referral numbers have been low (see Challenges section), the EHR referral pathway from SHS healthcare providers to AAEBIs at C3 and NPR is functional and both C3 and NPR can actively receive referrals to WWE.⁴

Challenges

The development of the EHR referral pathway encountered barriers identified by C3, NPR and SHS. The top challenges identified by the project partners include (1) incompatibility of electronic systems, (2) lack of provider awareness, and (3) lingering impact of the coronavirus (COVID-19) pandemic.

Incompatibility of Electronic Systems

Healthcare providers in the SHS healthcare system use Epic, an electronic health records system that maintains individual medical records of patients. At the beginning of this project, both C3 and NPR indicated it was difficult to ensure that the park and recreation side received the referrals because Epic does not effectively communicate with the electronic registration and member database systems park and recreation professionals regularly use. Data sharing and protecting patient privacy is a common challenge when developing clinical-community partnerships.

Provider Awareness

Both C3 and NPR expressed a lack of healthcare provider awareness of the programs as a challenge during this project. When SHS explored this challenge with providers, they found that inconsistent programming of AAEBIs was detrimental to provider awareness. SHS indicated that healthcare providers are more likely to refer patients to community based AAEBI programming when those programs are offered consistently and frequently. SHS also indicated that compared to other programs, WWE was a newer and less understood intervention, further decreasing provider awareness.

To address this challenge, C3 and NPR collaborated to develop overlapping AAEBI program calendars to allow for year-round programming between the two park and recreation agencies. Described earlier, when WWE was not in session at NPR, it was in session at C3. Additionally, NPR implemented WWE in a virtual delivery option to ensure that patients referred to WWE but unable to participate in person, or who choose not to leave their homes, received an option to participate in the AAEBI.

Lingering Impact of the COVID-19 Pandemic

SHS indicated that referrals to health education programs, not only to AAEBIs, declined by 90 percent because of the COVID-19 pandemic. The pandemic caused significant provider and care team turnover, resulting in new health navigation and care coordination teams. This turnover created challenges for provider and care team member buy-in and delayed provider referrals to AAEBIs.

To address this challenge, SHS recommends identifying provider champions for WWE and other AAEBIs. Provider champions serve in roles to help promote and implement changes that benefit providers and their patients while serving as a liaison between partners — in this case, a liaison between the HCO and the park and recreation agencies.

Successes

As a result of the EHR referral pathway project, park and recreation professionals at C3 and NPR were able to expand their program calendars. This allowed AAEBI programs to run year-round, leading to ongoing referrals throughout the year and throughout the year, increasing the availability of programming in parks and recreation to support participants in the prevention and management of chronic conditions like arthritis. Additionally, both C3 and NPR indicated that expanded programming was a key factor in participant-reported improvements not only in physical health, but also in social and emotional well-being.

“... you and this class helped change my life! With motivation, benefits of exercise, cautions to take and courage to do more...it helped improve my strength and balance, and I'm happy to report I have not fallen for many months.... Thank you for your support, encouragement, setting a great example and hanging in there, which has helped me hang in there, too.”

- WWE Participant, Newport, Oregon

While provider awareness was an early challenge, provider awareness was also reported as a culminating success of this project. Increased provider awareness of AAEBIs offered at C3 and NPR made it possible for providers and healthcare staff to appropriately identify and refer patients to WWE and F&S!

“... it's a success that we've been able to get in front of clinics, get in front of leadership and talk about this again.”

- NPR Staff

³The number of roadshows were impacted by COVID-19 restrictions between 2020 and 2021.

⁴The EHR referral pathway will continue to be monitored and evaluated. As the SHS healthcare system recovers from the COVID-19 pandemic, referral numbers are expected to increase.

Checklist to Support Referral Systems Between Parks and Recreation and HCOs

In this section we provide a checklist that your organization can use to support the planning, development and implementation of your referral system.

Conduct a Community Assessment

A community assessment is foundational to authentically engage the community and better understand your community's needs and priorities while examining previous community-level efforts to address chronic conditions like arthritis. Engaging in a community needs assessment will increase your understanding of the root causes of gaps in the management and prevention of chronic conditions.

Action Item: Identify other CBOs, partners and community leaders to talk to.

CBOs

Partners

Community Leaders

Conduct a Community Assessment

An organizational assessment helps you better understand your readiness to work and partner with an HCO. An organizational assessment will help your agency determine its current level of readiness for a healthcare partnership while highlighting examples of what readiness looks like across different areas such as information technology infrastructure, leadership buy-in and support, and marketing strategies for outreach. One aspect of readiness identified in the case study was consistent, regularly scheduled programming.

Action Item: What programs are you currently offering regularly and consistently?

Name of Program

Frequency of Program

Is the program a regular part of your agency's annual calendar?

Identify Potential Partners

The next step is to take stock of the stakeholders in your community who might be beneficial partners in supporting the management and prevention of chronic conditions like arthritis. Start this process by engaging in stakeholder mapping. Stakeholder mapping will help you visualize who is working in the chronic conditions space, what they bring to the table, and how your efforts can complement or supplement their efforts.


Action Item: Start your stakeholder map.

Stakeholder Name	Organization	Mission

Assess Partner Readiness

Before you approach your potential partner, get a better sense of their level of readiness to engage with you on a referral system project. Assessing partner readiness will help you better determine the type and level of support you might need to provide while identifying the strengths you can leverage for a successful partnership.

Action Item: Start assessing partner readiness using the scale below.

 <p>Level 1: Not ready to launch a referral system.</p> <p>Wants to address the prevention and management of chronic conditions like arthritis through community-based interventions but has not done so because they do not have information, or they lack understanding about why addressing arthritis through CBOs like parks and recreation should be a priority.</p>	 <p>Level 2: Not ready to launch a referral system, but may be ready to partner in other areas.</p> <p>Wants to address the prevention and management of chronic conditions like arthritis through community-based interventions, but it is not a high organizational priority due to competing factors.</p>	 <p>Level 3: May be ready to launch a referral system, but may need support reaching the target population.</p> <p>Wants to reach individuals and families more effectively in the community with education and messages about managing chronic conditions and/or health education programming focused on chronic conditions like arthritis.</p>	 <p>Level 4: May be ready to launch a referral system.</p> <p>Wants to implement an intervention to effectively and immediately address the needs of patients with chronic conditions like arthritis.</p>
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Create a Shared Vision

Once partners have been determined, you should collaborate with your healthcare partner(s) to develop a shared vision for your referral pathway project. When partners believe that an initiative's mission and goals align with their own, they are more likely to commit to the project. The vision for your referral pathway project may be in the form of a vision statement comprising a set of guiding principles that outline the partnership's goals while articulating the mission of increasing access to evidence-based programming to prevent and manage chronic conditions like arthritis.

Practice drafting your mission statement and your vision statement.

Mission Statement	
Key questions to consider:	What is our overarching intent as an organization? What makes us different from everyone else? What is the essence of what we are trying to achieve?
Mission Statement Possibilities	
1. 2. 3.	

Vision Statement	
Key questions to consider:	What role in the community do we want to play? What is the idealized future we want to create? How will people live differently if this project is successful?

Vision Statement Possibilities	
1. 2. 3.	

Define Partnership Roles and Responsibilities

Your initiative will be more likely to succeed when each partner can engage and contribute to the project. CBOs like parks and recreation may be responsible for coordination, community engagement and service delivery, while healthcare partners may be responsible for offering resources like space, utilities, staff and volunteers, data sharing and analytics, chronic disease management education, and grant writing assistance. Documenting these roles can help manage expectations among all partners. When expectations are stated early in the project, the boundaries and scope for each partner are clear.

Action Item: Identify assets among your organization and your partners.

Organization	Assets (human, financial, etc.)	Role (evaluator, strategic communications, etc.)

Identify Key Metrics and Measures of Success

To properly assess your impact on improving access to AAEBIs and other evidence-based programming for the management and prevention of chronic conditions, you need to work with your partner organizations early to identify key metrics and measures of success. It is likely that each organization will be interested in the types of data that align with their respective long-term goals. For example, healthcare partners might be more interested in using outcome data to secure leadership buy-in, while the park and recreation agency may be more interested in using outcome data related to the program's success and sustainability.

Consider a mixed-methods approach to your project, incorporating both quantitative and qualitative data collection methods. Quantitative methods are great for measuring objective data like the number of patients referred, and qualitative methods are great for capturing information directly from stakeholders on their beliefs and feelings about different project components.

Potential metrics may include:

Process Measures: Focused on program participation or reach.	<ul style="list-style-type: none"> • Number of screenings completed (by healthcare partner) • Number of referrals to parks and recreation (by healthcare partner) • Number of referred patients contacted (by parks and recreation) • Number of patients who enroll in AAEBIs (by parks and recreation) • Number of patients who complete AAEBIs (by parks and recreation)
Outcome Measures: Focused on specific health results related to the program intervention, or impact on community needs and population health status.	<ul style="list-style-type: none"> • Health outcome measures (e.g., pain and functions scales for individual with osteoarthritis) • Results of health-related, quality of life screenings (i.e., responses to activities of daily living, or ADLs, screening)

Action Item: What metrics and measures are important to you and your partners?

Process Measures
Outcome Measures

Create a Data Sharing Plan

Once you have identified the type of data to be shared between you and your partners, you need to determine how to share that information. You and your partners likely have different systems and processes for sharing and storing data. You will need to work with your partner to determine how to collect and share data safely and securely. Learn more about sharing critical information while remaining compliant with the (HIPAA) in NPRA's resource: [Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process](#).

Action Item: Start answering the following questions:

Who holds the data that results from the program?
How will the data be shared?
Will the data be stored in a shared location and/or via secure email?
Who has access to the data?
How will the data be shared outside of your organizations for reporting, decision-making purposes, etc.?

Identify Healthcare Champions

Well-respected and influential champions are an integral piece of the partnership puzzle. Champions create a sense of trust in the initiative, convene community members and other stakeholders, and serve as a conduit to networks. A healthcare champion often is a staff member like a care coordinator or health navigator who helps to connect patients to community resources and also can be another member of the healthcare team such as a project manager, a provider or an EHR champion.

Action Item: Determine how your champions will be effective?

Will champions have an official role in the implementation of evidence?
Can champions be released from other duties to work on implementation?
How will practice leaders demonstrate support for champions publicly?

Develop the Implementation Plan

To fully capitalize on the potential of partnerships between CBOs and HCOs, you and your partner must be intentional about how to deliver services to the target population.

First determine your implementation model in the context of the community-healthcare partnership by answering the following questions:

Will services be co-located at a centralized location (e.g., offer AAEBIs at park and recreation sites where healthcare services are provided)?
Will there be coordination services between organizations (e.g., healthcare provider refers patient to AAEBIs offered by park and recreation partners)?

Then develop a joint strategy, or implementation plan, around the referral system project. This looks different depending on the size and structure of the organization, the level of experience with community-based referrals and the resources available.

<ul style="list-style-type: none"> • Identification of key staff and their roles/responsibilities • Workflows for each partner • Communications plans for partners • Evaluation activities for both healthcare and park and recreation professionals • The referral pathway model • Implementation activities details • Marketing and communications strategies • Training for the HCO and park and recreation staff on engaging referred patients (as needed)
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Action Item: Start outlining your EHR referral pathway model.

Who will initiate the referral?	How will the referral start?	What system(s) will the referral pass through?	Who receives the referral?	How is the referral processed?	When/Where does the referral terminate?
Answer:	Answer:	Answer:	Answer:	Answer:	Answer:

Pilot the Referral System

Finally, pilot your implementation plan. Implementation of the referral system will look different for the CBO than it will for the HCO. However, make sure to agree on workflows and roles, so nothing is overlooked. Fine tuning of these processes will be iterative starting with the approved implementation plan for a specific period (e.g., 90 days). Once the pilot has concluded, partners can collaboratively determine what worked, what did not work, and what modifications need to be made with the goal of expanding the pilot.

Action Item: Determine a timeline for your pilot.

Activity	Activity Owner	Activity Deadline	Completed
Conduct a community assessment			
Conduct an organizational assessment			
Identify potential partners			
Assess partner readiness			
Create a shared vision			
Define partnership roles and responsibilities			
Identify key metrics and measures of success			
Create a data sharing plan			
Identify healthcare champions			
Develop the implementation plan			
Pilot the referral system			
Monitoring and evaluation timeframes			

For more information about developing a referral process strategy, refer to NRPA's resource: [Parks, Recreation and Healthcare: Partnerships to Advance Community Wellness Hubs](#).

Conclusion

Both parks and recreation and HCOs share a common goal of improving community health and well-being. As community-based providers of programs that can support people in the management and prevention of chronic conditions like arthritis, parks and recreation serve as a critical cog in the public health system. EHR referral pathways between parks and recreation and HCOs differ from one community to the next, but the lessons learned from pilot projects provide the foundation for replicable and scalable evidence-based interventions in communities across the country.

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Referral Pilot Partners:

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About the National Recreation and Park Association

The National Recreation and Park Association (NRPA) is the leading not-for-profit organization dedicated to building strong, vibrant and resilient communities through the power of parks and recreation. With more than 60,000 members, NRPA advances this mission by investing in and championing the work of park and recreation professionals and advocates — the catalysts for positive change in service of equity, climate readiness, and overall health and well-being. For more information, visit www.nrpa.org. For digital access to NRPA's flagship publication, *Parks & Recreation*, visit parksandrecreation.org.

Questions or Comments?

Please contact our team at healthyaginginparks@nrpa.org with any questions or comments.