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AN OCCUPATIONAL THERAPY PERSPECTIVE ON HEALTH AND WELLNESS: A STEP TOWARD PREVENTION

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AN OCCUPATIONAL THERAPY PERSPECTIVE ON HEALTH AND WELLNESS: A STEP
TOWARD PREVENTION

by

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Bachelor of Science, Oregon State University, 2020

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APPROVAL PAGE

This scholarly project, submitted by Olivia Myers, OTDS in partial fulfillment of the requirement for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Karrianna Iseminger, OTD, OTR/L, CHT

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4/15/2023

<div align="right">Date</div>

PERMISSION

Title   An Occupational Therapy Perspective on Health and Wellness: A Step Towards Prevention

Department   Occupational Therapy

Degree   Occupational Therapy Doctorate

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Olivia Myers
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ABSTRACT

Purpose

The purpose of this project was to develop a group protocol that addresses the primary prevention of obesity through an occupational therapy lens within a community setting.

Literature Review

The literature indicates that weight management is a complex process that involves personal, contextual, and task constructs interacting together in a way that may support or hinder the individual seeking weight management (Barclay & Forwell, 2018; Dunn et al., 1994; Maley et al., 2016; Pyatak et al., 2019; Sanchez et al., 2021; Sriram et al., 2018; Tanneberger & Ciupitu-Plath, 2018; Zusman et al., 2018). Due to the complexity of an individual's context, the literature suggests that finding occupational balance that promotes health and wellness through lifestyle change is critical for weight management (AOTA, 2020b; Wagman et al., 2015). The literature supports that health management, sleep, work, and many other occupations are interconnected, and making long lasting lifestyle change is necessary to sustain progress towards weight management goals (AOTA, 2020b; Smallfield et al., 2021; Raynor & Champagne, 2016).

Methodology

This project was developed using a literature review with research that was produced no later than 2018, with the exception of six articles. The evidence-base for this project was gathered using the electronic databases of CINAHL Complete and Google Scholar. Publications, such as *OT Practice* and the *American Journal of Occupational Therapy* were also accessed through the American Occupational Therapy Association for the literature review. To enhance the needs

assessment, informal interviews were conducted for cultural perspectives on health and wellness within the YMCA. Continuing education courses were completed to obtain a knowledge base for lifestyle change through Lifestyle Redesign concepts (Clark, n.d.-a; Clark, n.d.-b; Clark, n.d.-c). Additional needs of the agency were determined through skilled observation.

Product

A group protocol was created to educate adults on the primary prevention of obesity through occupational lifestyle change. Supplemental materials were created for different stakeholders in attendance to demonstrate the value of occupation within primary prevention.

Summary

This project highlighted occupational therapy's role in the primary prevention of obesity within the community setting. This project demonstrated the importance of interprofessional collaboration to improve transitional care from clinical settings to community engagement. Further investigation is necessary to determine the effectiveness of application of the weight management group protocol.

CHAPTER I

Introduction

Problem Statement

The American Occupational Therapy Association (AOTA) (2015) has addressed health and wellness as an emerging area of practice within the field of occupational therapy due to the impact lifestyle has on an individual's ability to complete daily occupations. Obesity, which impacts 41.9% of adults in the U.S., is a serious health concern because of the cost of declining health and the possibility of occupational deprivation (Barclay & Forwell, 2018; Centers for Disease Control and Prevention [CDC], 2022a). This is partly because of comorbidities that often accompany obesity, such as type 2 diabetes, coronary heart disease, and sleep apnea all having a detrimental impact on the client's ability to engage in valued occupations (CDC, 2022c). For this reason, an occupational perspective on this health concern is needed for a holistic evaluation of contributing factors and possible intervention options.

Purpose Statement

The purpose of this project was to address the need for occupational therapy's involvement in the health and wellness of adults with the goal of primary prevention of obesity. The aim of this project was to develop an educational group protocol that addressed the primary prevention of obesity through lifestyle change within a community setting. This project also intended to develop interprofessional community relationships to improve overall community wellness for the sustainability of the primary prevention of obesity in this community, as well as the prevention of many other negative health outcomes linked to obesity (CDC, 2022b).

Community Setting

The need for community-based preventative healthcare was addressed through the development of this project, in partnership with the YMCA of Columbia-Willamette. By utilizing community agencies, healthcare via primary prevention can be established in a way that supports community members in which traditional healthcare settings are less appropriate. This is because community agencies, such as the YMCA are built on a foundation of friendship and comradery that is hard to find anywhere else. Within this setting, individuals can find health and wellness in a variety of ways, be it physical activity, social engagement, or community service. Having this culture of community and togetherness is a critical component for addressing the primary prevention of obesity, as many individuals that struggle with weight management will require a support system during their journey with weight loss (Dieterle, 2018; Raynor & Champagne, 2016; Sutcliffe et al., 2018).

Objectives for Project

This project consisted of six objectives to guide the development of the group protocol. The first objective was to evaluate best practices based on the literature review for individuals with obesity and determine which are culturally appropriate. The second objective was to identify gaps in occupational balance for individuals seeking weight management strategies. The third objective was to determine the current method for preventative care at the agency. The fourth objective was to develop an occupation-based lifestyle change group protocol in collaboration with an interprofessional team. The fifth objective was to develop community relationships in order to strengthen the preventative care team within the community setting. The sixth objective was to advocate for OT's role in health management.

Theoretical Framework

The guiding theory for this project was the ecology of human performance model (Dunn et al., 1994). This model guided the development of all parts of this project, including project objectives, supporting literature, supplemental materials, and the group protocol. This model was intentionally utilized to develop this project because the nature of this project required the viewpoint of occupational therapy, while also being interdisciplinary for a variety of community members and practitioners to appreciate. This model consists of key constructs, which include: the person, the context, and the tasks, which can all be broken down into multiple factors within each construct to further analyze weight management, holistically. By analyzing each construct, a performance range can be determined for completion of the tasks. This analysis indicates where intervention is necessary.

Overview

Chapter II includes a comprehensive literature review, guided by the constructs of the ecology of human performance model (Dunn et al., 1994). Chapter III describes the methodology used to produce the literature review, group protocol, and all supplemental materials. Chapter IV consists of an explanation of the group protocol, and the materials created for various stakeholders within the creation of this project. Chapter V summarizes the significance of this project to occupational therapy, the YMCA, community healthcare, the strengths and limitations of the project, and future utilization of this group protocol.

CHAPTER II

Literature Review

The purpose of this scholarly project was to explore supports and barriers for health and wellness for individuals concerned with obesity prevention through an occupational therapy perspective. The project was informed by a literature review on current health and wellness intervention approaches and strategies, guided by the ecology of human performance model [EHP] to evaluate occupational supports and barriers and provide insight into appropriate intervention based on those supports and barriers (Dunn et al., 1994). The author sought out expert opinions via informal interviews to better grasp the culturally relevant health and wellness issues within the community, from an etic and emic perspective. The author observed and engaged with individuals within the agency to determine valued occupations within the community context. Additionally, the author completed continuing education courses to become more knowledgeable on intervention approaches related to health and wellness. Based on the literature, observation, continuing education and expert opinions, the author created a comprehensive group protocol addressing health and wellness for individuals concerned with obesity prevention through an occupational therapy perspective.

In order to investigate further, it is necessary to first explain the operational definitions pertaining to this literature review. Health, for the purposes of this study, is described as a managed and maintained state of being that allows a person to achieve desired life goals. Wellness is the intentional process of making satisfying lifestyle choices (Swarbrick & Yudof, 2015). Occupations are activities that an individual wants or needs to do in order to bring purpose to their life (AOTA, 2020b). Lastly, occupational therapy practitioners provide skilled

services to clients to improve participation in valued occupations and improve overall quality of life (AOTA, 2020a).

For this literature review, the overarching question was: what occupational supports and barriers exist that impact health management for the adult population engaging in obesity prevention strategies? This question was being posed due to occupational researchers recently suggesting the need for further occupational therapy involvement into health management and obesity healthcare (Barclay & Forwell, 2018; Dieterle, 2018; Fields & Smallfield, 2022; Nossum et al., 2018; Pyatak et al., 2019).

Theoretical Framework

During the process of gathering the literature base for this review, the ecology of human performance model [EHP] was utilized to guide inquiry and generate questions from a holistic and occupational point of view. In addition, the language of the EHP model can be understood by a variety of interprofessional team members within a community setting, making it most appropriate for the current project (Dunn et al., 1994). The key constructs of this model are: the person, including the sensorimotor, cognitive, and psychosocial factors; the context, which consist of the temporal, social, physical, and cultural factors; and the tasks, which are the observable activities an individual completes to achieve a goal. By analyzing each construct, a performance range can be determined based on the analysis of identified supports and barriers to completion of the tasks. This analysis indicates where intervention is necessary.

Person Construct

Person factors involve any factors that are unique to the individual, and can fall into three categories: sensorimotor, psychosocial, and cognitive (Dunn et al., 1994). The sensorimotor component looks at the person's sensation and motor capabilities and how those factors impact

the way the individual is able to interact with the world. According to Pyatak et al. (2019) a major concern related to obesity is the common comorbidity of diabetes and the sensorimotor deficits that can occur if health management is not maintained. Of the various health concerns listed, adult-onset blindness and amputations were of highest concern related to sensation and motor functioning.

Tanneberger and Ciupitu-Plath (2018) indicated that individuals with obesity can have negative experiences with healthcare professionals due to their size limiting their motor capabilities, or physical ability to be mobile in the hospital setting. This difficulty with mobility can result in nurses and other healthcare staff needing to utilize specialized equipment for transferring patients with obesity. Due to the added difficulty that this brings to the hospital staff, some nurses have reported having a bias against patients with obesity, which can result in worse care. Experiences such as these can lead to low self-esteem and serious mental health concerns for the individual, which demonstrates the link between physical and mental wellness.

The psychosocial factors that impact the person can vary, but are typically factors that impact the person's mental wellbeing and ability to interact with others and complete tasks and occupations. The literature suggests that social anxiety and fear of glances can be just as debilitating as physical symptoms that occur with obesity (Nossum et al., 2018). An example of this could look like an individual with obesity who develops social anxiety related to being viewed negatively due to their size, and not leaving their house for physical exercise or social interaction, resulting in a continued decline in health outcomes. Therefore, addressing internalized fear is important for overall health and wellness, alongside weight management.

Other researchers have found that motivation can play a large role in an individual's ability to manage their weight. According to Winik and Bonham (2018), the program that they

utilized to address weight management in active duty military service members was ultimately

unsuccessful because this key factor was missing. The authors predicted that the failure of their

program was most likely associated with a lack of patient engagement and perceived barriers to

managing healthy behaviors, indicating that without participant buy-in, the motivation for

behavior change is difficult to achieve. In addition, researchers Willmott et al. (2019) found

through their systematic review of eHealth interventions, that successful interventions for weight

management were interventions that helped participants develop internalized motivation and

autonomy through effective goal setting and self-regulating skills. This allowed participants to

build that buy-in to the program as they gained confidence in themselves through accomplishing

goals that were difficult, without feeling impossible.

The cognitive factors that impact the person's ability to achieve health and wellness goals

are related to the way they think about or understand health information. The literature defines

this as health literacy, or the person's understanding of health-related information. Having a low

health literacy can be detrimental for individuals struggling with weight management because

having a base of understanding of health and healthy choices is necessary to determine what

health goals are appropriate and what changes to make in order to achieve those goals. The

evidence suggests that low health literacy is significantly associated with obesity for both adults

and children, and factors like socioeconomic status can magnify negative perceptions related to

weight (Michou et al., 2018; Ciciurkaite & Perry, 2018).

According to the literature, having a body mass index or BMI of 30 or more classifies a

person as obese, and over 40 qualifies as severe obesity (CDC, 2022b). The CDC (2022b) notes,

that BMI is a screening tool and not a diagnosis of health. However, these numbers may not be

as useful to populations that struggle with weight management if health literacy is an underlying

issue, and understanding the negative health risks associated with obesity is a barrier. In order to address this issue, researchers Pyatak et al. (2019) made education central to their study. The authors ensured that participants were educated on health management to develop healthy habits and routines, but they also ensured participants were educated on how to make adaptations to their routines with changes in life circumstances. The authors found that this key component made a difference in participant success with achieving weight management goals.

Contextual Construct

Within a person's context many factors should be analyzed to gain a holistic perspective of potential supports and barriers to a client's health and wellness, including: temporal context, cultural context, social context, and physical context (Dunn et al., 1994).

A client's temporal context is related to time, such as their age, stage of life, developmental stage, or time associated with health status, and how those factors impact the person's ability to participate in desired tasks, such as preventive weight management strategies (Dunn et al., 1994). An example of this found in the literature involved employers allowing for more flexible work shifts and schedule changes for their employees (Nobrega et al., 2016). With the employers allowing for this flexibility with time requirements at work, employees were better able to meet their health and wellness needs. Depending on the employee's flexibility with their work schedule, this ideal may not always be achievable. In those cases, an alternative may be optimizing one's time when they are off work to prioritize health goals, such as making time to grocery shop and prepare meals for the week. Depending on the individual's age or stage of life, dedicating time to a nutrition goal may be especially important to manage weight as well as disease risk which should be discussed on an individual basis with a primary care provider (U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2020).

This concept of varying time allocated on the occupations that make up an individual's life, such as work, childcare, or personal hobbies to achieve a better quality of life is referred to as occupational balance and is highly influenced by the context of one's life (AOTA, 2020b). An example of this could be prioritizing healthy leisure activities like walking the dog during a time of day that was previously dedicated to an occupation that consumes significant time, such as participation in rest after getting home from work.

Based on the findings of Zusman et al., (2018), another area of concern within the temporal context is the change in adults' health status over time, particularly older adults who experience a hip fracture. Through the authors' systemic review, they determined that older adults with hip fracture had an increase in sedentary behavior and low amounts of physical activity in both rehabilitation and recovery. This finding indicates that preventing injury in the older adult population or expediting the process for return to previous activity could improve sedentary behavior in older adults and encourage continued engagement in health management and other valued occupations.

According to Maley et al., (2016), the stage of life or transition in life that can occur through major life events is an area where spirituality can come into play when individuals need help with coping. This may be especially important when unforeseen events occur that may pose a challenge to an individual's health and wellness. An example of this could be the loss of a loved one making the process of maintaining healthy habits more difficult throughout the grieving process. The authors indicate that spiritual connection, such as a prayer group or group nature walk could improve the individual's ability to cope with their loss. This research is significant because similar to the findings of Zusman et al., (2018), an individual who experiences a loss may require time away from their health and wellness routine, but returning to

previous healthy occupations is important for prevention of obesity and various other mental health concerns.

The cultural context is a compilation of all culturally relevant information that impacts the person's experience through their weight management journey. As previously stated, achieving occupational balance within the workplace can be beneficial for employees trying to develop a healthy routine. However, according to Wagman et al. (2015) occupational balance is under researched and undervalued in non-western culture, and therefore employers and employees alike may not understand the significance of diminished occupational balance. This may leave employees feeling like they are only participating in activities that they have to do, or simply not participating in activities that matter to them or make them feel a higher sense of purpose. Based on the current evidence, workplace culture can result in negative health outcomes if occupational imbalance is the norm within the workplace.

Also of importance is the cultural context within a person's home. Cultural beliefs and attitudes can develop as a result of lived experiences and education, and regardless of the client's beliefs, family and friends can influence health related choices based on cultural norms. According to Sriram et al. (2018), friends and family can be either a support or a barrier to health and wellness depending on their own attitudes and health beliefs. A supportive example of this would be if friends at a senior living center participated in a 60 and up softball league every weekend, indicating that there is cultural importance within the community through playing and attending the event. An example of cultural beliefs leading to barriers in reaching goals could be a family member preparing a traditional meal that is in opposition to dietary and nutrition goals. This can be especially problematic if the client feels that they have to choose between personal goals and cultural expectations. This evidence indicates that cultural factors are difficult to

control when it comes to sustaining a weight management routine. The literature also indicated that the family unit was highlighted as especially important due to the potential for greater change, as parents with a broader knowledge on healthy choices can then implement them for their children (Sanchez et al., 2021). This indicates that the family culture is important and can impact generations of healthy or unhealthy lifestyle choices.

The social context can be described as any social interaction or influence that impacts the person's ability to complete their desired health goals (Dunn et al., 1994). Family and friends would fall under this category as the nature of socializing with them in various contexts, such as home and work, could impact a client's ability to sustain their health routines (Sriram et al., 2018). In the work context, social interactions in the form of peer pressure can contribute to worse health choices. According to Thorndike et al. (2016), an individual's short-term decision making regarding healthy choices can be impacted by peer pressure. This might sound familiar for individuals who work in a context where positive work outcomes are celebrated with sugary treats, and it is a work norm for the employees to enjoy the food, regardless of personal health goals.

Similarly, in the clinical context of healthcare, Tanneberger and Ciupitu-Plath (2018) found that some nurses displayed negative social interactions with overweight patients, in the form of weight discrimination, and caused those patients struggling with weight management to have worse care than the average person. This is an unfortunate finding as patients could be seeking out resources for weight management in this setting, and social interactions like this can result in a setback for the patient. This setback could be short or long term in regard to addressing weight management, and there is the chance that the individual could develop other health concerns that parallel obesity, which they may not seek care for.

The evidence indicates that there are many barriers within the social context, however, there are also some supports that have been found as well. Researchers, Willmott et al. (2019) found through their systematic review that supporting participants through positive communication via electronic health interventions resulted in positive health outcomes for young adults struggling with weight management. Specifically, the authors found that social support through personalized feedback, and contact with their weight management program provider, was most effective. This suggests that something as simple as a motivating message from a fitness coach can have a profound impact on an individual's ability to progress in reaching their health and wellness goals.

The physical context consists of physical structures, or resources that support or inhibit the person from engaging in meaningful activities (Dunn et al., 1994). The physical context of the home can be a support or barrier to health and wellness, depending on key features. For example, physical supports related to the home might look like having a backyard to grow fresh produce in order to meet dietary goals. An example of the opposite might look like rush hour traffic being a part of an individual's physical context after their workday. In this example, the traffic is a barrier and could cause the individual to spend so much time on the road that they no longer have the time to complete the workout that they intended to do after work.

Also within the context of the home is the impact of Covid-19 on health and weight management. Researchers Bhutani and Cooper (2020) anticipated Covid-19 related changes in habits and routines at home which involved more sedentary behaviors impacting weight gain for some individuals. This finding showcases the importance of developing healthy and maintainable habits and routines in the home context, and building a supportive physical context around you. To build this supportive physical context, Willmott et al. (2019) suggests behavioral reminders

and booster messages due to the authors finding that these visual reminders in the person's

context lead to better adherence to a weight management program. The authors also noted that

programs that utilize these reminders promoted positive health choices and increased motivation

for participants.

Task Construct

A task is similar to an occupation but is distinct in that it is an observable behavior

directed towards a goal (Dunn et al., 1994). Often tasks can be observed as smaller activities that

each play a part in a person's occupation. The term "occupation" according to the AOTA

(2020b) refers to many different activities that provide a person with a sense of purpose. These

occupations may be basic activities of daily living, such as dressing, toileting, and sexual activity

or more complex instrumental activities of daily living, such as financial management, care of

others, and meal preparation. Health management is a broad occupation which includes, but is

not limited to, social and emotional health, medication management, and physical activity. Other

areas of occupation include, rest and sleep, education, work, play, leisure, and social

participation. All individuals have unique occupations (or set of tasks) that bring a foundation of

meaningfulness to their life. For this project, the primary occupation of concern is health

management, in order to address the health and wellness needs of individuals with weight

management difficulties. This can be accomplished in many ways, but an example would be

changing the social context to promote emotional health and build a sense of community while

engaging in physical activity. The occupation of health management is important for many

individuals due to the interconnectedness of health and many other occupations.

The occupation of sleep comes into play throughout all of life's activities and can impact

an individual's ability to effectively participate in health management. For many this occupation

is critical due to the lack of sleep impacting the individual's energy level and ability to engage in desired occupations or tasks. Smallfield et al. (2021) suggests that sleep is an important occupation with regards to health and wellness, whereas the more common recommendation of exercise may not be the priority. The authors argue that sleep is a common occupation that individuals with chronic conditions (like obesity) struggle with, and the resulting fatigue can often become a limiting factor in completing other occupations and tasks. Based on this information, developing a healthy and holistic health and wellness routine that consists of meaningful and individualized occupations is necessary for successful weight management intervention and obesity prevention.

Lifestyle Change

Based on current research, the most supportive intervention approaches to achieve health and wellbeing are lifestyle changes from a holistic and client centered perspective (Raynor & Champagne, 2016; Dieterle, 2018; Ligibel et al., 2019). According to Raynor and Champagne (2016), addressing obesity requires lifestyle change, but it should incorporate community and organizational factors as well to prevent previous barriers from impacting progress. Ligibel et al. (2019) found similar results when analyzing best practice for weight management related to preventing breast cancer. The authors indicated that lifestyle change was key, and by incorporating education, counseling, and physical activity programming, clients could decrease their risk for breast cancer and various other comorbidities that are associated with obesity. Additionally, Dieterle (2018) encourages a client-centered approach to lifestyle change, so the client feels that their primary health concerns are addressed. Similarly, Fields and Smallfield (2022) also support client-centeredness based on their analysis of systematic reviews on self-management interventions. Based off their analysis, the authors stated that three key factors in

implementing intervention that developed self-management skills were client education, goal setting, and problem-solving skills. However, according to Sutcliffe et al. (2018), self-management skills should be addressed later on in the weight management program, and not be expected early on in the process. The authors found through their systematic review that individuals who participated in weight management programs found the most success when they had developed positive relationships with program providers and other participants.

According to Kracht et al., (2021), when women transition into menopause they experience unique challenges around weight management and should have a lifestyle program that is catered to their specific challenges and needs. The authors conducted a qualitative study with the perspectives of Black women and found that respondents wanted a lifestyle program that incorporated social support, accountability, and allowed them to notice results. The respondents indicated these areas were critical for maintaining behavior change.

Based on this research, lifestyle change interventions are important, and can incorporate more features than just diet and exercise, and according to Barclay and Forwell (2018), self-esteem, anxiety, and depression also need to be addressed for successful health and wellness programming. The authors explained that diet and exercise can be important, but without addressing the mental health barriers, the client cannot achieve holistic and maintainable health and wellness. From this evidence, the current project will utilize lifestyle change intervention strategies that promote client centeredness and address the primary prevention of obesity, holistically.

An evidenced based occupational therapy intervention for achieving lifestyle change is through the Lifestyle Redesign Program (Dieterle, 2020). Within this programming, clients learn how to set goals, problem solve lifestyle change, and are educated in areas such as self-analysis

and symptom management. Lifestyle Redesign programs are provided by certified professionals to ensure quality care is achieved. Within Lifestyle Redesign is a specific program for weight management which is designed to assist individuals in achieving their goals surrounding weight management and allows participants to feel autonomous during the process.

The EHP model is especially useful for this project because it provides intervention approaches for an individual's unique circumstances (Dunn et al., 1994). The intervention approaches are intended to initiate change and include establish/restore, adapt/modify, alter, prevent, and create. Based on the EHP model, this project would primarily utilize the establish/restore intervention approach, or the adapt intervention approach. According to the authors, interventions such as establishing new health routines would be considered an establish/restore intervention, and are appropriate for clients that have limited to no experience with having a health based routine. In comparison, an adapt intervention would be more appropriate for a client who does have a healthy routine in place, but they have a difficult time being consistent with the routine. In this scenario, an appropriate intervention would be to adapt the routine to be more manageable for the client to follow.

Conclusion

The literature utilized in this review consists of mixed scholarly rigor, but provides various perspectives on weight management issues from both the patient and the practitioner viewpoint. This allows for a more thorough analysis of the quality of care, as well as gaps in care for individuals concerned with preventing obesity. Key areas of concern, according to recent research, are addressing mental health factors, possible comorbidities associated with obesity, and education about health and wellness, which can impact an individual's ability to maintain weight management goals (Ciciurkaite & Perry, 2018; Michou et al., 2018; Nossum et al., 2018;

Pyatak et al., 2019). Additionally, this literature review discussed various supports and barriers within an individual's context, and the importance of finding occupational balance that promotes health and wellness (AOTA, 2020b; Wagman et al., 2015). The literature supported that health management, sleep, and many other occupations are interconnected and making lifestyle change is necessary to sustain progress towards weight management goals (AOTA, 2020b; Smallfield et al., 2021; Raynor & Champagne, 2016). According to the findings in this literature review, the most appropriate intervention for addressing these areas of concern is through lifestyle change from either an establish/restore intervention approach, or the adapt intervention approach depending on the individuals' needs (Raynor & Champagne, 2016; Dieterle, 2018; Ligibel et al., 2019; Dunn et al., 1994).

Additionally, various disciplines contributed to this review, and the unique contribution of each member of a client's health journey is important to appreciate for an effective interdisciplinary team. Further evaluation into cultural factors from an expert opinion is necessary for developing a thorough understanding of weight management difficulties within the current population.

<center>**CHAPTER III**</center>

<center>**Methods**</center>

The project was initiated using the literature review as supporting evidence, and the needs of the community were determined by informal interviews, as well as skilled observation. The program development was influenced by the guiding model, needs assessment information, and the unique needs of the YMCA of Columbia-Willamette.

Literature Review

The process of gathering literature for this project was guided by the ecology of human performance (EHP) model to obtain a comprehensive understanding of the primary prevention of obesity within an occupational-based model (Dunn et al., 1994). The literature was gathered using electronic databases, such as CINAHL Complete and Google Scholar. The American Occupational Therapy Association was also utilized to access publications relevant to the occupational therapy profession such as, *OT Practice* and the *American Journal of Occupational Therapy*. Inclusion criteria for research articles utilized in this project were having full text access, utilizing an adult population with weight management concerns, and relating to the guiding questions of this project. Articles were excluded if they were primarily using children as the study population. Additional articles were excluded if they were older than 2015, with exception to the evidence pertaining to the theoretical framework used in this literature review. Most articles utilized in this literature review were published within the last five years; however, exceptions were made for six articles: five due to the relevance to the questions and one being a position paper and therefore the most current information from the publishing organization.

Informal Interviews

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Within the YMCA of Columbia-Willamette community, the author conducted informal interviews of 10 staff and 5 members to better grasp the culturally relevant health and wellness issues within the community. Questions for the agency staff included: 1) What do you think makes the agency culture special? 2) What are some barriers that people might face with trying to receive services here? 3) Do you think that the skills that members learn here are also utilized at their home? 4) What kind of health is valued here (physical health, mental health, or social health)? Questions for the agency members included: 1) What is special about the agency culture? 2) What is it that the agency offers you that helps with your health and wellness goals? 3) What are your favorite activities that the agency offers, and do you also participate in these activities at home? The informal interviews varied in thoroughness of response based on respondent's available time for questions. Ethical considerations were appreciated during these informal interviews to limit any personal or identifying information.

Skilled Observation

Skilled observation was completed throughout the development of the project to determine current practices utilized by the agency, related to the primary prevention of obesity or relationship building. Relationship building was evaluated due to the informal interviews revealing that having a strong sense of community was the most important component of the agency's culture. The observations were recorded, and the results of the observations were utilized during the development of the presentation in order to provide appropriate suggestions for lifestyle change with respect to the agency's unique services and resources.

Continued Education Courses

During the development of this project, the author completed three continuing education courses in order to gain a better understanding of lifestyle change as intervention (Clark, n.d.-a;

Clark, n.d.-b; Clark, n.d.-c). This education was obtained due to the literature review findings indicating lifestyle change was a critical component of managing health and wellness (Raynor & Champagne, 2016; Dieterle, 2018; Ligibel et al., 2019). The courses the author took were based on the Lifestyle Redesign Program, which is an evidenced based program for lifestyle change (Clark, n.d.-a; Clark, n.d.-b; Clark, n.d.-c). However, the official courses and credentialing could not be obtained for this project, and therefore this project utilizes concepts from the Lifestyle Redesign Program but does not parallel the program itself. The courses detailed the conceptual foundations of lifestyle modification, needs assessment and group leadership to maintain occupational participation, and information on routines, occupational balance, and health related to aging.

Program Development

The program was developed through three phases, the initial design phase, the preparation and implementation phase, and the review and evaluation phase (Fazio, 2017, pp. 91-96). For the design phase, a population, community, and agency profile were created to understand the demographics and specific needs of all three entities. Then, the literature review was completed to determine the most current and evidence-based strategies for weight management and obesity prevention within the adult population. Expert opinion discussions were conducted in order to gain additional needs assessment information related to the agency and to gain an interprofessional perspective on health and wellness and weight management strategies. Informal interviews with staff and members were conducted to determine cultural needs from an emic perspective of the agency community. Additionally, skilled observation was utilized to determine occupational strengths and barriers within YMCA classes and virtual platforms.

The preparation and implementation phase consisted of determining and using a guiding theory, creating goals, determining the structure of the program, determining supports for the program, completing financial planning, and determining methods for marketing the program (Fazio, 2017, pp. 91-96). The EHP model was used as the guiding theory for this project due to the interprofessional nature of the group protocol and the importance of contextual factors (Dunn et al., 1994). Through the use of EHP, goals were created and integrated into the presentation in order to measure understanding of content within the presentation. A program development schedule was developed with evaluations of project objectives to ensure progress was being made. Additionally, outreach to local practitioners was completed for additional interprofessional perspectives on the project and to develop a foundation of community resources for improved transitional care from a clinical setting to return to community engagement. The program was determined to be unique to the area due to the content being specific to the agency and the education being free and open to the public. Financial planning for this program was limited to printing costs, costs to operate technology and to utilize the multipurpose room. Possible sources of revenue were determined to be new memberships from non-member attendance or referrals from practitioners. The target market for the program was determined to be members, non-members, healthcare practitioners, instructors, and other facility stakeholders. The promotion was completed via word of mouth, email, and posted on the YMCA website in order to build a cost-effective promotional mix (Fazio, 2017, pp. 245-253).

The review and evaluation phase was completed through the use of a quiz to determine if comprehension of content was achieved after presentation. The author was responsible for ensuring that all goals were met and answers for the pop-quiz were delivered via call out. Success was determined by having at least 3 respondents for the pop-quiz.

Group Protocol Format

This program consisted of a one-hour group protocol in order to educate on community health and wellness and obesity prevention. The format of a presentation was determined in collaboration with the partnering agency due to an existing monthly education program, called Y-talks, and the nature of the project. The Y-talks are unique to the YMCA of Columbia-Willamette, and they serve as free community events for education on health-related topics. In addition to the Y-talk presentation, nine additional resources were created for participants, YMCA stakeholders and staff, and local practitioners to supplement the group protocol and increase carry over of understanding to community application.

Product

Aim

This group protocol consisted of an interactive presentation, learning activities, and multiple resources to appropriately address the primary prevention of obesity through an occupational therapy lens within a community setting.

Group Protocol

This group protocol was crafted to address the need for occupational therapy within the preventative care team for primary prevention of obesity. This need was identified through the literature, and through skilled observation at the YMCA of Columbia-Willamette (Barclay & Forwell, 2018).

The group protocol was free to all members of the YMCA, non-members, and local practitioners to encourage participation and community-based learning. Local practitioners were invited to attend based on previous associations with the agency or student, and through an internet search for local physical or occupational therapists. Inviting the practitioners to attend was to encourage interprofessional collaboration within the area for improved outcomes related to primary prevention of obesity, extending from rehabilitative settings through the community setting.

The session started with a ten-minute introduction to the topic and ice-breaker activity. Agency management and stakeholders were given the Supporting Evidence-base for Health and Wellness Y-Talk handout to evaluate while observing the presentation. The Key Points document was also offered to personal trainers in attendance to evaluate while observing the presentation. A local practitioner in attendance received the Practitioner Resource to evaluate

while observing the presentation. The participants were then educated on occupational therapy for ten minutes before moving on to goal writing for an additional five minutes. During this time, participants engaged in the Fill My Cup Activity and Toolbox Activity to apply educational material. Participants completed activity grading for five minutes by taking part in a group game of grading three example activities. Then, participants learned about maintaining goals during life transitions for ten minutes. The YMCA 360 resources were used at this time to educate participants on this tool and its use for transitions to community engagement. Participants ended the session with a discussion on how to apply lifestyle change for the final ten minutes. Ten minutes was left for questions at the end of the presentation.

The presentation was guided by three learning goals for the session. The first learning goal was to develop and understanding of occupations and the role they play in health and well-being. The second was to explain the importance of self-awareness to address unique health needs. The third learning goal was to describe types of lifestyle changes to stay on track with your health and wellness goals.

Through the course of the presentation, all learning goals were addressed and participants were quizzed on their understanding of the learning goals at the end of the presentation.

Supplemental Materials

Handouts were created for the presentation in order to increase understanding and ensure that all participants received practical information regarding the primary prevention of obesity, with respect to their community role.

Fill My Cup Activity and Protocol

The Fill My Cup Activity was created to analyze participants' occupational balance, in order to determine if lifestyle change is required for improved health and wellness. This activity

started with all participants being educated on what occupations are and what occupations are related to weight management and obesity prevention. Participants were then instructed to "fill their cup" by writing the type and amount of occupation that they engage in in a typical day. Next, participants were encouraged to share about their cup and how they felt about their typical day. After the discussion, participants completed the activity again, but listed occupations for an ideal, healthy day. Participants then compared their cups from a typical day to an ideal day and determined if they wanted to make a change in their occupational balance for a healthier lifestyle.

The Fill My Cup Activity Protocol was created for the future utilization of this activity with individuals seeking weight management strategies with personal trainers. The protocol includes instructions to implement the activity, a Fill My Cup Activity template, and an example Fill My Cup Activity.

Toolbox Activity and Protocol

The Toolbox Activity was created to apply the goal setting information learned during the presentation, for a client centered approach. This activity involved each participant writing an individualized health goal, to improve occupational balance, based on findings from the Fill My Cup Activity (AOTA, 2020b). Based on the goal, each participant determined three difficulties that they might encounter while achieving their goal. Participants then contemplated about possible "tools" in their toolbox, or possible solutions to barriers that they anticipate encountering when trying to achieve their goal. The activity ended with the participants being educated on the importance of developing problem-solving skills for maintaining progress towards health and wellness goals.

The Toolbox Activity Protocol was created for the future utilization of this activity with individuals seeking weight management strategies with personal trainers. The protocol includes instructions to implement the activity, a Toolbox Activity template, and an example Toolbox Activity.

YMCA 360 Resources

This resource was created to inform YMCA members about an app option for beginning a health and wellness journey, or to assist with a transition from a procedure back to community engagement (which was determined to be an area of concern from the needs assessment). This handout is intended for agency staff to provide to members who may benefit from using the app. This resource was also utilized during the presentation to educate YMCA members on advocating for their needs for return to previous level of community engagement by showing practitioners videos displaying the type of movement required in specific exercise classes. This resource consists of simple steps to obtain the app on a smart phone or computer. During the cultural informal interviews with staff, a need for translated health information was determined, so this resource was also produced in Spanish.

Supporting Evidence-base for Health and Wellness Y-Talk

A handout explaining the evidence-base used to support this group protocol was created for agency management and stakeholders. This was done to provide the agency with a brief explanation of each slide of the presentation and the supporting evidence, should the agency wish to utilize the presentation in future health and wellness programs. This document explained the process of program development used for this project, in order to emphasize all steps necessary for recreation of a multi-disciplinary community engagement event. Lastly, the document highlighted occupational therapy's role within the primary prevention of obesity

through community health education. This was done for advocacy of the profession and to encourage further collaborative efforts with various health and wellness disciplines within the community.

Key Points

The Key Points document was created for personal trainers to utilize while working with clients on goals related to weight management or obesity prevention. This resource displays the main components from the presentation for ease of use within the community agency. This document encourages personal trainers to first determine where change is needed for improved occupational balance by participating in the Fill My Cup Activity. Then, create realistic and specific goals using the Toolbox Activity. The next step encourages the personal trainer to continue to use the Toolbox Activity for determining difficulties and supports related to goal maintenance. The personal trainer is then encouraged to educate their client on grading activity to maintain goal progression and prevent injury. The personal trainer is also encouraged to educate their client on the difference between cheating their exercise and grading it for injury prevention. Lastly, this document recommends that the personal trainer discuss transitions in the health routine, and use the YMCA 360 app with their client for improved community reengagement.

Practitioner Resource

A resource was created for local practitioners to strengthen community relationships and educate on strategies for the primary prevention of obesity through community engagement and client centered care. This resource lists five key take-aways from the presentation that practitioners should consider with their role in community weight management. The first point was for practitioners to have open communication with their clients about how they can plan to

manage their health before they are discharged for ease of transition of care. The second point

encourages practitioners to educate their clients on grading activities for injury (or re-injury)

prevention. The third is to generalize skills from the practitioner's services for the client's health

and wellness goals within the community for improved client autonomy. The fourth point

encourages practitioners to educate their clients on using community resources to support them

in their personal health and wellness. The fifth point encourages the practitioner to become a

consultant for their communities' health and wellness for the continuation of preventing chronic

health conditions, like obesity, within this community.

CHAPTER V

Summary

The intention of this program was to address community-based primary prevention of obesity from an occupational therapy perspective. This project demonstrated the value of occupational consultation within a community setting, with the goal of decreasing the prevalence of adult obesity in the future. In addition, the group protocol highlighted occupation as a major component of lifestyle change, in order to prevent obesity, the comorbidities that can accompany obesity, and subsequent occupational deprivation (Barclay & Forwell, 2018; CDC, 2022c).

Significance to Occupational Therapy

The significance of this program for the profession of occupational therapy was that it displayed the interplay between occupational lifestyle change, interdisciplinary collaboration, and community healthcare to address the primary prevention of obesity. Through the occupational analysis activities, community members were able to determine and plan for lifestyle changes to support their health, wellness, and weight management goals. This result is significant because community health through occupational analysis is underutilized, but can be useful for group reflection of health and wellness, which can then be applied through community engagement.

This project demonstrated that occupational therapy has unlimited potential for interprofessional collaboration regarding the primary prevention of obesity. This collaborative effort is important, particularly for transitions through levels of care, and ensuring that primary prevention continues outside of the clinical setting.

Occupational therapy practitioners are unique in our breadth of clinical knowledge, which can be applied to community health and obesity prevention. Through the role of a consultant, the

occupational therapy practitioner can provide community-based education and interventions for improved engagement in the occupation of health management (Fazio, 2017, pp. 178-179). This education is important for informing the general public, interdisciplinary practitioners, and agency stakeholders about primary prevention of obesity through occupational lifestyle change. This education has the potential to improve the self-confidence of individuals to initiate and accomplish health and wellness goals, as well as strengthen interprofessional relationships to improve overall community health for the primary prevention of obesity.

Although health and wellness is an emerging area of practice within the field of occupational therapy, this project displays that occupation is central to community health and wellness (AOTA, 2015). Health and wellness is dependent on a communities' ability to engage in purposeful occupation, because the ability to participate in activities that we want and need to do is a critical component of our quality of life.

Significance to Primary Prevention

The significance of this project for the primary prevention of obesity was that it demonstrated how the community can come together to provide a supportive context for cost effective, informal health education for improved community health and wellness. This project showed that the factors within the triple aim could be addressed in the community setting for improved community health through preventative care (Institute for Health Improvement [IHI], 2023). This program addressed the need for an improved experience of care by highlighting the occupations at the YMCA of Columbia-Willamette that contribute to health and wellness that members value. The need for improved population health was addressed by highlighting the importance of holistic health management and occupational balance for primary prevention for all adults within the agency community. Lastly, the need for reduced costs was addressed by

prioritizing the maintenance of health and wellness goals in hopes of preventing hospital costs related to obesity (and various other comorbidities) through decreased sedentary behavior, as well as acute injury prevention (CDC, 2022c; Zusman et al., 2018). Also, the community agency provided the learning experience for free to all members and non-members of the agency.

By developing community and interprofessional relationships, the participants were able to gain community resources for additional options for holistic health and wellness knowledge. Having that community support showcased the unique benefit of the community-based setting to address the primary prevention of obesity. The supportive context allowed for individuals seeking weight management education to do so in a non-clinical setting, which was supportive of increased individual autonomy with regards to completing weight management goals. This context of community support and friendship provided the participants with an ideal learning environment to start making necessary changes in their health and wellbeing, and had the potential to support the continuation of those changes to become healthy routines.

Based on this project, there may be untapped potential for primary prevention implemented within the community setting for improved long term population health outcomes.

Strengths and Limitations

The strengths of this project were that occupational therapy was highlighted within this area of practice, the benefits of using an occupational, interdisciplinary model were demonstrated, and the triple aim of healthcare was addressed through the use of occupation-based strategies for the primary prevention of obesity (IHI, 2023). This group protocol demonstrated the benefit of an occupational therapy perspective with regards to the primary prevention of obesity through an investigation of occupational balance and lifestyle change. Through this experience, participants were educated on occupation, the occupational therapy

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profession, and how occupational balance can impact health and wellness. The material provided was generalizable to almost any health and wellness goal, for improved overall health. Additionally, other practitioners were educated on the profession of occupational therapy, with the use of EHP for increased carryover of understanding through interdisciplinary language used within the group protocol (Dunn et al., 1994). Part of the project was intended to encourage community-based consultation for stronger community health and primary prevention teams. The EHP model also enabled a holistic evaluation of contextual factors that may contribute to weight management (Dunn et al., 1994). Another strength of this project was the components of the triple aim were addressed, indicating that community health programs could have the potential for significantly improving population health.

Some limitations of this project include limited evaluation of the impact of this group protocol to initiate or sustain lifestyle change for improved weight management. This protocol allows for participants to learn about lifestyle change and apply the information through activities, but application beyond the initial session was not evaluated. The sustainability of this primary prevention program is limited due to the community educational opportunities being dependent on continued community involvement with practitioners providing education to community members about health and wellness. This project attempted to address this difficulty by encouraging practitioners to take on a consultant role within their community, but practitioner community engagement was not evaluated through this project. The role of the occupational therapy practitioner was evaluated with constraints due to the setting not employing occupational therapists. Therefore, the role of the OT was able to be evaluated as a consultant, but no further evaluation was done in terms of individualized intervention. However, it should be noted that the role of the consultant is still a strength within the community setting.

Future Utilization

It is suggested that future utilization of this product should include personal trainer using the Key Points handout, the YMCA 360 resource, the Fill My Cup Activity and Protocol, and the Toolbox Activity and Protocol with clients who are seeking weight management strategies. The Key Points handout could also be utilized for informal education by instructors during exercise classes. It is encouraged that continued interprofessional collaboration via practitioner consultation occur for sustaining the informal education of community members on health and wellness topics supporting the prevention of obesity. The author promoted local practitioners to become involved in community wellness through the Practitioner Resource. It is recommended that all participants and observers of this project continue to share the value of preventative care via community engagement.

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APPENDIX A

PRESENTATION

Lifestyle Change and Weight Management
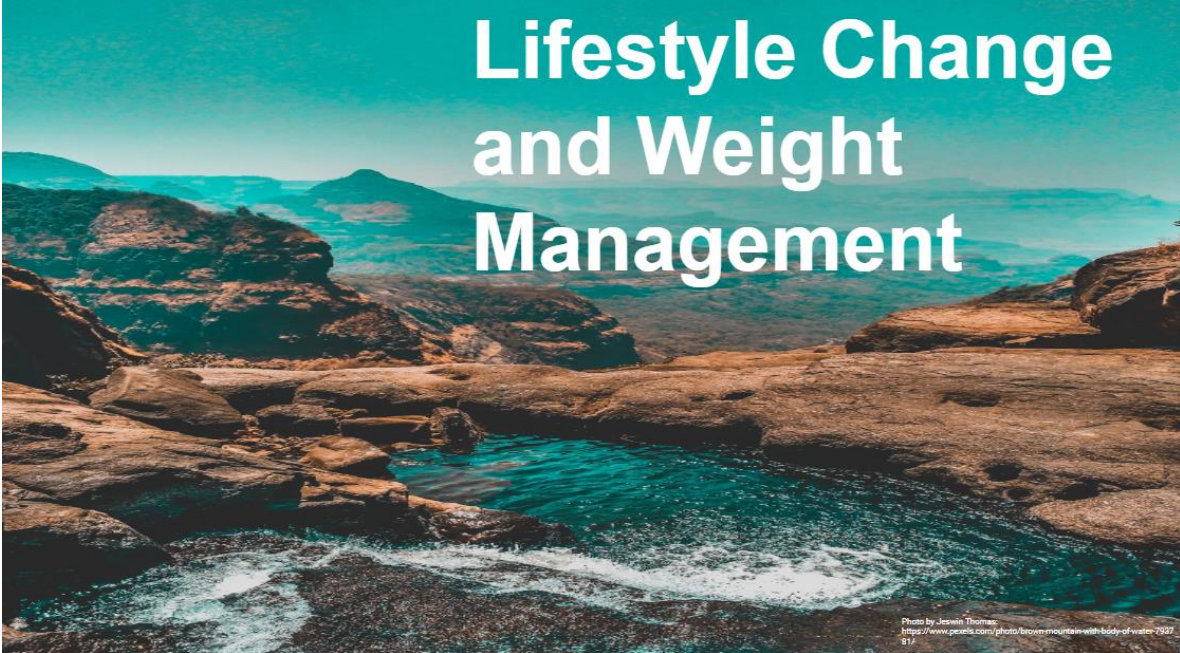
Learning Goals

- Develop an understanding of occupations and the role they play in health and well-being
- Explain the importance of self-awareness to address unique health needs
- Describe types of lifestyle changes to stay on track with your health and wellness goals

TO DO:

1. Learn about occupational therapy (10 minutes)

2. Goal writing (5 minutes)

3. Grade activities (5 minutes)

4. Learn about transitions (10 minutes)

5. Discuss how to apply lifestyle change (10 minutes)

Photo by MART PRODUCTION:
https://www.pexels.com/photo/to-do-text-on-the-paper-7718671/

What is occupation?

Occupations are activities that an individual wants or needs to do in order to bring purpose to their life (American Occupational Therapy Association [AOTA], 2020).

Photo by Andrea P. Coan:
https://www.pexels.com/photo/photo-of-man-diving-in-to-water-878352/

Health Management

- Social and Emotional Health (Nossum et al., 2018)
- Nutrition Management
- Physical Activity
- Symptom and condition management
- Medication management

Other Occupations:
- Rest and Sleep
- Work
- Meal preparation
(AOTA, 2020)

Photo by Lumân:
https://www.pexels.com/photo/selective-focus-photo-of-yellow-flowers-in-bloom-295771/

Lifestyle Evaluation

Fill My Cup Activity

- Health Management
- Work
- Rest and Sleep
- Meal Preparation

(AOTA, 2020; Clark, n.d.-c)

Photo by Sena:
https://www.pexels.com/photo/unripe-red-blackberries-on-shrub-9980611/

Occupational Balance

The concept of varying time spent on the occupations that make up an individual's life, to achieve a better quality of life is referred to as occupational balance and is highly influenced by the context of one's life (American Occupational Therapy Association, 2020).

Photo by Pixabay:
https://www.pexels.com/photo/cairn-stones-and-body-of-water-in-distance-235990/

Goals

- What I want to change/ improve
- How I will do it
- How I will measure it
- When to check for progress

Goal: I will **improve my mental health** by **attending at least 2 exercise classes a week** by **4 weeks**.

STG: Today, I will schedule my exercise in my planner for Monday and Friday from 8:30-9:15 for the next 4 weeks to better manage my time.

(YMCA, 2023; Clark, n.d.-a)

Photo by Luna Lovegood:
https://www.pexels.com/photo/food-cold-healthy-drink-4087656/

My toolbox activity

My tools:

- Personal traits/skills about yourself
- Support systems
- Helpful equipment
- Supportive contexts
- Positive attitude
- Motivation
- Having the knowledge

(Dunn et al., 1994; McGonigal, 2019; Nobrega et al., 2016; Nossum et al., 2018; Pyatak et al., 2019; Sriram et al., 2018; Sutcliffe et al., 2018; Thorndike et al., 2016; Winik & Bonham, 2018)

Photo by Pixabay: https://www.pexels.com/photo/stainless-steel-close-wrench-on-spanner-210891/
Photo by FWStudio: https://www.pexels.com/photo/brown-wooden-parquet-flooring-129731/

Maintaining Goals

- Self-awareness
  - How do you feel at the beginning vs end of class?

- Grading activity
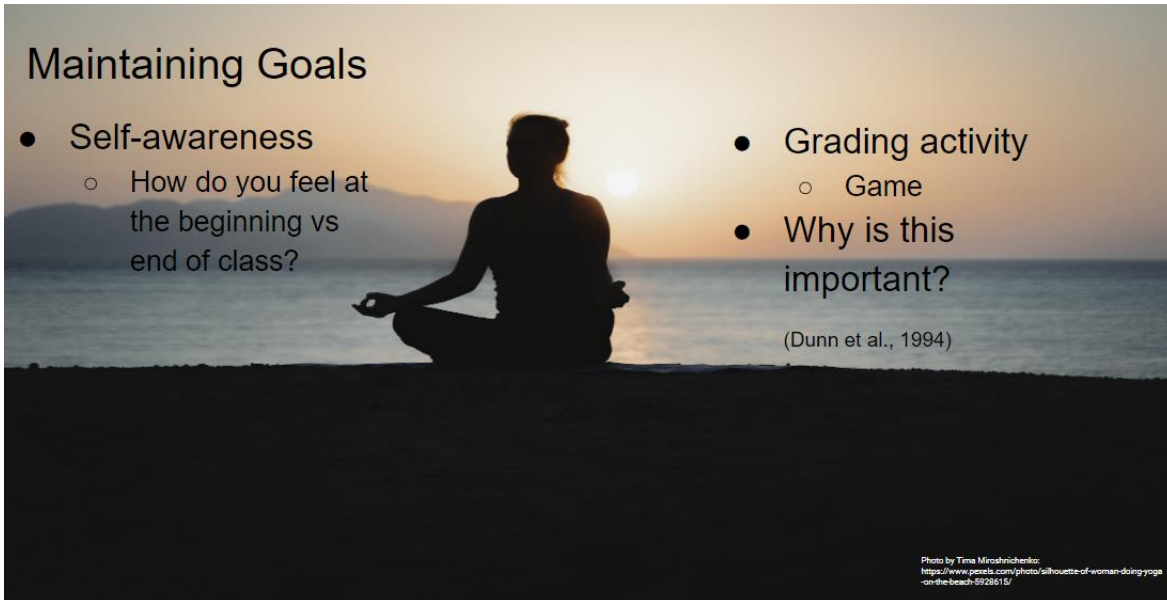 - Game
- Why is this important?

(Dunn et al., 1994)

Photo by Tima Miroshnichenko: https://www.pexels.com/photo/silhouette-of-woman-doing-yoga-on-the-beach-5928615/

Grade each activity: Jumping

Knee injury last week

Grade up:

Grade down:

Photo by Shardar Tarikul Islam:
https://www.pexels.com/photo/a-silhouette-of-people-jumping-on-a-field-909
1935/

Grade each activity: Dancing with arms overhead

Total shoulder arthroplasty
years ago

Grade up:

Grade down:

Photo by Kampus Production:
https://www.pexels.com/photo/anonymous-girlfriends-dancing-against-sunset-sky-5935232/

Grade activity: Meditating

Headache

Grade up:

Grade down:

Photo by Tima Miroshnichenko: https://www.pexels.com/photo/silhouette-of-woman-doing-yoga-on-the-beach-5928341/

Why is grading important?

Activity analysis of yoga ball partner activity

Photo by cottonbro studio: https://www.pexels.com/photo/exercise-balls-in-a-rack-7671458/

Process skills:
Paces
Attends to instructor
Heeds partner's actions
Chooses what type of throw to complete
Uses ball appropriately
Handles ball appropriately when told to hold the ball for instruction
Inquires for a partner
Initiates
Continues
Sequences movements
Terminates
Searches for a partner
Gathers the correct ball/partner
Navigates around chairs
Responds to instructor
Adjusts to instructions
Accommodates to partner's level/strength
Benefits by looking around to make sure they are doing correct movement if they did not hear

Social interaction skills:
Approaches
Concludes
Produces speech
Gesticulates (gestures) appropriately for ball to be thrown to them when they are ready
Speaks fluently
Turn towards
Looks
Places self a socially appropriate distance away
Regulates behavior to stay on task with activity
Questions
Replies
Expresses emotions by laughing during activity
Thanks
Times response
Times duration
Takes turns
Matches language
Clarifies
Encourages
Empathizes
Heeds speaking when instructor is speaking
Accommodates
Benefits

Motor skills:
Stabilize while throwing
Aligns body to catch ball
Positions arms to catch ball
Reaches
Bends
Grips
Manipulates to roll down body
Coordinates to balance while holding ball
Moves by pushing ball
Lifts
Calibrates force to throw ball to partner
Flows for fluid movement with throwing and rolling
Endures
Pace to continue activity for entire time

(AOTA, 2020)

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Cheating

What is the difference between cheating your workout and grading it?

Not cheating:
- If you think you will throw up from the intensity
- Pain
- Joint instability
- Precautions and contraindications

Being tired is good and shaking is good.

(Clark, n.d.-b; Dunn et al., 1994)

Photo by Анна Рыжкова:
https://www.pexels.com/photo/person-rock-climbing-3077882/

Transitions

- **Extended time away**
- **Use resources**
  - **YMCA 360**
  - **Work with your healthcare team**

(YMCA, 2023; AOTA, 2020)

Photo by Pixabay:
https://www.pexels.com/photo/action-animal-bronco-bucking-33251/

YMCA 360

Culinary Arts
Prep and cook delicious meals with fun recipes, meal planning, and cooking techniques.

▶ 15:58

Healthy Swaps

Learn how to swap ingredients to make healthy and delicious snacks.

Level: All Levels
Duration: 16 min
Instructor: Michelle Wells

(YMCA, 2022)

Mind Matters
Balance your Spirit, Mind, and Body with videos that focus on mental wellbeing

▶ 13:57

Rest Easy: Mindfulness for Sleep and Rest

This guided meditation is for those that want to have a restful and peaceful sleep.

Level: N/A
Duration: 14 min
Instructor: Lauren Baklund

(YMCA, 2022)

YMCA 360

Mind Matters
Balance your Spirit, Mind, and Body with videos that focus on mental wellbeing

▶ 2:50

Goal Setting

Learn about recruitment if self-management skills as they relate to exercise adherence.

Level: All Levels
Duration: 3 min
Instructor: Jennifer Rewkowski

(YMCA, 2022)

Silver Strength
Work your muscles and stay motivated with these strength classes.

▶ 21:45

Silver Strength 4

A strength workout with the added support and stability of a chair.

Level: All Levels
Duration: 22 min
Instructor: Natalie Morton

(YMCA, 2020; Zusman et al., 2018)

Pop Quiz

- What are occupations? What role do occupations play in health and well-being?
- How can you practice self awareness to address your unique health needs?
- What is an example of lifestyle change that you could do today to improve health and wellness?

Thank You

Photo by Pixabay
https://www.pexels.com/photo/question-mark-on-chalk-board-356079/

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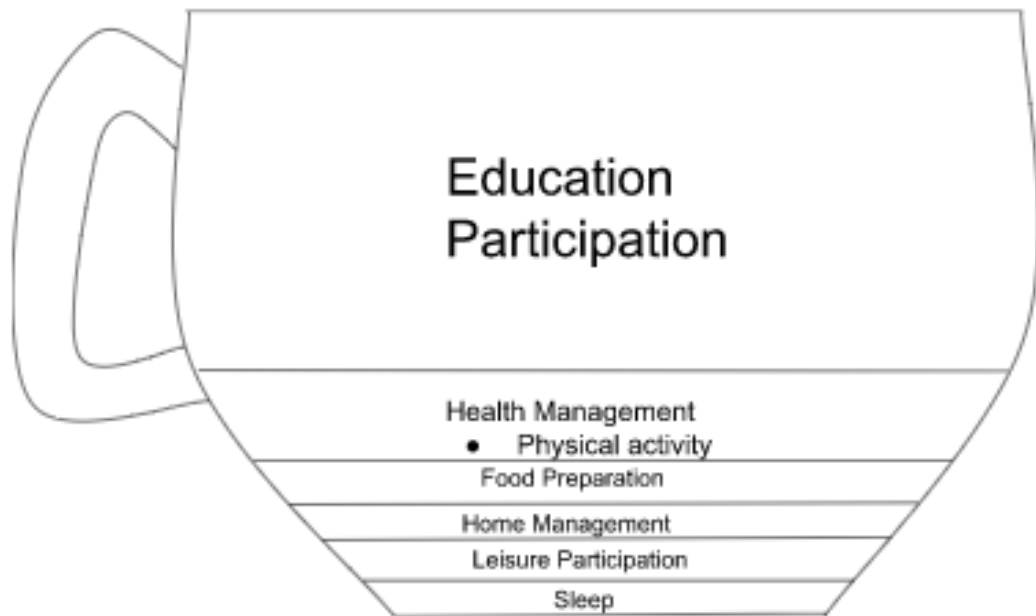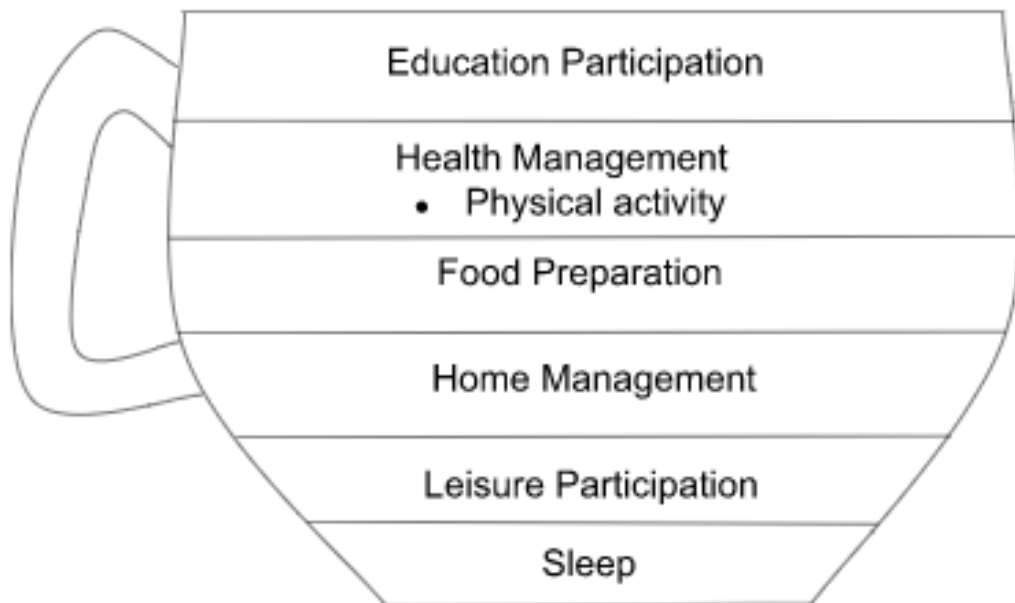and physical activity after hip fracture. *Clinical Rehabilitation, 32*(5), 679-691. https://doi.org/10.1177/0269215517741665

APPENDIX B

MATERIALS FOR PARTICIPANTS

Fill My Cup Activity Example

Fill My Cup Activity

Normal day

Education Participation

Health Management
• Physical activity
Food Preparation
Home Management
Leisure Participation
Sleep

Ideal day

Education Participation

Health Management
• Physical activity

Food Preparation

Home Management

Leisure Participation

Sleep

Toolbox Activity

Goal: I will improve my health by preparing my food for the week for 1 hour every Sunday by 3 weeks.

Short term goal: Today, I will start a list of healthy lunch options to shop for on Sunday.

Difficulties:

1) My school responsibilities take up a lot of my time on Sunday.

2) Sometimes I'm unmotivated to take the time to prepare meals.

3) I don't like going to the grocery store.

My tools:

1) I will dedicate 4pm-5pm to prepare meals and complete my school tasks by 3pm by using a planner.

2) I will rely on my support system by preparing meals with my friend on Sunday.

3) I will go to the grocery store in the morning on Sunday so that I can quickly shop.

YMCA 360 Resource Guide

How to get the app:

1. Go to the app store and get the YMCA- Columbia Willamette app.

2. Open the YMCA app and click on the YMCA 360 icon.

3. Log in with your YMCA username and password (ask the welcome center if you do not know your username and password).

4. Choose which videos you would like to learn more about.
    a. Recommended videos:
        i. Goal setting
        ii. Rest easy: mindfulness for sleep and rest
        iii. Healthy swaps

5. Option: Use this resource through your rehabilitation journey and inform your care team about what moves you would like to be able to do upon return to the Y.

How to access on a laptop:
1. Look up
   YMCA360.org.

2. Click on the "login or
   sign up" icon.

3. Enter your zip code.

4. Select your branch.

5. Enter an email address.

6. Enter a verification code sent through your email.

7. You are in!

YMCA Guía de recursos 360

Cómo obtener la aplicación:
1. Vaya a la tienda de aplicaciones y obtenga la aplicación YMCA-Columbia Willamette.

2. Abra la aplicación YMCA y haga clic en el ícono YMCA 360.

3. Inicie sesión con su nombre de usuario y contraseña de YMCA (pregunte en el centro de bienvenida si no conoce su nombre de usuario y contraseña).

4. Elige los videos sobre los que te gustaría obtener más información.
   a. Vídeos recomendados:
      i. El establecimiento de metas
      ii. Descansa tranquilo: concencia para dormir y descansar
      iii. Intercambios saludables

5. Opción: use este recurso a lo largo de su viaje de rehabilitación e informe a su equipo de cuidado medico sobre los movimientos que le gustaría poder hacer al regresar a la Y.

Cómo acceder en una
computadora portátil:

1. Busque YMCA360.org.

2. Haga clic en el icono
   "iniciar sesión o
   registrarse".

3. Ingrese su codigo
   postal.

4. Selecciona tu sucursal.

5. Introduzca una dirección de correo electrónico.

6. Ingrese un código de verificación enviado a través de su
   correo electrónico.

7. ¡Estás dentro!

APPENDIX C

MATERIALS FOR YMCA STAKEHOLDERS AND STAFF

Supporting Evidence-base for Health and Wellness Y-Talk

Slide 1:
Introduction and ice-breaker activity was based on the Y culture statement, with emphasis on discussing integrity through past experiences with feedback on health and wellness (YMCA, n.d.).

Slide 2:
The learning objectives were developed based on the literature review findings, class observations, and informal interviews with Y staff during needs assessment. The first objective was created in order to advocate for occupational therapy and to address health literacy needs, supported by the literature review (Ciciurkaite & Perry, 2018; Michou et al., 2018). The second objective was created in response to skilled observation of various classes, informal interview responses from both staff and members, and supported by the literature review for changing health status needs (Kracht et al., 2021; Maley et al., 2016; Zusman et al., 2018). The third objective was created based on the literature review findings and information pertaining to Lifestyle Redesign continuing education courses (Clark, n.d.-a; Dieterle, 2018; Ligibel et al., 2019; Raynor & Champagne, 2016). All learning objectives were created in alignment with the program development plan (Fazio, 2017, pp. 91-96).

Slide 3:
This slide is supported by Cole's 7 steps to guide a group intervention (Cole, 2018, pp. 3-27). This slide is intended to prepare audience members for the session's activities and to know timing for each activity.

Slides 4-6:
These slides discuss occupation and occupational therapy to build a foundation of health literacy in this domain (AOTA, 2020; Ciciurkaite & Perry, 2018; Michou et al., 2018; Nossum et al., 2018). The occupations chosen for this presentation were selected based on relevance to weight management and from the expert opinion of the site mentor. The activity listed on slide 6 is based on an activity through the Lifestyle Redesign Program, which is an evidenced based program for lifestyle change (Clark, n.d.-c). This program must be conducted by a certified practitioner, and therefore this project utilizes concepts from the Lifestyle Redesign Program, but does not parallel the program itself. The activity on slide 6 has been crafted for relevance to weight management and allows for active learning through group discussion and return demonstration during the activity (Fitzgerald & Jacobs, 2020). All of the presentation activities were designed to mimic a group intervention session by incorporating sequencing from Cole's 7 Steps (Cole, 2018, pp. 3-27).

Slide 7

This slide was created to build the foundation of health literacy and to encourage further reflection on occupational engagement, which is supported by the Lifestyle Redesign Program (Ciciurkaite & Perry, 2018; Michou et al., 2018; Clark, n.d.-c). This slide is also supported by the literature review which found that occupational imbalance may be a barrier for individual's progressing with their health and wellness goals (AOTA, 2020; Wagman et al., 2015). This slide was also informed by an occupational analysis of the YMCA360 app and investigating different occupations represented on the app.

Slide 8
Goal setting is supported by the literature review as being important for weight management programs (Dieterle, 2020; Fields & Smallfield, 2022; Willmott et al., 2019). Explaining different parts of a goal was done to encourage effective goal writing, which is supported by Lifestyle Redesign (Clark, n.d.-a). Example goals were used as a visual cue for passive learning, while also encouraging active learning through return demonstration of effective goal writing and to encourage group discussion about various types of health management goals (Fitzgerald & Jacobs, 2020). Individuals will have a handout to write their goal down and be able to take it home with them for carry-over of learning. This slide was also developed with information obtained by expert opinion from the site mentor and information obtained from the YMCA 360 app.

Slide 9
This slide is a visual cue for the activity "my toolbox", which encourages active learning through group discussion (Fitzgerald & Jacobs, 2020). This activity was created to investigate supports and barriers related to goal attainment, based on the goal each individual created. The tools listed in the slide are based on the literature review findings, indicating that person, context, and task factors can impact an individual's performance range, and ultimately their ability to attain their goals within a weight management program (Dunn et al., 1994; Nossum et al., 2018; Winik & Bonham, 2018; Pyatak et al., 2019; Nobrega et al., 2016; Sriram et al., 2018; Sutcliffe et al., 2018; Thorndike et al., 2016). Some information within the speech is based on the book: *Joy of Movement* (McGonigal, 2019). The tools are also based on skilled observations and discussions with members from weeks 3-6.

Slide 10
The information provided on this slide is based on skilled observation and analysis of effectiveness of health and wellness approaches that the Y instructors already use, and how to apply that information to grading activity. This slide also contained language from the theoretical framework of EHP (Dunn et al., 1994).

Slides 11-13

The information on these slides are based on informal interviews and expert opinion via discussions with members and staff about adapting (aka grading) activity for increased participation. The literature review supported preventing injury due to older adults' recovery process leading to increased sedentary behavior (Zusman et al., 2018). This slide is intended to educate members in order to prevent injury and to promote a maintained routine in healthy habits, which is supported by the (Clark, n.d.-b). Specific examples in the activity are based on class participation and skilled observation.

Slide 14
This information is based on participation in a senior strength class and activity analysis (AOTA, 2020).

Slide 15
The information on this slide is based on skilled observation and participation in classes. Parts of this slide are informed from discussion with instructors. Also, this slide is related to maintaining health and wellness which is supported by Lifestyle Redesign (Clark, n.d.-b). Language in this slide is based on EHP (Dunn et al., 1994).

Slide 16
This information is based on informal interviews with members and discussions with the site mentor, occupational analysis of YMCA360, community engagement activities, occupational analysis of on site classes, and the literature review (AOTA, 2020; YMCA, 2023).

Slide 17-18
This slide was created based on information obtained from informal interviews with staff, as well as the occupational analysis of YMCA360, and the literature review for transitions back to occupation for older adults (AOTA, 2020; Zusman et al., 2018). This slide was also supported by concepts within Lifestyle Redesign (Clark, n.d.-c).

Slide 19
This information was based on the program development plan and evaluation measurement of success (Fazio, 2017, pp. 91-96). This slide utilizes a pop-quiz as an evaluation measurement of success in order to return demonstrate an understanding of the content and actively engage in the learning process (Fitzgerald & Jacobs, 2020).

Slides 20-21
These slides were created as a result of observing and analyzing strengths and weaknesses of a previous Y-talk presentation.

Slide 22-24
References from Y-talk presentation.

The presentation as a whole:
This presentation was crafted to address the need for occupational therapy within the preventative care team for primary prevention of obesity. This need was identified through the literature, and through skilled observation at site (Barclay & Forwell, 2018). Through the lens of primary prevention of obesity, via community participation in health and wellness, the triple aim of healthcare was addressed (Institute for Health Improvement, 2023). This presentation addressed improved experience of care by highlighting the valued occupations at the Y that contribute to health and wellness in a way that members value. Improved population health was addressed by highlighting the importance of holistic health management and occupational balance for all adults within the Y community. Lastly, reducing costs was addressed by prioritizing the maintenance of health and wellness goals to prevent obesity (and various other comorbidities) through decreased sedentary behavior (Centers for Disease Control and Prevention, 2022). In addition, this presentation also highlighted injury prevention techniques which could also prevent unnecessary hospital expenses (Zusman et al., 2018).

Program Development Plan Summary (Fazio, 2017, pp. 91-96)

Program design phase:
-A population, community, and agency profile were created to understand the demographics and specific needs of all three entities.
-A literature review was completed to determine the most current and evidence-based strategies for weight management and obesity prevention within the adult population.
-Expert opinion discussions were conducted in order to gain additional needs assessment information related to the agency and to gain an interprofessional perspective on health and wellness and weight management strategies.
-Informal interviews with staff and members were conducted to determine cultural needs from an emic perspective of the YMCA community.
-Skilled observation was utilized to determine occupational strengths and barriers within YMCA classes and virtual platforms.

Program preparation and implementation phase:
-The ecology of human performance model [EHP] was used as the guiding theory for this program due to the interprofessional nature of this program and the importance of contextual factors (Dunn et al., 1994).

-Goals were created and integrated into the Y-talk presentation in order to measure understanding of content within the presentation.

-The target market for the program was determined to be members, non-members, healthcare practitioners, instructors, and other facility stakeholders. Outreach to local practitioners was completed for additional interprofessional perspectives on the project and to develop a foundation of community resources for improved transitional care from a clinical setting to return to community engagement.

-The program was determined to be unique to the area due to the content being specific to the YMCA of Columbia-Willamette and the education being free and open to the public.

-The Y-talk promotion was completed via word of mouth, email, and posted on the YMCA website in order to build a cost effective promotional mix (Fazio, 2017, pp. 245-253). The pros of these promotional methods are that they are quick and free. The cons of email specifically to healthcare practitioners is that the email will be received as external to their place of business and can be disregarded. The cons of word of mouth promotion is that it may not reach non-members, as most word of mouth promotion is done in exercise classes.

- Financial planning for this program was limited to printing costs, costs to operate technology and to utilize the multipurpose room. Possible sources of revenue include new memberships from non-member attendance or referrals from practitioners.

-Sustainability planning was done through licensing the Y-talk presentation, in order to give the YMCA of Columbia-Willamette Universal Rights in order to use, modify, and distribute the information from this project should they wish to in the future. Handouts were created with key points from the presentation for both members and YMCA personal trainers in order to utilize information without needing to access the PowerPoint presentation.

Review and evaluation phase:

-The evaluation of the Y-talk was completed by pop-quiz to determine if comprehension of content was achieved. The presenter was responsible for ensuring that all goals were met and answers for the pop-quiz were delivered via call out. Success was determined by having at least 3 respondents for the pop-quiz.

Occupational Therapy's Role (Fazio, 2017, pp. 178-179)

The role of the occupational therapy student within this program was as a consultant for improved engagement in the occupation of health management. Through the Y-talk presentation, the occupational therapy student was able to educate on the importance of occupational engagement for health and wellness. The intention of this program was to inform members, non-members, local practitioners, and agency stakeholders about primary prevention of obesity

through a community-based setting. This was done through an interactive presentation to encourage active learning and directly apply knowledge gained during the Y-talk presentation. This project aims to support the YMCA community by improving member's self-confidence to initiate and accomplish health and wellness goals, as well as strengthen interprofessional relationships as part of the healthcare team for the primary prevention of obesity.

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<div align="center">Lifestyle Change Key Points</div>

1. Determine where change is needed to achieve occupational balance.
    - Option: use handout *Fill My Cup Activity*.
2. Create specific and realistic goals and measure success appropriately.
    - Option: use handout *Toolbox Activity* or use YMCA 360 goal center.
    - Consider:
        i. What they want to change/ improve
        ii. How they will do it
        iii. How they will measure it
        iv. When to check for progress
3. Determine difficulties with goal achievement and tools to support goal achievement.
    - Personal traits/skills
    - Support systems
    - Helpful equipment
    - Supportive contexts
    - Attitude
    - Motivation
    - Having the knowledge
        i. Option: use handout *Toolbox Activity*.
4. Maintaining progress with goals requires self-awareness and grading (modifying) activity to continue to increase performance range.
    - Grading is a form of problem solving and should be done with a collaborative approach.
    - Grading can prevent injury and help to maintain a healthy routine towards goal attainment.
5. Knowing the difference between cheating a workout and grading it is important for injury prevention and decreased sedentary behavior.
6. Extended time away from the Y and a member's healthy routine is a barrier to achieving health and wellness goals.
    - Using YMCA 360 and the healthcare team to support a transition back could improve community reengagement.
    - Option: use handout *YMCA 360 Resource Guide*.

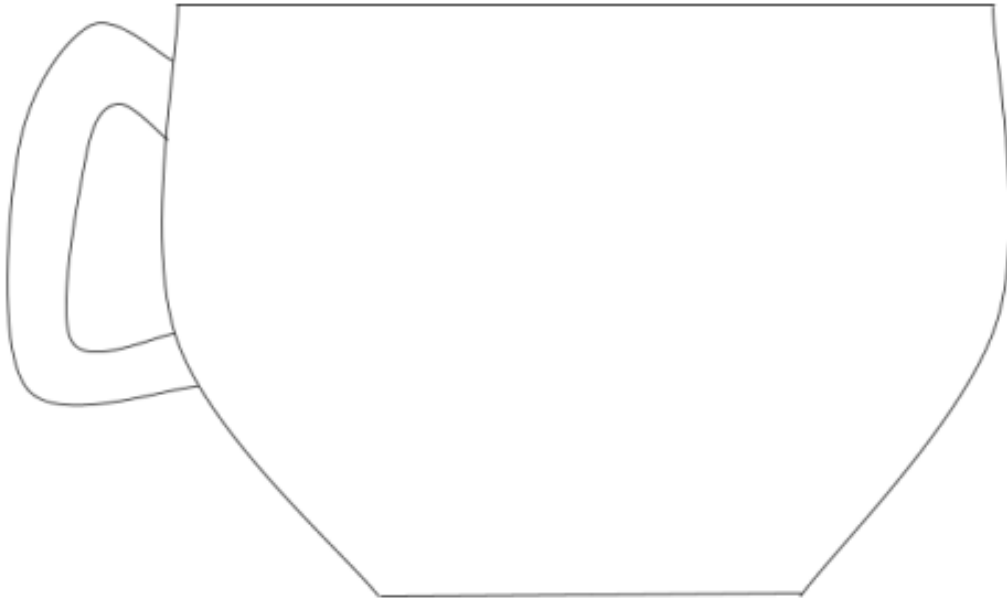*Fill My Cup Activity Protocol*

Fill My Cup Activity Instructions

1. Explain areas of occupation (activities that someone want to do or needs to do in order to bring purpose to their life) (AOTA, 2020):
    a. Health management
        i. Physical activity
        ii. Social and emotional health
        iii. Nutrition management
        iv. Symptom and condition management
        v. Medication management
    b. Rest and Sleep
    c. Work *including volunteer and unpaid positions*
    d. Meal preparation
2. Have the client fill the cup with the amount and type of occupation that they do in an average day. Provide an example.
3. Once completed, evaluate the client's cup and initiate discussion:
    a. Discuss large vs small areas of occupation.
    b. Discuss how many occupations they listed (too many or not enough).
    c. Discuss areas that the client is happy with and areas that they may want to change.
4. Once completed, have the client do the activity again, on the cup below and indicate that they should create an ideal day for their health and wellness goals. Provide an example.
5. Once that is completed, discuss noted differences between the average day and the ideal:
    a. What did they get rid of from the original cup, if anything?
    b. What did they add, if anything?
    c. How do they feel about what they are able to accomplish in a day?
6. These differences are our indicator for what changes could be made going forward to develop a healthier lifestyle.

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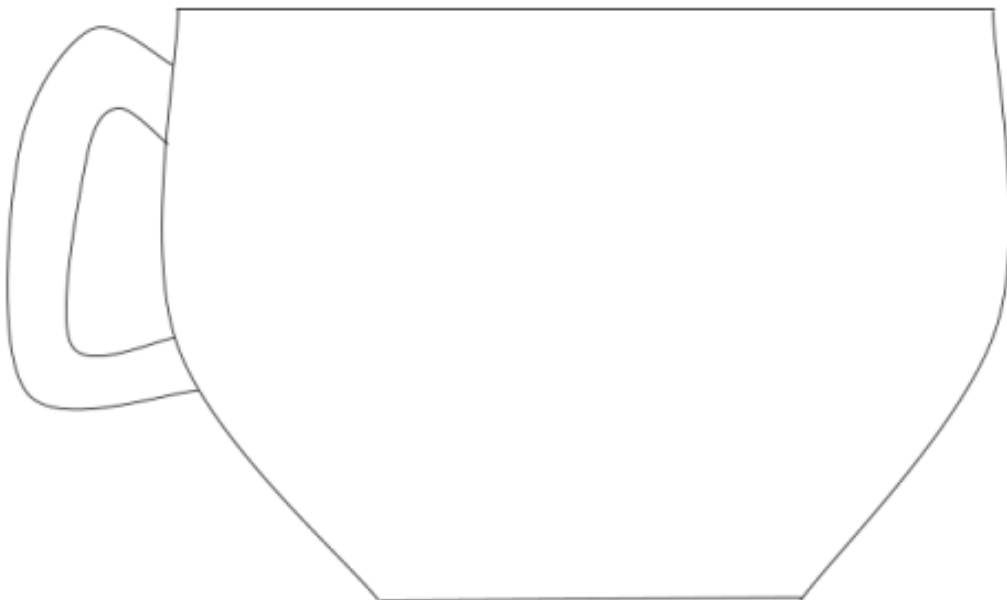
Cole, M. B. (2018). Group leadership: Cole's seven steps. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy* (5th ed., pp. 3-27). SLACK Inc.

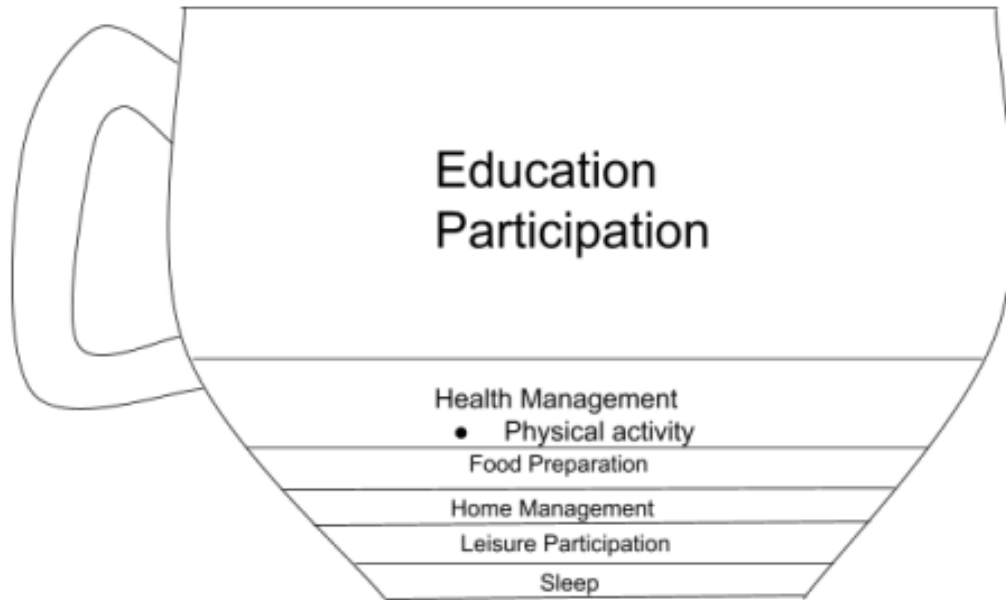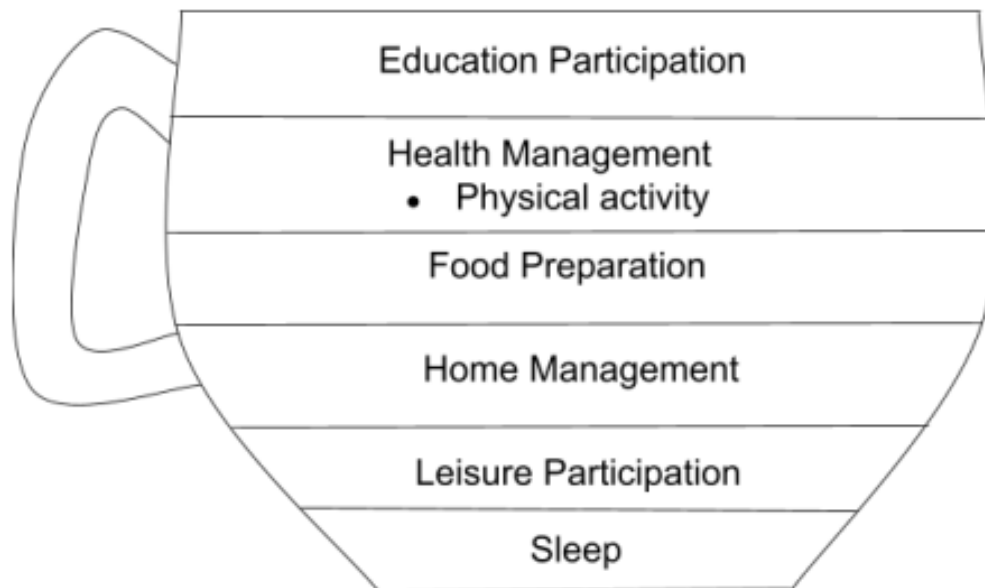# Fill My Cup Activity

Normal day

Ideal day

Fill My Cup Activity Example

Normal day

Education
Participation

Health Management
• Physical activity
Food Preparation
Home Management
Leisure Participation
Sleep

Ideal day

Education Participation

Health Management
• Physical activity

Food Preparation

Home Management

Leisure Participation

Sleep

Toolbox Activity Protocol

Toolbox Activity Instructions

1. Discuss and write down a realistic and specific goal with the client.
    a. Include:
        i. What to change/improve
        ii. What they will do
        iii. How they will measure change
        iv. When to check on progress
2. Next, write a short term goal that could be accomplished today, related to the main goal.
3. Based on the goal, discuss 3 possible difficulties to achieving the goal.
    a. Have they attempted this goal before? What difficulties did they face?
4. Once that is complete, discuss possible tools that they could use to address the 3 difficulties listed.
    a. Personal traits/skills
    b. Support systems
    c. Helpful equipment
    d. Supportive contexts
    e. Positive attitude
    f. Motivation
    g. Having the knowledge for the change
5. Additional tools can be listed.
6. Educate the client on the importance of developing problem solving skills for maintaining progress towards health and wellness goals.

Cole, M. B. (2018). Group leadership: Cole's seven steps. In M. B. Cole (Ed.) *Group Dynamics*

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Goal:

Short term goal:

Difficulties:
1)

2)

3)

My tools:
1)

2)

3)

Example

Goal: I will improve my health by preparing my food for the week for 1 hour every Sunday by 3 weeks.
Short term goal: Today, I will start a list of healthy lunch options to shop for on Sunday.

Photo by Laker:
https://www.pexels.com/photo/rusty-abandoned-car-near-fence-in-desert-6156525/

Photo by Pixabay:
https://www.pexels.com/photo/stainless-steel-close-wrench-on-spanner-210881/

Difficulties:
1) My school responsibilities take up a lot of my time on Sunday.

2) Sometimes I'm unmotivated to take the time to prepare meals.

3) I don't like going to the grocery store.

My tools:
1) I will dedicate 4pm-5pm to prepare meals and complete my school tasks by 3pm by using a planner.

2) I will rely on my support system by preparing meals with my friend on Sunday.

3) I will go to the grocery store in the morning on Sunday so that I can quickly shop.

APPENDIX D

MATERIALS FOR PRACTITIONERS

Practitioner Role in Community Weight Management

Top 5 take-aways:
1. Encourage open communication with your client about their health goals related to services you are providing and how they will continue to progress once they have returned to community engagement. Consider these areas of health management before discharge (AOTA, 2020):
   - Social and Emotional Health
   - Nutrition Management
   - Physical Activity
   - Symptom and Condition Management
   - Medication Management

   Does the client have a plan for managing these areas upon discharge?

2. Educate your clients on activity grading for increased performance range and injury prevention (and subsequent prevention of sedentary behavior).

3. Promote client autonomy by generalizing skills learned through your services to personal health and wellness goals within the community setting.

4. Educate clients on using their community resources to support them in personal health and wellness goals. This might look like:
   - YMCA 360 app for virtual resources
   - YMCA goal center for creating and tracking health goals
   - Wednesday community food pantry located at the Sherwood YMCA
   - YMCA classes for social support
   - Y-talks for free education on various health and wellness topics
   - Other resources outside of the Y: local walking trails, local social clubs, senior center activities, etc.

5. Be a consultant and share your expertise for your communities' health and wellness.

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Supplement 2), 1-87. https://doi.org/10.5014/ajot.2020.74S2001