

Portland Parks & Recreation RxPlay Program: Review and Evaluation



Prepared by:
Emily Henke and Steve White,
Oregon Public Health Institute
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Executive summary

In 2009, the City of Portland Parks and Recreation Bureau (PP&R) and key partners formed the Portland RxPlay program, an innovative response to the childhood obesity epidemic that opens doors to physical activity opportunities by allowing healthcare providers to write patient prescriptions for recreation courses at P&R facilities. In December 2015, PP&R contracted with OPHI to conduct a high-level evaluation of the RxPlay program. The purpose of this report is to present and analyze data from the RxPlay program, evaluate current data and methodology, and make recommendations for future program and process improvements. The executive summary describes evaluation methods, key findings, and recommendations.

Methods

OPHI's analysis of the RxPlay program was based on three main sources of data: a database of RxPlay 'prescriptions' received by PP&R; monthly reports of prescriptions and registrations; and surveys completed by the parents of RxPlay participants before and after their participation. All of the data included in these three sources was collected by PP&R, using methods and tools developed by PP&R. OPHI also conducted interviews with RxPlay staff and stakeholders to learn background information and provide framing for the evaluation and findings.

Key findings

Prescriptions

- From 2012 to 2015, PP&R received 833 RxPlay prescriptions for 779 unique patients. These prescriptions produced 274 registrations in PP&R courses. The health systems that wrote the most prescriptions were Kaiser Permanente, OHSU, and school-based health centers. 104 healthcare providers wrote prescriptions between 2012 and 2015, and five Kaiser Permanente providers accounted for half of these prescriptions.
- English and Spanish are the languages most commonly spoken by the families of RxPlay prescription holders. A zip code analysis shows that RxPlay serves some of Portland's more vulnerable residents and neighborhoods.
- Outreach calls are a crucial element of the RxPlay program, with almost half families who register for an RxPlay course requiring three calls before they do so. In turn, outreach calls depend on PP&R staff having protected time to make them.

Registrations

- From February 2014 to December 2015, RxPlay's monthly capture ranged from 25% to 120%. Program capture was highest during the period of highest RxPlay staff capacity (September 2014 to July 2015).

Surveys

- PP&R administered 103 pre-test and 35 post-test surveys from November 2014 to December 2015.
- Sixty-one percent of pre-test survey respondents indicated that their child had never taken a PP&R course before participating in RxPlay. After completing a PP&R course through RxPlay, all participants indicated they had "good" or "very good" experiences with PP&R, and the vast majority said they had "good" or "very good" experiences with the RxPlay program.



- RxPlay participants reported a wide range of physical activity levels before and after participating in RxPlay courses, ranging from one to seven days per week of moderate- or vigorous-intensity physical activity.

Recommendations

Based on the evaluation findings, OPHI recommends that PP&R:

1. Enhance program capacity for supporting prescription holders (i.e. outreach and registration) and educating healthcare providers and PP&R staff about RxPlay;
2. Develop specific, measurable program goals;
3. Partner with a neutral evaluation consultant to design an evaluation framework and data collection methods; and
4. Improve data collection and management.

Conclusion

Over the last four years, the PP&R RxPlay program has facilitated hundreds of conversations between healthcare providers, youth and parents about the importance of physical activity in improving health. Thanks to RxPlay, recreation centers have become important health improvement resources for these youth, their families and their healthcare providers. RxPlay's impact is not limited to physical activity—it has also introduced community members to PP&R. Many participants had never engaged with PP&R before RxPlay, but the program's strong partnership with healthcare providers, successful outreach strategy, and scholarships brought them through recreation center doors for the first time. This evaluation shows that PP&R staff and other RxPlay stakeholders have worked to create a solid foundation of partnerships, data collection, and client engagement for the program, and provides recommendations for how to build on these successes in the future.



Introduction

RxPlay is an innovative program that creates a bridge between Portland Parks and Recreation (PP&R) and healthcare providers, allowing them to work together to improve youth health by encouraging and improving access for children to get more physical activity. RxPlay has steadily grown over the last five years, with Kaiser Permanente, OHSU, Legacy, Northwest College of Natural Medicine, school-based health centers, and several other health systems partnering with PP&R to complement providers' advice to get more exercise with close-to-home opportunities through recreation centers.

PP&R contracted with OPHI to evaluate the RxPlay program at the end of 2015. Findings and analysis in this report are based on data collected by PP&R between 2012 and 2015. The purpose of this report is to present and analyze data from the RxPlay program, evaluate current data and methodology, and make recommendations for program and process improvements.

Methods

OPHI's analysis of the RxPlay program was based on three main sources of data: a database of RxPlay prescriptions received by PP&R, monthly reports of prescriptions and registrations, and surveys completed by the parents of RxPlay participants before and after their participation. All of the data included in these three sources was collected by PP&R, using methods and tools developed by PP&R. OPHI also conducted interviews with RxPlay staff and stakeholders to learn background information and provide framing for the evaluation and findings.

Prescription Spreadsheet

This spreadsheet contains a record of every RxPlay prescription received by PP&R from 2011 to November 2015.¹ The original spreadsheet included 875 entries. After removal of duplicate entries, entries without prescription dates, and the two prescriptions written before January 1, 2012, 833 entries remained in this spreadsheet and were included in this analysis.

Table 1 lists the fields that were included in the Prescription Spreadsheet. The first column includes fields that were used in this analysis; the second column lists fields that were inconsistently used during data collection and thus excluded from data analysis; and the third column lists that were redundant or not relevant for evaluation purposes. Child and parent names, addresses, and contact information were

RxPlay: How it works

Participating health care providers prescribe PP&R courses to patients between the ages of 6 and 12 who have health issues related to physical inactivity, and also send the prescription to PP&R. Upon receiving this prescription, PP&R's RxPlay Specialists make an outreach call to the patient's parents, introducing them to PP&R, and offering assistance in enrolling in courses. RxPlay participants receive one free course, a 75% scholarship for the second course, a 50% scholarship for the third course, and a 25% scholarship for the fourth course. After completing four courses through RxPlay, participants are expected to independently register and seek scholarships for future courses.

¹ A copy of the RxPlay prescription form is included in Appendix A.



removed from the spreadsheet prior to analysis, and each spreadsheet entry was assigned a unique identifier.

Table 1: Prescription Spreadsheet fields

Included in analysis	Insufficient information	Redundant or not relevant
<ul style="list-style-type: none"> • Date on prescription • Clinician last name • Clinic location • Patient zip code • Language spoken at home • Number of registrations • Date of first call • Date of second call • Date of third call 	<ul style="list-style-type: none"> • Age of child • Gender of child • Class code • Recommended facility • Outcome 	<ul style="list-style-type: none"> • Registration results • Registration notes • Duplicates • Best time to call • Recommended program • Exercise specialist last name • Were scholarship options discussed? • Other descriptions • First call notes • Second call notes • Follow-up

Analysis of data from the Prescription Spreadsheet focused on:

- the flow of prescriptions and resulting registrations between 2012 and 2015;²
- the prescribing activity of individual providers, clinics and health systems;
- languages and zip codes of referred and registered families;
- process measures related to program outreach (e.g. number of families who received an outreach call); and
- data collection and management.

Monthly Registration Reports

In February 2014, PP&R began compiling monthly reports of RxPlay prescriptions and registrations and shared them with providers and other stakeholders. In these reports, PP&R presents monthly "capture" rates, or the proportion of registrations to prescriptions for each month. Initially, PP&R did not distinguish between new and return (participants' second, third, or fourth RxPlay course) registrations in the monthly reports, but began to do so in January 2015. Since then, the monthly reports have distinguished between these two types of registrations. OPHI compiled monthly reports from February 2014 to December 2015 into a Monthly Registrations Spreadsheet. The Monthly Registrations spreadsheet is distinct from the Prescription Spreadsheet in that it includes RxPlay registrants who did not have a prescription—usually because they were family members or friends of participants who received a prescription and referred them to the program. For this report, analysis of monthly registrations data focuses on characterizing the monthly capture rates from February 2014 to December 2015 and considering the impact of key program changes (e.g. loss of staff) on capture.

² 2015 prescription data includes January through November.



Surveys

The RxPlay program began surveying families before and after their participation in RxPlay beginning in November 2014. The RxPlay staff administer pre-test surveys to parents over the phone when they agree to register a child for their first RxPlay course. To date, PP&R has conducted 103 pre-test (administered before RxPlay participation) surveys. The pre-test survey included three questions and two opportunities for comment. Qualitative comments were translated from English to Spanish (if needed), and coded as No comment or no response; "Thanks" or general appreciation; Appreciation for something specific or something specific is helpful; Indication of positive perception/experience – general; Indication of positive perception/experience – specific; Indication of negative perception/experience or improvement suggestion; "Our doctor referred us" or similar; and other comments. Some responses had two relevant codes.

RxPlay staff administer post-test surveys to parents over the phone after a child has completed an RxPlay course. To date, PP&R has conducted 35 post-test (administered after RxPlay participation) surveys. Sixteen of the 35 post-test respondents also completed a pre-test survey. The post-test survey included four questions and two opportunities for comment. Qualitative comments were translated from Spanish to English (if needed), coded as No comment or no response; "Thanks" or general appreciation; Appreciation for something specific/ something specific is helpful; Indication of positive perception/experience – general; Indication of positive perception/experience – specific; Indication of change in attitude about physical activity or behavior; Indication of negative perception/experience or improvement suggestion; and other comments. Some responses had two relevant codes.

Pre- and post-test surveys were administered in English or Spanish, and responses were recorded in individual Word documents. All pre- and post-test surveys were designed and administered by PP&R. Survey templates used by PP&R are included in Appendixes B and C. Analysis of survey data focuses on families' perceptions and experiences with PP&R and RxPlay before and after their participation in the program, as well as exercise habits of participating youth before and after participation.

Interviews

OPHI interviewed 5 RxPlay stakeholders before beginning data analysis. The purpose of the interviews was to provide OPHI with background information about RxPlay as well as different stakeholders' perspectives on program elements and evolution, and to generate discussion questions for the RxPlay Convening on January 15, 2016.³

RxPlay has evolved since its inception, with PP&R and partners securing grant funding and making strategic changes to the program in order to address barriers faced by participants, healthcare providers and program staff. Table 2 shows dates of key changes to the program that interview subjects indicated could be reflected in the data. Where relevant, these changes are included in tables and discussion of findings in the Findings section of this report.

³ The interview protocol is included in Appendix D. A summary of the RxPlay Convening is included in Appendix J.

**Table 2: Dates of key RxPlay program changes, 2011-2015**

2011-2012	2013	2014	2015
<ul style="list-style-type: none"> • Pilot study completed • RxPlay expands to include 23 recreation facilities and 24 clinics 	<ul style="list-style-type: none"> • January: NRPA grant funding begins • May: 1st RxPlay Specialist hired by PP&R • October: 1st RxPlay Specialist departs • October: Automatic RxPlay scholarships begin 	<ul style="list-style-type: none"> • January: 2nd RxPlay Specialist hired by PP&R • April: Feedback loop closed • September: RxPlay intern begins 	<ul style="list-style-type: none"> • January Innovation Fund Grant begins • July: RxPlay intern departs • August: 2nd RxPlay Specialist reduces hours

Findings

Prescription Spreadsheet

Key findings

- From 2012 to 2015, PP&R received 833 RxPlay prescriptions for 779 unique patients. These prescriptions produced 274 registrations in PP&R courses.
- Kaiser Permanente, OHSU and school-based health centers issued the majority of RxPlay prescriptions.
- From 2012 to 2015, 104 healthcare providers issued RxPlay prescriptions. Five Kaiser Permanente providers accounted for half the prescriptions.
- English and Spanish are the languages most commonly spoken by the families of youth who received RxPlay prescriptions.
- RxPlay serves some of Portland's more vulnerable residents and neighborhoods.
- Outreach calls are a crucial element of the RxPlay program, with almost half of registering families requiring three calls.
- Outreach calls depend on PP&R staff having protected time to make them.



Prescribing activity

Between 2012 and 2015, healthcare providers sent 833 RxPlay prescriptions to PP&R. These prescriptions were written for 779 unique individuals. Of the years included in this analysis, 2012 had the fewest prescriptions (127) and 2014 had the most (311), with over twice as many as 2012. PP&R received 211 prescriptions in the first eleven months of 2015, a 32% decrease from 2014 (see Figure 1).

Figure 1: Prescriptions received by PP&R by year, 2012-2015

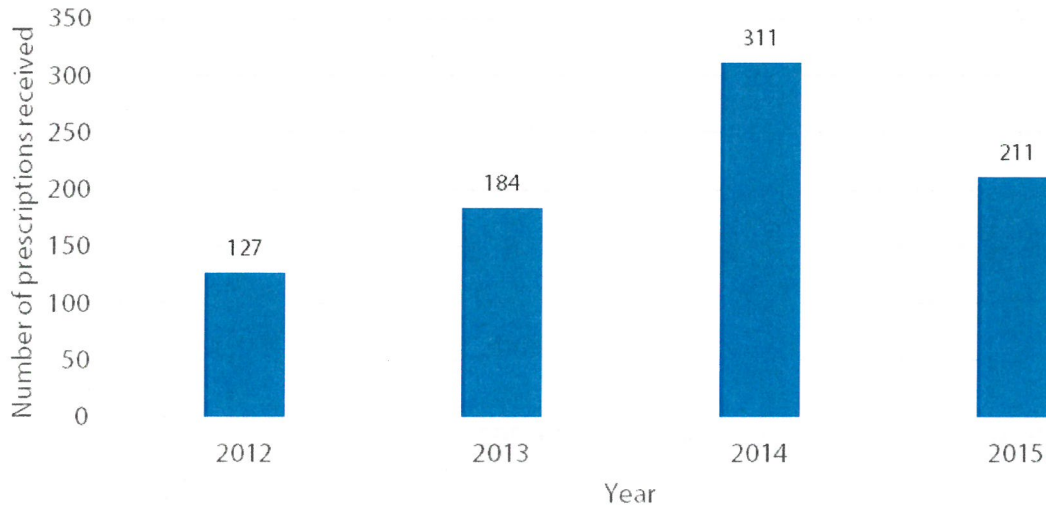


Figure 2 shows prescriptions received by month from 2012-2015. In all years, prescription activity varied considerably by month. Three patterns are visible: in 2013, 2014, and 2015, prescriptions increased between February and March. In 2012, 2013 and 2014, prescriptions increased between July and August. In 2012, 2013 and 2015, prescriptions decreased between October and November.⁴ Several factors may explain this variation, such as the seasonality of pediatric practice (e.g. sports physicals or Well Child visits occurring before the start of the school year) or onboarding of new providers and clinics.

In April 2014, a key program change (see Table 2) occurred: the second RxPlay Specialist "closed the feedback loop" with RxPlay healthcare providers by notifying them of the outcomes of prescriptions they had sent to PP&R (whether a referred family had registered for a course, declined to register, provided an incorrect phone number, etc.). It is possible that this communication change inspired healthcare providers to write more RxPlay prescriptions. In an interview included in this evaluation, a provider said, "I get emails telling me patients have signed up for classes. It is nice to put the work in and know that something happened."⁵

Figure 3 shows prescription activity for the Innovation Fund grant period (January 2015 to November 2015).

⁴ Figure 25 in Appendix E compares monthly prescription activity by year.

⁵ Detailed interview findings are included in Appendix G.



Figure 2: Prescriptions received by PP&R by month, 2012-2015

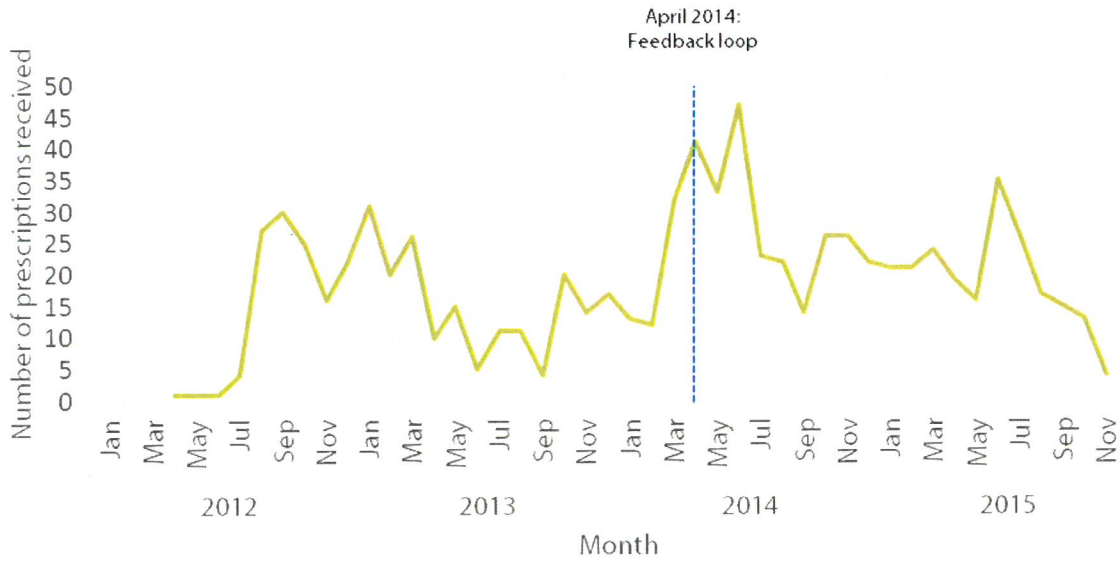
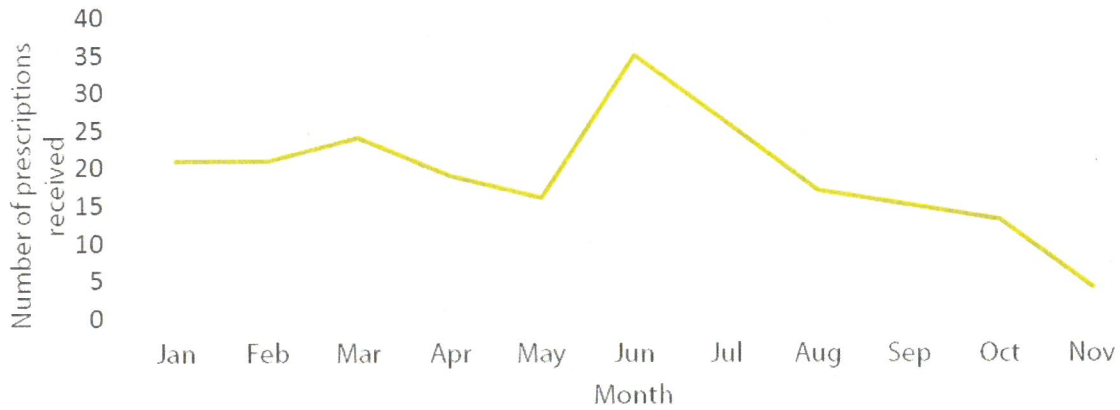


Figure 3: Prescriptions received by PP&R by month, 2015



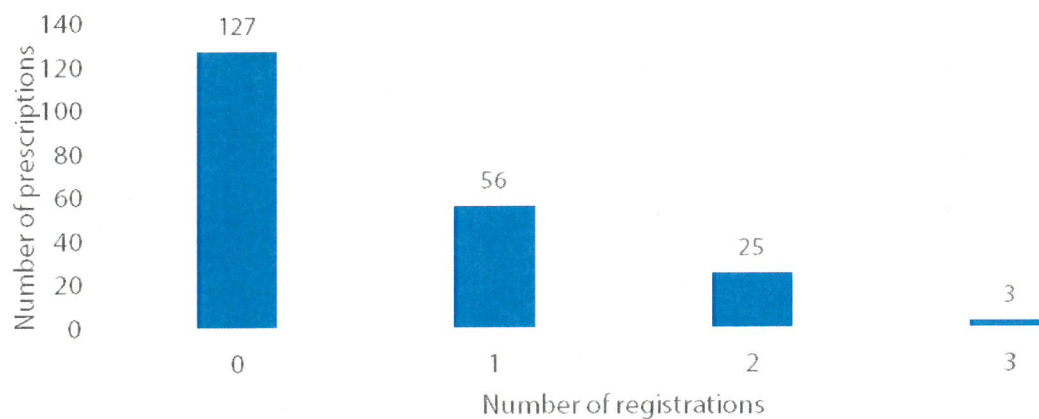


The Prescription Spreadsheet indicates how many registrations each prescription produced. From 2012-2015, 833 prescriptions were issued, and 274 (33%) produced at least one registration. Of the prescriptions that produced a registration, 179 (65%) produced one registration, 77 (28%) produced two registrations, 13 (5%) produced 3 registrations, and 4 (1%) produced 4 registrations.⁶ In 2015, 211 prescriptions were issued and 84 produced at least one registration. Of these 84 prescriptions, 67% produced one registration, 30% produced two registrations, and 4% produced three registrations. Figure 4 shows the number prescriptions that produced zero, one, two, three and four registrations from 2012 to 2015, and Figure 5 provides 2015-specific data.

Figure 4: Number of registrations produced by prescriptions, 2012-2015



Figure 5: Number of registrations produced by prescriptions, 2015



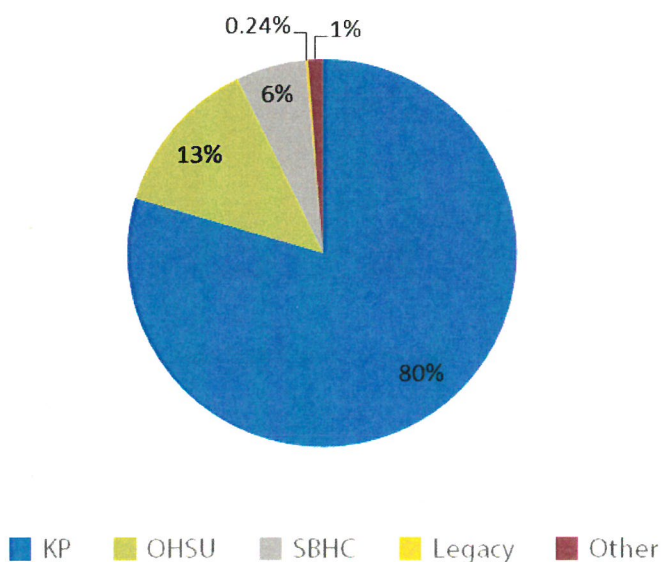
⁶ The Prescription Spreadsheet indicated that one prescription produced seven registrations. Given that RxPlay participants are limited to four RxPlay courses, this is likely an error.



Clinic and clinician participation

Prescription forms include the name of the referring clinic and provider, and this information is recorded in the Prescription Spreadsheet. Between 2012 and 2015, most RxPlay prescriptions came from Kaiser Permanente, OHSU, school-based health centers (SBHC) and Legacy. Figure 6 shows the distribution of prescriptions by health system from 2012 to 2015. Figure 7 shows the number of prescriptions each health system wrote each year from 2012 to 2015. With 664 prescriptions written between 2012 and 2015, Kaiser Permanente accounts for 80 percent of total RxPlay prescriptions⁷. OHSU clinics wrote 111 prescriptions, accounting for 13 percent of total prescriptions⁸. School-based health centers wrote 48 prescriptions, accounting for 6% of total prescriptions. Two prescriptions (.24%) came from Legacy, and twelve prescriptions came from other clinics, accounting for just over 1 percent of prescriptions.

Figure 6: Percentage of prescriptions by health system, 2012-2015

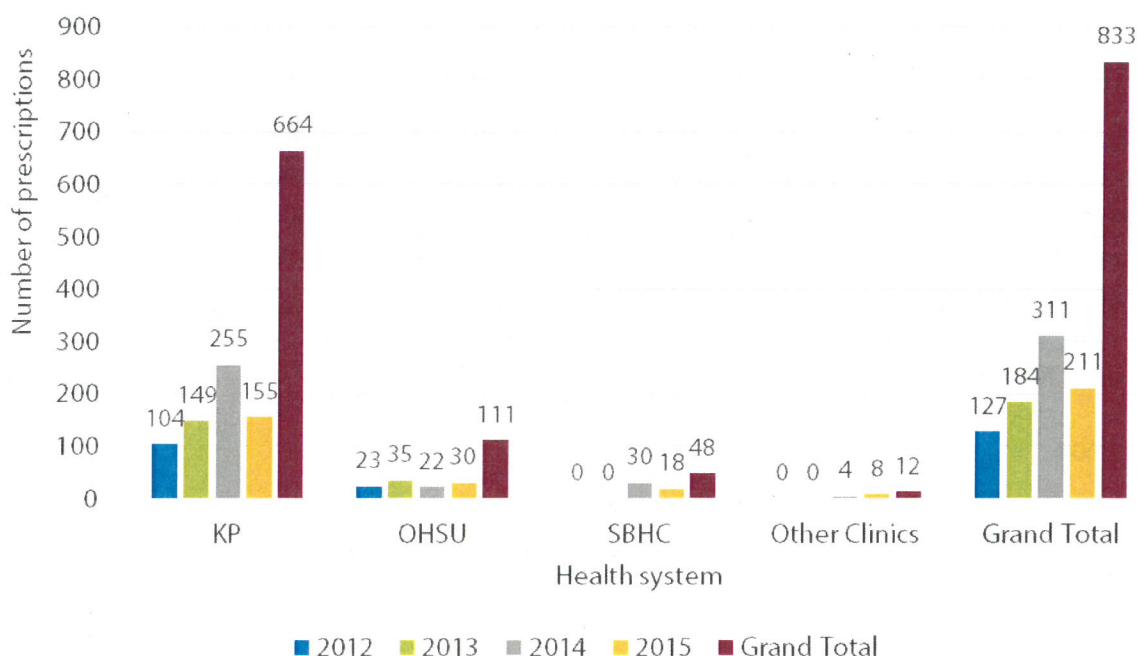


⁷ For Kaiser Permanente clinic-specific data, see Figure 26 in Appendix E.

⁸ For OHSU clinic-specific data, see Figure 27 in Appendix E.



Figure 7: Annual total prescriptions by health system, 2012-2015



Clinician participation

Of the 833 entries in the Prescription Spreadsheet, 732 included the name of the referring healthcare provider. These 732 prescriptions were written by 104 providers. Table 3 provides an overview of their prescribing activity. Ninety-one percent (87.5%) of providers wrote between 1 and 10 prescriptions, with 46 providers (44%) writing exactly one prescription.

Residents who rotate through participating clinics may account for many of the 91 providers who wrote ten or fewer prescriptions. Five Kaiser Permanente providers accounted for half of the 732 prescriptions for which a provider name was recorded, writing a total of 366 prescriptions.

Table 3: Overview of program use by healthcare providers

Number of prescriptions	Number of providers
1-10	91
11-20	6
21-30	2
41-50	3
71-80	1
151-160	1
Grand Total	104
Min. = 1; Max. =152; μ = 7; Median = 2	

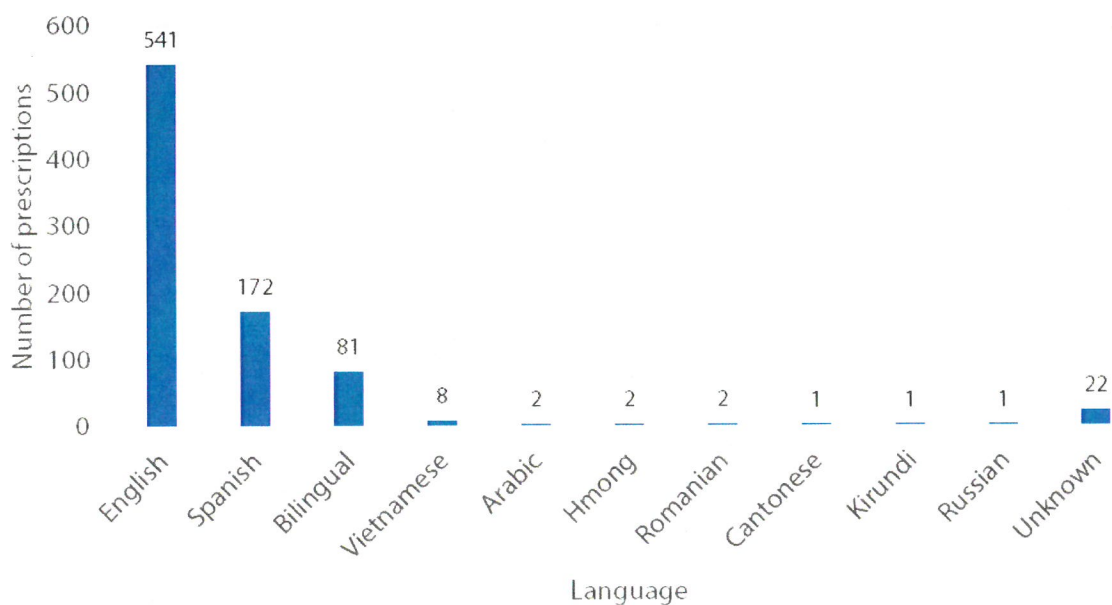


Participant characteristics

Prescription forms indicate the language the referred family speaks at home, and PP&R's RxPlay Specialists record this information in the Prescription Spreadsheet. Figure 8 shows the distribution of languages recorded on prescription forms between 2012 and 2015.

English-speaking families accounted for 65% of prescriptions and Spanish-speaking families accounted for 21%. Ten percent of families indicated they were bilingual, and either identified the languages they spoke⁹ or identified simply as "bilingual." Two percent of prescriptions (17) indicated the family spoke other languages, including Arabic, Hmong, Romanian, Cantonese, Kirundi and Russian. Twenty-two prescriptions did not include language information.

Figure 8: Number of prescriptions by language, 2012-2015



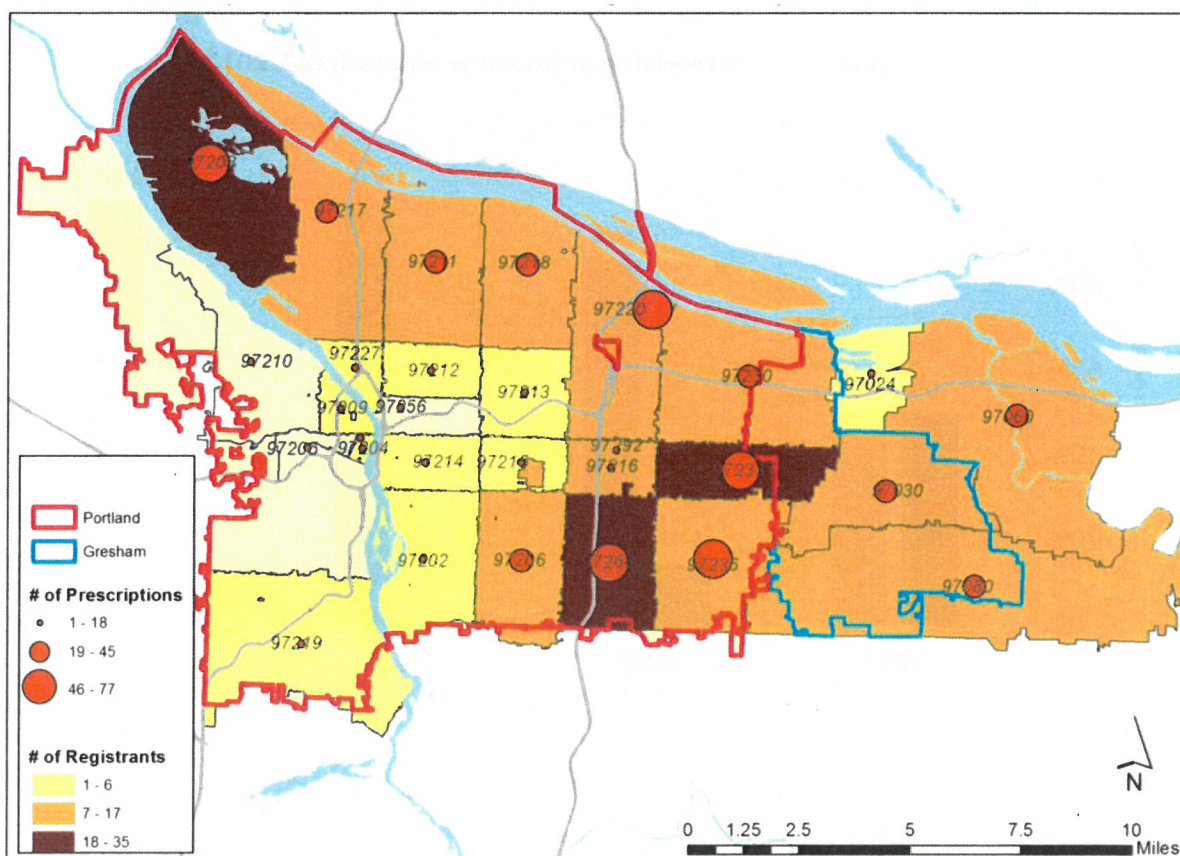
⁹ Bilingual families who reported speaking a language additional to English listed Bosnian, Cantonese, Creole, Hmong, Mai Mai, Russian, Spanish and Vietnamese.



Participant zip codes

As Figure 9 indicates, the zip codes with the greatest numbers of both prescriptions and registrants are in north and outer east Portland. Although this evaluation did not include a formal demographic analysis of this distribution, these parts of Portland are generally recognized as being relatively diverse, with relatively high proportions of low-income households. This geographic distribution, along with the language data above, suggests that RxPlay has been at least somewhat effective in serving some of Portland's more vulnerable residents and neighborhoods. Figure 9 also indicates that some prescriptions and registrations were for children living in communities east of Portland. The primary reason for this is that the service areas of participating clinics extend beyond Portland city boundaries.

Figure 9: RxPlay prescriptions and registrants by zip code, 2012-2015



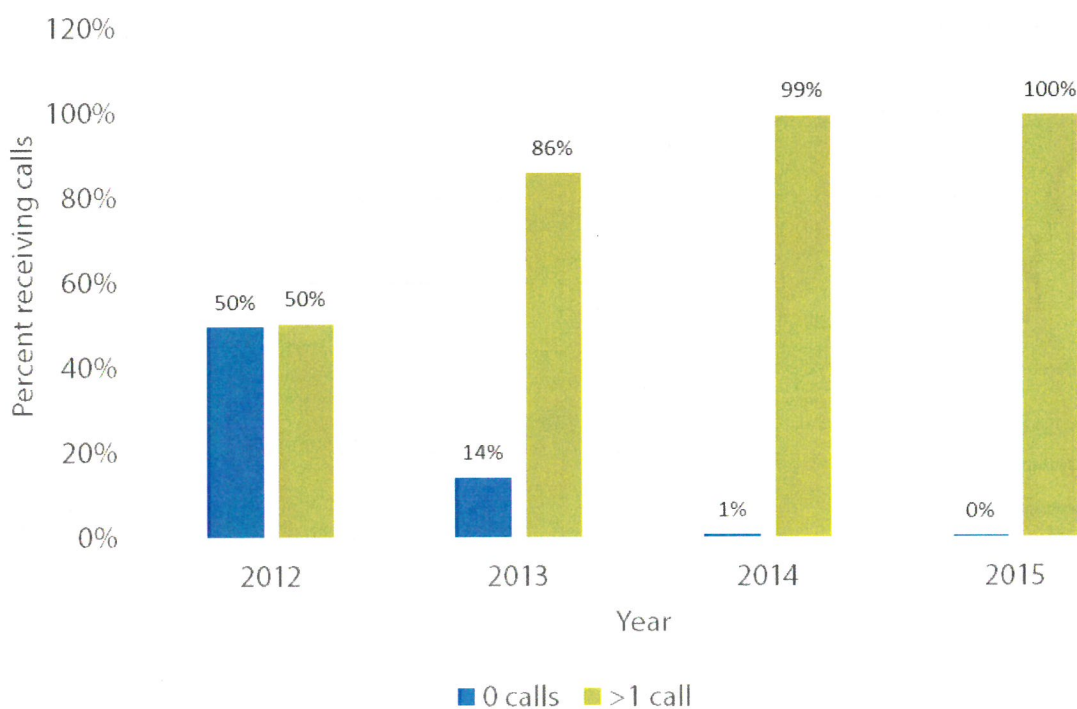


Process measures

When PP&R receives an RxPlay prescription from a healthcare provider, the RxPlay Specialist calls the referred child's parents to introduce them to PP&R and RxPlay and assist them in enrolling their child in a PP&R course. Figure 10 shows the percentage of prescriptions that received at least one outreach call.

In 2012, half the prescriptions received by PP&R received an outreach call and half did not. In 2013, the percentage of prescriptions that received a call increased by 36%. In 2014 and 2015, 99% and 100% of prescriptions received an outreach call. This improvement is correlated with the increase in PP&R staff capacity that occurred when the first RxPlay Specialist was hired in May of 2013. Before a dedicated RxPlay specialist was hired in May of 2013, other PP&R staff made outreach calls when they had time. This likely explains the lower outreach call numbers in 2012 and 2013.

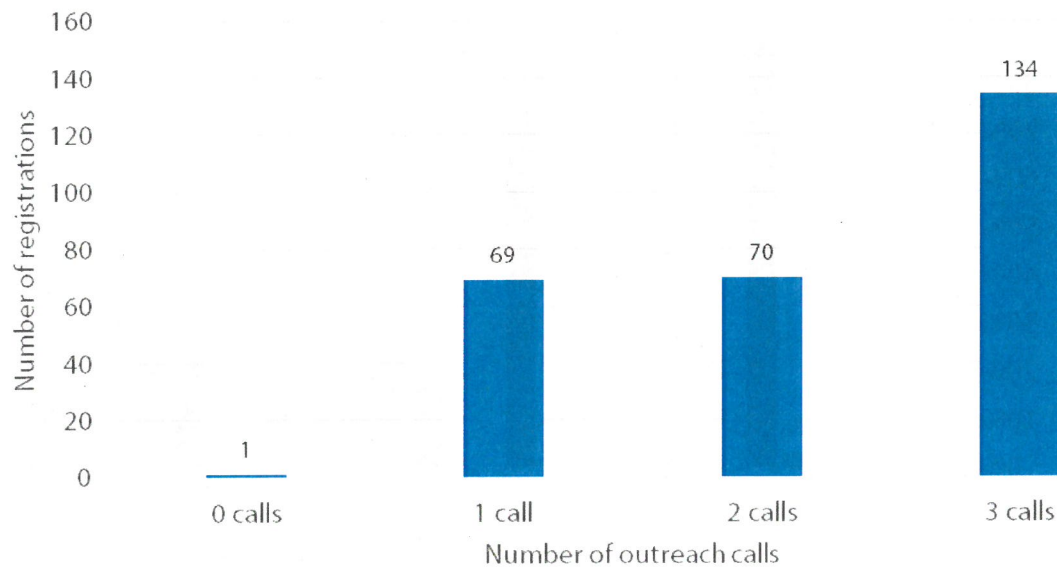
Figure 10: Percentage of prescriptions receiving at least one outreach call, 2012-2015





The RxPlay staff make up to three outreach calls to referred families, encouraging them to act on the RxPlay prescription and enroll in a PP&R course. Figure 11 shows the number of outreach calls first-time RxPlay registrants received. Of the 274 prescriptions that produced registrations from 2012 to 2015, 69 (25%) received one call, 70 (25.5%) received 2 calls, and 134 (49%) received three calls.¹⁰ Nearly half the families who registered a child for an RxPlay course did so only after receiving three outreach calls. This suggests that outreach calls are a crucial element of the RxPlay program, and that many families require repeated calls. By extension, staff time to make outreach calls is also crucial.

Figure 11: First-time registrations produced by outreach calls, 2012-2015



RxPlay staff endeavor to make outreach calls as soon as possible after receiving prescriptions, in order to contact the family while they still remember the conversation they had about RxPlay with their provider and are enthusiastic about participating.¹¹ Figure 12 shows the percentage of families who received an outreach call within 0-6, 7-13, 14-20, and 21-27 days, and over 27 days from 2012 to 2015. In 2012, 91% of outreach calls occurred more than 27 days after the prescription was written. In 2013, 78% of calls occurred more than 27 days after the prescription was written. In 2014, over half the referred families received outreach calls within 13 days after their prescriptions were written, with 20% receiving calls in under one week. In 2015, the percentage of families who received an outreach call within 13 days decreased to 45%.

The fluctuation in outreach call turnaround time is likely at least partially due to changes in RxPlay staff capacity: the first RxPlay Specialist worked from May 2013 to September 2013, and was the first PP&R staff with protected time for outreach calls. Turnaround time began to improve in 2013, when she was working. The second RxPlay specialist began working in January of 2014, and had the assistance of the RxPlay

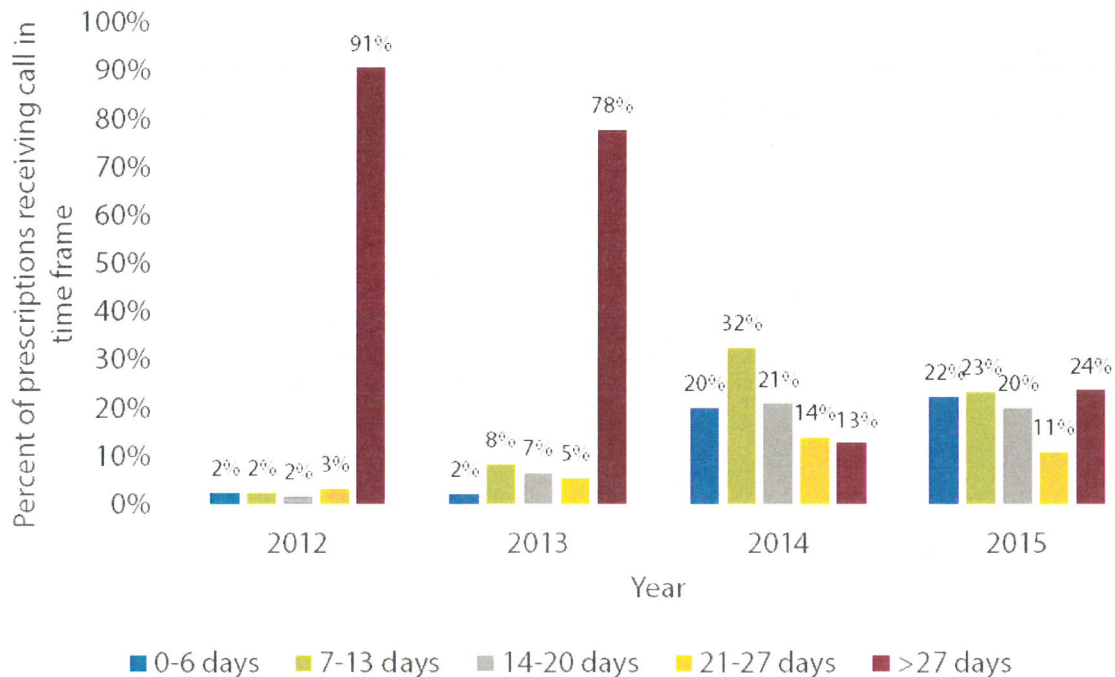
¹⁰ One registration was produced by 0 calls; this is likely a spreadsheet error.

¹¹ See Interview Themes section.



Intern beginning in September of that year. This is the point of highest RxPlay staff capacity, and also the year in which over half of families received an outreach call within 13 days. In July of 2015, the RxPlay Intern departed, and the RxPlay Specialist decreased his hours one month later. This loss of capacity could contribute to the increase in the percentage of families who waited two weeks or longer for an outreach call. This finding suggests that protected staff time is important to ensuring families receive an outreach call while they are still interested in participating in RxPlay.

Figure 12: Time between prescription and first outreach call by year, 2012-2015



Monthly Registration Reports

Key findings

- From February 2014 to December 2015, RxPlay monthly capture ranged from 25% to 120%.
- Program capture was highest during the period of highest RxPlay staff capacity (September 2014 to July 2015).

Since February of 2014, PP&R has compiled monthly reports of prescriptions and registrations, and used these numbers to calculate program "capture." This report uses PP&R's definition of "capture": the proportion of first-time registrations that occur in a given month to prescriptions that are issued in the same month.¹² Figure 13 shows both the number of prescriptions received and capture by month from February 2014 to December 2015, as well as key program changes during that period.¹³ From 2014-2015,

¹² PP&R monthly registration data reports aggregate results only, and does not indicate when a specific individual registered for a course.

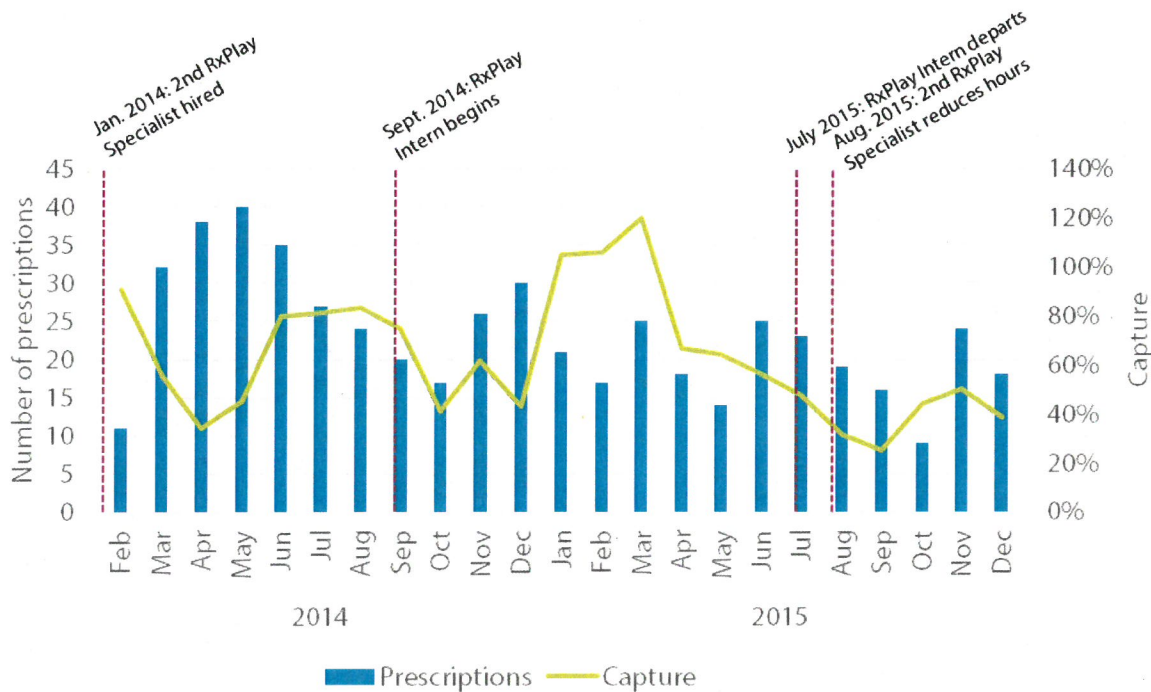
¹³ A table of monthly capture is included in Appendix F.



monthly capture ranged from 25% (September 2015) to 120% (March 2015). Average monthly capture in both years was 63%.

From January to March of 2015, capture exceeded 100%. There are two explanations for this: first, there is a time lag between prescription and registration—some prescriptions did not produce registrations until the following month. Second, the monthly registration reports counted registrations of participants who did not receive a prescription, usually because they were siblings of participants who did receive a prescription. These high capture rates occurred when staff capacity was at its highest—when both the second RxPlay Specialist and RxPlay Intern were calling referred families and registering participants for courses.

Figure 13: Program capture by month, 2014-2015

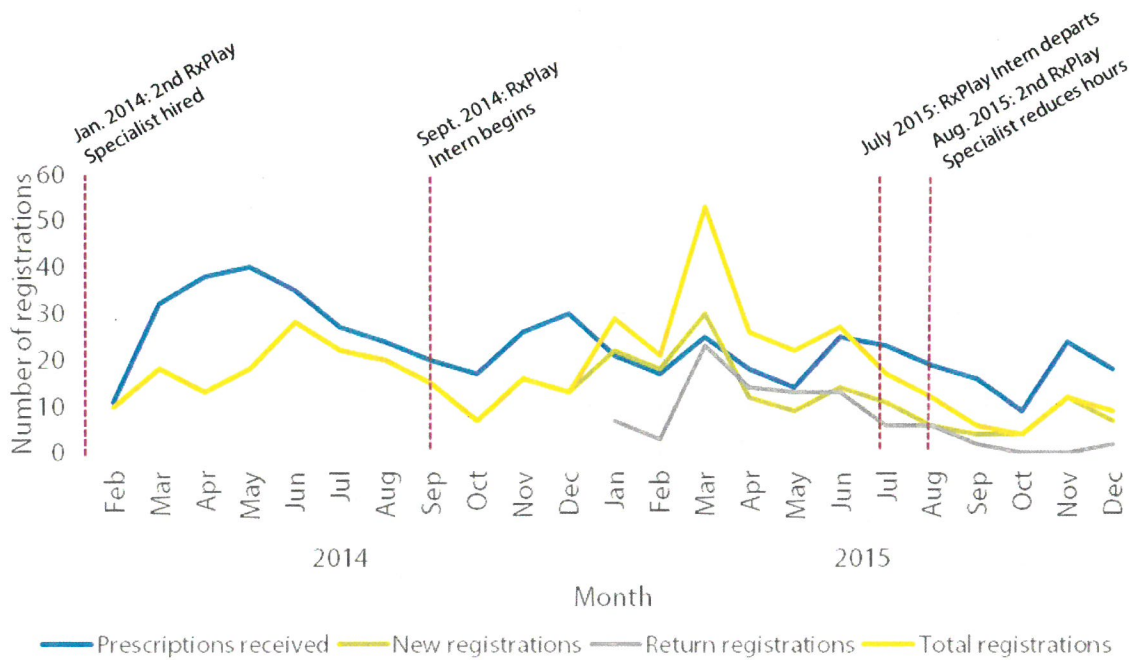




From February 2014 to December 2014, PP&R did not distinguish between "new" registrations (first-time RxPlay course registrations) and "return" registrations (registrations for a second, third or fourth RxPlay course) in the monthly registration data. Beginning in January 2015, new registrations were distinguished from return registrations. Figure 14 shows monthly registration activity from 2014 to 2015, distinguishing between new and return registrations beginning in January 2015.¹⁴

Both new and return registrations require PP&R staff time, as participants must be contacted after completing one RxPlay course to be prompted to register for a subsequent course. As indicated by the "Total registrations" line, total registrations were highest during the period of highest RxPlay staff capacity (September 2014-July 2015), when two staff were available to help families register for courses.

Figure 14: Prescriptions and new, return, and total registrations, 2014-2015



¹⁴ A table of monthly new, return and total registrations and program capture is included in Appendix F.



Survey Results

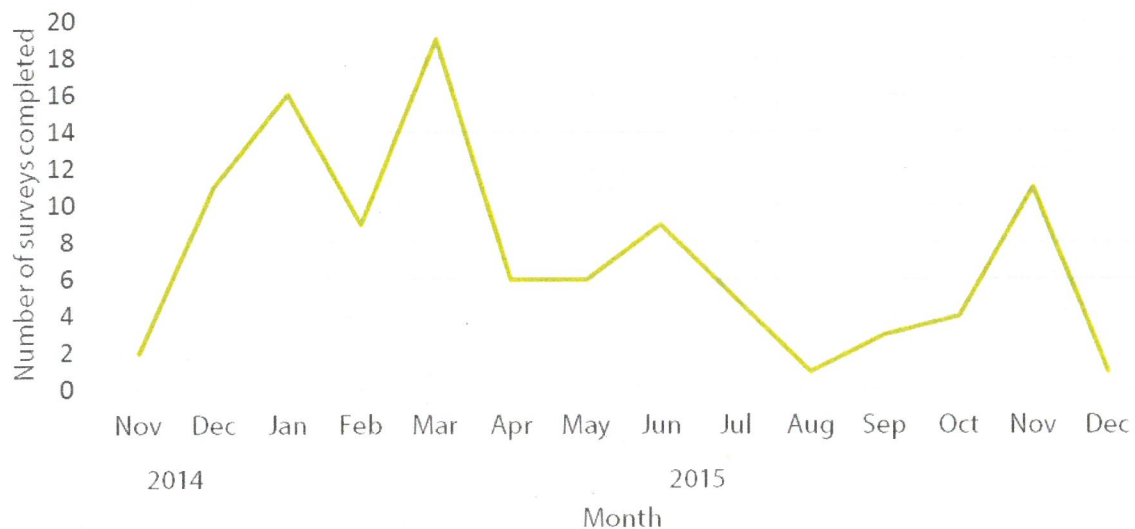
Key findings

- PP&R administered 103 pre-test and 35 post-test surveys from November 2014 to December 2015.
- Sixty-one percent of pre-test respondents indicated that their child had never taken a PP&R course before participating in RxPlay.
- RxPlay participants had a broad range of physical activity levels before and after participating in RxPlay courses, ranging from one to seven days per week of moderate- or vigorous-intensity physical activity.
- After completing a PP&R course through RxPlay, all participants indicated they had "good" or "very good" experiences with PP&R, and the vast majority (94%) said they had "good" or "very good" experiences with the RxPlay program.

Pre-test surveys

Between November 2014 and November 2015, PP&R administered 103 pre-test (before RxPlay participation) surveys to parents of RxPlay participants. PP&R administered 65 pre-test surveys in English and 38 pre-test surveys in Spanish. The pre-test survey includes three questions and two opportunities to comment. Figure 15 shows survey activity from November 2014 to December 2015.

Figure 15: Pre-test surveys completed, 2014-2015





RxPlay surveys are intended to be administered to all parents when they register their child for their first RxPlay course. However, comparing pre-test survey dates to the monthly reports of new registrations shows that the percentage of registering families who were surveyed fluctuated from 13% in November 2014 to 100% in October 2015 (see Table 4: Completed surveys vs. new registrations, 2014-2015). At the January 2016 RxPlay Convening, the RxPlay Specialist pointed out that registration phone calls often last 30 or 40 minutes, and that some families decline to be surveyed after such a long conversation. This may contribute to the fluctuation in the rate of first-time registrants who are surveyed.

Table 4: Completed surveys vs. new registrations, 2014-2015

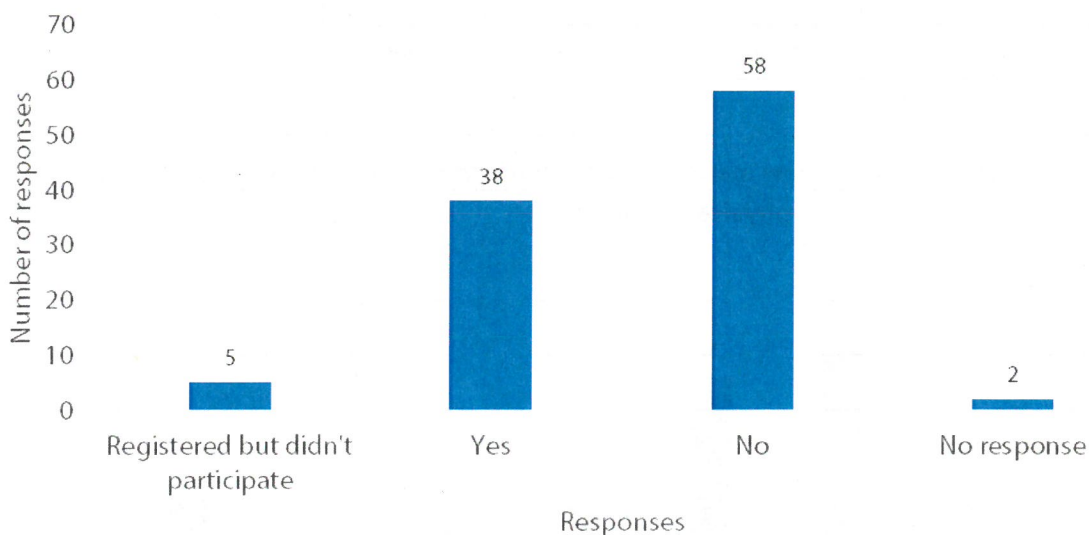
Month	Surveys	New reg.	% registrants surveyed
Nov 2014	2	16	13%
Dec 2014	11	13	85%
Jan 2015	16	22	73%
Feb 2015	9	18	50%
Mar 2015	19	30	63%
Apr 2015	6	12	50%
May 2015	6	9	67%
Jun 2015	9	14	64%
Jul 2015	5	11	45%
Aug 2015	1	6	17%
Sep 2015	3	4	75%
Oct 2015	4	4	100%
Nov 2015	11	12	92%
Dec 2015	1	7	14%
Grand Total	103	178	58%



Pre-test Question 1: Has your child ever participated in a recreation course with Portland Parks & Recreation before now?

Most respondents (61%) indicated that their child had never participated in a PP&R course before being referred to RxPlay, with 58 indicating their child had never registered and 5 indicating their child had registered for a course but did not participate in it. Thirty-seven percent of respondents indicated that their child had previously taken a PP&R course. This suggests that RxPlay is bringing new families to PP&R.

Figure 16: Has your child participated in a recreation course with Portland Parks & Recreation before now?

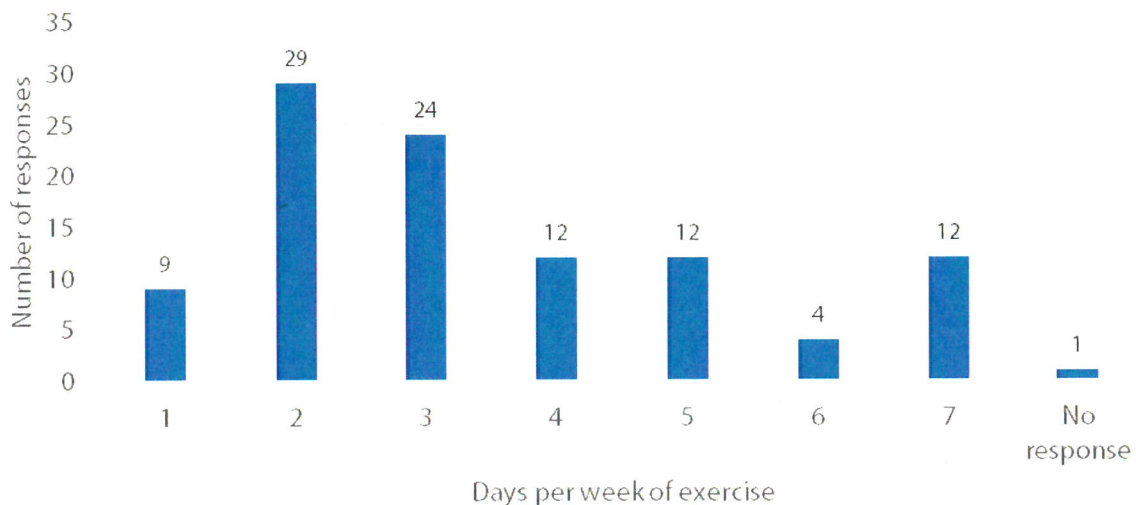




Pre-test Question 2: In a typical week, how many days does your child engage in moderate-intensity or vigorous-intensity physical activity?

The U.S. Department of Health and Human Services recommends that children and adolescents do at least one hour of physical activity daily, and that most of that hour be moderate- or vigorous-intensity physical activity.¹⁵ Just over 11 percent of respondents indicated that their child did moderate- or vigorous-intensity physical activity every day¹⁶ before participating in an RxPlay course. Sixty percent of respondents indicated their child did fewer than 3 days of moderate- or vigorous-intensity physical activity per week, and 27% indicated their child did between 4 and 6 days of moderate- or physical-intensity exercise per week. The average was 3.4 days and the median was 3 days. The variation in number of days of exercise before RxPlay participation suggests that the physical activity levels of RxPlay participants are diverse, but that most participants do less than half the recommended amount of physical activity in a typical week.

Figure 17: In a typical week, how many days does your child engage in moderate-intensity or vigorous-intensity physical activity?



¹⁵ U.S. Department of Health and Human Services. (2008). *Physical Activity Guidelines for Americans*. Washington, DC: U.S. Department of Health and Human Services.

¹⁶ Survey responses do not indicate number of minutes exercised per day.

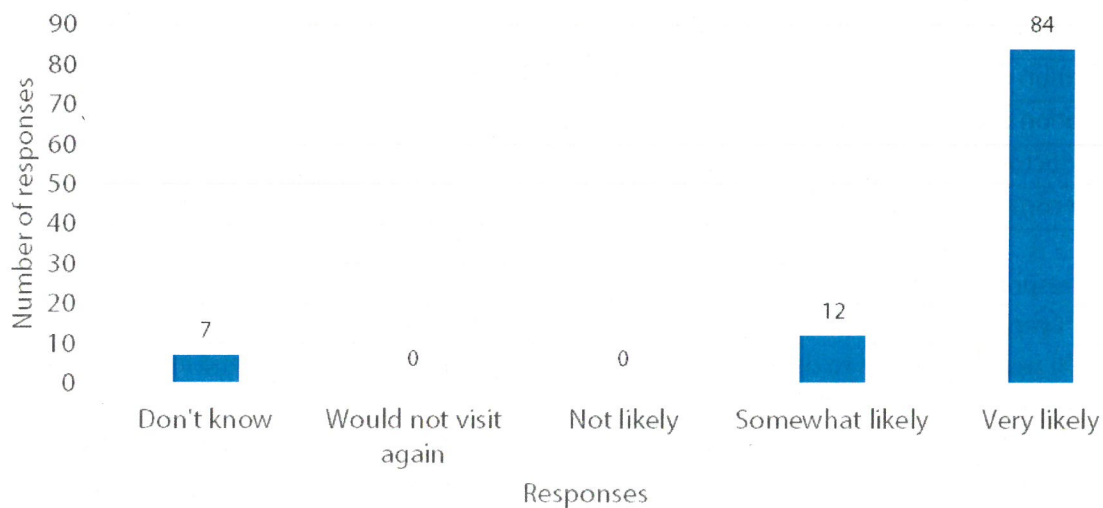


Pre-test Question 3: Would you recommend a Portland Parks & Recreation course to a friend?

Eighty-one percent of respondents indicated that they would be "very likely" to recommend a Portland Parks & Recreation course to a friend. Twelve percent indicated they would be "somewhat likely" to do so. Seven percent of respondents said they didn't know if they would recommend a PP&R course to a friend. No respondents said they would be "not likely" to recommend a PP&R course to a friend, and zero said they "would not visit again."

Of the 84 people who indicated they would be "very likely" to recommend a Portland Parks & Recreation course to a friend, 48 indicated their child had never taken a PP&R course before on Pre-test Question 1. This inconsistency raises some questions. Did some parents have prior experience with PP&R courses, even though the child registering for RxPlay had not taken a course before? Was the existence of the RxPlay program and the quality of the outreach call enough to lead them to indicate that they would recommend PP&R to a friend?

Figure 18: Would you recommend a Portland Parks & Recreation course to a friend?





Pre-test Question 4: Please share any other comments you have about your experience with Portland Parks & Recreation.

Six respondents (6%) expressed general appreciation or appreciation for something specific. Twenty respondents (19%) mentioned a general or specific positive perception of or experience with PP&R, and one respondent indicated a prior negative experience. Four respondents said either "our doctor referred us," or provided a comment that did not fit into the included categories. Seventy-two respondents (70%) did not provide any comment about their experience with Portland Parks & Recreation on the pre-test survey.

Table 5: Summary of responses to "Please share any other comments you have about your experience with Portland Parks & Recreation."

Response description	Responses
No comment or no response	72
"Thanks" or general appreciation	1
Appreciation for something specific/ something specific is helpful	5
Indication of positive perception/experience - general	12
Indication of positive perception/experience - specific	8
Indication of negative perception/experience or improvement suggestion	1
"Our doctor referred us"	2
Other comment	2

Sample responses to Pre-test Question 4:

- "I very much appreciate the scholarships available at the centers."
- "It really helps kids to do fun things like swimming. I also took them to read in the summer. He/she has changed a lot in the last year."
- "When I first was trying to find out information on how to get my son in class, I got no help at all. It would be more helpful if the staff would assist the community with information."

For all specific responses to Pre-test Question 4, see Appendix H.



Pre-test question 5: Please share any other comments you have about your experience with the RxPlay program.

Seventeen respondents (16%) expressed general appreciation or appreciation for something specific. Twenty-three (22%) indicated a general or specific positive experience with or perception of the RxPlay program, and 4 (4%) indicated a negative experience or provided an improvement suggestion. Four respondents said either "our doctor referred us," or provided a comment that did not fit into the included categories. Fifty-three respondents (51%) did not provide any comment about their experience with RxPlay on the pre-test survey.

Table 6: Summary of responses to "Please share any other comments you have about your experience with the RxPlay program."

Response description	Responses
No comment or no response	53
"Thanks" or general appreciation	6
Appreciation for something specific/ something specific is helpful	11
Indication of positive perception/experience - general	11
Indication of positive perception/experience - specific	12
Indication of negative perception/experience or improvement suggestion	4
Our doctor referred us	3
Other comment	1

Sample responses to Pre-test Question 5:

- I really appreciate the "prescription" for play. It helps get my kids active in a fun way, and because it covers the cost of the classes it gives them access to opportunities they wouldn't otherwise be exposed to. It's a great program. Thank you!
- It's been hard finding something that works with my work schedule, her abilities (or lack of), and that is in her age range. But boy did they give it their all to find something for her, even as far as getting permission for her to join a group that is not in her age group but has what she needs. I think this program is a wonderful idea and I'm glad that you all started this! Thank you for all your hard work it is very appreciated!
- Waiting to see better communication this time.

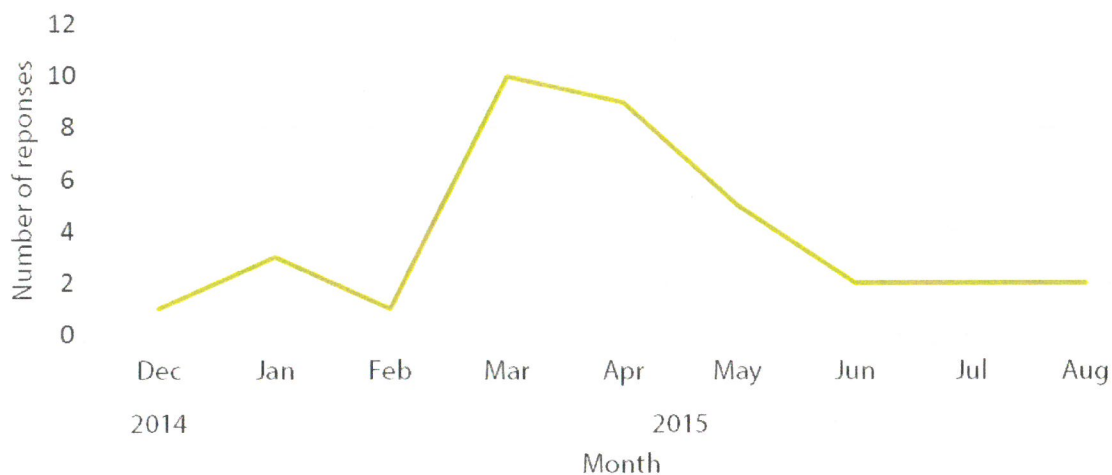
For all specific responses to Pre-test Question 5, see Appendix H.



Post-test surveys

Between January 2015 and November 2015, RxPlay administered 35 post-test (after RxPlay participation) surveys to parents of RxPlay participants¹⁷. PP&R administered 15 post-test surveys in English and 20 in Spanish. The survey includes four questions and two opportunities to comment. Figure 19 shows survey activity from November 2014 to December 2015.

Figure 19: Post-test surveys completed, 2014-2015



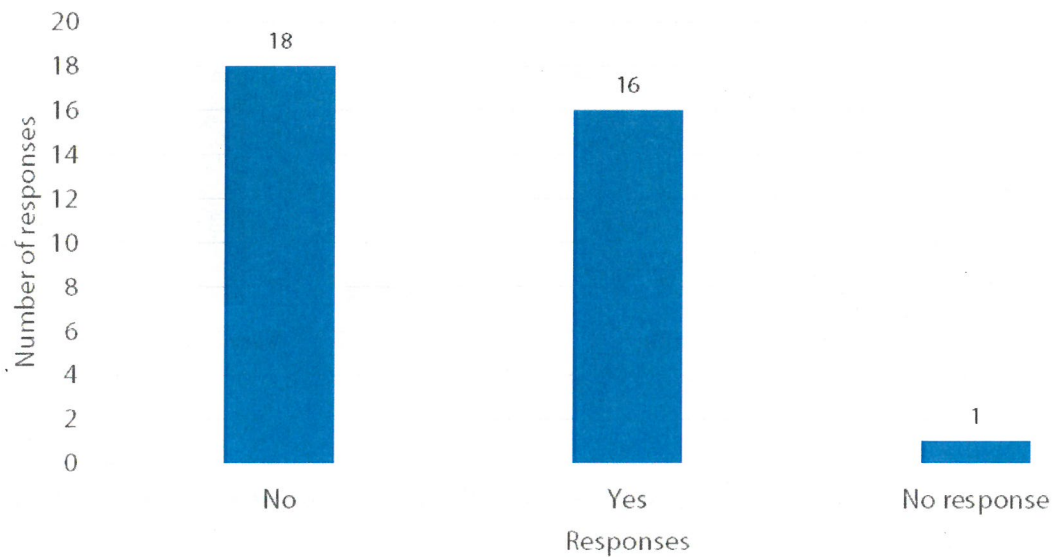
¹⁷ Not all post-test survey respondents took the pre-test survey.



Post-test Question 1: Has your child ever previously participated in a recreation program with Portland Parks & Recreation before this course that was just taken through RxPlay?

Eighteen respondents (51%) indicated that their child had never taken a course through PP&R before participating in RxPlay. Sixteen respondents (45%) indicated that their child had taken a PP&R course before.

Figure 20: Has your child ever previously participated in a recreation program with Portland Parks & Recreation before this course that was just taken through RxPlay?

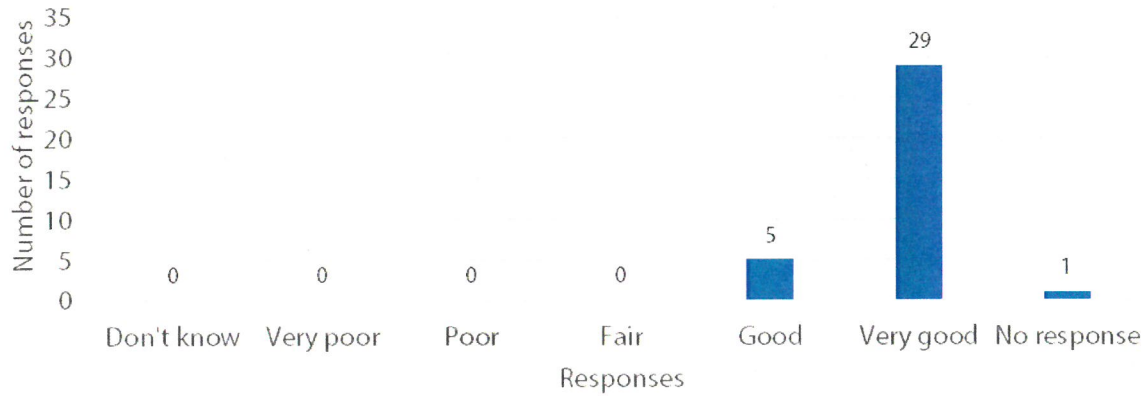




Post-test question 2: How would you rate the overall quality of your experience with Portland Parks & Recreation?

Thirty-four respondents indicated they had a "good" or "very good" experience with PP&R. No respondents described their experience with PP&R as "very poor," "poor," or "fair." One respondent did not answer this question.

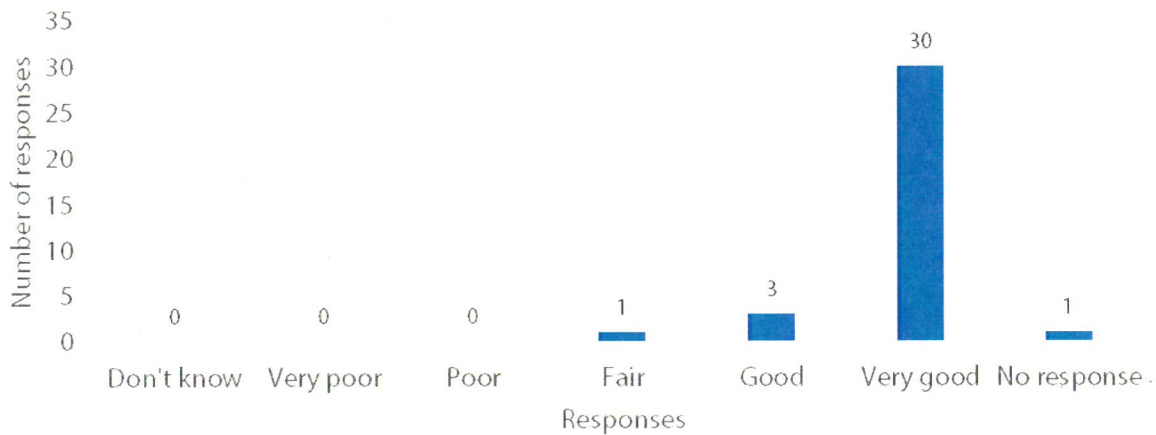
Figure 21: How would you rate the overall quality of your experience with Portland Parks & Recreation?



Post-test Question 3: How would you rate the overall quality of your experience with the RxPlay program?

Thirty-three respondents (94%) reported their experience with the RxPlay program was "good" or "very good." One respondent reported a "fair" experience. One respondent did not answer this question.

Figure 22: How would you rate the overall quality of your experience with the RxPlay program?

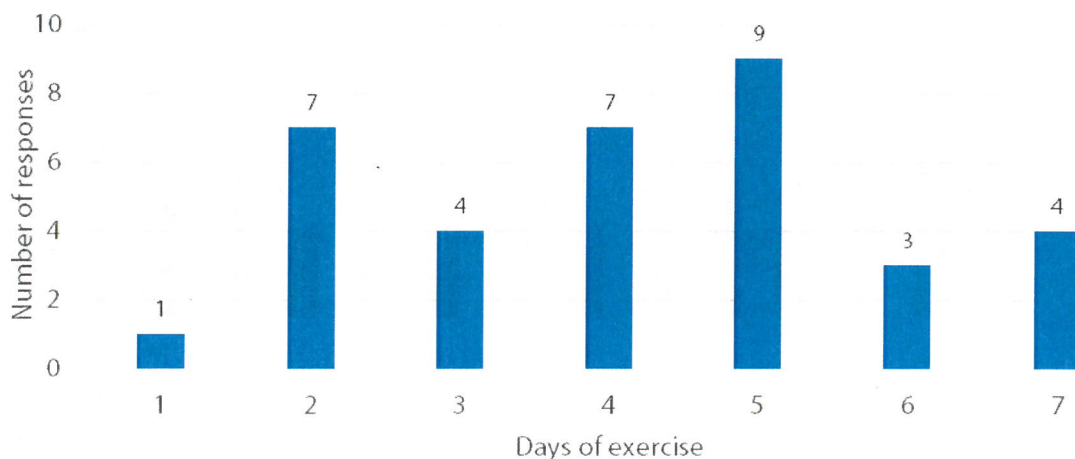




Post-test Question 4: In a typical week, how many days does your child engage in moderate- or vigorous-intensity physical activity?

Four respondents (11%) indicated that after completing an RxPlay course, their child did moderate- or vigorous-intensity physical activity daily in a typical week. Nineteen respondents (54%) reported that their child did between four and six days of moderate- or vigorous-intensity physical activity, and twelve (34%) reported their child did three or fewer days of moderate- or vigorous-intensity physical activity in a typical week. The average number of days of moderate- or vigorous-intensity physical activity was 4.2 days and the median was 4 days.

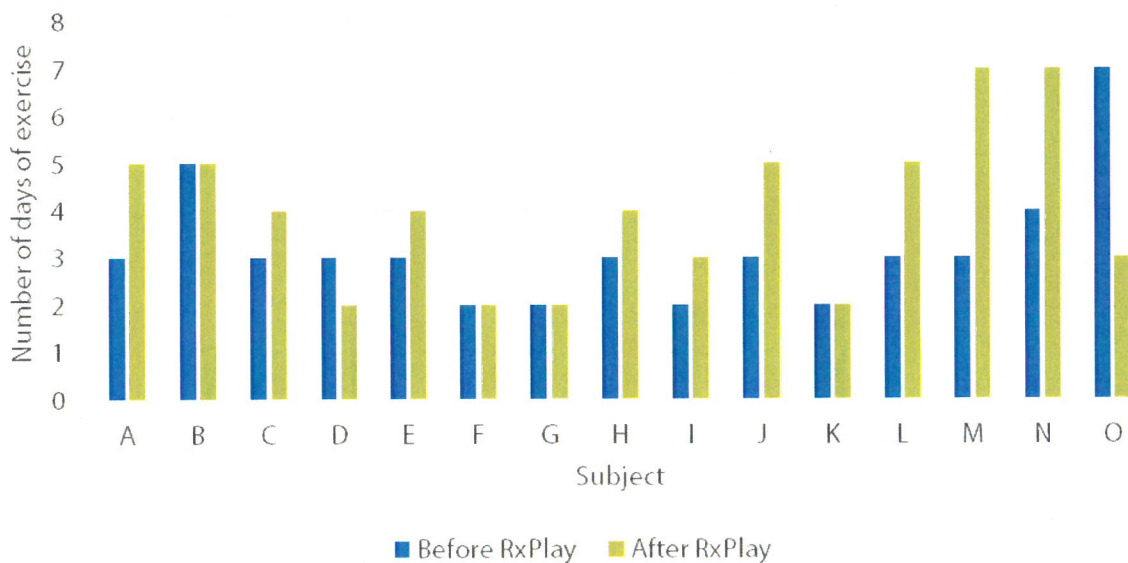
Figure 23: In a typical week, how many days does your child engage in moderate- or vigorous-intensity physical activity?





Fifteen respondents answered "In a typical week, how many days does your child engage in moderate- or vigorous-intensity physical activity" in both the pre-test and post-test surveys. Figure 24 shows these fifteen respondents' pre- and post-test responses, presenting individual change in number of days of exercise. Nine respondents reported more days of exercise in a typical week after RxPlay participation. Four reported fewer days of exercise. Three respondents reported the same number of days of exercise before and after participating in RxPlay. The average change was an increase of .8 days of exercise, and the median was an increase of one day. The greatest increase in number of days of exercise was four days; the greatest decrease was also four days.

Figure 24: Individual change in days of physical activity





Post-test Question 5: Please share any other comments you have about your experience with Portland Parks and Recreation.

Three respondents expressed thanks or general appreciation for PP&R, and 6 indicated a general or specific perception of or experience with PP&R. Four comments suggested a physical activity behavior change or attitude change as a result of engagement with PP&R. No respondents reported a negative experience or provided an improvement instruction, and two provided other comments. Twenty-one of the 35 respondents had no comment or did not respond.

Table 7: Summary of responses to Post-test Question 5

Response	Responses
No comment or no response	21
"Thanks" or general appreciation	3
Appreciation for something specific/ something specific is helpful	0
Indication of positive perception/experience - general	2
Indication of positive perception/experience - specific	4
Indication of change in attitude about physical activity or behavior	4
Indication of negative perception/experience or improvement suggestion	0
Other comment	2

Sample responses to Post-test Question 5:

- "Very inclusive. Kids feel comfortable although they may be beginners at dancing."
- "I really like it. They have many activities that are good for kids, that help them develop physically and mentally, too. And the kids like it, too."
- "Alma was really uncomfortable but instructors at Columbia Pool made her much more comfortable."

For all responses to Post-test Question 5, please see Appendix I.



Post-test Question 6: Please share any other comments you have about your experience with the RxPlay program.

Ten respondents expressed thanks or appreciation for RxPlay in general or for something specific. Thirteen respondents reported a general or specific perception of or experience with RxPlay. Five respondents suggested RxPlay resulted in change in attitude about physical activity or a behavior change. Eleven respondents had no comment or did not answer this question.

Table 8: Summary of responses to Post-test Question 6

Response description	Responses
No comment or no response	11
"Thanks" or general appreciation	5
Appreciation for something specific/ something specific is helpful	5
Indication of positive perception/experience - general	4
Indication of positive perception/experience - specific	9
Indication of change in attitude about physical activity or behavior	5
Indication of negative perception/experience or improvement suggestion	0
Other comment	0

Sample responses to Post-test Question 6:

- The money for things like this is always gobbled up so it's great to have programs like this one.
- He/she lost 10 pounds. Thank you for helping us!
- At home the level of activity hasn't changed but when she's in the class she's super active the entire time. I am thankful for the program because money has been tight so being able to get her into these classes has been a relief because her neighborhood isn't a place where she feels safe playing.

For all responses to Post-test Question 6, please see Appendix I.



Interview themes

OPHI conducted five interviews with RxPlay staff and stakeholders before beginning data analysis. The purpose of the interviews was to ground the OPHI evaluation team in RxPlay, provide framing for data analysis findings, and generate potential discussion questions for the RxPlay Convening on January 15, 2016. Interview subjects included a physician who refers patients to RxPlay, the current RxPlay Specialist, the RxPlay Project Manager, and two individuals who have been involved in RxPlay since the inception of the program. The following is a summary of selected interview findings. For a detailed report of findings, see Appendix G.

Why are you involved in RxPlay?

Interviewees personally believe in RxPlay and consider it an important tool in combatting the childhood obesity epidemic. They appreciate that RxPlay focuses on what *to* do, rather than what *not* to do, allows patients to act on providers' advice to become more physically active, and gives parks and recreation departments credibility as a health improvement resource. In addition to this individual buy-in, RxPlay aligns with the mission and goals of their organizations. "We all have the same goals for kids," said one interviewee.

What have been the greatest successes of RxPlay?

All interviewees mentioned the reduction in time between a prescription and PP&R's first outreach call to families as a major program success, and attribute this to the hiring and work of the RxPlay Specialists. Some interviewees cited the breadth of partnerships and families' success stories as important successes, as well as the ongoing data collection effort. The healthcare provider noted that while she hasn't seen dramatic weight loss in patients referred to RxPlay, she has seen improved self-esteem and some weight stabilization, "which is sometimes half the battle." Two interviewees pointed out that the number of referrals is a program success, because each of the prescriptions represents a conversation between a patient and provider focused on increasing physical activity and engaging with PP&R.

What challenges has RxPlay faced?

Three interviewees mentioned that securing sustainable funding for the RxPlay program has been an ongoing challenge. While some health systems have "bought in" to RxPlay at the clinic level (i.e. providers are referring their patients to RxPlay), none have committed to funding the program in the future. Two interviewees said that more RxPlay staff are needed at PP&R, in order to further decrease the lag time between prescription and first outreach call, and to help ensure that families take second, third and fourth RxPlay courses and transition to registering independently when they have exhausted RxPlay scholarship funds. Four interviewees mentioned boundary issues as a challenge—referred patients don't always live within Portland boundaries, but neighboring cities' recreation systems have different infrastructure and fewer facilities, which means the Portland RxPlay program cannot be exactly replicated in those communities.

HIPAA has also presented challenges in sharing patient information between PP&R and providers. One interviewee noted that the goal of the RxPlay pilot study was to generate data that would allow for the creation of an evidence-based RxPlay program, but HIPAA requirements made collecting biomarkers too complicated. Another interviewee noted that HIPAA concerns also impacted survey design, because PP&R



staff wanted to avoid asking questions that could elicit private health information. As a result, the survey questions are very general.

What changes made to the RxPlay program over the years have made a difference?

The Portland RxPlay program has evolved over time, expanding its reach and making program changes to overcome barriers faced by families and stakeholders. All interviewees mentioned that creating a feedback loop with referring providers has been an important change. One interviewee said, "If that kind of communication isn't there, it's a death sentence, because there's no feedback to physicians. They don't know if what they're spending their time on is beneficial."

Several interviewees cited hiring a bilingual RxPlay specialist as an important program change, and noted that this change is reflected in the prescription and capture data. Interviewees said that when PP&R hired the RxPlay Specialist, the time between prescription and the first outreach call decreased significantly. One interviewee noted that a faster turnaround helps families connect the outreach call to the important conversation they had with their provider and engages them while they are still enthused about joining RxPlay.

Should RxPlay be replicated in other communities?

All of the interviewees indicated that they believed RxPlay should be replicated in other communities and one cited this as the "ultimate goal" of the program.

What barriers do families face to successfully engaging in RxPlay?

Interviewees cited level of integration in the community, cultural barriers, income level, language, and transportation as barriers families face in engaging with RxPlay.

What additional data should RxPlay collect?

Interviewees suggested the following data could be helpful in the future: behavior change data; continued participation in recreation courses after RxPlay scholarships are exhausted; proportion of families requiring scholarships; bio markers; race/ethnicity; income level; course attendance; movement on the "readiness scale"; weight loss; weight stabilization; improvement in school performance; and pre-diabetes indicators. Two interviewees mentioned that collecting data from a sample of participants over time could be helpful in understanding the impact of RxPlay.

What other partners should be recruited to RxPlay?

All of the interviewees suggested that additional funders need to join the RxPlay effort in order for it to continue. They also said that involving other recreation systems is key to engaging families who live outside the Portland city boundaries. One interviewee mentioned that creating options for children under age 6 and youth over age 12 would be helpful, such as gym memberships for teenagers. She also suggested that outdoor-focused recreation programs such as rock gyms and Portland Trackers could be appropriate partners. One interviewee suggested that Nike and other sports retailers could provide sports equipment to centers and clothing to families.



Limitations

Data sources: As the RxPlay program has evolved over the last four years, different PP&R staff and partners have contributed to data collection and managed the copious RxPlay data. PP&R also experimented with collecting different data during that time, adding and removing fields as the program evolved. As a result, some data fields in the Prescription Spreadsheet (clinician name and fields tracking outreach calls) from 2012 and 2013 are missing data. In 2014 and 2015, data collection improved—likely because of consistency in RxPlay staff.

User experience information: This evaluation's analysis is limited to the data collected by PP&R between 2012 and 2015. Funding and time limitations precluded OPHI from collecting additional data. Other than the surveys administered by PP&R, this evaluation does not include data describing the RxPlay user experience (i.e. the perspective of RxPlay participants and parents). Surveys were administered by the RxPlay Specialists, who often worked closely with families to introduce them to PP&R and help them register for courses. No other PP&R staff had dedicated time to administer surveys, but this arrangement creates concerns about biased responses.

Demographic data and equity impact: Interview subjects mentioned that PP&R staff and partners are continually concerned with respecting patients' privacy and HIPAA regulations, and they designed the RxPlay prescription form and data collection instruments to avoid any potential HIPAA issues. As a result, valuable demographic information (e.g. age, gender, race/ethnicity and income level) was left off the RxPlay prescription form—the main source of participant information in the Prescription Spreadsheet. Thus, this report cannot present demographic findings other than language and zip code, and cannot conclude whether RxPlay is serving at-risk and underrepresented children.

Program goals and objectives: The RxPlay program has not yet established shared, clear program goals and objectives against which an evaluation could assess the program. As a result, this report is limited in the conclusions it can draw from data analysis.

Recommendations

The following recommendations are based on the findings described above, and on input from interviews and ad hoc conversations with program staff and key stakeholders.

Recommendation 1: Enhance program capacity for supporting prescription holders and educating clinicians and PP&R staff about the program.

- a) Increase current program staff to at least two RxPlay Specialists. Findings in this evaluation suggest the role of the RxPlay Specialist in contacting families and registering them for courses is crucial, and capture was higher when two RxPlay staff were available to carry out those responsibilities. Two RxPlay Specialists would increase program capacity and leave the program less vulnerable should one RxPlay Specialist depart.
- b) Consider making more than three outreach calls to referred families.



- c) Provide access to language support for referred families who speak languages other than English or Spanish. Phone- or internet-based interpretation services could provide this assistance, as well as bilingual PP&R staff who do not work directly with RxPlay but could support communication with these families.
- d) Create and disseminate informational materials for healthcare providers and community members, explaining how RxPlay works and how to become involved. Materials for providers should explain when PP&R conducts outreach calls and how families can contact PP&R if they do not receive an outreach call on time. Materials for community members should explain the RxPlay program and eligibility and be available in multiple languages. These materials could be distributed in PP&R facilities as well as by community-based organizations. It may be helpful to incorporate stories or quotes (such as those provided in RxPlay pre- and post-test surveys) from RxPlay participants into these materials.

Recommendation 2: Develop specific, measurable program goals.

- a) Develop common, agreed upon goals and objectives for the PP&R RxPlay program. RxPlay's current framing presents the program as an intervention designed to combat childhood obesity. However, concerns about HIPAA have discouraged PP&R and partners from collecting biomarkers that would measure that change (see Recommendation 4(b)). If biomarkers cannot be included in future evaluations, it is critical that PP&R solidify and communicate goals other than weight loss to stakeholders, especially funders. Possible goals include bringing new families to PP&R through RxPlay, engaging underserved youth in physical activity programs, increasing the number of prescriptions written, and other goals that will allow PP&R to communicate the impact of RxPlay.

Recommendation 3: Partner with a neutral evaluation consultant to design an evaluation framework and data collection methods;

- a) Work with an external evaluation consultant to design evaluation questions and instruments based upon the program goals and objectives; to ensure data collection methods are efficient and unbiased; and to perform data analysis and report RxPlay outcomes.

Recommendation 4: Improve data collection and management

- a) Implement a fixed program model. Over the last four years, PP&R has worked hard to address barriers families face in engaging with RxPlay, making key changes to program elements (e.g. providing scholarship funding for all RxPlay participants) and data collection. Now that many barriers have been addressed, PP&R should solidify the RxPlay program model and collect complete, quality data before making significant program changes or expansions.
- b) Work with a HIPAA expert to ensure PP&R staff and partners understand the scope of HIPAA and to design a data collection scheme that adheres to HIPAA regulations and provides health data related to RxPlay participation (e.g. through information sharing authorizations or health data collection at PP&R).
- c) Collect demographic information. If healthcare providers cannot send demographic information (e.g. age and gender of patient) to PP&R via the prescription form, collect this information during outreach calls. Collecting race/ethnicity and income data will allow RxPlay to better communicate the program's equity impact.



- d) Update survey instruments to reflect program goals and objectives (Recommendation 2(a)), ensuring surveys are designed to provide valuable information about families registering for RxPlay courses and are able to measure change. Develop a survey protocol that contains a survey script and instructions about how and when pre- and post-test surveys should be administered, so that all participants are surveyed at the same point in their RxPlay participation. Currently, participants' survey responses are recorded in individual Word documents and must be hand-transferred to spreadsheets for analysis. A more efficient option would be to enter results directly into a database or online survey tool. To ameliorate potential privacy concerns, participant and parent names could be removed from survey results in favor of a unique identifier linked to their record in the RxPlay database (see Recommendation 4(g)), which would also allow PP&R to perform a deeper level of analysis on survey results (i.e. by linking survey responses to demographic data in the greater database).
- e) Critically review the data fields included in the current spreadsheet, ensuring they generate important information for program management or evaluation. If some data fields are important for evaluation but not useful for program management (e.g. gender of child), ensure that RxPlay staff understand why it is important to collect them.
- f) Collect data on the recreation centers and types of courses for which RxPlay participants register.
- g) Consolidate the Prescription Spreadsheet and Monthly Registration data into one powerful database. With over 800 entries in the current Prescription Spreadsheet, data entry is prone to error. A database program (as opposed to a spreadsheet program) would allow for easier, more consistent data entry and may reduce data errors (e.g. misspellings in provider names, duplicate entries). It could also contribute to RxPlay process improvements: for example, by generating a report of all referred families who are due for a second outreach call in a given week, or indicating to the RxPlay Specialist whether a registered family has completed the pre- and post-test surveys—information that is not easily accessible in the current system. Lastly, a database would allow PP&R to more efficiently track individual RxPlay participants as they progress through RxPlay courses, which could enable measurement of families' transition to independent course registrations.



Conclusion

Over the last four years, the PP&R RxPlay program has facilitated hundreds of conversations between healthcare providers, youth and parents about the importance of physical activity in improving health. Thanks to RxPlay, recreation centers have become important health improvement resources for these youth, their families and their healthcare providers. RxPlay's impact is not limited to physical activity—it has also introduced community members to PP&R. Many RxPlay participants had never engaged with PP&R before RxPlay, but the program's strong partnership with healthcare providers, successful outreach strategy and scholarships brought them through recreation center doors for the first time. This evaluation has shown that PP&R staff and other RxPlay stakeholders have worked to create a solid foundation of partnerships, data collection and client engagement for the program, and it has provided recommendations for how to build on these successes in the future.

*"The hope is to foster some interest in being active, and for a lot of kids, that is the success story. The first step is finding something interesting that gets them out the door."
-RxPlay Clinician*



Appendix A: RxPlay prescription form

Rx:play

Physical activity is good for your health!

KAISER
PERMANENTE
Beaverton

Name/Nombre: _____

Date/Fecha: _____

I recommend that you increase your physical activity and fun with these activities:
Recomiendo que usted aumente sus actividades físicas y divertidas con estas actividades:

- | | | |
|---|--|---|
| <input type="checkbox"/> Walking/ <i>Caminar</i> | <input type="checkbox"/> Martial Arts/ <i>Artes marciales</i> | <input type="checkbox"/> Active Gaming/ <i>Juegos activos</i> |
| <input type="checkbox"/> Dancing/ <i>Bailar</i> | <input type="checkbox"/> Group Sports/ <i>Deportes en equipo</i> | <input type="checkbox"/> Bicycling/ <i>Andar en bicicleta</i> |
| <input type="checkbox"/> Swimming/ <i>Nadar</i> | <input type="checkbox"/> Running/ <i>Correr</i> | <input type="checkbox"/> Gymnastics/ <i>Gimnasia</i> |
| <input type="checkbox"/> Walk or Bike to School/
<i>Caminar o ir en bicicleta a la escuela</i> | <input type="checkbox"/> Yoga/ <i>Yoga</i> | <input type="checkbox"/> Other/ <i>Otra</i> _____ |

Your physical activity goal/*Su meta de actividad física:*_____ minutes/day/*minutos/día* _____ days/week/*días/semana*
 Comments/Restriction / *Comentarios:* _____

Clinician's signature/*Firma del Clínico:* _____Printed/*Impreso:* _____Parent/Guardian Name/*Firma del padre (madre)/guardián:* _____Address/*Dirección (hogar):* _____
 _____ Street/*Calle* _____ City/*Ciudad* State/*Estado* Zip / *Código postal*
Phone Number/*Teléfono:* () _____ Best time to call/*Mejor hora para llamarle:* _____Email Address/*Correo Electronico* _____What language do you speak at home/*En que idioma habla Ud?*

-
- English
-
- Spanish
-
- Other _____

School Child Attending/*Ninos asisten escuela* _____

I authorize my medical provider to send this prescription to my local Park and Recreation Department/
Autorizo mi proveedor médico para que me envíe esta receta a mi Departamento de Parques y Recreación local.

Parent/Guardian Signature/*Firma del padre (madre)/guardián:* _____Date/*Fecha:* _____



Appendix B: Pre-test survey protocol

Administrator Name:

Date:

Participant's Name:

Rx Play Program Evaluation Survey

****For those who haven't taken a course through Rx Play yet, but will.**

1) Has your child ever participated in a recreation course with Portland Parks & Recreation before now?

Yes

No

Don't know

(registered but didn't participate)

According to the CDC (Center for Disease Control and Prevention), Regular physical activity helps improve overall health and fitness, and reduces your risk for many chronic diseases. When you're doing moderate-intensity activity you can talk but you can't sing. When you're doing vigorous-intensity activity, you will not be able to say more than a few words without pausing for a breath.

2) In a typical week, how many days does your child engage in moderate-intensity or vigorous-intensity physical activity?

1 2 3 4 5 6 7

3) Would you recommend a Portland Parks & Recreation course to a friend?

a. Very Likely

b. Somewhat Likely

c. Not Likely

d. Would not visit PP&R again

e. Don't Know

4) Please share any other comments you have about your experience with Portland Parks & Recreation.

5) Please share any other comments you have about your experience with the Rx Play Program.



Appendix C: Post-test survey protocol

Administrator Name:

Date:

Participant's Name:

Rx Play Program Evaluation Survey (Draft 3)

****For those who just finished a course with PP&R through Rx Play**

Had your child ever previously participated in a recreation program with Portland Parks & Recreation before this course that was just taken through Rx Play?

- Yes
- No
- Don't know

According to the CDC (Center for Disease Control and Prevention), Regular physical activity helps improve overall health and fitness, and reduces your risk for many chronic diseases. When you're doing moderate-intensity activity you can talk but you can't sing. When you're doing vigorous-intensity activity, you will not be able to say more than a few words without pausing for a breath.

After completing a course with Portland Parks & Recreation through Rx Play, how many days does your child engage in moderate-intensity or vigorous-intensity physical activity?

1 2 3 4 5 6 7

How do you rate the overall quality of your experience with Portland Parks & Recreation?

- a. Very Good
- b. Good
- c. Fair
- d. Poor
- e. Very Poor
- f. Don't Know

How do you rate the overall quality of your experience with the Rx Play Program?

- a. Very Good
- b. Good
- c. Fair
- d. Poor
- e. Very Poor
- f. Don't Know

Please share any other comments you have about your experience with Portland Parks & Recreation.

Please share any other comments you have about your experience with the Rx Play program.



Appendix D: Interview protocol

The Oregon Public Health Institute is a nonprofit organization in Portland, and we've received a contract to do this evaluation for the City. Other areas we work in are community-led health improvement projects, integrating health into policy decisions and other sectors, and bridging the gap between health and healthcare.

Thank you again for agreeing to be interviewed today. Results from the interviews we're conducting will be used in an evaluation to help Parks and Recreation learn more about the successes and challenges of the RxPlay program, and how it can be improved. Our interview will also help me learn about the program, since I haven't been involved before now. I am only interviewing 3 to 5 people, so we won't be doing any in-depth qualitative analysis of the interviews. Instead, they will frame the rest of the data analysis, which focuses on data about program participation and surveys about family's experiences with the program. I expect our interview will take between 30 and 45 minutes, depending on the flow of the conversation. Is that all okay? Do you have any questions for me? Then let's begin.

Subject involvement:

- Please tell me about your involvement with RxPlay.
 - Probe: How long have you been involved?
 - Probe: What has your role been with RxPlay?
 - Probe: Were you involved in building the program, or implementing it? Referring people to it?
 - Probe: Why are you involved with the program?

Successes and challenges:

- From your perspective, what has been the greatest success of RxPlay so far?
- What has been the greatest challenge or disappointment?
- During your time with the program, have there been any changes that have helped it work better or worse?
- Is this program ready to be replicated in other places?
 - [If yes] What tweaks, changes or improvements do you think need to be made in order for this program to be replicable?
- What are the barriers that families face to successfully engaging with this program?

Data:

- What data do you think is important to collect in this project?

Stakeholders:

- We are working to put together a convening of current and potential RxPlay stakeholders and funders. Are there any additional stakeholders who you think should be brought to the RxPlay table?
- Who do you think might be interested in funding RxPlay in the future?

Conclusion:

- Is there anything else you'd like to make sure I know, that I haven't asked you about yet?

Thank you very much for this interview. If you have any questions about this interview or about the RxPlay evaluation, please contact OPHI at info@ophi.org.



Appendix E: Additional Figures

Figure 25: Monthly prescription trends, 2012-2015

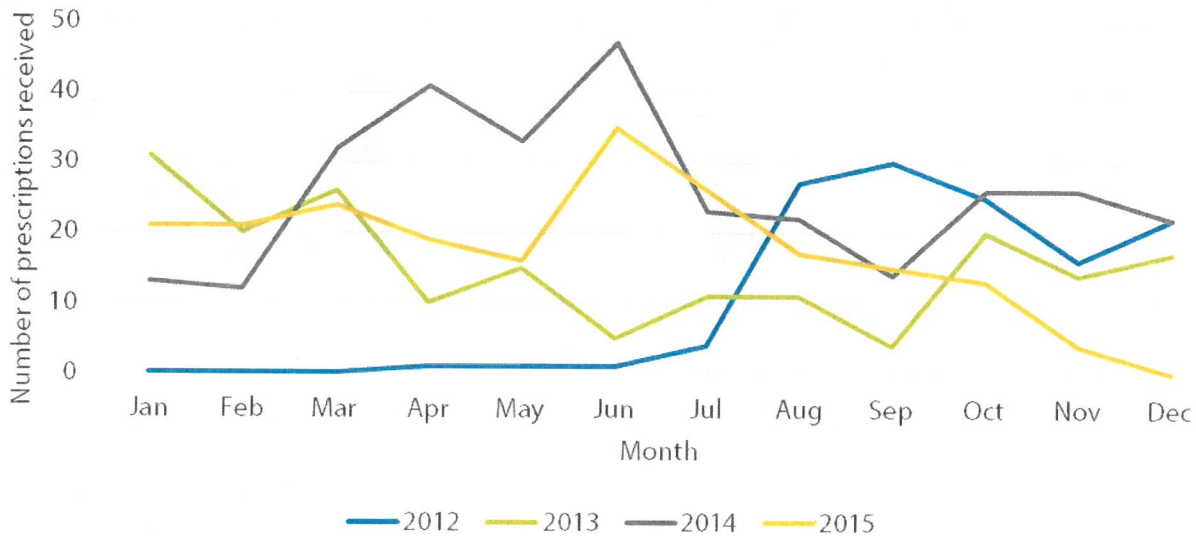


Figure 26: Kaiser Permanente – Annual total prescriptions by clinic

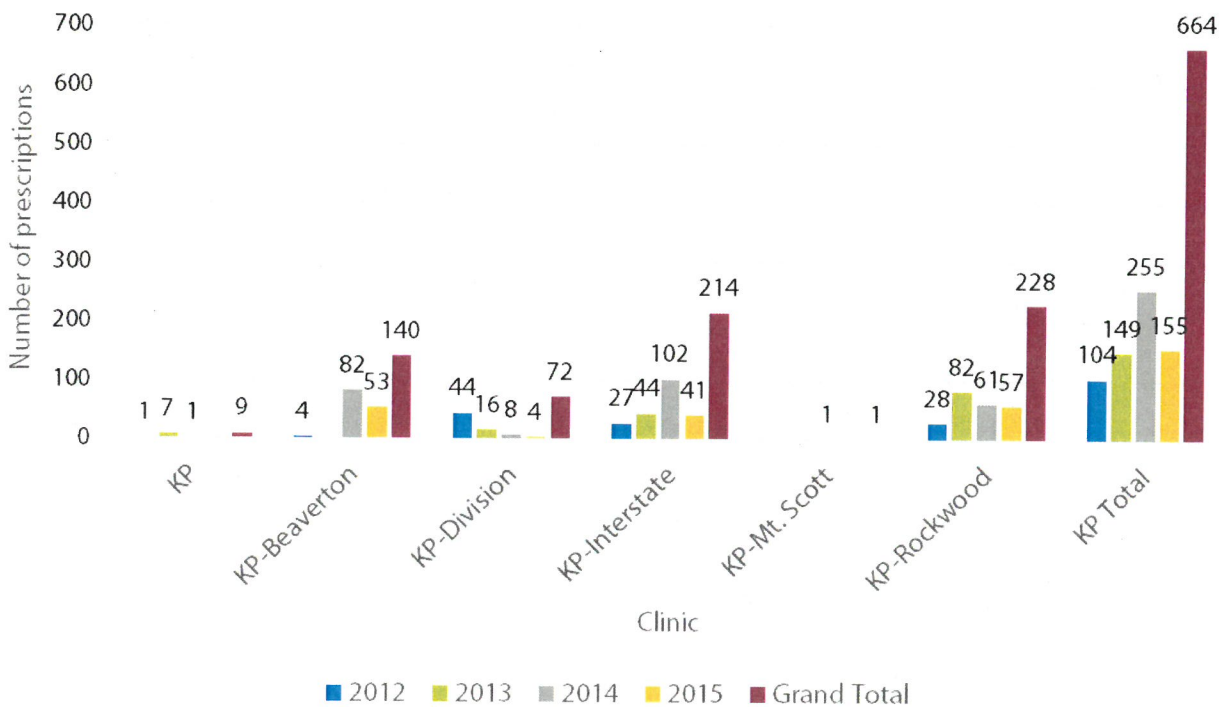
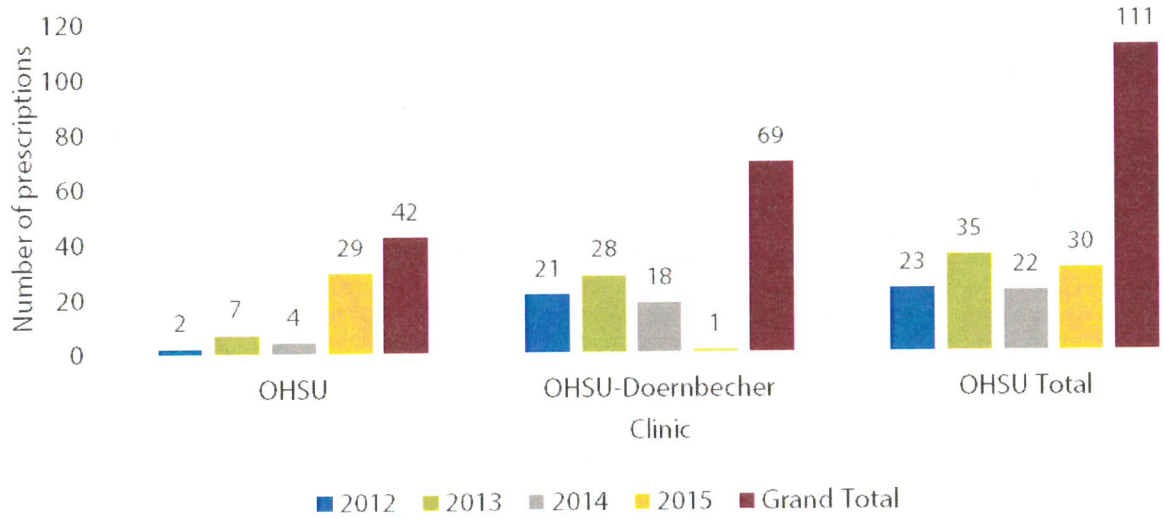




Figure 27: OHSU - Annual total prescriptions by clinic





Appendix F: Monthly capture

Table 9: Monthly registrations and capture, 2015-2015

Year	Month	Prescriptions received	New registrations	Return registrations	Total registrations	Capture
2014	Feb	11	10	n/a	10	91%
	Mar	32	18	n/a	18	56%
	Apr	38	13	n/a	13	34%
	May	40	18	n/a	18	45%
	Jun	35	28	n/a	28	80%
	Jul	27	22	n/a	22	81%
	Aug	24	20	n/a	20	83%
	Sep	20	15	n/a	15	75%
	Oct	17	7	n/a	7	41%
	Nov	26	16	n/a	16	62%
	Dec	30	13	n/a	13	43%
	2014 Total		300	180	n/a	180
2015	Jan	21	22	7	29	105%
	Feb	17	18	3	21	106%
	Mar	25	30	23	53	120%
	Apr	18	12	14	26	67%
	May	14	9	13	22	64%
	Jun	25	14	13	27	56%
	Jul	23	11	6	17	48%
	Aug	19	6	6	12	32%
	Sep	16	4	2	6	25%
	Oct	9	4	0	4	44%
	Nov	24	12	0	12	50%
	Dec	18	7	2	9	39%
2015 Total		229	149	89	238	104%
Grand total		529	329	n/a	418	79%



Appendix G: Detailed interview results

OPHI conducted five interviews with RxPlay stakeholders before beginning data analysis. The purpose of the interviews was to ground the OPHI evaluation team in RxPlay, provide framing for data analysis findings, and generate potential discussion questions for the RxPlay Convening on January 15, 2016. Interview subjects included a physician who refers patients to RxPlay, the current RxPlay Specialist, the RxPlay Project Manager, and two individuals who have been involved in RxPlay since the inception of the program. This report summarizes key themes from the five interviews. The interview protocol is included in Appendix D.

Why are you involved in RxPlay?

All the interviewees indicated they personally believed in RxPlay, and considered it an important tool in combating the childhood obesity epidemic in the United States. Two interviewees indicated that their organizations were involved because it aligned with the organizational mission or goals. The RxPlay Project Manager said RxPlay is an example of “why we do what we do”: provide positive opportunities for youth in particular, but also for families and community. Another interviewee indicated that supporting RxPlay aligns with the Oregon Parks and Recreation Department’s goal for Parks and Recreation departments to gain more recognition for serving as physical activity resources for communities.

The healthcare provider cited RxPlay as “one thing [providers] can do to make a difference” in combatting obesity and being sedentary, as clinicians are often limited to providing medical advice and writing prescriptions for medication. In prescribing RxPlay, the provider can avoid discussing obesity or lack of exercise with the family, which are often sensitive subjects. Instead, she simply suggests participation in sports. “The hope is to foster some interest in being active, and for a lot of kids, that is the success story. The first step is finding something interesting that gets them out the door. And it’s more pleasant conversation with the overweight kids, who have been told they’re overweight their whole lives.” The provider also noted that RxPlay’s focus on youth is unique, saying, “Obesity is a huge problem in this country and [fixing this] should start with kids and families, but unfortunately there are not a whole lot of structured things to help kids...there are ‘get healthy’ classes for adults, there is Weight Watchers in the community, but it’s challenging to find something for kids, particularly for underserved families.” Another interviewee suggested that providers are enthusiastic about RxPlay because it allows them to tell patients what *to* do, rather than what *not* to do.

The RxPlay Project Manager indicated that healthcare providers’ involvement in RxPlay gives PP&R credibility as a community health improvement resource. She believes that when a pediatrician discusses the importance of physical activity with a patient or family and then suggests trying out the local community center, it validates PP&R. “We all have the same goals for kids,” she said.

What have been the greatest successes of RxPlay?

One interviewee suggested that because RxPlay came out of a partnership between PP&R and a major health system, the barriers that the City would normally face in partnering with a private health system were never an issue. Two other interviewees cited the partnerships that RxPlay has created between



health systems and PP&R as an important higher-level “macro” success, and individual family success stories as a “micro” success.

All interviewees cited the reduction in lag time between PP&R receiving a prescription and making the first outreach call as a major success of the last two years. Several interviewees attributed this to the hiring of the second RxPlay specialist. One interviewee said that the first RxPlay Specialist helped things run more smoothly, but “then Adolfo arrived and really breathed life into it.” One interviewee said that having a dedicated, compassionate RxPlay specialist who is able to communicate with families in their language and meet people where they are is of great value. “Weight is a hard thing and changing habits is a hard thing, so having that extra help is important.”

One interviewee said that the data and reports the PP&R has collected and compiled over the last two years are a program success, because they allow the program to communicate its impact to stakeholders and indicate that data collection is integrated into the RxPlay workflow.

The healthcare provider noted that she hasn’t seen any dramatic weight loss in her patients who participate in RxPlay, but she has seen improved self esteem and some weight stabilization, “which is sometimes half the battle.” Two other interviewees noted that success may not be dependent on weight loss or even registration, because even if a referred family does not register for a course, “the seed has been planted,” and the conversation about physical activity via the RxPlay program may be enough to move a patient forward on the continuum of behavior change.

What challenges has RxPlay faced?

Three interviewees mentioned that securing sustainable funding for the RxPlay program has been an ongoing challenge. While some health systems have “bought in” to RxPlay at the clinic level (i.e. providers are referring their patients to RxPlay), none have committed to funding the program in the future. Currently, the cost burden of the RxPlay program is being carried by PP&R, which has been able to secure grant funding to support the program thus far. One interviewee pointed out that RxPlay has to work within the pre-existing healthcare system, and can’t place any more of a burden on healthcare providers who refer families to the program. PP&R has to absorb the administrative burden of the program, which has costs associated.

Two interviewees said that more RxPlay staff are needed at PP&R. One indicated that another RxPlay specialist would help ensure that families received outreach calls on time, and that more families who had successfully completed a first course could be contacted with assistance in enrolling in a subsequent course. The healthcare provider mentioned that the biggest challenge in the clinical context is the time it takes for providers to participate in something like this, as most appointments last only 20 minutes.

Four interviewees mentioned that figuring out how RxPlay will work with other recreation systems has been a challenge, because the success of the RxPlay program in Portland may be largely due to Portland’s well-developed recreation system and relatively numerous facilities. Two interviewees noted that RxPlay needs to resolve this issue, because some of the participating clinics serve patients who live in neighboring cities (e.g. Gresham) but want to be able to prescribe RxPlay to all of their patients, regardless



of where they live. One interviewee said the ideal arrangement would be for many different recreation systems to be involved in RxPlay, and a centralized registration system would enroll patients in the most appropriate recreation system. Other interviewees noted that this would be very difficult with so many systems involved, because staff would need to know about all of the opportunities available and be able to use each system's registration system. Additionally, such an arrangement might sacrifice the human touch and warm outreach that the current RxPlay specialist lends to the program. One interviewee pointed out that from the statewide perspective, the current RxPlay program benefits a relatively small number of people but requires a significant investment of time and energy, and that expanding the program beyond PP&R would benefit more people.

One interviewee noted that the goal of the RxPlay pilot study was to generate data that would allow for the creation of an evidence-based RxPlay program, but the HIPAA requirements were too much of a hurdle. Collecting height and weight information was problematic, so RxPlay is limited to collecting data on behavior change. Another interviewee said that while it is good that RxPlay has "before" and "after" surveys in place, the surveys need to be improved. HIPAA concerns drove RxPlay staff to design a survey that avoided eliciting private health information, and as a result, the questions were very general.

How can RxPlay be improved in the future?

The RxPlay Specialist suggested that PP&R should design work processes to be less dependent on paper, more efficient, and even automated. He suggested organizing prescriptions by date rather than name, so that it is easier to determine which families need outreach and follow-up calls, and when they need them. Electronic referrals (rather than faxed or mailed paper prescriptions) could improve efficiency. However, he noted that the current electronic referral system that some providers use uses the Epic "letter format," and doesn't effectively communicate all of the information PP&R needs about referrals.

The healthcare provider suggested that more and ongoing outreach to providers could be useful for onboarding new clinicians. This is especially true for family medicine doctors, who serve youth and families but have so far received less information about the program than pediatricians. Those who have not been involved for as long as the interviewee may have questions such as "Where do you send the form? When will the patient get a call, and who can they call if they aren't contacted?" A pamphlet or packet that explains the RxPlay process could be helpful in resolving this confusion. She also suggested allowing providers to refer an entire family using one prescription form, rather than requiring multiple forms.

What changes made to the RxPlay program over the years have made a difference?

The Portland RxPlay program has evolved over time, expanding its reach and making program changes to overcome barriers faced by families and stakeholders. When asked about program changes that have resulted in improvements in RxPlay, all interviewees mentioned that creating a feedback loop with referring providers has been an important change. In April of 2014, the RxPlay Specialist began contacting physicians who made referrals to let them know the outcome of the referral—whether a patient had registered for a course, declined to register, provided an invalid phone number, etc. One interviewee said, "If that kind of communication isn't there, it's a death sentence, because there's no feedback to physicians. They don't know if what they're spending their time on is beneficial." The healthcare provider said, "I get



emails telling me patients have signed up for classes. It is nice to put the work in and know that something happened.”

Beginning in February of 2014, providers and other stakeholders have also received monthly reports of program “capture,” which are intended to show them aggregate-level success and generate additional buy-in to the program.

Several interviewees cited hiring a bilingual RxPlay specialist as an important program change, and noted that this change is reflected in the capture data. Before the bilingual RxPlay specialist position was created, the responsibility for outreach fell to other PP&R staff with very little extra capacity, who didn’t necessarily have the language skills to interact with Spanish-speaking families. This resulted in a significant lag time in between the prescription and the first outreach call, which one interviewee suggested makes it difficult for families to connect the outreach call to the important conversation they had with their provider, and to act on the enthusiasm they expressed during their clinic visit. When a dedicated RxPlay specialist was hired, interviewees said, the time between prescription and the first outreach call decreased significantly.

Two interviewees also noted that making RxPlay scholarships automatic and open to all referred patients has helped, because it removed cost barriers for families who could not otherwise afford to enroll their children in PP&R courses.

Should RxPlay be replicated in other communities?

All of the interviewees indicated that they believed RxPlay should be replicated in other communities and one cited this as the “ultimate goal” of the program. One interviewee suggested expanding the Portland RxPlay program to include recreation providers other than Parks and Rec departments, such as YMCA, YWCA or Boys & Girls Club. This would make the model more replicable in communities that don’t have the parks and recreation infrastructure that Portland does. The ongoing strategic planning process at the Intertwine is considering this change. The healthcare provider said that parents’ reactions to RxPlay have been overwhelmingly positive. Sometimes, families who wish to enroll their children in RxPlay contact her about the program even though they have a different primary care provider.

What barriers to families face to successfully engaging in RxPlay?

One interviewee suggested that “better integrated” families do better with RxPlay. “For starters, they usually know where the closest community center is,” he said. Families who are less integrated, such as some immigrant and refugee families, have more difficulty engaging with the program. Another interviewee also suggested that cultural barriers—“whether someone feels like they fit it,”—can be an issue for families. Financial barriers, language barriers, time constraints and transportation were listed by three interviewees as barriers. One interviewee suggested that the transportation barrier could be overcome by making more activities available as after-school activities happening on school grounds, because that would be easier for families who cannot transport their children to and from rec centers due to work schedules or other family obligations. Another interviewee pointed out that kids aren’t always in the same place at the same time every day—they might go to a relative’s house after school twice a week, putting them in a different part of the city and further from their home recreation facility.

**What additional data should RxPlay collect?**

Interviewees suggested the following data could be helpful in the future: behavior change data; continued participation in recreation courses after RxPlay scholarships are exhausted; proportion of families requiring scholarships; bio markers; race/ethnicity; income level; course attendance; movement on the “readiness scale”; weight loss; weight stabilization; improvement in school performance; and prediabetes indicators. Two interviewees mentioned that collecting data from a sample of participants over time could be helpful in understanding the impact of RxPlay.

What other partners should be recruited to RxPlay?

All of the interviewees suggested that additional funders need to join the RxPlay effort in order for it to continue. They also said that involving other recreation systems is key to engaging families who live outside the Portland city boundaries. One interviewee mentioned that creating options for children under age 6 and youth over age 12 would be helpful, such as gym memberships for teenagers. She also suggested that outdoor-focused recreation programs such as rock gyms and Portland Trackers could be appropriate partners. One interviewee suggested that Nike and other sports retailers could provide sports equipment to centers and clothing to families.



Appendix H: Pre-test survey comments

Please share any other comments you have about your experience with PP&R.

Appreciation for something specific OR something specific is helpful

I am grateful to have this opportunity for my kids, because it teaches them something that they need to know.

I very much appreciate the scholarships available at the centers.

It really helps kids to do fun things like swimming. I also took them to read in the summer. He/she has changed a lot in the last year.

This program is very helpful, because it supports our kids to find an activity to move their bodies.

Indication of positive perception/experience - specific

[I answered] "3 Days" [to "How many days of moderate or vigorous physical activity..."] because she played soccer with Portland Parks. When she's enrolled in a course she's much more active. She's reserved so the courses encourage her and it's been a great experience so far.

It's been a good experience. People are friendly. I enjoy going, and my kids have fun.

All family friendly

I really like the options and prices

I think there's some great programs available for kids to interact with each other

It seems good to me, and it seems like it helps the kids. By participating, they can get ahead.

Very good experience. Good to provide exercise we need in a friendly environment.

We have always had great experiences with PP&R the staff has always been wonderful! I wish some of the kids in the open swim sessions were as friendly. I know, good luck with that wish.

Indication of negative perception/experience or improvement suggestion

When I first was trying to find out information on how to get my son in class, I got no help at all. It would be more helpful if the staff would assist the community with information.

Other comment

SUN School is really good extracurricular activity.

Please share any other comments you have about your experience with the RxPlay program.

Appreciation for something specific OR something specific is helpful

- All good. Happy that it's helpful, because finances are an issue. Helps us access programs and not have to worry about the expense.
- I really appreciate the "prescription" for play. It helps get my kids active in a fun way, and because it covers the cost of the classes it gives them access to opportunities they wouldn't otherwise be exposed to. It's a great program. Thank you!
- I'm glad they have it because it helps. We're trying to get healthier and this helps.
- It is a great help for what we need help for, and we can't do it [participate or get physical activity] without this program.
- My daughter is very nervous and she doesn't have anywhere to clear her mind without this program.
- Thank you for helping the kids who can't afford to pay.
- The same.
- Very helpful for our family to have help with the classes.



- We appreciate this service for kids. We don't have the opportunity to put the kids in activities without this service.

Indication of positive perception/experience - specific

- I really liked the program. And it made me aware of the scholarships that are available in the centers.
- I think it's terrific idea, A lot of social service workers are asking about it now (DHS).
- It was great to have some different options.
- It's been hard finding something that works with my work schedule, her abilities (or lack of), and that is in her age range. But boy did they give it their all to find something for her, even as far as getting permission for her to join a group that is not in her age group but has what she needs. I think this program is a wonderful idea and I'm glad that you all started this! Thank you for all your hard work it is very appreciated!
- It's a great program and you guys contacted me really quick.
- It's been good and I like the program. Helps the kids get out of the house.
- It's great for low-income families
- It's pretty cool. I think it's excellent and very helpful for the parent and for the kids- gives them the opportunity to try something new that they might like.
- It's pretty cool. I think it's excellent and very helpful for the parent and for the kids- gives them the opportunity to try something new that they might like.
- So far my son has only attend one class and he like it. Maybe the second round we might feel different.
- Very good because it helps kids do physical activity to combat obesity.
- Yes, the program is good because it helps kids.

Indication of negative perception/experience or improvement suggestion

- Offer more classes
- Waiting to see better communication this time.

Other comment

- I hope to enjoy the course



Appendix I: Post-test survey comments

Please share any other comments have about your experience with Portland Parks and Recreation
Indication of positive perception/experience - specific
<ul style="list-style-type: none"> • I really like it. They have many activities that are good for kids, that help them develop physically and mentally, too. And the kids like it, too. • Very good programs and I like the schedule; [the courses] are accessible for my family. • Very inclusive. Kids feel comfortable although they may be beginners at dancing.
Indication of change in attitude about physical activity or behavior
<ul style="list-style-type: none"> • Alma was really uncomfortable but instructors at Columbia Pool made her much more comfortable. • At the beginning he/she didn't know how to swim and was afraid, but she left/ended the course wanting to go swimming again. • Got rid of fear of water, improved technique, teacher communication was great, small class sizes • My daughter was very afraid of the water, but I see that she has improved about 30 or 40%.
Other comments
<ul style="list-style-type: none"> • I get information without having to ask for it.

Please share any other comments you have about your experience with the RxPlay program.
Appreciation for something specific OR something specific is helpful
<ul style="list-style-type: none"> • After the program I am very grateful to you. You helped my kids get involved in physical activities. And I am grateful for the scholarships that you gave them, and I hope to have many more [scholarships?] for all the activities. • The money for things like this is always gobbled up so it's great to have programs like this one. • It seems very good to me because it's giving the opportunity to become involved with the centers.
Indication of positive perception/experience - specific
<ul style="list-style-type: none"> • Adolfo has been really great to deal with. • Excellent program that provides opportunity that wouldn't otherwise wouldn't be possible specifically for low-income parents. • It seems very good to me, because it is giving the opportunity to be involved in the centers. • It's good. A good program because it supports the family. • It's very good that they're helping kids access courses that teach them lifelong things. • These programs are very good for our kids to encourage making exercise • Thank you for helping us and for helping the kids do sports. You motivate us to take them to sports because sometimes we don't have the money to pay for courses. • He/she lost 10 pounds. Thank you for helping us!
Indication of change in attitude about physical activity or behavior
<ul style="list-style-type: none"> • At home the level of activity hasn't changed but when she's in the class she's super active the entire time. I am thankful for the program because money has been tight so being able to get her into these classes has been a relief because her neighborhood isn't a place where she feels



safe playing.

- Every day he wants to go play football now. Looks he's more active now! Now that we know this program exists, it's a good opportunity.
- He/she list [sic] pounds. In the afternoons we go out walking now, too.
- This has been a great help for me to engage my daughter in activity and it has helped her to be a little more confident. We really appreciate the opportunity.
- After taking courses, my daughter "woke up"



Appendix J: RxPlay Convening summary

RxPlay: Past, Present and Future

Convening Session

Friday, January 15, 2016

1 p.m. to 4 p.m.

Colwood Golf Course, 7313 NE Columbia Blvd.

Convening Session Purpose: To provide an opportunity for RxPlay stakeholders to understand the programs' formation, hear directly from RxPlay users, receive a preliminary program findings and provide input necessary for program enhancement and expansion. Session will be facilitated by Steffeni Mendoza Gray (OPHI).

AGENDA

- | | |
|---|-----------|
| 1. Welcome (Steffeni Mendoza Gray, OPHI) | 1:00 p.m. |
| 2. Family Perspective: RxPlay (Adolfo Cuellar/Celia Higuera) | 1:10 p.m. |
| 3. RxPlay Background (Jean Rystrom) | 1:30 p.m. |
| 4. RxPlay Program Overview (Sue Glenn) | 1:45 p.m. |
| 5. RxPlay Evaluation Findings (Emily Henke, OPHI/Steve White, OPHI) | 2:00 p.m. |
| Stretching/Walking Break | 2:30 p.m. |
| 6. Facilitated Session (Steffeni Mendoza Gray, OPHI) | 2:45 p.m. |
| Introductions | |
| Evaluation Findings | |
| RxPlay: Next Steps | |
| 7. Decision: Consensus on RxPlay going forward | 3:30 p.m. |
| 8. Wrap Up/Summary (Eileen Argentina) | 3:55 p.m. |



RxPlay: Past, Present and Future
Convening Session Summary
January 15, 2015

Introduction

Since 2009, the City of Portland Parks and Recreation Bureau (PP&R) and key community partners have been collaborating on RxPlay – an innovative response to the childhood obesity epidemic that opens doors to physical activity opportunities by connecting families to the resources available through Portland Parks & Recreation.

PP&R contracted with the Oregon Public Health Institute (OPHI) to evaluate RxPlay and facilitate a convening session with key partners. The purpose of the convening session was threefold: 1) to hear from the parent of an RxPlay participant about her family's experience; 2) to review findings from OPHI's evaluation of the Portland RxPlay program, and 3) to seek recommendations from RxPlay partners about strengthening and expanding RxPlay.

Invitations were extended to key internal and external stakeholders representing staff from PP&R, Mayor Hales and Commissioner Fritz's offices, members of the Portland Parks Board and Portland Parks Foundation Board, Portland Parks Foundation staff, hospital and healthcare industry, community based organizations, and the Multnomah County Health Department.

OPHI staff roles: Emily Henke: RxPlay Program Evaluator
 Steffeni Mendoza Gray: Convening Session Facilitator
 Steve White: RxPlay Program Evaluator and Convening Session Recorder

Convening Session Recommendations

The RxPlay convening session produced the following recommendations:

- Focus on the strengths of the program. Collecting “stories” from RxPlay users is critical to understand the program’s positive impact.
- Ensure an adequate level of RxPlay staffing. The evaluation findings make it clear that RxPlay needs an adequate level of outreach staff to be successful.
- Create and strengthen bicultural and bilingual connections for participants, as they are important to helping disenfranchised people feel welcome at PP&R.
- Develop a fixed model and an evaluation tool to improve data collection and analysis.
- Create an RxPlay strategic plan to help finalize decisions related to partnerships, geographic boundaries and funding sources that are under current discussion.

Background information

The following sections summarize information presented and discussed in the first half of the RxPlay Convening agenda.



Family Perspective

Adolfo Cuellar, the RxPlay Specialist, introduced a Spanish-speaking mother of an RxPlay participant who gave an overview of her daughter's involvement with RxPlay. An interpreter translated her comments for session participants. The mother learned about RxPlay during a pediatric appointment for her 13 year-old daughter. The pediatrician prescribed medication for her daughter's medical condition, but the mother was wary of the medication's side effects and asked her doctor about non-pharmaceutical intervention alternatives. The doctor suggested RxPlay.

The family was familiar with PP&R before participating in RxPlay, but the courses were always too expensive for the whole family to attend them. The reduced cost of PP&R courses for RxPlay participants made it financially feasible for her daughter to take courses. The mother was very grateful to Adolfo for his assistance navigating PP&R course registration, monitoring her daughter's attendance at courses and answering helping her fully utilize RxPlay. Without assistance from someone who spoke Spanish, her family wouldn't have been able to engage with RxPlay and PP&R.

Her daughter has done very well in her PP&R swimming courses. They have helped her medical condition improve, and she has become more self-confident. She was pleased to report that her daughter has decided to join the community center swimming team and become a lifeguard and attributes this new self-confidence to RxPlay. She also told session participants that RxPlay has helped the rest of her family. Her other child also takes swimming classes, and RxPlay has helped both kids become more independent and aware of how exercise can help them be healthier.

The mother has been very pleased with the program. Her program improvement suggestions were to produce more RxPlay promotional materials in different languages and encourage more doctors to issue more RxPlay prescriptions.

RxPlay Background (Jean Rystrom)

Jean Rystrom is retired from her position as the Kaiser Permanente Regional Practices Director for Pediatrics. She began exploring the idea of a Portland RxPlay program in 2008, modeling it after a successful New Zealand program. Jean explained that the "Play" in "RxPlay" is an acronym for "Prescription Leverage for Active Youth."

Jean worked with the Oregon Parks and Recreation Department (OPRD) to secure initial funding for pilot project. Initial partners were Oregon school-based health centers, OHSU, and Kaiser Permanente. Pediatricians were enthusiastic about the program, as it could help patients act on medical advice to get more exercise. Terry Bergerson, OPRD staff, developed the initial RxPlay spreadsheet to track data.

RxPlay was rolled out in 2009 with PP&R and the Tualatin Hills Parks and Recreation District (THPRD). Early challenges the program encountered were a lack of dedicated RxPlay outreach staff; language barriers; and participation costs (a barrier for families).

The second RxPlay funding source was the City of Portland Mayor's Innovation Grant, which was granted in 2015. These funds helped address these challenges, and provided funding for program evaluation and



this convening session. Currently, discussions are underway with the Intertwine Alliance regarding expanding the number of partners, geographic area and the program's scope in the future.

RxPlay Program Overview (Sue Glenn, PP&R North Zone Manager)

Jean, Terry, and Sue are the three key individuals who have been addressing RxPlay challenges and making program improvements. One ongoing issue that has not been fully resolved is how to navigate HIPAA.

The North Zone area was where the RxPlay pilot project began. It is important to characterize RxPlay as improving quality of life along with addressing health issues (e.g. obesity and diabetes). Sue acknowledged Eileen Argentina's support, as it was critical to making the program successful.

The initial grant was essential for funding outreach staff positions and RxPlay scholarships. Considerable resources are needed to process all the RxPlay prescriptions and meet the goal of reducing the amount of time between the date the RxPlay prescription is issued and the first outreach call. It is clear that RxPlay outreach staff are essential for turning prescriptions into registrations. RxPlay outreach staff (Adolfo, Sadie, and Rosa) were effective in addressing barriers families face in participating in PP&R classes. However, RxPlay staff capacity has diminished: Sadie and Rosa are no longer with PP&R and Adolfo has reduced his hours to ten per week.

Prescription recipients are not the only individuals who have benefited from the program—in some cases, their entire families have as well. PP&R is increasing the capture rate as a result. One priority of the program is to determine how PP&R can get families to renew their registrations.

There are challenges in funding RxPlay in the future. PP&R has RxPlay as an added package in the current proposed City of Portland budget. In February 2016, the Mayor's Innovation Grant will be expended. The program evaluation and today's convening session is critical in determining the future of RxPlay.

RxPlay Evaluation Findings (Emily Henke and Steve White, OPHI Staff)

Emily Henke and Steve White presented an abbreviated report of OPHI's evaluation findings. For complete findings, see the OPHI's report entitled "Portland Parks & Recreation RxPlay Program: Review and Evaluation."

Facilitated Session (Facilitator: Steffeni Mendoza Gray, OPHI Staff)

Steffeni asked meeting participants to provide input on the evaluation findings, voice their vision for the future of RxPlay, and prioritize strategies to help PP&R determine their next steps for RxPlay. The following comments represent feedback from meeting participants, with key points and recurring themes highlighted in bold text:



What are your thoughts regarding the evaluation findings?

- **It makes a bigger impression to hear from the end user. The mother's perspective on the positive impact RxPlay has had on her daughter was invaluable** and her request for an alternative approach to medication is laudable. We need to figure out how to share this story with elected officials. One way would be to film testimonials and share them. Her relationship with Adolfo was based on trust. This is important because the program must bridge cultural gaps. **Bicultural and bilingual connections are important to helping disenfranchised people feel welcome.**
- **It would be interesting if RxPlay was considered an additive to medical treatment,** rather than an alternative.
- **There needs to be a way to let more families know that this is available.** If we want to let the community know about this program, we should ask people who are already on board to help spread information about the program.

Are there any other data points or data sets that should be collected going forward?

- **It would be helpful to have information from doctors—without violating HIPAA.** This is one of the key data points missing from the data—what medical issue is the doctor trying to address? This would provide the clinician's perspective, which is missing from the data. **To get funding, you need more concrete outcomes and testimonials** from providers. **Explore the possibility of having healthcare systems match RxPlay data with their patient data to see if change in biomarkers can be measured.**
- **The low number of pre- and post-test surveys means we should have some kind of reward/incentive for completing a survey** and tell the families, "it would be helpful to us if you respond to the survey. It will help us improve the program." It might make it easier to collect surveys if we do the surveys after one or two courses rather than waiting for four courses to be completed. It might make it easier to collect surveys if we do the surveys after one or two courses rather than waiting for four courses to be completed. **Funders will want this data, in order to understand program outcomes.**
- **The surveys need to be redesigned.** For example, the first question on the before and after surveys is the same, and there aren't questions about the changes that have taken place in participants' daily life. There were concerns about HIPAA when the survey was designed, which is why the questions are very general. This means we don't get specific enough data.
- **The program needs more outreach staff capacity.** For example, if the outreach staff helps a family to enroll their kid in a PP&R course through RxPlay, the parent doesn't often take the initiative to enroll the kid in subsequent course. This makes the post-course follow-up call very important. However, these follow-up calls get set aside in favor of calling new prescriptions because of limited staff time. The follow-up calls are also critical to getting post-test survey responses.
- **We are missing some key demographic information. Use ActiveNet to capture more demographic information.** There is a button on Active Net that could be used to capture this information about RxPlay participants. This would allow you to enter and pull up demographic information easily. When the outreach staff inputs the information from the prescription into the



RxPlay database, there should be a link from the RxPlay spreadsheet to the ActiveNet database that shows the classes participants have signed up for.

What are RxPlay barriers and strengths?

- **The main barrier is that the program has been funded for the last three or four years with Band Aids,** and we have been hoping to get to this day, when we have measurable results.
- **The reality is that the Mayor's Innovation Grant runs out this month. PP&R has decided to fund RxPlay through June 2016.** RxPlay is an added package in the proposed City of Portland budget, but this is a long shot. The bottom line is the program will end on June 2016 if we don't secure funding either from the City of Portland or other sources. In the short term, the City of Portland will hold public hearings on the budget. **An organized group who can speak to the benefits of RxPlay and ask for the City to fund the program could help in securing funding from the City.**
- **Some of the outreach work that has made the RxPlay program successful is work PP&R needs to be doing anyways.** If effectively implemented, this could make RxPlay less labor intensive. For example, PP&R is now collecting data from all new hires about what languages they speak and asking if they would be willing to be called upon when there is a need for language assistance. This could broaden the reach of outreach efforts.
- **The RxPlay program has many successes and there should be a focus on the strength of the program.** When the program started, there wasn't an expectation that we could get to a 40 or 50% RxPlay prescription fill rate. Since the capture rate is high, this is a success story that needs to be told. Testimonial videos of individuals who had a positive experience with the program are good tools to sell this program.
- **We need to acknowledge that the program has become easier to manage since its inception.** The program has become more popular with more people knowing about it. There is more familiarity when you first call a family than a few years ago. This should be noted.

What does RxPlay look like in the next 3-5 years?

- **There would be a higher level of knowledge among clinicians** in the Portland area about the program, and their usage would be tracked.
- **There would be more major partners,** as the program needs larger entities to fund it.
- **The program's boundary would extend beyond the City of Portland, considering that it currently includes THPRD recreation centers and providers whose patients live outside the city boundary.** For example, only three of the 15 Kaiser Permanente clinics are within the City of Portland boundaries. **Ideally, it shouldn't matter who your service provider is or where you live.** Your doctor should be able to write an RxPlay prescription with an understanding that there is a well-trained outreach person who knows all about the services and can advise families about potential courses. The issue is that this level of outreach will have a big price tag.
- **It would have a fixed model and an evaluation tool.** The program has been growing and developing quite a bit but needs a better evaluation tool. Now is the time to develop the fixed model and implement it for a few years. When you are constantly changing the model, the outcomes you're trying to achieve are going to be harder to see. But if you stick with a design, you



could start measuring the evaluation questions you have. You'd have consistent staffing levels, good survey questions, comprehensive and consistent data to evaluate and, in turn, be able to prove the program's success. **The development of a longitudinal study would be very helpful**, as you could measure impact over a given period of time.

- **Any plan going forward should consider a health and nature component.** There are other entities, like Metro, who might be interested in being a partner and funder in the program.

Who would you identify as potential funders?

- Northwest Health Foundation
- Meyer Memorial Trust, (equity, diversity and inclusion focus)
- Coca-Cola Foundation
- Health systems with participating providers
- Health insurers
- Nike
- Jackson Foundation
- Make It Better Foundation

Funding comments:

- **It will be a challenge for PP&R to go to foundations without a strong community partner with funding on the table.** Being a government entity that is funding the program makes it a challenge in obtaining foundation funding, as funders sometimes think of this as "backfilling."
- **Funding the Portland RxPlay program is complicated because there are parallel conversations occurring at THPRD and the Intertwine Alliance.** We have to find something that works for all the partners. One option is to look for a large funding source that would be shared with all the partners. **In order for RxPlay to expand geographically, it would need to be removed from PP&R.** We would need a strategic plan before we could begin to approach funders.
- **Explore having outreach staff placed in nonprofits.**

Decision: Consensus on the future of RxPlay

Session participants were asked to identify their top four priorities from the comments they made during the facilitated session. The top four strategies identified by session participants were:

1. Implement a fixed program model over time
2. Conduct longitudinal study as part of evaluation
3. Develop long-term funding plan
4. Collect health outcomes data from clinicians

Next Steps:

PP&R staff will review the evaluation findings report written by OPHI and recommendations from the convening session as it works to determine the future of the RxPlay program.

