

Occupational Therapy Training Program

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Food Fitness—Healthier Eating for a Healthier Lifestyle for At-Risk Youth Ruth Sun, MA, OTR/L, Mary Lawrence COTA/L, James McLindon, MFTI Occupational Therapy Training Program, Torrance, CA

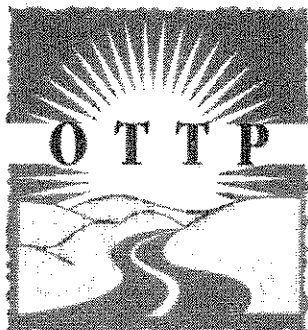
Background

- The impact of obesity during adolescence is significant as it affects mental health, social relationships, and academic functioning. (Gortmaker et. Al., 1993). Occupational therapy practitioners possess the knowledge and skills needed to address those needs.
- Research shows adolescents living in poverty are more likely to be overweight than children who are not living in poverty. (Mazur et. Al., 2003)
- Occupational therapy practitioners within a community-based mental-health agency developed a wellness and prevention program for the low-income at-risk youth to promote the development of positive habit-forming behaviors and healthy lifestyle choices.
- Food Fitness is a collaborative intervention model between a marriage and family therapist and an occupational therapy practitioner. Working together, the two disciplines can address the range of occupational needs and emotional needs of the at-risk adolescents living within lower-income households.
- The marriage and family therapist explores the emotional influences, thought patterns, attitudes and beliefs on eating habits and life choices, such as why a person over eats, what triggers a person to over eat, and why a person chooses to exercise or not exercise.

The OT Practitioner's Role

- The occupational therapy practitioner focuses on addressing the sensory needs of the individual as well as the development of self-regulation, impulse control, and positive coping skills by exploring various occupational activities to develop healthy eating and exercise habits within a daily routine.
- The occupational therapy practitioner also focuses on developing goal-setting and decision-making skills by having adolescents engage in designing a balanced meal on a limited budget, and includes activities such as outings to a local farmers market and clients' local grocery stores.

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- The occupational therapy practitioner engages adolescents in various exercise and sports activities within the community, including outings to the beach, local parks and the OTTP garden.
- The occupational therapy practitioner facilitates healthy cooking and food preparation activities and provides alternative and creative food choices.

Intervention Program

Occupational Therapy Practitioner Interventions

Introduces food pyramid; food diary to identify eating habits; educates about food nutrients and identifying portions; teaches positive coping strategies to change unhealthy eating patterns; indoor activities including Wii; teaches reading food labels and how to make healthier food choices.

Marriage and Family Therapist Interventions

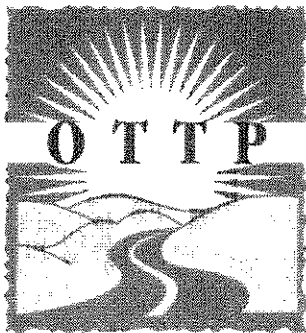
Focuses on barriers to eating healthy and barriers to exercise; explores emotional eating; discusses fast food and health problems as well as advertising manipulation.

Final session—wrap up discussions on goals met and future goals and strategies. Client receives a binder of healthy recipes, a list of local farmers' markets and certificate of completion

Weekly Self-Assessment to Track Changes:

1. How much energy do you have? (Scale from 1 to 10).
2. Did you substitute any healthy food for less healthy food?
3. Did you participate in any physical activities/exercises?
4. If you did not participate in any physical activities, how can you engage in some tomorrow?
5. What are some difficult feelings you experienced this week? How did you cope with them?

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Case Study

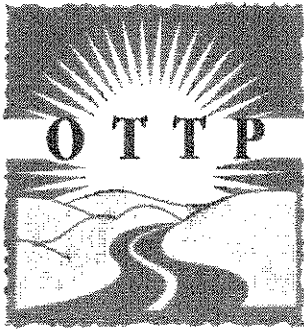
- 13-year old African-American male
- Quotes: "I lost 30 pounds!" / "I am playing on a football team."
- History: Client raised by grandmother; no contact with father since age 5 years; mother hospitalized many times with serious illness; has changed schools many times; history of fighting with peers in school; low self-esteem and lying. History of over-eating and struggling with overweight.
 - Diagnoses: Depressive Disorder, A.D.H.D.
 - Symptoms: Impulsivity, trouble concentrating, irritability, poor self-esteem, overeating, fighting with peers, argumentative, poor social skills, difficulty following directives.
 - Goals: Client will increase positive self statements from 2xs to 5xs per day. Client will increase physical activities from 1 hour per day to 3 hours per day.
 - Observations: Client increased ability to self-regulate and increased self-esteem; client and client's therapist reported healthier eating habits, increased physical activity and weight loss. Client played on local football team and obtained a bicycle.

Highlights of 1st Annual Obesity Research Symposium

Charles Drew University of Medicine and Science

03/25/2011 Los Angeles, CA

- The Los Angeles Unified School District (LAUSD) is comprised of 72% Latino youth. 1 out of 3 Latino youth have pre-diabetes. Ventura, Emily, PhD, MPH. USC Department of Preventive Medicine, Childhood Obesity Research Center.
 - One LAUSD breakfast alone can supply 51 grams of added sugar, which exceeds the World Health Organization guidelines for added sugar intake for the entire day for an average 2,000 calorie diet.
- Ventura, Emily, PhD, MPH.
- Obesity, a major risk factor for hypertension, diabetes and other chronic diseases is influenced by a person's local environmental setting. Accessibility to supermarkets has been shown to influence nutritional behaviors and obesity rates. Robinson, Paul, PhD. Charles Drew University of Medicine and Science.



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- The number of grocery stores per 100,000 residents on the Westside of Los Angeles is 12.4; stores per 100,000 residents on the Eastside of Los Angeles is 3.6. Barrett, Elissa. Progressive Jewish Alliance.
- The underlying cause of obesity is inflammation. Inflammatory disease is caused by overconsumption of vegetable oils (corn oil, soybean oil, safflower oil) and refined carbohydrates. Sears, Barry, PhD. Inflammation Research Foundation, Marblehead, MA
- Exercise makes high-satiety foods (foods high in fiber and water, such as minimally processed fruits and vegetables) taste better and exercise increases the craving for these foods. McCarthy, William J., PhD. Professor of Public Health and Professor of Psychology, UCLA School of Medicine.

References

Mazur, R.E., Marquis, G.S. Jensen H. (2003). Diet and food insufficiency among Hispanic youths: Acculturation and socioeconomic factors in the third national health, and nutrition examination survey 1.2.3 American Journal of Clinical Nutrition, Vol 78, No. 6, 1120-1127.

Gortmaker, S. L., Must, A., Perrin, J.M. Sobol, A.M. Dietz, W.H. (1993). Social and economic consequences of overweight in adolescence and young adulthood. The New England Journal of Medicine, Vol 329, No. 14, 1008-1012

Cahill, S.M., & Suarez-Balcazar, Y. (2009). The issue is – Promoting children’s nutrition and fitness in the urban context. American Journal of Occupational Therapy, 63, 113-116.

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