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Promoting Population Health in Local Communities: Parental Perceptions of an Embedded Movement and Physical Activity Program for a Preschool Population

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Abstract

Background: Many children reach kindergarten lacking age-appropriate motor skills because of a lack of access to early intervention services or a lack of continued early intervention beyond 3 years of age. Research suggests sedentary children become sedentary adults, which contributes to a growing population of unhealthy Americans with chronic health conditions, such as high blood pressure, diabetes, heart disease, and psychosocial difficulties. Parents often are not aware of the benefits of engaging in physical activity or possess a lack of awareness of their local resources. A community based preschool movement program was created to foster physical activity and promote carryover through participation in family activities.

Method: A program evaluation design model was used to explore parental perceptions of their child's interest and participation in physical activities. Knowledge of local resources was also measured.

Results: The parent responses reported an increase in interest for physical activities by their child along with an increase in parental understanding of the value of movement in daily routines. The family's awareness of local resources increased as a result of the movement program and supporting materials.

Conclusion: Collaborating with existing entities can further parental education about movement and non-sedentary routines. Future research is needed to measure outcomes over time.

Comments

The authors report no potential conflicts of interest.

Keywords

community based, population health, physical activity and movement program, preschool populations

Credentials Display

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Current health care trends for adulthood obesity report that nearly half of United States adults will be considered obese by 2030 (Ward et al., 2019). The Centers for Disease Control and Prevention state that the prevalence of obesity in American adults is 39.8%, with adults 40–59 years of age having the highest percentage of obesity in adulthood (Hales et al., 2017). Higher medical costs are associated with obesity, secondary to related conditions such as diabetes and cardiovascular or gastrointestinal issues, with health expenditures for medications increasing yearly (Biener & Decker, 2018). In addition, health care trends report that the rate of obese children in the United States continues to rise, with preschool-aged children at 13.9% (Hales et al., 2017). While school-aged children (18.4%) and adolescents (20.6%) do have higher rates of obesity, it is important to note that children are classified as obese as early as in preschool (Hales et al., 2017). High rates of obesity among children and adolescents place them at risk for chronic conditions, such as cardiovascular disease, stroke, and type II diabetes (Lobstein et al., 2015). In addition, obese children are more likely to remain obese if the condition is not addressed from a systems perspective (Armstrong et al., 2017; Lobstein et al., 2015). Research shows that children who are obese have difficulties with psychosocial functioning and have poorer self-esteem and quality of life. They also experience bullying behaviors as well as increased body dissatisfaction and depressive symptoms (Bazyk & Winne, 2013; Kaprowy, 2012; Pizzi, 2013; Pizzi & Orloff, 2015; Pizzi & Vronman, 2013; Small & Aplasca, 2016). The United States has enacted policy and community programs to reduce the rate of childhood obesity, which has led to the increase of offerings to address childhood obesity in local communities (Allar et al., 2017; Collie-Akers et al., 2018).

Community-based practice blends the best of medical model knowledge with a population-based setting. Occupational therapy services address broader disability issues and afford an opportunity to expand occupational therapy service delivery in natural settings (Doll, 2010). Creation of community programs must take a collaborative approach with multiple stakeholders to address local problems and challenges. Becker's original and seminal work, the Health Belief Model (HBM; 1974), provides the theoretical foundation needed to better understand the salient interactions of self-efficacy, actions, barriers, and beliefs in community-based initiatives in their social context.

Programs targeting obesity awareness offer strategies for multiple audiences. For example, the education system offers embedded strategies for physical education in school settings (Armstrong et al., 2017; Gustin et al., 2016). The "Let's Move" initiative, as well as others, was promoted by the US Department of Health and Human Services (2014). This initiative, when coupled with preschool education, was found to impact health-related behaviors and family involvement (Allar et al., 2017). Family-based interventions to produce healthy habits and reduce obesity in the family as a whole are another focus in the literature (Lane & Rodriguez, 2018; Moxley et al., 2019).

The profession of occupational therapy values the use of family centered care in pediatric settings, identifying the children as part of a family unit (Fingerhut et al., 2013). Using parents in therapy and educational programming has been shown to be an effective approach to reducing childhood obesity (Orban et al., 2014). Family-based interventions are attributed to fostering engagement in physical activity (Lane & Rodriguez, 2018; Nigg et al., 2016). Orban et al. (2014) cites that using a family centered approach in interventions to reduce childhood obesity allowed families to spend 91 more minutes together per day with an increase in physically active occupations. Pizzi and Vronman's (2013) research related to health and wellness admonishes occupational therapy providers to "create and support a systems change through family, school, and the community may prevent or reduce obesity" (p. 108). By combining family

centered approaches, coupled with educational partnerships in early childhood education, habits and routines can be promoted in natural social contexts.

AOTA's *Vision 2025* (AOTA, 2017) emphasizes the importance of occupational therapists to expand the scope of traditional practice and analyze community needs in relation to health, well-being, and wellness. Furthermore, the *Occupational Therapy Practice Framework* endorses a population health approach, as it aligns more fully with the World Health Organization's definition of health promotion: "Using an occupation-based approach to population health, occupational therapy addresses the needs of populations by enhancing occupational performance and participation for communities of people" (AOTA, 2020, p. 15). Occupational therapists have the knowledge and competence to assume leadership roles in local communities, thus working at a grassroots level to promote the value of occupational therapy in everyday life.

An occupational therapy approach to population health focuses on aggregates or communities of people and the many factors that influence their health and well-being: 'Occupational therapy practitioners develop and implement occupation-based health approaches to enhance occupational performance and participation, [quality of life], and occupational justice for populations'. (AOTA, 2020, p. 19)

By seeking professional leadership opportunities, occupational therapists demonstrate their value and expertise in community endeavors. Structuring a community-based program, addressing public health needs for a population, and using a strengths-based approach aligns well with occupational therapy. Strengths-based approaches build hope, habits, and routines while providing opportunities to impact individuals in a community setting (Warburton & Bredin, 2019). Reframing the discussion allows occupational therapists to address key determinants of a healthy lifestyle, reinforcing habits and routines in the context of self-determination. Addressing the background needs of a community as a starting point allowed for exploration in program development for this project.

Physical inactivity in a preschool population was identified as a problem area in a mid-sized community in a mid-southern state. A needs assessment was conducted using semi-structured, open-ended interviews and a SWOT (Strength, Weaknesses, Opportunities, Threats) analysis with board members of a local health initiative, acting as key stakeholders, to explore relevant causal factors impacting the ability of community members to engage in activities supporting a healthy lifestyle. This included nutrition and physical activity to support a healthy weight. Results of the needs assessment identified sedentary lifestyles as a barrier to engaging in physical activity in the local community, and a lack of exercise and fitness as a primary contributing factor to obesity. Board members recognized a need for research and programming to increase physical activity, particularly in the early childhood population. No current programming to increase physical activity existed, identifying a need for community programming targeting preschool-aged children to promote physical activity.

This pilot program sought to provide regular physical activity opportunities for preschool-aged children, to educate their caregivers, and to fulfill a need in the community while responding to opportunities recognized in the SWOT analysis. The program was created in an effort to meet a societal need through promotion of gross motor skills for preschool-aged children who were too old for early intervention services, but not yet eligible for school-based services because of age. The target population included a geographic area lacking options for pediatric outpatient occupational therapy services. Thus, its implementation provided a two-fold opportunity to meet a community need while promoting awareness

of the unique contribution occupational therapy affords in promoting health and wellness in the community. This pilot study describes a community-based program implemented by an occupational therapist to promote physical activity skills embedded in daily living and educational programming in a childcare setting, along with opportunities for family engagement in local community resources.

Research Questions

The overarching research questions for this program were:

1. How comfortable were the parents and caregivers with engagement in physical activities with their child?
2. What was parent knowledge and comfort about community opportunities to encourage physical and movement activities for family engagement?
3. What were perceived parent and caregiver understanding of their child's physical activity options and continued engagement after participation in the program?

Method

Study Design

The study used a program evaluation design model to explore parental understanding of the types and amounts of physical and movement activities engaged in by preschoolers and the parental knowledge of community resources to foster movement activities.

The program outcome survey was administered at the completion of the 4-month program to evaluate the effects of the program. Surveys were developed based on the literature and current health initiatives using Likert scales and open-ended questions. A panel of experts reviewed the surveys for clarity and content to establish face validity. An activity log was used as a feedback tool from the home setting. Anecdotal data is presented based on program outcomes and participant goals. The study was approved by the institutional review board of a local university, and all professional and ethical protocols were followed (AOTA, 2010). The director of the childcare facility granted permission for the programming to take place at the center. Participation in the study was voluntary and all potential participants were provided with full disclosure of the purpose of the study. The parents and caregivers completed informed consent forms and liability releases on behalf of themselves and their children to participate in the movement programming with the preschool classroom. Participating preschool-aged children completed informed assent.

Participants

The pilot program was implemented in a preschool classroom at a childcare facility in Central Kentucky, an area with a relatively homogenous population. The participants' children were enrolled in the early childhood programming promoting physical activity during a 4-month period. All families with children in the 4-year-old classroom were invited to participate ($n = 15$). Nine families (60%) completed the outcome survey for the program evaluation.

The majority of the parents who chose to be involved in the gross motor and physical activity programming promoting gross motor skills had some college education. The participating parents and caregivers reported having between two and seven members in their household. This data is shared to get a general picture of the participants. Demographic information about the families is presented in Table 1 in aggregate form.

Table 1*Household Demographic Data*

Characteristic	Post
Gender of Child	n
Male	2
Female	7
Marital Status of Biological Parents	n
Married	3
Domestic Partner	1
Single	3
Divorced	2
Educational Preparation of Biological Parents	n
High School	1
College	8
Parental Age	24-51

Note. Data represents those that chose to return in their forms. During the 4-month period for data collection six students “aged-up” and moved out of the preschool classroom. No additional students joined the study. This may have contributed to a lack of parental completion of surveys.

Procedure

The program design employed occupation-based methods to promote movement and physical activity into the daily routines of preschoolers, addressing the needs of the population as it relates to Healthy People 2020’s leading health indicators of nutrition, physical activity, and obesity (2021). The program was designed to align with the Kentucky governor’s health goals for 2019 seeking to target obesity by reducing physical inactivity in the preschool population through collaboration with early childcare providers (Kentucky Public Health, n.d.). The theoretical framework guiding the program design was the HBM. The HBM has been used successfully in preventive health and wellness; seeking first to understand an individual’s attitudes and beliefs (Becker, 1974; Green et al., 2020; Janz & Becker, 1984). This model blended seamlessly with the study’s interpretation of parental perceptions related to their child’s engagement in movement activities in the social context of a preschool setting. The HBM also considers possible hindrances to positive health change by incorporating increased awareness on the topic and education to empower participants. Another component of the study addressed through parent education about community resources available for engagement in physical activity broadened opportunities for change in the families’ natural context.

The community-based preschool movement program for children 4 years of age was influenced by curricular learning themes from a Head Start educational curriculum, no longer used at the facility, to promote foundational gross motor physical activities for children while emphasizing educational learning themes. Unlike typical education curricula emphasizing cognitive processes for learning, gross motor movement skills were targeted, as research suggests children with difficulty successfully performing motor activities may be more sedentary (Wrotniak et al., 2006, as cited in Bellows et al., 2013). For example, curricular themes, such as animals, were incorporated in weekly lessons and literature, kinesthetic movement activity, and songs using sensorimotor theme groups. The groups facilitated gross motor skills such as body awareness, perception of movement, motor planning, bilateral

coordination, weight bearing, and crossing midline (Shasby & Schneck, 2005). The advanced movement aspect is not typically emphasized during traditional curricular themes which often target cognitive development and learning.

Furthermore, demographic data for the area indicated over half of the children entering Kindergarten were not academically ready as defined by the Kentucky Center for Education and Workforce Statistics (2014). Included in the developmental areas for school readiness is *Health and Physical Well-Being*, identifying a need for preschool-aged children to be able to do “activities that help develop large muscles and provide exercise” (Kentucky Governor’s Office of Early Childhood, 2013, p. 3). The Kentucky Early Childhood Standards identified a need to address “physical education” including “gross and fine motor skills” to help prepare preschool-aged children for school (Kentucky Governor’s Office of Early Childhood, 2013, p. 13).

The preschoolers had the opportunity to participate in embedded movement activities daily aligned with weekly classroom curricular themes to promote physical activity and development of gross motor skills to promote less sedentary behavior. It was the researcher’s hypothesis that the infusion of movement with all the pilot program information provided during the weekly activities and shared community resources will change participating families previously held health beliefs. This community-based programming integrated the classroom curriculum into eight sensorimotor theme groups over a 4-month period, providing opportunities for development of gross motor skills and physical activity embedded into a child’s naturally occurring environment and daily routine. The principal investigator, an occupational therapist, used a consultative approach, incorporating parents to the greatest extent possible in the study. Opportunities for parents and caregivers to engage in movement activities with their child at the childcare center each month were encouraged (e.g., through classroom parties and activities), and families were invited to share ideas about movement experiences in the home through completion of an activity log. A parent and caregiver education component was established with newsletters distributed monthly based on investigator observations, providing information to parents about the gross motor programming at the childcare facility, other community resources for engagement in physical activity, and developmentally appropriate gross motor activities to be incorporated into the child’s daily routine. The parent and caregiver newsletters provided an ongoing opportunity to educate and promote awareness of the program. The newsletters provided ideas for movement activities parents and children can engage in at home or in the community, as well as the potential impact this had on a child’s development. Incorporating reflexivity and ongoing assessment throughout implementation of the program allowed opportunities for information to be disseminated in regard to community events and opportunities for family-centered physical activity, incorporating the curriculum themes in the preschool setting.

Results

Research Question 1: Comfort with Physical Engagement with Child

1. How Comfortable were the Parents and Caregivers with Engagement in Physical Activities with their Child?

The families identified a high level of comfort engaging in movement and physical activities with their children. The parents reported after their child participated in the gross motor movement component of the study an increased level of comfort engaging in movement activities with their child. They had new opportunities provided for family-centered movement activities as a result of the program and shared

resources through the newsletters distributed weekly. The majority of the parents reported a higher level of physical activity during home and family time for their child after participating in the program.

All of the parents reported a high level of comfort engaging in physical activities with their child and reported doing so at least three times a week after the program (90%) (see Table 2). The parents reported having adequate outdoor space to engage in physical activity. Perceptions varied about the availability of community resources for movement or physical activity and their use. The parents reported a desire to walk and bike more after their child participated in the movement group.

Table 2

Program Outcomes Survey

	Percentile	Mean	Min	Max
Comfortable Engaging in Movement Activities with Preschooler	100%	5	0	5
Engage in Movement Activities Three or More Days a Week	90%	4.5	4	5
Engage in Movement Activities Five or More Days a Week	70%	3.5	2	5
Adequate Outdoor Space for Large Motor Physical Activity	83%	4.2	2	5
Community Provides Opportunities and/or Resources for Movement	77%	3.8	1	5
Family uses Community Resources to Engage in Movement	70%	3.5	1	5

Note. N = 9.

Research Question 2: Parent Knowledge about Community Resource Opportunities

2. What was Parent Knowledge and Comfort about Community Opportunities to Encourage Physical and Movement Activities for Family Engagement?

The parents also reported a higher level of comfort accessing community resources for engagement in movement and physical activity. This information is also presented in Table 2 as reported in the outcome survey. The table presents total responses by percent of responses to the question, the mean scores along with the range of scores recorded. The range of scores is reflective of the minimum and maximum response to the five statements on a Likert scale with *strongly disagree* (1) and *strongly agree* (5). Of particular note in this data is the range of the scores.

Most families (70%) used community resources to engage in physical activity. The parental program outcome surveys indicated an increase in reported comfort accessing community resources to engage in physical activity. Through weekly newsletters, suggestions were made about community events and resources to reinforce family movement activities.

Anecdotally, the parents indicated their understanding of engaging in movement or physical activities increased as a result of the programming. The parents inconsistently completed the activity logs, although they were encouraged to complete and return weekly. Based on the surveys returned, parental understanding of movement activities was broadened to include cleaning house, vacuuming, walking their dog, helping grocery shop, playing tag, swimming, skating, indoor soccer, hiking, outdoor play, running, playing in the snow, jumping on a trampoline, biking, dancing with the Wii *Just Dance* program, and playing at parks with their children. Thus, the parents were able to understand that movement was not just physical exercise programs. Activity logs were analyzed using a priori coding of data categorizing the data using the fourth edition of the *Occupational Therapy Practice Framework* (AOTA, 2020). Most

frequently noted was play participation involving co-occupations with other family members, such as a parent or sibling (AOTA, 2020). Another area addressed was instrumental activities of daily living, and most identified co-occupations with a parent were care of pets, home establishment and management, and shopping (AOTA, 2020).

Research Question 3: Activity Options after the Program

3. What were Perceived Parent and Caregiver Understanding of their Child's Physical Activity Options and Continued Engagement after Participation in the Program?

At completion of this program, 82% of the parent respondents reported a perceived increase in physical activity by their child, meeting the first targeted objective of the program: to identify perceived changes in physical activity or movement for a population after participation in physical activity and gross motor programming. The parental perceptions were mixed in regard to the community providing opportunities and/or resources for movement, and their use of community resources to engage in movement. Four community resources identified by the parents for engagement in physical activity with their child included a local YMCA, local public parks and pools, and a skate center. These resources represent both cost and no-cost alternatives in the local community.

Discussion

This pilot program explored family engagement in physical and movement activities after their children participated in a community-based preschool movement program. A program evaluation model was applied during the pilot study that sought to explore the conditions and well-being that caregivers want for their children, families, and community as a whole; program indicators; baselines; effective strategies; and performance measures.

According to the program outcomes, most of the parents and caregivers reported engaging in more movement activities together, being comfortable engaging in movement activities with their child, and being more comfortable accessing resources in the community to engage in physical activity. Most of the parents indicated that the program provided new opportunities for family centered movement activities and that their child was more active after participating in the program as part of its outcomes. This validates the perspectives shared in the literature about family movement activities (Armstrong et al., 2017; Gustin et al., 2016; Lane & Rodriguez, 2018; Moxley et al., 2019).

Furthermore, incorporating parental and caregiver needs for program evaluation facilitated recognition of community supports for promotion of physical activity. Initial parent feedback indicated a need for more community resources supporting physical activity. The parents initially expressed mixed feelings in regard to available community support for physical activity, with some expressing a desire for more walking and bike trails. Incorporating reflexivity and ongoing assessment through implementation of the program allowed opportunities for information to be disseminated in regard to community events and opportunities for family centered physical activity. Families may not be aware of the various initiatives at the community level, which would validate the literature (Lane & Rodriguez, 2018; Moxley et al., 2019; Warburton & Bredin, 2019). At the conclusion of the programming, the parents and caregivers indicated a better understanding of local resources for continued engagement in physical activity by children and their families. This demonstrates a low-cost, efficacious strategy for educating parents and caregivers and connecting them to community support for better health and wellness.

Education is critical in changing behaviors for a healthy society (Becker, 1974). The program affected the participants' behavior as demonstrated in the outcomes survey and through the completion of activity logs. Most of the participants (82%) reported that their child was more active after participating

in the program. This finding suggests that by simultaneously engaging in educational programming that impacts one's health beliefs, change can occur (Becker, 1974; Janz & Becker, 1984). Further, by promoting family activities with a strengths-based focus (Warburton & Bredin, 2019), communities can shift public attitude toward health and well-being. However, the data in this pilot study suggests a need for ongoing awareness and marketing of available free community resources, along with promotion from educational institutions, as noted in the literature (Armstrong et al., 2017; Gustin et al., 2016). Increased promotion and accessibility for community resources could be helpful to promote increased physical activity and movement with a select group, such as those that participated in this pilot program.

Creation of programming provided an opportunity to promote physical activity and development of gross motor skills for kindergarten readiness. This intervention approach was used, as evidence suggests, with children with difficulty successfully performing motor activities who may be more sedentary (Wrotniak et al., 2006, as cited in Bellows et al., 2013). Analysis of current physical activity engagement with parents was examined using the Occupational Therapy Practice Domains, including activities of daily living, instrumental activities of daily living, rest and sleep, education, play, leisure, and social participation in a naturally occurring context (AOTA, 2014). Of note was the expansion of parental understanding about physical activities performed in the home. By expanding parental understanding of movement and various co-occupations related to pet care and various home management activities (e.g., vacuuming, dusting, etc.), new habits are formed for physical engagement, and family routines are built and reinforced.

Fulfillment of the community-based program goals required a collaborative, interprofessional approach with the childcare facility director, teaching staff, parents, and preschool students to plan, create, and implement gross motor programming, as well as to explore current physical activity engagement of the parent and child in their natural occurring environment. The occupational therapist actively engaged in the occupational therapy process through evaluation, intervention, targeting outcomes, and consideration of context for building collaboration in community-based programming (AOTA, 2014). The results of the pilot programming demonstrate the role an occupational therapist can play in provision of community-based programming to promote health and wellness. Outcome results reinforce an increased awareness of families in relation to physical activity while influencing activity choices. Incorporating parents and caregivers in the analysis of physical activity provides an opportunity for parents and caregivers to explore their role in facilitating occupations supporting integration of physical activity into daily routines. This collaboration resulted in parents identifying their role in supporting physical activity through co-occupations of play and independent activities of daily living.

A core pillar of occupational therapy is prevention and being proactive in anticipating issues for current and future clients. We need to promote the value-added understanding of occupational therapy's role in our communities. This pilot program was created as an outreach by a pediatric occupational therapist in early intervention who wanted to address the gap in service sometimes left when a child transitions out of early intervention services but does not qualify for school-based services, who could potentially qualify for outpatient occupational therapy services in a rural setting, if these were available. The program was also intended to raise awareness for occupational therapy service provision in the community through interprofessional partnerships with early childhood educators in the community and fostering relationships with parents to provide a consultative, coaching approach for preschool-aged children. Pilot programs help to bridge occupational therapists into community-based roles, which support health equity and access, as delineated by the *Occupational Therapy Practice Framework's* most recent

revision, wherein population health is addressed at the population level. Partnerships such as these with local early childhood providers provide opportunities to contribute to the academic readiness of preschool populations in local communities while fostering interprofessional relationships and supporting the role of parents.

Implications for Practice

As occupational therapists practicing with infants, children, and their families, it is imperative to blend current and traditional practice settings with a critical eye to ascertaining potential gaps in service delivery. Drawing from knowledge of service delivery systems supports best practice through incorporation of parents and caregivers to inform and improve current practice.

Occupational therapist must be able not only to access traditional means of service delivery in early intervention but also to reach out to community partners to assess and identify gaps in service alongside sustainable ways to supplement occupational therapy services in a specific community population. This allows them to come alongside community stakeholders, such as local educators and families, to develop programming in a collaborative, relevant manner for its citizens using best practice strategies, such as a consultative, coaching model.

AOTA supports the role of occupational therapy in addressing obesity. Current health care trends have demonstrated a need to address the growing obesity epidemic using multi-faceted approaches. Occupational therapists have the skills to move to population-based care in health and wellness, as supported by the most recent version of the *Occupational Therapy Practice Framework*, and there is an area of need in the occupational therapy literature (AOTA, 2020). Pizzi and Orloff (2015) recognize the need to explore the impact of occupation in various contexts, including “individual and population levels, at different developmental ages, and surveys of children and parents/caregivers on activity and weight management” (Pizzi & Orloff, 2015, p. 36). Occupational therapy can create and shape a role in local communities, explore community needs, and demonstrate the value occupational therapy brings with our expertise. Occupational therapy has the potential to blend a strong developmental expertise as it contributes to participation and health promotion in local communities. This pilot program reinforces these beliefs, as it demonstrates a structure for implementing best practice: an evidence-based interprofessional approach in community-based settings to address a public health need.

Limitations and Future Research

This research demonstrated a cost-effective pilot program to enhance the gross motor skills of a preschool population to enable and equip preschool-aged children with the skills needed to engage in movement and physical activity for enhanced occupational performance and academic preparedness. Aligning the sensorimotor groups with the classroom core curriculum provided an opportunity to collaborate with educators and parents and caregivers while using existing facility resources. Sensorimotor groups can be refined, adapted, and reused in other preschool aged classroom settings (Shasby & Schneck, 2005).

The limitations of the study included a small sample size, lack of control group, and parental work schedules impacting their ability to participate in classroom-based movement opportunities. Other limitations included attrition rates, as the childcare setting had children transitioning to other classrooms because of aging up or moving throughout the duration of the program. Data collection consisted of paper forms, surveys, and newsletters, as the researcher did not have access to the families’ email addresses or other personal information. However, the COVID-19 pandemic has provided adaptations to more traditional paper data collection techniques, such as electronic phone apps for weekly activity tracking.

Using this alternative method of data collection could have yielded increased participation from families regarding physical activity participation.

Future research should build on the structure of this community-based programming and be implemented with other pediatric populations. Longitudinal research should also be incorporated to determine the impact of intervention over time.

Conclusion

Answering AOTA's *Vision 2025* requires occupational therapy to consider new, innovative approaches to meet the public health needs of individuals in community-based settings while collaborating with other professionals. The current evolution of health care affords occupational therapists' opportunities to advocate for and support awareness of the profession through provision of its unique insight into occupational science. This research provides an example of interprofessional, community-based programming to meet population health needs related to obesity while supporting occupational performance in natural settings. It employed best practice models through a systems approach, incorporating a community needs assessment, consideration of current health policy, research, and application of theoretical frameworks in occupational science and health care to create culturally relevant client centered programming.

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