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Wellness Education For The Food Insecure Population

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WELLNESS EDUCATION FOR THE FOOD INSECURE POPULATION

by

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PERMISSION

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Erin Grensteiner
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Abstract

Food insecurity is a problem facing the United States that often has few solutions. Those who face the challenges of food insecurity are known as the food-insecure population. Since the persistence of food insecurity, poorer health outcomes have become positively associated with the food-insecure population. After reviewing the literature, it was found that difficulties with the occupations of maintaining personal and home hygiene and resource seeking were prevalent and found to lead to poorer health outcomes. Difficulties with maintaining personal and home hygiene were found to stem from a lack of access or money to spend on personal and home hygiene supplies. Difficulties with resource seeking were found to stem from the lack of knowledge and use of geographically indexed databases. Two wellness education sessions were created for the food-insecure population to address these concerns and present solutions to these occupational difficulties. Theories including the Ecology of Human Performance (EHP), Maslow's Hierarchy of Needs, principles of occupational justice, and trauma-informed care were used to comprehensively understand the food-insecure population, their needs, their occupational impacts, as well as the best way to address this population. Further research on occupational therapy's role and interventions concerning the food-insecure population is warranted.

Chapter I

Introduction

Life in the United States appears to change from day to day, each day bringing hope and awareness to new societal issues facing the country. However, many societal issues have persisted throughout the years with few impactful solutions. One of these issues is poverty and how it translates to the experience of food insecurity. As of 2019, 34 million people across the United States were considered at or below the poverty level, leading to the experience of food insecurity (Smega et al., 2020).

Food insecurity is "the disruption of food intake or eating patterns because of lack of money and other resources" (Office of Disease Prevention and Health Promotion [ODPHP], 2020, para. 1). Besides the overall lack of food and other resources, there are additional negative health implications faced by the food insecure population. Overall, when compared to the general food-secure population, those experiencing food insecurity have poorer health outcomes and quality of life (Pruitt et al., 2016). While there are many contributing factors to the health disparities faced by the food insecure population, research with the needs of local food pantries have led to the identification of a few major problems greatly impacting this population.

The first problem is that the food-insecure population is in poorer health and is more frequently diagnosed with diabetes, depression and functional limitations, as well as limited access to healthcare when compared to the general food-secure population (Pruitt et al., 2016). Another issue that was identified was that the food insecure population often has a lack of access to hygiene and household cleaning items. The food insecure population generally has a limited amount of money even with assistance programs such as the Supplemental Nutrition Assistance

Program (SNAP), which does not allow for the purchase of home hygiene and personal hygiene items (Flores, 2018). Consequently, the lack of these essential supplies can lead to implications for this population, such as decreased health, decreased self-esteem, and increased stigma against the food insecure population due to their appearance of being unclean (Flores, 2018). The overall data gathered shows that the food insecure population faces a limited range of health and wellness tasks available to them such as accessing appropriate medical care and taking care of their personal and home hygiene. Based on these findings, the purpose of the project created is to create wellness sessions for food-insecure individuals to increase their access to health and wellness tasks. Many theoretical concepts were used to guide this project including occupational justice, Maslow's hierarchy of needs, trauma-informed care, and most importantly the ecology of human performance model (EHP).

EHP is a theoretical model that focuses on the main components of the person, context, task, and performance (Dunn, 2017). The first component of this model, the person, is described as the person or population in question, which includes their unique experiences, values, interests, and skills (Dunn, 2017). The next component of EHP is context. The context is described as the interrelated conditions that encompass the person, specifically including one's physical, social, temporal, and cultural contexts, which are external to the person, but often affect the person internally (Dunn, 2017). Another component of this model is the task, which is synonymous with the word "occupation" as used by occupational therapists. The task is described as behaviors that allow a person to accomplish a goal (Dunn, 2017). For example, the task of cooking can be made up of many observable behaviors such as gathering ingredients, preparing them, and cooking them. Lastly, the component entitled performance is when the person engages in a task within a specific context (Dunn, 2017). Furthermore, the number of tasks available for the person to

engage in, based upon their person factors as well as context, is described as the performance range (Dunn, 2017). Based upon EHP, questions to be answered by this literature review included interactions between the concepts of person, context, task, and performance as well as the impact of extraneous factors on these concepts. These concepts were specifically applied to the food-insecure population in order to obtain a comprehensive understanding necessary for developing the product. This model was chosen due to its interdisciplinary nature, use of more general theoretical terms, as well as the dynamic interaction of the person, contexts, and tasks available, creating the overall performance range.

Additional theories used included occupational justice, Maslow's hierarchy of needs, and trauma-informed care. *Occupational justice* is described as an individual's right to engage in occupations, thus furthering their human potential and meeting their individual needs (Smet et al., 2020). Occupational injustice is the opposite and includes different subtypes including *occupational imbalance, occupational marginalization, occupational deprivation,* and *occupational alienation*. While each concept has its definition of how exactly people experience the injustice, for the sake of this project the overarching concept of occupational justice will be used. Reasons for this choice will be further described in the following chapter. Maslow's hierarchy of needs, an important model in the field of psychology, will also be used throughout this project. Developed by Abraham Maslow, this hierarchy was created to show the progression of needs and how it affects human motivation. It is composed of five levels, with the bottom levels being the basic needs that must be satisfied before the higher level can be obtained (McLeod, 2020). The lowest level on the hierarchy is physiological needs, which are then followed by safety needs, love and belonging needs, esteem needs, and self-actualization (McLeod, 2020). This model will be used overall to demonstrate the disturbance in the

physiological needs experienced by the food insecure population and identify other levels that must be targeted to help this population thrive. Lastly, principles of trauma-informed care will be applied to the food insecure population. Trauma is defined as " a singular or cumulative experiences that result in adverse effects on functioning and mental, physical, emotional, or spiritual wellbeing" (Fette et al., 2019, p. 1). Trauma can include a multitude of experiences. For example, displacement, neglect, or food insecurity can be a form of trauma (Fette et al., 2019). Since food insecurity is a type of trauma, it was appropriate that a trauma-informed care approach be used with the food insecure population. Six principles outline what considerations are necessary when providing trauma-informed care (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). These principles will be described and utilized in the product section of this document.

Two broad learning goals as well as two additional objectives were created to guide this project. The first goal was to analyze information about the food-insecure population and integrate the knowledge of their needs with the distinct value of occupational therapy. As suggested by the name, occupational therapy's distinct value is the emphasis placed on occupation. Therefore, while researching the needs of the food insecure population, the focus was placed on occupational impacts and which occupations could address the food insecure population's quality of life as well as the poorer health outcomes that they face. The second goal was to synthesize information about the health and wellness of the food-insecure population by creating a wellness program tailored to their needs. It is apparent through literature that those experiencing food insecurity have far poorer health when compared to the general food-secure population. Therefore, education about health and wellness is warranted to address this apparent need in the food insecure population.

The second objective was to create two education sessions addressing hygiene and connecting the food insecure individuals with resources. These sessions were designed to be 45-minutes long with the subtopics of hygiene and household needs as well as locating and connecting to community resources contributing to the overall theme of wellness for the food insecure population. The sessions were formatted to include approximately 30 minutes of content, leaving 15 minutes available for discussion and questions.

The last objective was to use occupational therapy and its distinct value to address the needs of the food insecure population throughout the research and product development process. While a large focus of this project is on expanding the performance range of the food insecure population, the entire project was based on occupational therapy knowledge and practice, such as the value occupational therapy places on occupation and its therapeutic properties.

The specific area of occupational therapy practice that was addressed through this project is health and wellness promotion. Occupational therapy has three main roles in health and wellness promotion including the promotion of a healthy lifestyle and occupations for everyone, incorporating occupation as a strategy for health promotion, and implementing occupation-based interventions to populations (American Occupational Therapy Association [AOTA], 2013). The promotion of healthy lifestyles and occupations for everyone regardless of background is the most relevant role that occupational therapy plays in this project.

All in all, this project provided a unique opportunity to apply the total of knowledge gained from the occupational therapy doctorate program to an area of passion. The chosen topic was to address the needs of the food-insecure population by creating wellness education in the areas of hygiene and use of household supplies as well as resource seeking in the community. The main theories to be applied to this project include EHP, Maslow's hierarchy of needs,

occupational injustice, and trauma-informed care. This project will contribute to the health and wellness area of occupational therapy and serve as one of the first projects of its kind, as there is limited information regarding the health and wellbeing of the food insecure population within the scope of occupational therapy. The following chapters will include the literature review, methods, product, and discussion to fully describe the food-insecure population as well as to identify what steps an be taken to relieve the negative impacts placed upon them within today's society.

Chapter II

Literature Review

Before one can effectively create a product, a review of existing literature must be completed. The review of the literature was completed based upon the Ecology of Human Performance (EHP) model. To comprehensively use the models described in Chapter 1, each concept had to have a solid definition in terms of the project. The *person* is described as the population of food-insecure individuals, specifically those seeking assistance from food pantries. The next component, the *context*, is described as the factors that encompass the food-insecure population such as their physical, social, cultural, and temporal contexts. The *task* component of the project is considered to be any observable behavior used by the food-insecure population to reach a specified goal. Lastly, the *performance* is how the food-insecure population engages in tasks given the specific context, contributing to the overall *performance range*, or tasks available to the food-insecure population due to these attributing factors.

Additional constructs that complemented the EHP model and food-insecure population were interwoven into the literature review and subsequent methodology and product development. These constructs include Maslow's hierarchy of needs, principles of occupational injustice, and

trauma-informed care. The literature reviewed is relevant and limited to articles published from 2010 and later. Usually when creating a novel product, more recent literature is used within the past 5 years. However, due to the limited research base available regarding food pantries, their food-insecure clients, the tasks of these clients, and the client's performance, the time range of evidence had to be slightly expanded to account for this limited research base.

Based upon the preliminary information listed above, including theoretical framework and specifically defined concepts, a literature search was conducted to gain more information on these areas. Many topics were explored, including the health of the food insecure population, social determinants of health, contextual impacts, hygiene, the effects of hygiene on health, resource seeking, client education, occupational therapy's role, and occupational justice. The key findings were then synthesized and organized throughout this document.

Population Health

To fully understand a population and their needs, it is first imperative to gain an understanding of their health and wellbeing. After a thorough review of literature, it was determined that the food-insecure population has significantly poorer health in most areas when compared to the food-secure population. People who identify as food insecure are more likely to have diabetes, depressive symptoms, functional limitations, smoke, and display a poorer quality of health overall (Pruitt et al., 2016). Body mass index (BMI) is also higher in this population, with about 69% of the food insecure population being overweight or obese (Duke, 2021; Mousa & Freeland-Graves, 2019). These conditions affect adults as well as children. Food insecurity has been found to have a significant relationship with prediabetes, as well as poor diet and cardiometabolic indicators in adolescents (Duke, 2021).

Poor diet quality is one of the main attributions to the poor health of the food-insecure population. Those who identify as food insecure often have a lower quality of diet as well as poorer dietary behaviors (Leung & Wolfson, 2021). This can arise from a variety of factors including where a person lives, and the availability of resources such as food pantries. General trends have been identified with the food insecure population and the food that they receive from food pantries. Usually, the food insecure population receives an adequate intake of grains from local food pantries, as these foods exist in higher quantities at these facilities (Simmet et al., 2017). The food insecure population usually receives a lower than recommended amount of fruit, vegetables, and dairy from food pantries, leading to an overall lower energy intake (Simmet et al., 2017). These types of foods often require proper storage and tend to spoil faster than foods containing grains, thereby often limiting the amount given to the food insecure population. The availability of meat and other protein sources varies greatly among food pantries (Simmet et al., 2017). This could vary from location to location depending on the availability to refrigerate or freeze the meat properly, as well as the availability of meat donations to the food pantry.

Even though the food-insecure population often has poorer health and diet, they also are 2-3 times more likely to have limited access to healthcare (Pruitt et al., 2016). Therefore, not only is this population experiencing problematic health conditions, they are often unable to seek the help or treatment needed to combat their health inequities (Pruitt et al., 2016). While assistance programs are available to help with food insecurity, such as food pantries and the Supplemental Nutrition Assistance Program (SNAP), the individuals who receive both of these services often have worse health than those who do not (Pruitt et al., 2016). This is due to a variety of factors. For example, those who receive SNAP and food pantry services often qualify for more resources as they live in higher poverty households, which is associated with poorer

health (Pruitt et al., 2016). Unfortunately, various factors outside of the food-insecure population's control often lead to these health disparities.

Social Determinants of Health

Social determinants of health are also a large contributing factor to the health inequities experienced by the food insecure population. Social determinants of health are defined as the circumstances in which people live that contribute to health inequities within a population (Alderwick, 2019). These conditions and their effects are becoming more widely studied in the literature, especially within the healthcare field.

According to the Office of Disease Prevention and Health Promotion (2022), there are five main categories of social determinants of health. These include "economic stability, education access, and quality, healthcare access and quality, neighborhood and built environment, and social and community context" (Office of Disease Prevention and Health Promotion [ODPHP], 2022, para. 2). All of these categories affect the food-insecure population and offer a partial explanation of why their health is much poorer than the food-secure population. For example, according to the study completed by Pruitt et al. (2016), it was determined that members of the food-insecure population were more likely to be younger, female, non-Hispanic black, less educated, and live in larger households. Within those characteristics lie three out of the five categories of social determinants of health: education access and quality, neighborhood and built environment, and social and community context. As previously mentioned, healthcare access and quality are also greatly impacted in this population, accounting for another category of social determinants of health. Lastly, the definition of food insecurity includes the phrase "lack of money or other resources" as the reason for food insecurity (ODPHP, 2020, para. 1). This phrase directly correlates to the final category of social

determinants of health: economic stability. Since this population is experiencing a lack of money and resources, the food insecure population has a lack of economic stability, contributing to various health problems such as lack of money to obtain proper healthcare treatment or buy nutritious food.

Therefore, since the food-insecure population is directly affected by social determinants of health in numerous ways, it is important to know how to best address these factors when assisting a population. It has been shown that the best way to address social determinants of health is to use a *capabilities* approach which targets a person's abilities and opportunities to engage in the tasks that they would like to (Hammell, 2020). The capabilities approach takes on a human rights perspective, which can be used to address welling, poverty, and inequality (Hammell, 2020). Those living in poverty or unequal circumstances such as food insecurity do not have the same opportunities to complete tasks as the general population due to various factors such as a lack of money or resources. Therefore, looking at the abilities and opportunities of a population could be very helpful in assisting the food-insecure population. The information obtained regarding the abilities and opportunities of the food-insecure population can help determine what circumstance should be addressed and how to address these circumstances. Overall, addressing social determinants of health is necessary to improve and sustain the wellbeing and rights of individuals and communities (Hammell, 2020).

Contextual Impacts

Another factor that plays a large role in the health and wellbeing of the food insecure population is their context. Context, as described by Dunn (2017), are the conditions that surround and affect the person. There are many components of one's overall context. Per EHP, the context includes the cultural, temporal, social, and physical factors that affect the person

(Dunn, 2017). As stated, many of these factors influence the food insecure population, causing detrimental problems to health and wellbeing.

The food insecure population is made up of diverse individuals with many cultural and social influences (Agonafer, 2021). These influences can come from places such as family background, ethnic background, friends, and other people that surround individuals within the food insecure population. Because of these various influences, each member of the food insecure population is unique with their roles within their social and cultural context. However, while the food insecure population has diverse social and cultural contexts, the physical context, especially within places where they seek food resources such as food pantries, often have many similarities. There are often various factors in the physical context or environment that are influential on the food insecure population.

The physical setting of food pantries can be very influential on the food insecure population and their diet. According to Shanks (2017), placement and presentation of food can be crucial in helping the food-insecure population choose more nutritious options. Techniques used to influence decisions include placing appropriate and informative signage by each nutritious food and placing it in a way that appeals to people visually (Shanks, 2017). The food donated by members of the community is also very influential. Food donations overall have been found to improve the nutritional intakes of the food insecure population, as without the food donations, the food-insecure population is usually 40-70% under dietary reference intakes (Mousa & Freeland-Graves, 2019). Not only are staff at food pantries aware of the needs of the food insecure population, but they also have contact with clients to understand their needs and help them combat the impacts of food insecurity. Staff at food pantries help clients by promoting health in the food insecure population in various ways, including providing their clients with

recipes, allowing the clients to choose the food they obtain, consulting with a registered dietician or nutritionist, grouping foods together in meal kits, using signage to label healthy foods, and marketing food with product placement (Bush-Kaufman et al., 2019). However, while this information is promising, food pantries often face many barriers to reaching the needs of the food insecure population. These barriers include communication between pantry staff and volunteers, the number of volunteers available, distribution logistics, and the size of the agency (Bush-Kaufman, 2019). Yet, food pantries remain as one of the most helpful resources to addressing the needs of the food insecure population.

Hygiene

Another area in which food pantries address the health of their clients is by providing them with personal and home hygiene resources. Those who are living in poverty, which is currently 14.4% of the population in the United States, often have decreased access to basic hygiene products (Flores, 2018). This decrease is due to the overall lack of money and resources that are faced by those in poverty, as well as the food insecure population. Oftentimes due to low income, families have to choose between paying for living needs such as food versus paying for other resources such as hygiene items (Flores, 2018). This is another major contextual health inequity facing the food insecure population that is largely not addressed in society. For example, government assistance programs such as SNAP often exclude hygiene products and other household supplies from their scope of service (Flores, 2018).

There are also many misconceptions about personal and home hygiene which can further lead to unhealthy contexts and impact the food insecure population. As public perception dictates, having a clean home or a clean body usually means being superficially clean (International Scientific Forum on Home Hygiene [IFH], 2014). Cleaning includes the removal

of visible impurities such as sweat, dirt, or stains (IFH, 2014). However, there is much more to practicing good hygiene than keeping one's body or space visibly clean. The term *hygiene* includes going a step above being clean by also removing bacteria and disease-causing agents that may not be seen but that are present on surfaces (IFH, 2014). Therefore, this difference between terms is important to acknowledge and share with others to maintain appropriate hygiene. If one believes that they need to only be visibly clean to take care of their body and health, they are missing out on other steps that are needed to keep one's body healthy. Practicing good hygiene is important as it removes germs, which are the main causing agents for various illnesses.

Home hygiene specifically has become an increasingly frequent topic in public health as higher importance is being placed on infectious diseases and the need to promote infection control within the home (IFH, 2014). To practice infection control in the home, it is important to know how diseases spread or enter the home. Diseases can spread through food, surfaces, or direct contact with another individual (IFH, 2014). Diseases enter the home from people, contaminated food, water, or air (IFH, 2014). Since there are many modes in which germs spread or enter the home, it is important to know how to effectively practice good home hygiene. Oftentimes, it is most important to utilize soap and detergent products to thoroughly clean the area, followed by rinsing with water (IFH, 2014). However, in some cases, cleaning the home is not enough. In that case, disinfectant is required to effectively kill germs when simply removing them is not enough (IFH, 2014). Not only does cleaning improve one's physical health, or the health of one's physical body, but it has numerous positive effects on mental health as well. Therefore, the lack of hygiene and household supplies has the potential for an even bigger impact on health and wellness in the food insecure population. Unfortunately, due to the lack of access

to home and personal hygiene supplies, the food insecure population is unable to receive these health benefits associated with maintaining personal and home hygiene.

Effects of Hygiene on Physical and Mental Health. As stated above, physical health can be improved by practicing good home and personal hygiene techniques, such as cleaning and disinfecting. First, the task of cleaning one's home helps remove dirt and bacteria that are associated with numerous infections in the gut, respiratory system, skin, and eyes (IFH, 2014). Cleaning one's home can also help increase physical activity and remove potential safety hazards from the environment, such as clutter on the floor, which could cause problems like damaging falls (Potter, 2021). Similar physical health benefits are present in completing personal hygiene tasks. For example, cleaning one's body helps remove dirt, perspiration, bacteria, and prevents various infections as well (Goldenhart & Nagy, 2021).

Mental health is also improved by engaging in home and personal hygiene tasks. Completing home hygiene tasks offers benefits such as helping with routine management and implementing a sense of control within the household, consequently reducing stress and the overall feeling of being overwhelmed (Potter, 2021). Therefore, if one has a lack of access to home hygiene supplies, a person may not receive these mental health benefits that coincide with completing home hygiene tasks. These benefits also include increased self-esteem and reduced stigma and social pressures that society places on those in poverty (Flores, 2018). When one looks clean or feels clean, they tend to feel better about themselves and their appearance. Having a clean and hygienic appearance is also highly valued in the society of the United States. If a member of society cannot uphold this standard, it can cause the general public to create false narratives for individuals and by extension, the food insecure population. Overall, a lack of hygiene and household cleaning supplies is a great injustice to the food-insecure population that

causes additional health inequities in the areas of one's physical and mental health when comparing this population to the food secure population.

Resource Seeking

Another important solution that can help address health inequities is the occupation of resource seeking. The occupation of resource seeking is defined as "a range of activities focused on securing income supplements, goods, and services to meet basic survival needs" (Aldrich et al., 2017, p. 2). When compared to the general population, this occupation is more important for specific groups of people who face more life-altering challenges than the general population, resulting in a need for further resources to compensate for these challenges. These groups of greater identified need include those of poorer health, those with poorer financial stability, and the food-insecure population (Aldrich et al., 2017). Through resource seeking, these various populations are more likely to have their needs met to account for the general inequities that they face than if they did not participate in this occupation. For example, through resource seeking those with poorer health can obtain a better understanding of where they can find low-cost healthcare services or where the food insecure population can find food resources such as food pantries (Aldrich et al., 2017).

Currently, there are means available to further enhance the occupation of resource seeking. One of these means is the use of geographically indexed databases. Geographically indexed databases are defined as software databases that provide the user with an electronic directory of community resources and e-referrals to social service agencies (Curt et al., 2021). There are many categories of services that can be accessed with the use of geographically indexed databases. Some major categories that these databases can address include connecting people to low-cost medical care, raising awareness about preventative medical services, identifying

available transportation, and identifying resources to address food insecurity (Curt et al., 2021). Overall, many programs and services are available through the use of geographically indexed databases. These databases are successful in reaching the needs of community members as they are available to clients by a variety of formats (Curt et al., 2021). For example, some databases are used by typing one's needs into the online database, while other databases provide a phone number in which individuals can call and find out what resources best fit their needs. However, there are other opportunities for resource seeking to be addressed, specifically in the healthcare sector.

There are currently few healthcare programs that target both food insecurity and resource seeking. To increase these services and their efficacy in the future, it is important for healthcare systems to build relationships with food banks and offer their food-insecure clients access to case managers to help with additional resource seeking and federal benefits applications (Lundeen et al., 2017). Another helpful way to address resource seeking is to recognize this as an occupation within the scope of occupational therapy. In doing so, this can raise social awareness and support the creation of additional research in how to address this important occupation (Aldrich et al., 2017). Currently, there is little research available regarding resource seeking as an occupation.

Client Education

An important aspect of teaching others about occupations or improving health outcomes for a general population is to understand the population, their needs, and how they learn best. Various factors characterize the food insecure population, but onethat is not always addressed is individuals' experience of trauma. According to Fette et al. (2019), trauma is defined as "singular or cumulative experiences that result in adverse effects on functioning and mental, physical, emotional, or spiritual well-being" (p. 1). Trauma can come in many forms, including

food insecurity (Fette et al., 2019). Trauma leaves a long-lasting effect on individuals, which can differ from person to person. Therefore, trauma-informed care is vital for interacting with the food-insecure population. There are no set procedures to dealing with the food-insecure population and their experience of trauma directly. However, there is a set of general guidelines that can be used to safely and effectively interact with those who have experienced trauma.

The first recommendation that should be implemented to ensure trauma-informed care is to use the six core principles of trauma-informed care. These principles include ensuring "safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice and choice, [and] cultural, historical, and gender issues" (Fette et al., 2019, p. 2). These principles should be applied to how one should address, work with, and provide knowledge to the food insecure population. For example, if one chooses to present an educational session, language should be used that makes the food-insecure population safe physically and psychologically. Their opinions and decision to participate and discuss through these sessions should be accounted for as well. The next recommendation to ensure trauma-informed care is to use the public health model. This model depicts various levels in which members of the population can be addressed including the universal level, targeted level, and the intensive level. The universal level is described as "geared toward universal promotion and prevention among large groups of people" (Fette et al., 2019, p. 2). The targeted level is described as "directed at individuals whose experiences place them at risk for developing mental, emotional, and behavioral difficulties" (Fette et al., 2019, p. 2). Finally, the intensive level is described as "intensive interventions for individuals with identified disorders that notably affect function and participation" (Fette et al., 2019, p. 2). Since the food-insecure population is being addressed as a whole, the universal level should be the main focus. The universal level is

described as the level at which health promotion services target a whole group or population (Fette et al., 2019). At this level, healthcare professionals should implement person-centered care as well as communicating with clients, asking about concerns, and allowing the client to have control (Fette et al., 2019). Lastly, the healthcare provider must have a good understanding of the concept of trauma and its counterparts. This includes the healthcare providers understanding their own trauma, how to take care of themselves, and how to care for patients without taking on the patients' experiences of trauma as well (Fette et al., 2019). It is also important to realize the potential for secondary trauma. Secondary trauma is described as experiencing someone else's traumatic event through the imagination of feelings or actions that occurred during this experience (SAMHSA, 2014). Trauma-informed care is an important component of educating the food-insecure population as experiencing food insecurity, in general, is reported to be a traumatic experience (Fette et al., 2019).

Another area to consider when educating the food-insecure population is health literacy. Health literacy is defined as "the ability of people to understand health information and make good decisions" (Alger et al., 2015, p. 9). Everyone has a different level of health literacy based upon experience and education level, and therefore it is important to make sure the information used for education purposes is accessible to everyone. To increase health literacy and understanding, all written instructions should be at a 5th-grade reading level and any complex words or medical jargon should be simplified and defined in plain language (Alger et al., 2015).

Societal trends in education are also important to understand as this can affect how the food insecure population can receive information. Currently, most food banks or pantries report using pamphlets, packets, and in-person classes to educate their client base (Dave et al., 2017). However, these methods of reaching the client base are inconsistent with how the general public

often receives medical information. Current trends report that about 61% of people retrieve medical information from online platforms, which is slightly concerning as the information on these platforms are understood to contain inaccurate information (Alger et al., 2015). Social media is also a significant outlet for the general population to receive medical information. Up to 90% of young adults reported that they trust the medical information presented to them on social media sites (Alger et al., 2015). While this is also concerning, given the lower accuracy of this information, this statistic can also pose an opportunity for future education. This information suggests that health care professionals could become more involved in internet and social media resources through the use of videos, audio messages, written messages, or text messages to transmit the desired, accurate information (Alger et al., 2015). However, despite the method or platform of education, one principle should remain consistent throughout education. Clients should feel empowered and understand the benefits and usability of the information they are learning (Alger et al., 2015). Empowerment is achieved through the accumulation of knowledge and the ability to understand how to care for oneself and address personal needs effectively using the information learned. Occupational therapy is uniquely equipped to support this empowerment through addressing occupation and providing skills and knowledge to the food insecure population.

Occupational Therapy's Role

Occupational therapy can be a part of many areas of healthcare and have varying roles. However, the main focus of occupational therapy always comes back to occupation. Within the scope of occupational therapy, it is known that the physical and mental health of individuals is enhanced by engagement in occupations (AOTA, 2013). Coinciding with this position, one of the most important occupations for people to engage in is health management (AOTA, 2013). This is

a large focus of the health promotion area of practice within the field of occupational therapy. There are various approaches that an occupational therapy practitioner can take within the health promotion area of practice, including promoting healthy lifestyles and occupations for everyone regardless of ability or background, incorporating occupation within health promotion strategies, and providing occupation-based interventions to the given population (AOTA, 2013). While these approaches are relatively broad, it reflects the very broad nature of the profession of occupational therapy, specifically concerning the health promotion area of practice. Because of this, occupational therapy practitioners need to have a comprehensive and expansive knowledge of teach topic they choose to present within the field of health promotion (AOTA, 2013).

Another area in which the field of occupational therapy can contribute to health promotion is through building relationships between healthcare entities and community organizations that help the same population (Agonafer et al., 2021). While each entity may serve a similar population, each community or healthcare organization has its distinct mission and role in the lives of its clients. Therefore, this can result in relationships that are ineffective at addressing the needs of their intended audience. For these relationships to be fully effective, it is important to start with creating policies to encourage communication and discuss various community assets (Agonafer et al., 2021). It is also important to be aware of common barriers to these partnerships to ensure an effective relationship including lack of clarity, overlapping roles, and processes, and the overall need to increase resources and services for clients (Agonafer et al., 2021). Occupational therapy can play a large role in maintaining the focus and effectiveness of these relationships thereby leading to the health promotion of clients.

Occupational Justice. Another subcomponent of the role of occupational therapy is to address the concept of occupational justice within a given population. Occupational justice is

based upon upholding one's occupational rights, defined as "the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities" (Hammell, 2008, p. 62). As noted by the definition of occupational justice, occupational therapy practitioners have a unique role in addressing occupational justice issues due to their inherent distinct value of occupation. Five different types of occupational justice issues, or occupational injustices, exist in literature.

These types include "[occupational] deprivation, [occupational] alienation, [occupational] imbalance, [occupational] marginalization, and [occupational] apartheid" (Hammell, 2020, p. 382). Each occupational injustice has its definition including an explanation of what causes that particular issue. While it is important to know the different types and causes of occupational injustice, these types often overlap when describing situations, resulting in a distraction from the occurring injustice and hindering the process of combatting these injustices (Hammell, 2020). To combat these occupational injustices and social determinants of health, performance range should be considered. As recommended by Hammell (2020), this approach allows the action of addressing these issues along with recognizing what is limiting with them, thereby making it unnecessary to categorize the different types of occupational injustice. Therefore, principles of occupational justice will be used to further guide the development and implementation of this product.

Conclusion

The need of this product was established through an extensive literature review. The results of this literature review indicated that the food-insecure population experiences poorer health and wellbeing when compared to the food-secure population. This is due to a variety of reasons including numerous contextual factors that lead to a disruption in the occupations of

maintaining personal and home hygiene as well as resource seeking. Therefore, the product will consist of two educational sessions providing information on how to better complete these occupations despite the contextual limitations. Information within these sessions as well as the manner in which it is presented is based upon principles of client education, occupational therapy, occupational justice, and trauma-informed care.

Chapter III

Methodology

All the above literature was obtained using a specific set of parameters to guide the literature search process. Searches were done to target the person, context, tasks, and performance range of food insecure individuals as outlined by EHP. Other searches were completed using trauma-informed care and principles of occupational justice to help interweave these concepts into the final product. Aside from the initial literature review, more research was done into the EHP model, Maslow's hierarchy of needs, occupational justice, and trauma-informed care. Information was analyzed to create a summary of each theoretical concept to include at the beginning of the product. These concepts were then later used to identify key factors in each of the educational sessions such as the various components of EHP applicable to the food-insecure population. The level being targeted of Maslow's being targeted was identified as well. Lastly, the concepts of occupational justice and trauma-informed care that were to be applied to the individual session were also discussed. Based on theoretical best practices, the design of the sessions was determined, to include structure and length that best suit the session participants and the goals to be achieved in each session.

The initial literature review process was completed over a year, beginning in January 2021 and ending in December 2021, with the bulk of the information gathered during the latter

half of the year. Each article was read, cited, summarized, and analyzed for implications to the overall project. This information was stored in a grid format for ease of use. The scholarly project was completed from January 2022 to April 2022. Other tasks were completed during this time frame to complete the overall project. These tasks included conducting more research regarding theories selected, researching specific information for the education sessions, and the creation of the education sessions. Reflection resulting in revisions to these documents was also done during this time.

Various procedures were put into place as part of the literature review process. First, the databases and resources parameters were chosen, including the categories of electronic databases, governmental published guidelines, experts in the field, and professional organizations' recommendations. The electronic databases used in the search included the Cumulative Index to Nursing and Allied Health Literature (CINHAL) and PubMed. The selected governmental published guidelines included the Center for Disease Control (CDC), and the World Health Organization (WHO). Experts in the field and interviews were included, such as the guidance of social workers, occupational therapists, and psychologists that were published in journals or reputable websites. Lastly, the professional organizations included in this research process were the American Occupational Therapy Association (AOTA) and the Cleveland Clinic. Various keywords were also selected to guide the research process. The word “food insecurity” was used as this is the main descriptor of this population. The word “poverty” was also used, as food insecurity is caused by the lack of money and resources leading to a disruption in eating patterns (ODPHP, 2020). The words “food pantry” were used, as this describes the location in which the food insecure population obtains food. Lastly, the words “occupational deprivation” and “health” were used, as it was important to understand which tasks were

unavailable to the food insecure population due to sociocultural factors, as well as the effect food insecurity has on health.

Inclusion and exclusion criteria were also used to set boundaries for the research process. The articles included in this search were all in English and had research that was completed in either the United States or Canada. All articles had to be in English for readability's sake. It was also required that each article was published in 2010 or later The reason for this is that research of the food-insecure population in the field of occupational therapy was limited. Therefore, the research scope was expanded to within the past decade to still keep information current and to account for the lack of information available. Topics were also explored more generally due to the lack of information available. For example, there were very few articles available discussing the needs of the food insecure population from the occupational therapy lens. The information gathered was then woven together thoughtfully considering the author's intent as well as the applicability and transferability of information to the related topics to create a cohesive and compressive product. Lastly, research from Canada was included to ensure that the information would be more applicable due to cultural similarities to that of the food-insecure population of the United States. Consequently, the articles that were not included in the body of research were articles in languages other than English, published before 2010, and based on research completed in countries other than the United States and Canada.

Finally, various ethical guidelines were put into place to ensure the integrity of this project. All sources used were cited appropriately using American Psychological Association (APA) 7th edition framework and listed in the "References" section of the product. Authors were given credit through in-text citations if their work was summarized or quoted. Articles were not

pulled for review based on only significant findings but based on general conclusions as well. Information was used in its true form and not altered to fit the needs of the project.

Chapter IV

Product

Wellness Education for the Food Insecure Population

Image from Microsoft Word 365

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Breann Lamborn, Ed. D., M. P. A.

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Description of Theory

The Ecology of Human Performance Model

The Ecology of Human Performance (EHP) model was chosen to be the foundational theory to guide the educational sessions. EHP was chosen for many reasons, one of them being that EHP uses terminology supportive of interprofessional collaboration (Dunn, 2017). The main concepts used in the EHP model are the person, task, context, performance, and performance range. The person includes the person or population of focus as well as their unique factors; these factors include past experiences, values, interests, and skills within the sensorimotor, cognitive, and psychosocial domains (Dunn, 2017). The task is defined as observable behaviors completed by an individual to reach a goal (Dunn, 2017). Examples of tasks could include all the steps one engages in to complete preparing a meal or cleaning the kitchen afterward. The context includes the conditions which surround the person (Dunn, 2017). There are four different subtypes of context including temporal, physical, social, and cultural. Lastly, the interaction of these three main concepts results in performance and performance range. Performance is described as the process and result of the person engaging in a task within a context (Dunn, 2017). The performance range is the number of tasks that a person can realistically complete based upon their person factors and the context (Dunn, 2017).

The EHP concepts within each educational session will be analyzed by the author prior to planning and presenting each session to the food-insecure population. This will guide the layout of the sessions as well as enforce the goal of increasing the performance range (accessible tasks) of the food-insecure population.

Occupational Justice

Occupational justice is a daily reality facing the food-insecure population, leading to this concept being included within the product. Occupational justice is described as the right of every person to meet their needs and human potential through engagement in meaningful occupations (Smet et al., 2020). Based on this definition, occupational injustice would be the opposite, or meaning where there is some disruption in a person meeting their needs in potential due to the limited ability to engage in meaningful occupation. According to Smet et al. (2020), the concept of occupational injustice can be broken into the following categories:

- Occupational Imbalance
    - "When [a person is] underoccupied, over occupied, or not participating [in occupation]" (Smet et al., 2020, p. 95).
- Occupational Marginalization
    - "A restriction in participation [in occupation] due to informal norms, habits, traditions, and expectations within a specific sociocultural infrastructure and not geopolitical laws or policy" (Smet et al., 2020, p. 95).
- Occupational Deprivation
    - "A state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of individuals" (Smet et al., 2020, p. 95).
- Occupational Alienation
    - Occupational Alienation – "A prolonged experience of disconnectedness, isolation, emptiness, lack of sense of identity, a limited or confined expression of spirit or a sense of meaninglessness" (Smet et al., 2020, p. 95).

These differences between injustices create images of what occupational injustice might look like in various populations. However, grouping the food-insecure population into one of these categories is not necessarily appropriate given the context. This is because the population is diverse and impacted by many factors that result in and from food insecurity. For example, a food-insecure individual may be facing occupational deprivation and imbalance due to not having enough food, resulting in the inability to eat or cook, further leading to an under engagement in the self-care occupations such as feeding oneself.

Therefore, as recommended by Hammell (2020), the capabilities and human rights approach will be used to address the wide array of occupational injustices faced by the food-insecure population. This approach focuses on a person's abilities and opportunities to complete the tasks that they would like to complete and acknowledges that there are inequities in available opportunities, as well as the need to enlarge an individual's capabilities to ensure equity (Hammell, 2020). This approach also correlates with the EHP approach to maximizing performance range, or tasks available to the person, by targeting the person's contexts and abilities to achieve engagement in their desired tasks. In conclusion, the principle of occupational injustice as well as a human rights and capabilities approach will be used to guide educational sessions in hopes to ensure equity among the food-insecure population.

Maslow's Hierarchy of Needs

Maslow's hierarchy of needs is an important model in the field of psychology that is often used to describe how a person is motivated. The hierarchy of needs is depicted as a triangle and comprised of five levels. The lowest level on the hierarchy is physiological needs, followed by safety, love and belonging, esteem, and self-actualization (McLeod, 2020). The underlying assumption of the model is that lower-level needs must be satisfied before an individual can obtain higher-level needs (McLeod, 2020).

This model is important in explaining the needs of the food insecure population, as this population is experiencing a disruption in the physiological need for food. Therefore, it is most important to address basic needs, as higher-level needs can only be obtained once lower-level needs are met. The two levels to be addressed throughout these sessions will be physiological needs and safety needs. Physiological needs are basic biological needs necessary to human survival, such as food, shelter, clothing, and sleep (McLeod, 2020). Through the education of obtaining resources, this level is potentially targeted as the food insecure population can be connected with additional resources for safe housing or food needs. Safety needs are an individual's desire for security, safety, predictability, and control in their lives such as the areas of financial security, emotional security, and health (McLeod, 2020). Obtaining resources could also target this area by helping individuals get access to low-cost medical care. The education session on creating hygiene products and household cleaning items can also target this area as the food-insecure population is given options to improve health and have control over their environment. Overall, this model will be used to depict what needs of the food-insecure population are being met by this product as well as how this may affect their other needs and motivations.

Trauma-Informed Care

Another important concept to be implemented throughout these educational sessions is trauma-informed care. Trauma is described as "a singular or cumulative experiences that result in adverse effects on functioning and mental, physical, emotional, or spiritual wellbeing" (Fette et al., 2019, p. 1). There are many types of experiences that have been found to cause trauma such as abuse, displacement, sexual assault, and food insecurity (Fette et al., 2019). As food insecurity was defined as a traumatic experience, it is important that it is recognized and that trauma-informed care principles are used to support the food-insecure population.

The Substance Abuse and Mental Health Services Administration (SAMHSA) published a guide for trauma-informed care to help necessary personnel such as workers in the healthcare, education, criminal justice, and behavioral health fields support those who have experienced trauma (Substance Abuse and Mental Health Services Administration, 2014). Specifically, SAMHSA created four assumptions and six key principles that should guide the trauma-informed care approach.

The four assumptions outlined by SAMSHA (2014) include "realize, recognize, respond, and resist re-traumatization" (p. 9). These assumptions guide personnel to realize how trauma can affect individuals, recognize the signs that one has experienced trauma, respond by applying the principles of trauma-informed care, and seek to resist the re-traumatization of clients and staff (SAMHSA, 2014).

SAMHSA (2014) outlined six key principles that serve as a foundation for action in trauma-informed care including "safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice and cultural, historical, and gender issues" (p. 10). These principles can be adapted as needed to fit a variety of populations and settings (SAMHSA, 2014). Overall, trauma-informed care, including the four assumptions and six key principles, should be used with the food-insecure population.

Educational Session Format

Cole's Seven Steps

The structure of the following educational sessions will follow the general guidelines of Cole's Seven Steps. Developed by Marilyn B. Cole (2018), professor of occupational therapy, these steps were created to guide therapeutic and educational group sessions. As suggested by the name of this therapeutic and educational guideline, seven steps are to be completed throughout the given session. These steps include the "introduction, activity, sharing, processing, generalizing, application, and summary" (Cole, 2018, p. 4). The introduction step includes the facilitator introducing themselves and the name of the session, acknowledging the presence of the group members, explaining the expectations of the group and the session outline, and incorporating a warm-up activity as needed (Cole, 2018). The activity step consists of a presentation or interaction with the main topic of the session that fits the needs and capacities of the members (Cole, 2018). The next step is sharing. Sharing consists of each group member sharing their ideas or perceptions of the activity if they so choose (Cole, 2018). Processing includes the members sharing their feelings and opinions that resulted from their ideas and perceptions of the activity (Cole, 2018). The generalizing step addresses the cognitive learning of the group and attempts to summarize this learning in a couple of main themes or principles (Cole, 2018). The application step builds off the generalizing step by having the group members state how they believe their learning should be applied to their lives (Cole, 2018). Lastly, the summary step consists of verbalizing what occurred and what was learned during session overall to make sure the information is understood and remembered correctly (Cole, 2018).

While these steps appear to be very structured, variation in the order or variation in the time spent on each step can occur based upon the needs of the group. As stated by Cole (2018), contexts and goals of groups differ and the leader of the group should focus on allowing the group to flow naturally, in whatever way this may occur. Cole (2018) also states that in using the seven steps the group should be client-centered and holistic, furthering the argument that this framework can be used situationally based on the given need. Cole's Seven Steps will be used to guide this product; however, they will be adapted to fit the needs, goals, and context of the group.

Definition of Terms

The Ecology of Human Performance Model

- Person: "Brings a unique set of variables, including past experiences; personal values and interests; and sensorimotor, cognitive, and psychosocial skills (i.e. person factors)" (Dunn, 2017, pp. 210-211).
    - Person Factors – "Influence the task chosen as well as the quality of the task performance" (Dunn, 2017, p. 211).
- Context: "The interrelated conditions that surround the person" (Dunn, 2017, p. 212).
    - Temporal – "The aspects of chronological age, developmental stage, life cycle, and health status" (Dunn, 2017, p. 212).
    - Physical – "The natural and fabricated environments along with the objects within one's context" (Dunn, 2017, p. 212).
    - Social – "Includes family, friends, clubs, churches, governments, and other places that people engage with each other" (Dunn, 2017, p. 212).
    - Cultural – "Ethnic, religious, organizational, and other groups that contribute to a person's sense of identity or set expectations or rules of behavior" (Dunn, 2017, p. 212).
- Task: "Objective sets of observable behaviors that allow an individual to accomplish a goal" (Dunn, 2012, p. 211).
- Performance: "Occurs when a person engages in tasks within a context" (Dunn, 2017, p. 212).
- Performance Range: "The number and types of tasks available to the person based on the interaction between the person's factors (their skills, abilities, and motivations) and the context variables (the supports and barriers)" (Dunn, 2017, p. 212).

Occupational Justice

- Occupational Injustice
    - Occupational Imbalance – "When [a person is] underoccupied, over occupied, or not participating [in occupation]" (Smet et al., 2020, p. 95).
    - Occupational Marginalization – "A restriction in participation [in occupation] due to informal norms, habits, traditions, and expectations within a specific sociocultural infrastructure and not geopolitical laws or policy" (Smet et al., 2020, p. 95).
    - Occupational Deprivation – "A state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of individuals" (Smet et al., 2020, p. 95).
    - Occupational Alienation – "A prolonged experience of disconnectedness, isolation, emptiness, lack of sense of identity, a limited or confined expression of spirit or a sense of meaninglessness" (Smet et al., 2020, p. 95).

Maslow's Hierarchy of Needs

- Physiological Needs – "[Needs] that are biological requirements for human survival" (McLeod, 2020, para. 13).
- Safety Needs – "The needs for security and safety… People want to experience order, predictability and control in their lives" (McLeod, 2020, para. 15).
- Belongingness and Love Needs – "A human emotional need for interpersonal relationships, affiliating, connectedness, and being part of a group" (McLeod, 2020, para. 17).
- Esteem Needs – "Esteem for oneself (dignity, achievement, mastery, independence) and the desire from reputation or respect from others" (McLeod, 2020, para. 19).
- Self-Actualization – "The realization of a person's potential, self-fulfillment, seeking personal growth and peak experiences" (McLeod, 2020, para 21).

Trauma-Informed Care

- Four Assumptions
    - Realize – "All people at all levels of the organization or system have a basic realization about trauma or understand how trauma can affect families, groups, organizations, and communities as well as individuals" (SAMHSA, 2014, p. 9).
    - Recognize – "People in the organization or system are also able to recognize the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by individuals seeking or providing services in these settings" (SAMHSA, 2014, p. 9).
    - Respond – "The program or organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning" (SAMHSA, 2014, p. 10).
    - Resist Re-traumatization – "Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger painful memories and re-traumatize clients with trauma histories (SAMHSA, 2014, p. 10).
- Six Principles
    - Safety – "Throughout the organization, staff, and people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety" (SAMHSA, 2014, p. 11).
    - Trustworthiness and Transparency – "Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization" (SAMHSA, 2014, p. 11).
    - Peer Support – "Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing

their stories and lived experiences to promote recovery and healing." (SAMHSA, 2014, p. 11).

- Collaboration and Mutuality – "Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making" (SAMHSA, 2014, p.11).
- Empowerment, Voice, and Choice – "Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma" (SAMHSA, 2014, p. 11).
- Cultural, Historical, and Gender Issues – "The organization actively moves past cultural stereotypes and biases… [and] offers access to gender-responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma" (SAMHSA, 2014, p. 11).

Other

- Hygiene: "Refers to practices associated with ensuring good health and cleanliness" (International Scientific Forum on Home Hygiene, 2014, p. 1).
- Cleaning: "Refers to the things which we do to make our homes, etc., and ourselves 'visibly clean'" (IFH, 2014, p. 6).
- Disinfecting: "[The process] which kills/inactivates microbes on surfaces (hands or hard surfaces)" (IFH, 2014, p. 7).
- Resource Seeking: "A range of activities focused on securing income supplements, goods, and services to meet basic survival needs" (Aldrich et al., 2017, p. 2).
- Geographically Indexed Databases: "Provide an electronic directory of community resources and have the capacity to facilitate e-referrals to social service agencies" (Curt et al., 2021, p. 219).

Overview of Sessions

Session 1: Taking Care of Yourself and Your Home

This session will allow members to learn about the importance of home hygiene and personal hygiene. Various definitions will be presented to members such as hygiene, cleaning, and sanitizing, and recommended timelines to complete home hygiene and personal hygiene tasks are provided. Members will learn about creating safe alternative products for home and personal hygiene using common household items. Following learning tasks, members will have the opportunity to discuss their experiences and thoughts about personal and home hygiene as well as creating these products through a series of discussion questions. The session will also let group members share how they are going to apply this information in the future.

Session 2: Finding Help in the Community

This session will allow members to learn about geographically indexed databases and how these platforms can be used to find needed resources in the community. Information about both nationwide and local databases will be shared such as their history and mission to help clients develop an understanding of each database and what they can be used for. Members will be given step-by-step instructions on how to use each database so that they may use these resources to meet their future needs. Following learning tasks, members will have the opportunity to discuss their experiences and thoughts about resource seeking and how they may use geographically indexed databases through a series of discussion questions. The session will also let group members share how they are going to apply this information in the future.

Session 1: Taking Care of Yourself and Your Home

Application of Theory

Ecology of Human Performance Model

Person: The food insecure population. This population often has worse health outcomes than the general population (Pruitt et al., 2016). Common sociodemographic features of the food insecure population include being female, younger, unmarried, less educated, non-Hispanic black, and living in larger households (Pruitt et al., 2016). It is also noted that this population has a general lack of money leading to the inability to buy personal hygiene and household cleaning products (Flores, 2018).

Context:

- Temporal: Varying age ranges and life stages. Individuals in this population are usually younger.
- Physical: The food pantry and materials included within the education session.
- Social: Groups consist of members of the food insecure population, presenter, and additional staff.
- Cultural: Food insecurity also causes poorer health and a lack of access to money and resources such as home and personal hygiene items.

Task: Personal hygiene or taking care of one's body such as washing the body, brushing teeth, and applying deodorant. Home management or taking care of one's home environment such as cleaning and disinfecting surfaces.

Occupational Justice

Occupational justice is relevant in this session. This is because the food insecure population is currently unable to meet their health needs due to a disruption in the occupations of personal hygiene and home management.

Maslow's Hierarchy of Needs

The level of Maslow's hierarchy of needs that is targeted is safety needs. This session is focused on personal health and health in the home. Maintaining health is a characteristic of the safety needs level of the hierarchy (McLeod, 2020).

Trauma-Informed Care

The six principles of trauma-informed care will be used throughout the presentation of this session. The main focus will be on the specific principles of peer support and empowerment, voice, and choice. Peer support will be utilized through discussion and sharing of experiences, specifically with the tasks of home hygiene and personal hygiene, which are often used to promote healing from traumatic events (SAMHSA, 2014). Empowerment, voice, and choice will also be utilized through the discussion and sharing of experiences, as well as giving clients the ability to voice their opinions and participate in the discussion if they so choose (SAMHSA, 2014).

Session 1: Taking Care of Yourself and Your Home

Overview of Session

Session Description: Members will learn about the importance of home hygiene and personal hygiene. Definitions of hygiene, cleaning, and sanitizing will be presented as well as recommended timelines of when to complete these tasks. Members will learn about creating safe alternative products for home and personal hygiene using common household items. Following learning tasks, members will have the opportunity to discuss their experiences and thoughts about personal and home hygiene as well as creating these products through a series of discussion questions.

Needed Materials: Session 1 educational PowerPoint, 8-10 pens and sheets of paper, and safe learning space.

Group Members: 8-10 adults who identify as being food insecure.

Session Goal: Group members will be able to apply information regarding safe home hygiene and personal hygiene to their lives by the end of the session.

Session Objectives:

1. Group members will be able to plan personal hygiene and home hygiene tasks to complete each week by the end of the session.
2. Group members will be able to make their own safe personal hygiene and home hygiene products out of household items by the end of the session.
3. Group members will be able to explain one mental health and one physical health benefit of personal hygiene and home hygiene that they will benefit from by the end of the session.

Session 1: Taking Care of Yourself and Your Home

The following subsections of this outline correlate to the steps outlined in Cole's Seven Steps. See page 7 for further detail. The session overall will take about 45 minutes with about 25 minutes of information presented. The remaining 20 minutes will be used for introducing the group and engaging in discussion questions.

Introduction

- Introduction of facilitator, company, and group
    - Introduce yourself, any appropriate credentials, and role within the company sponsoring the education sessions (e.g. I am an OT for the North Dakota Department of Health).
    - Introduce the company sponsoring the educational sessions and include information such as its mission and how it supports members of the community.
    - Introduce the group by stating the purpose of the educational sessions as a whole (e.g. This session is targeting wellness).
- Warm-Up
    - No formal warm-up activity. Ask the group as a whole how they are doing and how they feel today. Let group members introduce themselves (if they choose to do so) and briefly share what they hoping to achieve by attending the session.
- Expectations of the group
    - Explain group rules such as the following:
        - Respect the facilitator and other group members including their thoughts and ideas
        - Do not interrupt or talk over someone while they are speaking
        - Ask questions as you have them. However, please raise your hand and wait to be called on before speaking.
        - Participation in discussion is voluntary
    - Have group members add their ideas to group expectations if they so choose
- Explanation of the goals and objectives of the session
    - Session Goal: Group members will be able to apply information regarding safe home hygiene and personal hygiene to their lives by the end of the session.
    - Session Objectives:
        - Group members will be able to plan personal hygiene and home hygiene tasks to complete each week by the end of the session.
        - Group members will be able to make their own safe personal hygiene and home hygiene products out of household items by the end of the session.
        - Group members will be able to explain one mental health and one physical health benefit of personal hygiene and home hygiene that they will benefit from by the end of the session.
- Session Outline
    - Defining Key Terms
    - Cleaning vs. Disinfecting

    - Personal Hygiene
        - Personal Hygiene Products
        - Planning and Safety
    - Home Hygiene
        - Home Hygiene Products
        - Planning and Safety
    - Discussion
    - Summary

Activity

- The activity will consist of using a PowerPoint to introduce concepts and definitions followed by education content. This will take about 25 minutes. Q & A will follow to build upon what was addressed through the PowerPoint.
    - Use Session 1 PowerPoint to present on the topic (See Appendix A)
    - Ask for any questions on the information presented

Sharing

- Questions
    - How have you noticed personal and home hygiene affecting you?
    - What personal and home hygiene products can you see yourself making in the future?
- Encourage members to voice their opinions but respect the decision if someone does not want to share. Allow everyone who wants to share a chance to do so verbally or offer pen and paper to write down their thoughts. The presenter will then share these with the group.

Processing

- Questions
    - How do you feel after completing personal and home hygiene tasks?
    - How did you feel about the information presented? Was there anything that surprised you?
- Whoever wants to answer should be allowed to do so.

Generalizing

- Questions
    - What are some of your main take-aways from this session?
    - What are some common answers we have heard today?
- Whoever wants to answer should be allowed to do so.

Application

- Overlying Question

    - How do you hope to plan personal and home hygiene tasks throughout your week?
        - Have members each make their own rough draft of a cleaning schedule on paper based upon the information gathered during the educational session.
- Whoever wants to answer should be allowed to do so.

Summary

- Ask the group if anyone would like to summarize today's learning points or discussion. If no one volunteers to do so, summarize key points from the lecture and the discussion.
- Restate goals/objectives
    - Session Goal: Group members will be able to apply information regarding safe home hygiene and personal hygiene to their lives by the end of the session.
    - Session Objectives:
        - Group members will be able to plan personal hygiene and home hygiene tasks to complete each week by the end of the session.
        - Group members will be able to make their own safe personal hygiene and home hygiene products out of household items by the end of the session.
        - Group members will be able to explain one mental health and one physical health benefit of personal hygiene and home hygiene they feel they could benefit from by the end of the session.
- Ask members for any additional questions.
- Thank members for participating in the session!

Session 2: Finding Help in the Community

Application of Theory

Ecology of Human Performance Model

Person: The food insecure population. This population is often limited by the lack of money and resources available to them (Office of Disease Prevention and Health Promotion, 2020). This population also faces poorer health outcomes along with an increased risk of diabetes, obesity, depression, and functional limitations (Pruitt et al., 2016). Common sociodemographic features of the food insecure population include being female, younger, unmarried, less educated, non-Hispanic black, and living in larger households (Pruitt et al., 2016).

Context:

- Temporal: Varying age ranges and life stages. Individuals in this population are usually younger.
- Physical: The food pantry and materials included within the education session.
- Social: Groups consist of members of the food insecure population, presenter, and additional staff.
- Cultural: Food insecurity also causes poorer health and a lack of access to money and resources. Members of the food insecure population can benefit from information regarding where to obtain more resources to supplement this lack of access.

Task: Resource seeking. Resource seeking is the range of tasks that one engages in for the purpose of securing goods, services, and income supplements for survival (Aldrich et al., 2017).

Occupational Justice

Occupational justice is relevant in this session. The food insecure population is currently unable to meet a variety of their needs due to the lack of money and resources that are causal factors of food insecurity (ODPHP, 2020). Therefore, greater access and knowledge about community resources and how to obtain them is warranted.

Maslow's Hierarchy of Needs

The level of Maslow's hierarchy of needs being addressed is dependent upon what services are being sought out by the food-insecure population. If they are seeking out food resources or shelter, this would fall in in the physiological needs level (McLeod, 2020). Financial management or seeking out healthcare resources falls into the safety needs level (McLeod, 2020). Love and belonging could be targeted through peer support groups (McLeod, 2020). Lastly, self-esteem needs could be targeted by skill training or employment training (McLeod, 2020). Self-actualization cannot be addressed at this time due to the numerous levels that need to be met prior to focus on this level.

Trauma-Informed Care

All of the six principles of trauma-informed care will also be used throughout this session. However, there will be a greater focus on the principles of peer support and empowerment, voice, and choice. Peer support will be utilized through the mutual sharing of common lived experiences in the task of resource seeking to promote healing from these

experiences (SAMHSA, 2014). Empowerment, voice, and choice will be used by promoting self-advocacy skills among the food-insecure population as well as sharing of experiences and allowing for personal choice to participate in the discussion as they so choose (SAMHSA, 2014).

Session 2: Finding Help in the Community

Overview of Session

Session Description: Members will learn about various geographically indexed databases that can assist them when seeking out community resources. Information about each organization, its history, and its mission will be shared to help clients develop an understanding of each database and what they can be used for. Members will be given step-by-step instructions on how to use each database so that they may use these resources to meet their future needs. Following learning tasks, members will have the opportunity to discuss their experiences and thoughts through a series of discussion questions.

Needed Materials: Session 2 educational PowerPoint, 8-10 pens and sheets of paper, and safe learning space.

Group Members: 8-10 people who identify as being food insecure.

Session Goal: Group members will apply information regarding geographically indexed databases to their lives by the end of the session.

Session Objectives:

1. Group members will be able to identify at least three categories of needs that they can seek help with using geographically indexed databases by the end of the session.
2. Group members will be able to describe two geographically indexed databases that they can use to address their needs by the end of the session.
3. Group members will be able to locate resources in the community with the help of geographically indexed databases by the end of the session.

Session 2: Finding Help in the Community

The following subsections of this outline correlate to the steps outlined in Cole's Seven Steps. See page 7 for further detail. The session overall will take about 45 minutes with about 25 minutes of information presented. The remaining 20 minutes will be used for introducing the group and engaging in discussion questions.

Introduction

- Introduction of facilitator, company, and group
    - Introduce yourself, any appropriate credentials, and role within the company sponsoring the education sessions (e.g. I am an OT for the North Dakota Department of Health).
    - Introduce the company sponsoring the educational sessions and include information such as its mission and how it supports members of the community.
    - Introduce the group by stating the purpose of the educational sessions as a whole (e.g. This session is targeting wellness).
- Warm-Up
    - No formal warm-up activity. Ask the group as a whole how they are doing and how they feel today. Ask the group if there are any new attendees since the previous session and let group members introduce themselves (if they choose to do so) and briefly share what they hoping to achieve by attending the session.
- Expectations of the group
    - Explain group rules such as the following:
        - Respect the facilitator and other group members as including their thoughts and ideas
        - Do not interrupt or talk over someone while they are speaking
        - Ask questions as you have them. However, please raise your hand and wait to be called on before speaking.
    - Have group members add their ideas to group expectations if they so choose
- Explanation of the goals and objectives of the session
    - Session Goal: Group members will apply information regarding geographically indexed databases to their lives by the end of the session.
    - Session Objectives:
        - Group members will be able to identify at least three categories of needs that they can seek help with using geographically indexed databases by the end of the session.
        - Group members will be able to describe two geographically indexed databases that they can use to address their needs by the end of the session.
        - Group members will be able to locate resources in the community with the help of geographically indexed databases by the end of the session.
- Session Outline
    - Defining Key Terms

    - 2-1-1
        - About Organization
        - History
        - How to Use
    - Findhelp.org
        - About Organization
        - History
        - How to Use
    - Discussion
    - Summary

Activity

- The activity will consist of using a PowerPoint to introduce concepts and definitions followed by education content. This will take about 25 minutes. Q & A will follow to build upon what was addressed through the PowerPoint.
    - Use Session 2 PowerPoint to present on the topic (See Appendix B)
    - Ask for any questions on the information presented

Sharing

- Questions
    - Which of the databases explored would you most likely use?
        - Why?
    - What can you see yourself searching for using these databases?
- Encourage members to voice their opinions but respect the decision if someone does not want to share. Allow everyone who wants to share a chance to do so verbally or offer pen and paper to write down their thoughts. The presenter will then share these with the group.

Processing

- Questions
    - How does it feel knowing these databases are available for you to use in the future?
    - How do you feel that these databases will impact your life in the future?
- Whoever wants to answer should be allowed to do so.

Generalizing

- Questions
    - What are some of your main take-aways from this session?
    - What are some common answers we have heard today?
- Whoever wants to answer should be allowed to do so.

Application

- Overlying Question
    - What needs are you hoping to address using the databases presented today?
        - Have each client make themselves a list of their own needs and what databases they plan to use to address these needs going forth.
- Whoever wants to answer should be allowed to do so.

Summary

- Ask the group if anyone would like to summarize today's learning points or discussion. If no one volunteers to do so, summarize key points from the lecture and the discussion.
- Restate goals/objectives
    - Session Goal: Group members will apply information regarding geographically indexed databases to their lives by the end of the session.
    - Session Objectives:
        - Group members will be able to identify at least three categories of needs that they can seek help with using geographically indexed databases by the end of the session.
        - Group members will be able to describe two geographically indexed databases that they can use to address their needs by the end of the session.
        - Group members will be able to locate resources in the community with the help of geographically indexed databases by the end of the session.
- Ask members for any additional questions.
- Thank members for participating in the session!

Chapter V

Summary

The product entitled *Wellness Education for the Food-Insecure Population* was created for the purpose of providing wellness education to the food-insecure population to increase their ability to perform health and wellness tasks. This project was warranted due to the numerous problems facing the food-insecure population including poorer health when compared to the food secure population, lack of access to personal and household hygiene items, and a limited performance range of health and wellness tasks (Flores, 2018; Pruitt et al., 2016). The EHP model was used to guide this product with an emphasis on person, tasks, contexts, and performance range. The person was identified as the food-insecure population. Their tasks included maintaining personal and home hygiene and resource seeking. Various contextual factors were identified as well, such as social determinants of health impacting the food insecure population. The overall interaction of these concepts resulted in the diminished performance range of health and wellness tasks available to the food-insecure population. Other theories including Maslow's Hierarchy of Needs, trauma-informed care, and principles of occupational justice were applied to the product to best meet the needs of the food-insecure population.

While little research exists regarding the interaction of occupational therapy and food insecurity, this product is one of the first of its kind exploring this relationship and intervention ideas for the food-insecure population. This product describes the basis of information regarding the health and wellness of the food-insecure population, which poses an opportunity for further research. This is also one of the first projects outlining potential occupational therapy interventions for the food-insecure population, which with further research, can be grown and

developed in the future. It is anticipated that this product will also further develop occupational therapy's role when addressing the food insecure population or working in this setting.

Recommendations for Sustainability

To sustain this product for use in the future, various recommendations should be followed. The first recommendation needed for the sustainability of the product is to make sure the product is always up to date and incorporates the most recent evidence-based practices. Best practices in occupational therapy are continually being developed and health promotion is becoming an increasingly prominent topic in the healthcare fields of the United States (AOTA, 2013). Therefore, important developments in research in the areas of occupational therapy and health promotion are anticipated and should be incorporated to ensure best practice. As time passes, it is also anticipated that research regarding the food insecure population, their needs, and context will continue to grow as well. This is due to the ever-increasing research-based attributed to study of the social determinants of health, which were indicated through the literature to have a large effect on the food insecure population. Because of future research into the areas of social determinants of health, it is important to continue to analyze this information as it will impact best practices when working with the food-insecure population. Lastly, future research regarding occupational therapy's specific role and interventions for working with the food insecure population should be analyzed and incorporated into the product. It is unclear at this time whether or not food insecurity will become more common in occupational therapy literature. However, with the profession focusing more on health promotion and social determinants of health, it would not be surprising if food insecurity became a more frequent topic in occupational therapy literature.

Another way to ensure sustainability is by gathering feedback. This product is currently at the early stages of development and thereby only based upon research, not the opinions of the intended audience. Incorporating opinions and feedback from the food-insecure population would be beneficial to understanding the perceived accessibility and usability of the product along with what changes could be made for product improvement.

The last recommendation for sustainability is to maintain community interest and relationships with local food pantries and keep the overall cost of the wellness education sessions low. At the moment, there is community interest in the product as indicated by a local food pantry in the Eastern North Dakota region. Agency staff hope to someday give a presentation like this to their clients and develop more education sessions within the overall theme of wellness. Contact and collaboration with this organization have been maintained by the authors of this product and the relationship with this organization is anticipated to grow. Costs for the overall implementation of these sessions are also relatively low and are not anticipated to change in the future.

Strengths and Limitations

Various strengths and limitations were present throughout the completion of the product. The first strength included the format in which the educational sessions were completed. Due to the current pandemic facing the community, the format of the session was created to be presentable in both an in-person format and an online format. Larger audiences across the country may be able to be reached as well, due to the usability of the product for online educational sessions and the current prevalence of online learning platforms.

The second strength is the inexpensive nature in which the sessions can be conducted. Few materials were used in the outline of the educational sessions, meaning that few costs exist

to produce this product; future costs will be dependent based upon the needs of the presenter. Potential costs for delivering these sessions online include the cost needed for conducting a meeting across the online meeting platforms. Potential costs for delivering these sessions in person include printing out materials and renting a space for session delivery.

The third strength is in the ability of this product to be further expanded upon in the future and interest available in the community. The term *wellness* is defined as "the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health" (Global Wellness Institute, 2022, para. 2). Therefore, due to the broadness of the definition of wellness, there is a wide range of tasks that could be explored while providing wellness education. Future sessions could be created that coincide with the general term of wellness, thereby expanding the number of sessions offered within the initial product. A food pantry within Eastern North Dakota also has expressed interest in providing education regarding wellness to the clients that they serve, leading to the further development and use of these education sessions in the community.

The final strength of the product is the thorough use of theory and theoretical concepts throughout the development and implementation of the product. EHP, Maslow's hierarchy of needs, trauma-informed care, and principles of occupational justice were all embedded in the creation of the product. Each one of these theoretical concepts is highly researched and used in various forms of literature or recommendations. Together, these theories created a clear view of the food-insecure population and their contexts, tasks, performance, physical and psychological needs. These theories also provided insight on how to address the food insecure population, and how principles of justice are affecting their lives.

Several limitations were also present in the completion of the product, all stemming from one major factor. The most limiting factor found while completing the product was the limited

amount of research regarding occupational therapy's role in the food insecure population. There were few studies that contained information about occupational therapy practices specifically applied to the food-insecure population. Therefore, the information had to be collected from many other disciplines besides occupational therapy, such as public health, social work, psychology, and nutrition. The information gained from these disciplines, as well as articles addressing occupational therapy's role in the health promotion of populations, were thereby used to address this unique area that has the potential to grow in the field of occupational therapy.

Stemming from this lack of research arose the lack of recommended interventions for the food-insecure population. Little to no evidence-based interventions for the food-insecure population existed in the field of occupational therapy. However, general guidelines were prevalent in the field of occupational therapy that described how to promote health in the community. These guidelines were used to create novel interventions within the scope of occupational therapy for the food-insecure population.

The last limitation was the lack of information regarding subgroups of the food insecure population. Most research addressed the food-insecure population of the United States as a whole versus identifying differences in this population due to their geographical location or location in urban or rural areas. Research on how food insecurity is different throughout the country would be beneficial when developing materials for a specific region and that area's food-insecure population. This research would help further understand the needs and context of the food-insecure population and how it can vary among regions of the United States.

Conclusion

Further research regarding occupational therapy's role and possible interventions while addressing the food-insecure population is warranted. Current research states that the food

insecure population has poorer health and less health and wellness tasks available to them due to their context (Flores, 2018; Pruitt et al., 2016). Therefore, this presents a significant opportunity for the field of occupational to grow and find solutions for the problems faced by the food insecure population. *Wellness Education for the Food-Insecure Population* is not only intended to target some of the occupational and wellness challenges faced by the food insecure population, but it is also intended to serve as a basis for further research in this area that is greatly needed.

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