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Public Lands Are Essential to Public Health During a Pandemic

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Drs. Razani, Radhakrishna, and Chan conceptualized the perspective.

Dr. Razani drafted the initial manuscript.

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All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

In the face of the emerging COVID-19 epidemic, on March 16, 2020, health officers from seven San Francisco Bay Area health counties were among the first in the nation to issue orders for residents to shelter in place. The orders were intended to protect public health while allowing residents to engage in “essential activities.” Recognizing the health importance of exercise and time in nature, one of five essential activities allowed was “To engage in outdoor recreation activity,” including “walking, hiking, biking and running outdoors,” if one kept a distance from others. The weekend after these orders, warm weather inspired large numbers of residents to leave their homes for parks, creating crowds in which it was not possible to socially distance. People who had stayed at home expressed anger that park goers endangered the collective community.¹ As a consequence, two of the health officers were compelled to close access to county parks, which were in turn followed by partial and full park closures of many regional, city, and state parks throughout California.²

Closing parks comes at some cost. Spending time in nature has never been more important than in our 21st century industrialized world in which most people spend 90% of their time indoors.³ Social distancing may worsen the mental health and economic consequences of the COVID-19 pandemic, particularly among the least economically and socially resilient.⁴ This issue is especially important for children as sheltering in place may exacerbate issues of family conflict, domestic violence and even child abuse.⁵

Parks and other public lands have always been a community-based resource for relieving toxic stress. Cross-sectional and experimental studies have demonstrated benefits to nature exposure, especially for children and adolescents. Parks promote play and physical activity, which can be

key to long-term mental and physical health; parks provide outdoor time, which may allow children to feel less isolated, even if they are not outdoors to socialize. Time in nature ameliorates the deleterious effects of stressors on pediatric mental health, supports childhood development and enhances resilience.⁷ With the closure of schools and child care facilities, parks may be the only antidote to excessive screen time and sedentariness which worsen chronic disease.

Inequities in access to nature will exacerbate the impact park closures will have on health equity and pediatric health. Like other elements of society and the built environment, access to parks and to nature is not equitably distributed in the United States. Low-income neighborhoods and neighborhoods with minority residents of any income often have fewer trees, fewer parks⁶ and less access to nature than more affluent areas.

As public health professionals who fully support the necessity of shelter-in-place orders in the face of the COVID-19 pandemic, we also believe that access to nature -- and therefore to public lands -- is a necessary complement or even antidote to modern life. We feel an urgency to strike a balance between park access and the physical distancing currently necessary to slow transmission of SARS CoV-2. While the surge of park visitors seen in the first weeks of the shelter in place was far from ideal, our society should be prepared to create daily practices, especially of being outdoors, in order to help the shelter-in-place order to be sustainable.

Despite park closures, the health community remained united in its desire to maintain the public's right and the necessity to be in nature. Now, as we move out of the acute phase of the

COVID-19 pandemic, the distinction needs to be made: people can enjoy being out of doors while limiting physical contact with other people. As our communities experience increasing toxic stress (particularly from fear, isolation, unemployment, and poverty), with few options for recreation and relaxation, it's important to recognize that we will likely continue to see an ongoing and unprecedented need for access to parks.

In the weeks following the shelter in place order, we held a series of weekly meetings with regional park managers to discuss the difficult decisions they were making in light of COVID-19. We came to realize that surges in park use will require new resources and have resulted in steep adaptations by park management in order to accommodate users in ways that allow for physical distancing. Together, we have identified the following ways to support parks in meeting these challenges:

First, parks should be designated as an essential service and part of the emergency response to COVID-19, with the explicit designation of park staff as essential workers during the pandemic phases. Strategies to support parks as an essential service will include: re-assigning more local government Disaster Service Workers to serve in parks as needed, providing disaster funds to support the increased visits to parks during the long crisis, using funds to support staff, add temporary staff, provide training, ensure safety, implement appropriate facility improvements, and providing staff with up-to-date information about COVID-19 on a regular basis.

Second, health providers and parks will need to work together in order to select appropriate methods to promote well-being and prevent disease transmission in parks. Health departments,

academicians, and clinicians can provide expertise and guidance to minimize disease transmission in parks. Parks need support in operationalizing principles of communicable disease in parks in order to help flatten the region's epidemic curve. As COVID-19 is primarily transmitted by respiratory droplets, three major objectives are to limit the number of close contacts, limit contact with high-touch surfaces, and limit large gatherings.

Finally, while many land management decisions are made at the local level, the decisions to open or close parks in one region impact the regions near them as people often cross city and county lines for their outdoor recreation. To the extent that the public health community can make coordinated and consistent recommendations, parks can respond accordingly.

In these collaborations, pediatricians, whether we are engaged in public health, clinical practice, or in academia, have had a unique and important voice. Pediatricians communicate the importance of access to outdoor spaces for childhood development and health, inequalities associated with lack of access to public lands, and the need to ensure that the rights of the child are seen in ensuing park policies. Pediatricians can educate families about how to be outdoors safely, can support parks in creating family friendly messaging, and can conduct trainings for park staff. Pediatricians interested in spearheading similar coalitions between health and parks can contact their nearby city, county, state or federal park agency, or by contacting organizations such as the National Recreation and Parks Association.

Especially during a pandemic, families and children should be able to safely access parks, beaches, and natural areas in their community to support their physical and mental health. We

have a common goal to promote the well-being of their community. Collaborations between health and park partners can support parks in staying open during a pandemic for pediatric and community health. These partnerships should last into post-pandemic days, in support of child health moving forward. Now and in the future, people will be seeking public lands for public health. We should and can be prepared to receive them.

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