The Portland Prescription Leverage for Active Youth (PLAY) in Parks Project

Final Report
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Submitted by

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A. Background

Childhood obesity rates have increased dramatically in the United States (1), and there is evidence that decreased physical activity is one of the major explanations for this trend. The results of the most recent national CDC Youth Risk Behavior Survey indicate that only 36% of U.S. high school students meet public health guidelines for physical activity (2). Using accelerometry to objectively measured daily MVPA, the 2003-2004 National Health and Nutrition Examination Survey (NHANES) estimated that 42% of children aged 6 to 11 years, and only 8% of adolescents aged 12-19 years currently meet the current guideline of 60 minutes of moderate-to-vigorous daily (3).

The widespread problem of physical inactivity and the dramatic increase in the prevalence of childhood obesity, underscores the need for programs and policies to effectively promote regular physical activity and reduce sedentary behavior in children and adolescents (4). Health care professionals who provide primary care are viewed as highly credible sources of health information. Thus, pediatricians and other health care professionals are in a unique position to promote regular physical activity in young people (4-7). Very few studies, however, have systematically evaluated this approach in children and adolescents (6,8). Moreover, no previous study has evaluated the feasibility and potential efficacy of an approach that promotes physical activity through a partnership between the health care system and the parks and recreation system.

B. Aims

The overall goal of this program is to evaluate the effectiveness of an innovative and highly translatable childhood obesity prevention model that combines clinician-based physical activity counseling and prescription with referral to physical activity programs offered by local park and recreation departments. In essence, the proposed study will create a “warm-handoff” between the medical system and the park and recreation system, with a “push” from the medical system and a “pull” from the park and recreation system. As a first step towards meeting our long-term objective, we propose to conduct a pilot study to explore the feasibility and potential efficacy of this model. The results will be used to conduct a larger group randomized trial to test effectiveness and potential public health impact of the approach. The proposed feasibility study will address the following questions:

1. Can health care providers successfully implement an office-based physical activity promotion program consisting of brief counseling, a written exercise prescription, and referral to exercise specialists working in local parks and recreation departments?

2. Can exercise specialists from park and recreation departments deliver effective exercise counseling and follow-up after patients receive their exercise prescription from their clinician?

3. Does the brief counseling and exercise prescription program result in enrollments in park and recreation programs by overweight and obese children and their families/peers?

4. What is the impact of the program on patient body mass index (BMI), physical activity, and parental support for physical activity?
C. Results

C.1 Subject Recruitment

The initial plan was to recruit eligible participants from 4 primary care settings located in North Portland - Kaiser Permanente Interstate, Legacy Emanuel Children’s Clinic, Clarendon-Portsmouth School Health Center, and Doernbecher Children’s Hospital. To be eligible to participate in the study, children had to be between the ages of 6 and 12 years, reside in the north Portland area (home address has either a NW or NE street prefix), have a BMI greater than or equal to the 85th percentile for their age and sex (overweight or obese), and have a clinician’s approval to engage in moderate physical activity. Only those patients scheduled for well visits or follow-up visits could be approached by the evaluation team and invited to participate.

42 families completed the required informed consent and assent documents. Study participants were recruited from just 2 of the 4 primary care settings. A total of 15 participants were recruited from the Clarendon-Portsmouth School Health Center, while 37 participants were recruited from Kaiser Permanente Interstate.

Over the course of the study, the OSU team spent 6 days at the Legacy clinic. However, despite the support of the front office staff and medical team, we were unable to recruit any participants into the study. No patients were recruited from Doernbecher Children's Hospital because we were unable to complete the IRB review process at OHSU. We were unable to complete the IRB application because the project’s representative from OHSU (Dr. Beau Weill) terminated his employment with Doernbecher Children's Hospital.

C.2 Descriptive Characteristics

Overweight (BMI $\geq 85^{th}$ percentile for age and sex) and obese (BMI $\geq 95^{th}$ percentile for age and sex) 6- to 12-year old children were randomized to one of two conditions – clinician counseling and written exercise prescription (EP) or clinician counseling and written exercise prescription combined with a referral to programs in park and recreation (EP + REF). In total, 23 children and their families were randomized to the EP + REF condition and 19 families were randomized to the EP control condition.

Descriptive statistics for the two study conditions and the combined sample are displayed in Table 1. There were no significant differences between the two groups for baseline age, sex, race/ethnicity, maternal education, BMI, BMI percentile, physical activity score, parental support for physical activity, participation in school or non-school sports, and physical activity lessons.

The program was successful in recruiting significant numbers of obese children from racially and ethnically diverse backgrounds. Although overweight children (BMI $\geq 85^{th}$ percentile for age and sex), were eligible to participate, the vast majority of the sample were significantly obese (BMI $\geq 95^{th}$ percentile for age and sex). More than 90% of the participants identified themselves as belonging to a racial or ethnic minority group. Notably, the program was successful in recruiting Hispanic (50%) and African American families (23.8%) – two population subgroups recognized to be at increased risk for obesity and its metabolic consequences.
Table 1. Socio-demographic characteristics, BMI, BMI percentile, physical activity participation, and parental support for physical activity for the two study conditions and the combined sample.

<table>
<thead>
<tr>
<th></th>
<th>EP + REF (N=23)</th>
<th>EP (N=19)</th>
<th>Combined Sample (N=42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>9.2 ± 2.2</td>
<td>9.3 ± 2.1</td>
<td>9.3 ± 2.1</td>
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<tr>
<td>BMI</td>
<td>28.0 ± 8.9</td>
<td>24.4 ± 5.9</td>
<td>26.4 ± 7.8</td>
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<tr>
<td>BMI Percentile</td>
<td>97.0 ± 3.7</td>
<td>95.2 ± 3.9</td>
<td>96.2 ± 3.9</td>
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<tr>
<td>Physical Activity Score</td>
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<td>2.8 ± 2.0</td>
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<td>Parental Support for PA</td>
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<td>2.2 ± 0.9</td>
<td>2.2 ± 0.8</td>
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<tr>
<td>Sex (%)</td>
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</tr>
<tr>
<td>Male</td>
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<td>47.4</td>
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<tr>
<td>Female</td>
<td>47.8</td>
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<tr>
<td>Race/Ethnicity (%)</td>
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<tr>
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<tr>
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<td>Maternal Education (%)</td>
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<td>26.2</td>
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<tr>
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<tr>
<td>≥ 1 School Sport (%)</td>
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<td></td>
<td></td>
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<tr>
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<td>43.5</td>
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<tr>
<td>No</td>
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<td>59.5</td>
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<td>≥ 1 PA Lessons/Activities (%)</td>
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<td></td>
<td></td>
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<tr>
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<td>26.1</td>
<td>31.6</td>
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<tr>
<td>No</td>
<td>73.9</td>
<td>68.4</td>
<td>71.4</td>
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</table>

EP + REF = Exercise prescription plus referral to Park and Recreation
EP = Exercise prescription only
PA = Physical Activity
C3. Referral to Parks and Recreation

In all, 19 Rx PLAY prescription forms were faxed or mailed to the University Park Community Center. Therefore, 19 out of the 23 Rx PLAY prescription forms issued by clinicians (82.6%) were successfully transmitted or “handed off” to the Parks and Recreation system. Four Rx PLAY forms were missing as a result of faxing errors. Of the 19 families contacted by Parks and Recreation, 6 families signed up for a class and 3 families indicated that they would be interested in joining a walking club or another non-scheduled activity. The remaining 10 families were not interested in participating in a Park and Recreation related activity or event. Thus, based on the number of prescriptions received, the follow-up phone calls had a success rate of just over 47%.

C4. Results of the Follow-Up Assessments

To determine the impact of the Rx Play program on BMI percentile, physical activity level, and parental support for physical activity, participating children were invited to attend a follow-up visit with their clinician and complete the post-test assessments. We anticipated that this would be a logistical challenge; however, research findings from programs such as Green Prescription suggest that follow-up from the referring clinician is crucial to the success of a clinician-based lifestyle counseling program. Unfortunately, we were not successful in persuading patients to schedule and/or attend follow-up visits with their referring clinician. In total, just 7 children completed the follow-up assessments – 4 from the EP + REF condition and 3 from the EP comparison group. Pre and post assessments for BMI percentile, physical activity level, and parental support for physical activity are displayed in Figures 1, 2, and 3, respectively. Given the small numbers, pre and post scores for individual participants are plotted on each graph rather than group means and standard deviations.

C4.1 - BMI Percentile

Of the 4 children in the EP + REF condition, 2 exhibited no change in BMI percentile, with the other 2 exhibiting slight increases in BMI percentile. Of the 3 children in the EP condition, 2 exhibited no change in BMI percentile, while 1 child exhibited a substantial decrease in BMI percentile (from 95 to 83.5).

C4.2 - Physical Activity Level

Three of the 4 children in the EP + REF condition reported increases in physical activity level. The remaining child reported no change in physical activity. Among participants in the EP condition, 1 child reported an increase, 1 child reported a decrease, and 1 child reported no change.

C4.3 – Parental Support for Physical Activity

Parental support for physical activity varied widely among study participants. The EP + REF and the EP interventions had no impact on parental support physical activity. Scores on the parental support for physical activity measure remained unchanged from baseline to follow-up.
## Pre to Post Changes in BMI Percentile for Age and Sex

### Graph

The graph compares the BMI percentile changes pre and post for different age and sex categories.

### Table

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Pre to Post Changes in Days per Week with 60 min MVPA

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### Pre to Post Change in Parental Support

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<tr>
<td>INT2</td>
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<td>2</td>
</tr>
<tr>
<td>CONT3</td>
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</tbody>
</table>
D. Conclusions

Can health care providers successfully implement an office-based physical activity promotion program consisting of brief counseling, a written exercise prescription, and referral to exercise specialists working in local parks and recreation departments?

Although the pilot study recruited a modest number of participants from just 2 of the 4 proposed primary care sites, the results support the notion that health care providers can successfully implement the Rx PLAY protocol. More than 85% of the Rx PLAY prescriptions were forwarded to the University Park Community Center and all of these “warm hand offs” resulted in a contact with families. The pilot study identified limitations associated with faxing rather than mailing or emailing Rx PLAY prescriptions.

Can exercise specialists from park and recreation departments deliver effective exercise counseling and follow-up after patients receive their exercise prescription from their clinician?

The pilot study confirmed that staff working in Parks and Recreation can deliver exercise counseling and follow-up to referred patients. Staff at University Park Community Center was able to contact each and every one of the 19 families with faxed or mailed Rx PLAY prescription forms. Allocating staff time to this function will likely be challenge in the future. However, streamlining the referral process and implementing standardized procedures will be helpful.

Does the brief counseling and exercise prescription program result in enrollments in park and recreation programs by overweight and obese children and their families/peers?

The program had a modest effect on enrollments. However, if the program is implemented on a larger scale, it is reasonable to hypothesize that the Rx PLAY program will have a significant impact on Park and Recreation enrollments. Six of the 19 families (31.6%) contacted by staff at the University Park Community Center enrolled in a class. Another 3 families expressed interest in participating in a community-based physical activity event affiliated with the University Park Community Center. Overall, just under half of the participants in the EP + REF condition engaged the Parks and Recreation system in their local area.

What is the impact of the program on patient body mass index (BMI), physical activity, and parental support for physical activity?

Because just 7 participants completed pre and post assessments, nothing definitive can be concluded about the effects of the Rx PLAY program on weight status, participation in physical activity, and parental support for physical activity. We can, however, conclude that the Rx PLAY program was successful in engaging obese children from diverse racial, ethnic, and socioeconomic backgrounds, in particular, Hispanic and African American families.
Appendix I – Project Methodology

Overview of the Study Design

The study will be conducted using a pre-test post-test randomized group design. Overweight (BMI ≥85th percentile for age and sex) and obese (BMI ≥95th percentile for age and sex) 6- to 12-year old children attending participating primary care centers will be randomized to one of two conditions – clinician counseling and written exercise prescription (EP) or clinician counseling and written exercise prescription combined with a referral to programs in park and recreation (EP + REF). Those children not meeting the BMI eligibility criteria will receive clinician counseling and information about parks and recreation programs. They will not be randomized to a study condition or asked to complete any follow-up assessments.

Measurement Protocol

The measurement protocol will take no longer than 10 minutes to complete and will not add additional time to the scheduled appointment. Parents will complete a brief questionnaire measuring demographic variables, child physical activity, and parental support for physical activity in the waiting room prior to the consultation. Participating families with follow-up appointments within a 6 month period we repeat the process at the next doctor’s visit. Some families may be mailed the follow-up questionnaire along with pre-paid envelope and asked to return the completed questionnaire via mail.

**Height, Weight and Body Mass Index (BMI).** Assessments of height and weight will be performed prior to the consultation by the medical office staff. Assessment of height and weight prior to consultation is standard medical practice. Height will be measured to the nearest 1 mm at the crown of the head using a portable stadiometer, after the participant has removed his/her shoes and is standing flat-footed and erect, with his/her head aligned in the Frankfurt plane. Weight will be measured to the nearest 0.1 kg using high precision digital scales. Body mass index (BMI) will be calculated as body weight divided by height squared (kg·m⁻²). BMI scores will be converted to percentiles or z-scores using the age- and sex-specific CDC growth charts. This calculation will be completed using the electronic medical record or the CDC web calculator. The child’s height, weight, BMI, and BMI percentile will be recorded in the medical record. These data will be subsequently given to the principal investigator for data analysis and determination of the program’s impact on BMI.

**Physical Activity.** Parents will complete the two-item physical activity measure developed by Prochaska and colleagues. They will respond to the following 2 items – Over the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day? Over a typical or usual week, on how many days is your child physically active for a total of at least 60 minutes? Additional items from the Amherst Health and Activity Study will be used to measure participation in organized and unorganized sports/activities as well as activity related classes or lessons.

**Parental Support for Physical Activity.** Parental support for physical activity will be measured using the scale developed by Sallis and colleagues. This scale consisted of 3 items assessing the weekly frequency with which parents “encourage their child to do physical activities or play sports”; “engage in physical activity or sports with child”; and “provide transportation for child so they can do physical activity or play sports”. An additional item asks about active transportation to school. Responses to each item are recorded on a six-point scale with endpoints ranging from none to daily. This scale has previously been shown to be a reliable assessment of parental support for physical activity.
Description of the Brief Clinical Counseling and Exercise Prescription

The brief counseling and exercise prescription intervention will be based on the principles of motivational interviewing and adopt the widely implemented “5A’s” framework of Address the agenda, Assess, Advise, Assist, and Arrange follow-up (Pinto, Goldstein, Marcus, 1998). As part of the brief counseling protocol, the clinician will provide each child with a written exercise prescription using a customized exercise prescription pad. The script reinforces the messages covered in the counseling, acknowledges the health benefits of regular physical activity, records the patient’s preferences for physical activities, provides a specific written physical activity goal, and provides information for arranging a follow-up visit.

Patients randomized to the EP + REF condition will have a copy of their exercise prescription and contact information securely faxed to the University Park Community Center for phone-based follow-up from exercise specialists working at the center. The goal of the call will be to provide information on the physical activity programs offered by the Center and to identify a specific program in which their child could participate. During the call, the specialists will identify potential barriers to participation and work with the parents to identify solutions to overcome these barriers. Importantly, in preparation for the proposed study, the University Park Community Center has created a number of innovative physical activity programs that are more likely to meet the needs and interests of overweight and obese youth. New program options will include Active Gaming (Dance Dance Revolution), Family Yoga, Nordic Walking, and Zumba Dance. More traditional options such as aquatic programs, basketball, gymnastics, martial arts, and soccer will also be offered.

Subject Identification and Recruitment

To be included in the study children must be between the ages of 6 and 12, reside in the north Portland area (home address has either a NW or NE street prefix), have a BMI greater than or equal to the 85th percentile for their age and sex (overweight or obese), and have a clinician’s approval to engage in moderate physical activity.

Participants will be actively recruited into the study by a graduate research assistant (GRA) stationed in the waiting room of the primary care sites. On each scheduled recruitment day, front office staff will provide the GRA with a list of all well-visit and follow-up appointments for children meeting the age and residence criteria. Children with acute or urgent care appointments will not be approached. Upon arrival to the clinic, the parent and child will be approached by GRA to determine initial interest in the study. If interested, parents/caregivers and children will complete an informed consent/assent packet and a brief survey measuring demographic information, physical activity, and parental support for physical activity. Project staff will then give the patient a study participation form to give to the receiving nurse/medical assistant.

Note, that all children meeting the age and residence inclusion criteria will be approached by the GRA for study participation. Weight status and final study eligibility will only be determined after the child has had their BMI measured by the nurse/medical assistant and the clinician has provided an exercise prescription. This protocol ensures that overweight or obese children will NOT be singled out or targeted in the waiting room.

Prior to the consultation with the clinician, the nurse/medical assistant will measure the child’s height and weight. The electronic medical record or CDC web-site will be used to calculate BMI percentile for age and sex. Based on the BMI percentile, the nurse/medical assistant will complete the following steps.
• If the child does not present a participation form (did not consent to be in the study), the nurse/medical assistant will follow standard office procedures.

• If the child presents a participation form and has a BMI percentile ≥ 85th percentile for age and sex, the nurse/medical assistant will check an unlabelled box on the participation form. The checked participation form, a blank exercise prescription form, and a sealed envelope indicating group assignment will then be placed in the medical record. The presence of these documents will prompt the clinician to complete the brief physical activity counseling and exercise prescription protocol. At the completion of the consultation, a staff member from the front office will open the group assignment envelope to determine which patients will be referred to the University Park Community Center staff for follow-up counseling. The exercise prescription for these patients will be immediately faxed to the University Park Community Center staff.

• If the child presents a participation form and has a BMI below the 85th percentile for age and sex, the nurse/medical assistant will only include the unchecked participation form in the medical record and follow standard office procedures. The unchecked participation form will prompt the health care provider to give patients a parks and recreation brochure.
Appendix II – Project Materials
I recommend that you increase your physical activity and fun . . .

With these activities:
- Walking
- Dancing
- Swimming
- Walk/Bike to School
- Martial Arts
- Group Sports
- Running
- Yoga
- Active Gaming
- Bicycling
- Gymnastics
- Other

Your physical goal:
_______ minutes/day  _______ days/week

Comments ____________________________________________________________
____________________________________________________________________

Please return to see me in 6 months to see how it’s going.

Clinician’s signature: ________________________________________________
Nombre: __________________________ Fecha: ____________

Recomiendo que usted aumente sus actividades físicas y divertidas….

Con estas actividades:
- Caminar
- Correr
- Bailar
- Yoga
- Nadar
- Juegos activos
- Caminar o ir en bicicleta a la escuela
- Andar en bicicleta
- Gimnasia
- Otra
- Deportes en equipo

Su meta de actividad física:

_______ Minutos/día  _______ Días/semana

Comentarios: __________________________________________________________

______________________________________________

Por favor vuelva a verme en 6 meses para ver cómo va.

Firma del Clínico: __________________________________________
Information About Your Child

1. Your child's Date of birth? Example April 10, 1991=

2. Is your child a: (mark one)
   - Girl
   - Boy

3. Is your child Hispanic or Latino? (mark one)
   - Yes
   - No
   - Don't know / Not sure
   - Refuse to answer

4. How do you describe your child? (mark all that apply)
   - American Indian or Alaska Native
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - Asian
   - White
   - Don't Know / Not Sure
   - Refuse to answer

5. What is the primary language spoken in your home? (mark one)
   - English
   - Spanish
   - Vietnamese
   - Other
   - Don't know / Not sure
   - Refuse to answer

6. Your child's Grade: (mark one)
   - Kindergarten
   - 1st grade
   - 2nd grade
   - 3rd grade
   - 4th grade
   - 5th grade
   - Don't know / Not sure
   - Refuse to answer

7. In school, my child makes: (mark one)
   - Mostly A's
   - Mostly B's
   - Mostly C's
   - Mostly D's
   - Mostly F's
   - Letter grades not given
   - Don't know / Not sure
   - Refuse to answer

8. What is the highest level of education completed by the child's mother or female guardian? (mark one)
   - Less than high school
   - High school
   - Some college, or associates degree
   - Graduated college
   - Master's degree or above
   - Don't know / Not sure
   - Does not apply

9. What is the highest level of education completed by the child's father or male guardian? (mark one)
   - Less than high school
   - High school
   - Some college, or associates degree
   - Graduated college
   - Master's degree or above
   - Don't know / Not sure
   - Does not apply
**Physical Activity**

**Physical Activity** is any activity that increases your heart rate and makes you get out of breath some of the time.

**Physical Activity** can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, rollerblading, biking, skateboarding, dancing, swimming, soccer, basketball, football, volleyball and surfing.

For the following two questions (10, 11) add up all the time your child spends in physical activity each day (DO NOT INCLUDE physical education or gym class).

10. Over the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / Not sure
- Refuse to answer

11. Over a typical or usual week, on how many days was your child physically active for a total of at least 60 minutes per day?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know / Not sure
- Refuse to answer
Physical Activity

Remember: Please mark ONE answer for each question in this section.

12. In typical or usual week when your child is in school, on how many days does he/she go to physical education (PE) classes?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - Don't Know / Not sure
   - Refuse to Answer

13. During a typical or usual physical education (PE) class, how many minutes does your child spend actually exercising or playing sports?
   - My child does not take PE
   - Less than 10 minutes
   - 10 to 20 minutes
   - 21 to 30 minutes
   - 31 to 40 minutes
   - 41 to 50 minutes
   - 51 to 60 minutes
   - More than 60 minutes

14. When weather permits, on how many days per week does your child usually walk to school?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days

15. When weather permits, on how many days per week does your child usually ride a bicycle to school?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days

16. Has your child been on any sports teams during the past year at school or outside of school? (Mark either yes or no for each item in both columns.)

<table>
<thead>
<tr>
<th>Sports Teams at School</th>
<th>No</th>
<th>Yes</th>
<th>Sports Teams Outside of School</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Baseball or Softball</td>
<td></td>
<td></td>
<td>a. Baseball or Softball</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Basketball</td>
<td></td>
<td></td>
<td>b. Basketball</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Cheerleading</td>
<td></td>
<td></td>
<td>c. Cheerleading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Football</td>
<td></td>
<td></td>
<td>d. Football</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Golf</td>
<td></td>
<td></td>
<td>e. Golf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Ice, Field, Roller Hockey</td>
<td></td>
<td></td>
<td>f. Ice, Field, Roller Hockey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Soccer</td>
<td></td>
<td></td>
<td>g. Soccer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Swimming</td>
<td></td>
<td></td>
<td>h. Swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Tennis</td>
<td></td>
<td></td>
<td>i. Tennis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Track and Field</td>
<td></td>
<td></td>
<td>j. Track and Field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Volleyball</td>
<td></td>
<td></td>
<td>k. Volleyball</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Gymnastics</td>
<td></td>
<td></td>
<td>l. Gymnastics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Wrestling</td>
<td></td>
<td></td>
<td>m. Wrestling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Other (specify):</td>
<td></td>
<td></td>
<td>n. Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. Has your child taken any classes, lessons, or special programs during the past year (outside of school only)?
(Mark either yes or no for each item.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Dance (ballet, jazz, modern)</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>b. Aerobics</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>c. Figure Skating</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>d. Gymnastics</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>e. Martial Arts</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>f. Skiing</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>g. Swimming</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>h. Tennis</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>n. Other (specify):</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

Thank You For Completing This Survey!
### Information About Your Child
*(Información Sobre Su Hijo/a)*

1. ¿Cuál es la fecha de nacimiento de su hijo/a?  
   Ejemplo: 10 de Abril de 1997  
   04 / 10 / 1997

2. Es su hijo/a: (marque uno)  
   - Niño  
   - Niña

3. ¿Es su niño/a Hispano o Latino? (marque uno)  
   - Sí  
   - No  
   - No sabe / No esta seguro  
   - Se niega a responder

4. ¿Cómo describe usted a su niño/a? (marque todos lo que aplican)  
   - Indio Americano o Nativo de Alaska  
   - Negro o Afro Americano  
   - Nativo Hawaiano u Otro lugar de las Islas Pacificas  
   - Asiático  
   - Blanco  
   - No sabe / No esta seguro  
   - Se niega a responder

5. ¿Cuál es el lenguaje primario que se habla dentro de su hogar? (marque uno)  
   - Ingles  
   - Español  
   - Vietnamita  
   - Otro  
   - No sabe / No esta seguro  
   - Se niega a responder

6. El grado de su niño/a: (marque uno)  
   - Kinder  
   - 1  
   - 2  
   - 3  
   - 4  
   - 5  
   - No sabe / No esta seguro  
   - Se niega a responder

7. En la escuela, mi niño/a hace: (marque uno)  
   - Mayormente A’s  
   - Mayormente B’s  
   - Mayormente C’s  
   - Mayormente D’s  
   - Mayormente F’s  
   - Grados de letras no son dados  
   - No sabe / No esta seguro  
   - Se niega a responder

8. ¿Cuál es el nivel de estudio mas alto que se ha completado por parte de la mamá o mujer guardián del niño/a? (marque uno)  
   - Menos de la Preparatoria  
   - Preparatoria  
   - Algo de Colegio, o Diploma de Asociado  
   - Graduado de Colegio  
   - Titulo Universitario o mayor  
   - No sabe / No esta seguro  
   - Se niega a responder

9. ¿Cuál es el nivel de estudio mas alto que se ha completado por parte del papá o hombre guardián del niño/a? (marque uno)  
   - Menos de la Preparatoria  
   - Preparatoria  
   - Algo de Colegio, o Diploma de Asociado  
   - Graduado de Colegio  
   - Titulo Universitario o mayor  
   - No sabe / No esta seguro  
   - Se niega a responder
Physical Activity (Actividad Física)

Actividad Física es una actividad que incrimina su latido de corazón y hace que te falte la respiración algunas de las veces.

Actividad Física puede ser hechas en deportes, jugando con amigos, o caminando a la escuela.

Algunos ejemplos de actividad física son corriendo, caminando rápido, patinando, andando en bicicleta, andando en la patineta, bailando, nadando, fútbol, básquetbol, fútbol americano, voleibol y surfiando.

Para las siguientes dos preguntas (10 y 11) añade todo el tiempo que pasa su niño/a en actividades físicas cada día. No incluya educación física o clases de gimnasio.

10. Durante los últimos 7 días, ¿cuántos días estuvo su niño/a activo físicamente por un total de por lo menos 60 minutos por día?
   - 0 días
   - 1 día
   - 2 días
   - 3 días
   - 4 días
   - 5 días
   - 6 días
   - 7 días
   - No sabe / No esta seguro
   - Se niega a responder

11. Durante una semana típica o usual, ¿cuántos días es su niño/a activo físicamente por un total de por lo menos 60 minutos por día?
   - 0 días
   - 1 día
   - 2 días
   - 3 días
   - 4 días
   - 5 días
   - 6 días
   - 7 días
   - No sabe / No esta seguro
   - Se niega a responder
Physical Activity (Actividad Física)

12. En una semana típica o usual cuando su niño/a esta en la escuela, ¿cuántos días va el/ella a clases de educación física (PE)?

- 0 días
- 1 día
- 2 días
- 3 días
- 4 días
- 5 días
- No sabe / No está seguro
- Se niega a responder

13. Durante una clase típica o usual en educación física (PE), ¿cuántos minutos en realidad se pasa su niño/a haciendo ejercicio o jugando deportes?

- Mi niño/a no toma clases de educación física (PE)
- Menos de 10 minutos
- 10 a 20 minutos
- 21 a 30 minutos
- 31 a 40 minutos
- 41 a 50 minutos
- 51 a 60 minutos
- Mas de 60 minutos

14. Cuándo permite el clima, ¿cuántos días por semana camina su niño/a a la escuela usualmente?

- 0 días
- 1 día
- 2 días
- 3 días
- 4 días
- 5 días

15. Cuándo permite el clima, ¿cuántos días por semana se va en bicicleta su niño/a a la escuela usualmente?

- 0 días
- 1 día
- 2 días
- 3 días
- 4 días
- 5 días

16a. ¿Ha estado su niño/a en cualquier equipo deportivo durante el último año en la escuela o afuera de la escuela? (Marque Sí o No para cada deporte)

<table>
<thead>
<tr>
<th>Equipos Deportivos en la Escuela</th>
<th>No</th>
<th>Sí</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Béisbol o especie de béisbol que se juega con pelota blanda</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Básquetbol</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Porrista</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Fútbol Americano</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Golf</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. Hockey sobre hielo, patines o hierba</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. Fútbol</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. Natación</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. Tenis</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j. Atletismo</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k. Voleibol</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l. Gimnasia</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>m. Luchas</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>n. Otro (especifique)</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### Physical Activity (Actividad Física)

17. ¿Ha tomado su niño/a algunas clases, lesiones, o programas especiales durante el último año? (solamente fuera de la escuela) (Maque Sí o No para cada artículo)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Sí</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Béisbol o especie de béisbol que se juega con pelota blanda</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Básquetbol</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Porrista</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Fútbol Americano</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Golf</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. Hockey sobre hielo, patines o hierba</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. Fútbol</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. Natación</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. Tenis</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j. Atletismo</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k. Voleibol</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l. Gimnasia</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>m. Luchas</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>n. Otro (especifique)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Muchas Gracias Por Haber Llenado Esta Encuesta!**
Piensa en la Semana Pasada

S. ¿Cuántos DIAS de la semana pasada te animó a hacer actividades recreativas uno de tus padres?

1. _____ 0 días
2. _____ un día
3. _____ 2 o 3 días
4. _____ casi todos los días
5. _____ todos los días

I. ¿Cuántos DIAS de la semana pasada hizo actividades recreativas contigo uno de tus padres?

1. _____ 0 días
2. _____ un día
3. _____ 2 o 3 días
4. _____ casi todos los días
5. _____ todos los días

II. ¿Cuántos DIAS de la semana pasada te llevó a un lugar para hacer actividades recreativas uno de tus padres?

1. _____ 0 días
2. _____ un día
3. _____ 2 o 3 días
4. _____ casi todos los días
5. _____ todos los días

V. ¿Cuántos DIAS de la semana pasada caminaste, anduviste en bicicleta, o en patineta a la escuela?

1. _____ 0 días
2. _____ un día
3. _____ 2 o 3 días
4. _____ casi todos los días
5. _____ todos los días
THINK ABOUT THE PAST WEEK

S. How many **DAYS** in the **past week** did one of your parents **encourage** you to do physical activity?

1. _____ 0 days
2. _____ one day
3. _____ 2 or 3 days
4. _____ almost every day
5. _____ every day

T. How many **DAYS** in the **past week** did one of your parents **do** physical activity **with** you?

0 days
2. _____ one day
3. _____ 2 or 3 days
4. _____ almost every day
5. _____ every day

U. How many **DAYS** in the **past week** did one of your parents **take** you to a place to do physical activity?

1. _____ 0 days
2. _____ one day
3. _____ 2 or 3 days
4. _____ almost every day
5. _____ every day

V. How many **DAYS** in the **past week** did you walk, bike, or skateboard to **school**?

1. _____ 0 days
2. _____ one day
3. _____ 2 or 3 days
4. _____ almost every day
5. _____ every day
SECTION A. Hello, my name is << caller name>> . I work with Portland Parks and Recreation and I am calling from the University Park Community Center.

May I speak with <<First and Last Name of Parent/Guardian>> OR another parent or caregiver listed by the parent as a contact at the doctor’s visit. Eg. May I speak with Kristin or Stewart Trost

Responses to SECTION A

1. NO - target parent was unavailable.

OK. Is there another time that I could call and speak with Mr/Ms <<Last name of Parent/Guardian>>

OR

Is there another phone number like a cell phone number that would work better?

2. YES - target Parent has answered the phone:

How are you today Mr/Ms <<Last name of Parent/Guardian>>

I am calling about the prescription for play you received for <<Child’s first name>> from Dr. <<Provider’s Last Name>> OR <<Health Care Provider>> during your last visit.

Is this a good time to talk about the prescription and the activity programs for kids and families offered at University Park Community Center?

3. YES - target parent given phone by another family member

Repeat Greeting

Hello, my name is << caller name>> . I work with Portland Parks and Recreation and I am calling from the University Park Community Center.

How are you today Mr/Ms <<Last name of Parent/Guardian>>

I am calling to assist you with the prescription for play you received for <<Child’s first name>> from Dr. <<Provider’s Last Name>> during your recent visit on <<insert date of visit>>

Is this a good time to talk – it will take just a few minutes of your time??

IF YES GOTO SECTION B

IF NO GOTO SECTION BELOW:

Is there a more convenient time tomorrow that I can call you back? How about the next day? How about later this week?
Ok I will try again on <<day>> at <<time>>

Thank you – Have a great afternoon.

SECTION B:

Dr. <<Provider’s Last Name>> thought it was important that <<child's first name>> be more physically active in order to be as healthy as possible, and we’re here to help. That is why he/she not only wrote the prescription, but also asked for your permission to have us call you to talk about the programs that we offer right here in the community at low cost – we even have a scholarship program.

Would it be ok with you if we talked about the activity programs for kids and families at University Park Community Center?

IF YES:

How familiar are you with the programs at University Park Community Center?

Listen to response

If they know very little - describe the facility and programs as below.

We are located …… We offer classes in ……………………, but also open gym every day where kids can… (describe the programs – want to make sure to mention the open gym or drop in, hw program etc.)

If they are familiar – perhaps just mention the new programs briefly.

Sounds like you are quite familiar with our center. Some of the new things we are doing this fall include….

MOVE ON TO SECTION C
SECTION C

C1. When you met with Dr. <<Provider’s Last Name>>, <<Child’s First Name>> expressed an interest in doing <<list activities identified>>

What are your thoughts about <<Child’s First Name>> doing these activities?

These questions can be asked in any particular order – if necessary

Would it be OK if I asked you a few additional questions about how <<Child’s First Name>> spends his/her time?

C2. What does <<Child’s First Name>> typically do outside of school?

C3. What does <<Child’s First Name>> like to do with his/her friends, neighbors or family?

C4. What does your family like to do outside?

I have a few ideas about programs which might be just what you want for <<Child’s first name>> and maybe other family members also, but first, is there anything else you would like to share about <<Child’s first name>> to help us find a great program for him/her to be active?

Briefly describe the program – you want them to be able to respond to the question

Note - We need a brief(1 or 2 sentences) description of each program. The description would include the cost, along with the mention of the potential for scholarships if eligible.

Suggest starting with more structured classes, and then suggesting a casual drop in program if they are resistant to enrolling in a class. If this fails, suggest walking and biking to school or participating in the Community walking group. Suggest two different classes, before offering choice in batches.

E.g. OK, How do feel about <<Child’s First Name>> participating in X, Y, or Z (where x, y or z are different programs or classes.

Suggest the walk and bike to school and joining the community walking group even if they do say yes to enrolling in a program.

If they indicate interest in the program or a willingness to register….

It sounds like this program would be a good fit for <<child’s first name>>. Registration is easy, would you like me to do this with you while we are on the phone.

if there are concerns about cost, launch a description of the scholarship plan
Do you think there are other members of the family, or are there friends or neighbors who <<Child’s First Name>> might like to bring along? Perhaps other family members might also enjoy this activity or other activities we have available here at University Park? (then a similar process of finding suggestions – probably don’t need to be too specific)

If they say NO to everything....

I can appreciate that you might have some reservations (concerns>) about signing up for a program or attending a session at the center. To help us improve our service, would you mind telling me about them?

If they are unwilling to talk about barriers/concerns, GOTO section D.

Section D – Finish

Well, Mr/Ms << Parent’s Last Name>> thank you so much for your time. Have a great afternoon.

If they signed up or were thinking about it...

If you have any questions about the class/program feel free to contact the University Park Community Center. Our phone number is .....