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*School of Occupational Therapy*

Health Promotion and Wellness Education: An Occupation Based Cooking Group for Cancer

Survivors

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# A Capstone Project Entitled

Health Promotion and Wellness Education Through Occupation Based Cooking Group for  
Cancer Survivors: A Doctoral Capstone Experience

Submitted to the School of Occupational Therapy at University of Indianapolis in partial  
fulfillment for the requirements of the Doctor of Occupational Therapy degree.

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### **Abstract**

This article aims to explore the distinct value of occupational therapy in the community-based cancer survivorship setting through the integration of occupational therapy and health promotion and wellness education into a pre-existing occupation-based group ran by a dietitian. As many cancer survivors experience unmet needs, occupational therapists can help address limitations in occupational performance due to symptoms including fatigue, pain, impaired cognition, sleep disturbances, and sexual dysfunction through the use of meaningful activities. This program incorporated occupational therapy and health and wellness education into a cooking class through educational and performance-based sessions. Progress and satisfaction of participants' performance was measured using formative and summative evaluations in the form of surveys and phone interviews. The addition of education regarding energy conservation, compensatory strategies, and stress management into a nutrition course helped cancer survivors increase occupational performance during meal preparation. Sustainability of this project will be dependent on grant funding and further collaboration between the occupational therapist and dietitian. The role of occupational therapy was described through a doctoral capstone experience at Cancer Support Community, a non-for-profit facility.

### **Literature Review**

In 2011, the American Occupational Therapy Association (AOTA) identified a list of emerging practice areas for the profession of occupational therapy in the upcoming years (2018). This list included the emerging area of cancer care and oncology under the rehabilitation, disability, and participation emerging niches (AOTA, 2018). The need for support and further research regarding cancer survivors continues to be relevant as the number of cancer survivors rises. The American Cancer Society, reports 15.5 million Americans were living a history of cancer or had been recently diagnosed in 2016 and estimate another 1.7 million new cases of cancer to be reported in 2018 (2018). Although there is an increase in reported cases of cancer in the United States, increased survival rates have been seen as treatment and time of detection have advanced (American Cancer Society, 2018). As survival rates continue to rise, the number of cancer survivors requiring assistance will increase.

The National Cancer Institute (NCI) defines a survivor as “one who remains alive and continues to function during and after overcoming a serious hardship or life-threatening disease. In cancer, a person is considered to be a survivor from the time of diagnosis until the end of life” (2016, para 1). Even though, some of these individuals have completed their cancer treatment, and are no longer receiving chemotherapy or radiation, they are still subject to long-lasting residual side effects of their treatment throughout the rest of their lives. A Danish study in 2008 found that fatigue, lack of concentration, sleep disturbances, swelling, pain, weight change, sexual dysfunction, and digestive problems were common late-term effects among various cancer survivors (Høybye et al., 2008). These late-term effects have been found to impact the occupational performance and quality of life for individuals (Hwang, Lokietz, Lozano, & Parke, 2015).

Hwang et al. (2015) studied the quality of life and deficits of functional performance among cancer survivors after diagnosis. Researchers found that there was a significant difference between perceived quality of life during the first year of survivorship and the year before diagnosis, with participants reporting lower quality of life during the first year of survivorship (Hwang et al., 2015). This is consistent with the findings of Burg et al. (2015), that cancer survivors were experiencing various unmet needs impacting daily function including physical, emotional, social support, personal control needs, and more. These unmet needs begin to justify the demand for occupational therapy services among this population.

Currently, research and documentation about the unique benefit that occupational therapy has to offer cancer survivors is limited. However, research has shown that occupational therapy can help individuals through physical activity and symptom management interventions (Hunter, Gibson, Arbesman & D'Amico, 2017). By using non-pharmacological interventions, occupational therapists are able to provide education and services regarding energy conservation, problem solving and cognition, exercise, and physical agent modalities (Hunter et al., 2017). However, Hunter and her colleagues stress that current research frequently does not contain an emphasis on functional outcomes or participation, which is a key focus of occupational therapy (Hunter et al., 2017). By focusing on the occupational performance and meaningful activities of cancer survivors, occupational therapists can provide community-based programs and activities that will help prevent occupational deprivation within this population (Polo & Smith, 2017).

AOTA reports that interventions that address daily activities, lifestyle, sleep and fatigue, cognition, therapeutic exercise, and lymphedema will increase the occupational performance, independence, and quality of life among cancer survivors (AOTA, 2011). Specifically addressing the management of activities of daily living (ADLs) and instrumental activities of daily living

(IADLs) is crucial as it allows therapists to target specific issues that are preventing survivors from engaging in their meaningful occupations. By using a holistic approach, occupational therapists can guide survivors through interventions that focus on eliminating barriers to occupational participation (AOTA, 2011).

Since certain needs of cancer survivors continue to be unmet, survivors experience distress as they are unable to complete tasks and/or are forced to ask others for help (Burg et al., 2015, Ockerby, Livingston, O'Connell, & Gaskin, 2013). Ockerby et al. (2013) found that one of the most common services provided by caregivers is provision and preparation of meals and drinks. Meal preparation is a common IADL that is completed multiple times a day and includes "planning, preparing, and serving well-balanced, nutritious meals and cleaning up food and utensils after meals" (AOTA, 2014, p. 20). Although many survivors have family or friends who are willing to help them with meal preparation, many individuals have feelings of guilt for increasing burden on caregivers (Locher et al., 2010). Therefore, if survivors are unable to prepare meals independently and/or do not have a caregiver who can assist them, they will likely be unable to eat healthy meals during their survivorship. Also, since meal preparation and cooking are an important part of a survivor's life and many individuals enjoy this, the inability to complete these tasks could cause survivors to feel distressed and upset (Ockerby et al., 2013). Locher et al. (2010) reports that women experienced feeling a loss control, since they were once in charge of many aspects of their lives, and now they must rely on others to make decisions and complete tasks that they once enjoyed. With this being said, occupational therapy and health and wellness education can help cancer survivors discover ways to participate in meal preparation and the other activities that are meaningful to them through community occupation-based programs.

Occupational therapy can help cancer survivors participate in their meaningful occupations by addressing their physical limitations and helping them manage symptoms (Hunter et al., 2017). By addressing fatigue, cognition, and emotional and social support through community occupation-based programs, occupational therapist can help improve the symptoms that limit cancer survivors' occupational performance (Burg et al., 2015). The objective of this doctoral capstone experience is to provide health promotion and wellness education to cancer survivors through occupation-based programs at Cancer Support Community (CSC).

Health Belief Model (HBM) will be used to guide the integration of health promotion and wellness education into programs at CSC as it has been found to support the evaluation of other community-based educational programs (Scaffa & Reitz, 2014). This model uses the ideas of perceived susceptibility, perceived severity, perceived benefit, perceived barriers, and cue to action to determine if individual will make a health-related change (Scaffa & Reitz, 2014). By using the HBM, a therapist can complete a needs assessment that will determine the perceived susceptibility and severity of individuals, which will inform therapist on how vulnerable the individual thinks they are to the health problem occurring and how dangerous the individual thinks it would be if they had that health issue (Scaffa & Reitz, 2014). Occupational therapists can then help educate the individuals on the perceived benefit of taking action to prevent health issues, and then help modify tasks and educate them on way to minimize perceived barriers to overcoming potential or current health issues. Lastly, the therapist can provide cues to action by encouraging individuals to participate in programs and providing education and demonstration to give the individuals a way to limit their health risks. For this doctoral experience, the therapists will be able to determine what is limiting cancer survivors when completing the IADL of meal preparation. They can then determine the potential health risks such as fatigue and impaired

cognition that impact performance during meal preparation and cooking. As they determine the needs of the population, the therapists can provide education and encouragement to overcome these health risks and limit barriers to action in order to improve quality of life.

In addition to the HBM, the Ecology of Human Performance model (EHP) will also be used to develop proper education for cancer survivors with occupation-based cooking programs. The EHP will be beneficial when integrating health promotion and education as it can successfully assess the relationships between the four parts of the model, including: the person, tasks, context, and personal-context-task-transaction (Cole & Tufano, 2008). The EHP model will be used to see how the symptoms impacting cancer survivors inhibit their skills and abilities and create a change in their performance range during meal preparation. It will also aid in identifying which skills fall within and outside of an individual's performance range, giving the therapist a way to grade the activities and provide appropriate education through different contexts. This client centered model will allow the occupational therapist to determine barriers or limitations for each individual and offer suggestions that are specific to their needs when cooking.

### **Screening and Evaluation**

#### **Pre-planning and Exploration**

The initial screening for this doctoral capstone project included exploration of the site (CSC main campus) through discussion with staff, identification of barriers and resources, and research of current literature regarding community-based practice and cancer survivorship. This exploration is part of the preplanning phase in program development and is consistent with the chart review process a therapist would complete while in the outpatient or inpatient setting (Scaffa & Reitz, 2014). Prior to beginning discussion with the staff, literature was reviewed to



understand common symptoms and conditions that cancer survivors experience. While reviewing literature, it was found that cancer survivors often experience fatigue, cognition impairments, sleep disturbances, pain, digestive problems, and other conditions due to cancer and related treatments (Høybye et al., 2008). These symptoms and issues that coincide with survivorship often go unmet (Burg et al., 2015), thus justifying further investigation to determine what needs cancer survivors at CSC experience.

As part of the pre-planning phase, interviews were completed with organizational and program stakeholders, including the executive vice president of CSC and the nutritionist who leads the Cooking for Wellness class. During these interviews, the executive vice president of CSC discussed the need for occupational therapy techniques within their Cooking for Wellness class. She explained that this class is typically led by a nutritionist and discusses the importance of eating and preparing healthy foods. However, the nutritionist expressed that the cooking course has limited information regarding occupational performance and how this can increase quality of life. The nutritionist showed excitement with the idea of including health promotion and wellness education and indicated this interdisciplinary collaboration could improve carry over for her participants and improve occupational engagement. After identifying the need for occupational therapy services at CSC, potential barriers and resources were identified and further data was collected.

### **Support and Barriers**

There are many resources available at CSC that increase the quality of the programs they offer. The main campus of CSC is fully equipped with a full-size kitchen that is used for all Cooking for Wellness classes and can be used for demonstration and assessment of client performance. CSC also provides all of the cooking supplies needed for this class at no cost to the

participants. The main barrier identified by the occupational therapy student was that the Cooking for Wellness course is only offered once a month. This limits the participants' ability to be consistently immersed within the information and ensure correct carry-over of techniques learned into daily life. Therefore, it will be important to provide participants with resources when they are not in the class, so that they can continue to reflect on what they have learned at home as they try to address the goals they will create at the educational session. After identifying barriers and resources to implementation of health promotion and wellness education, the class and client needs were evaluated.

### **Needs Assessment**

Unlike many practice areas that deliver direct one-on-one care, community-based occupational therapy utilizes a needs assessment to collect and analyze data in this setting. The intent of a needs assessment is to determine priorities and needs of a population instead of diagnostic information about the patient like in other practice areas (Scaffa & Reitz, 2014). Therefore, formal assessment tools were not used to determine the needs of the population. Instead, telephone interviews were conducted with a key informant and members of the Cooking for Wellness class. "Key informants are persons, typically formal or informal leaders, who have expert knowledge about a phenomenon of interest" (Scaffa & Reitz, 2014, p. 67). In this case, the key informant was the nutritionist, as she had increased knowledge about the class and the individuals that attend each month.

Through a phone interview, the nutritionist was asked four simple questions about the structure of class, the participants, and the needs she felt should be addressed (see Appendix A). She expressed that the class normally addresses how to properly cook and preserve different types of foods. She also stated that health benefits of certain foods are discussed, however, she

reports that she does not typically addresses subjects such as energy conservation or cognition. She also stated that the individuals in her group struggle with symptoms such as chemo-brain, fatigue, and lymphedema, and that limited education often impacts participants' performance while cooking. Participants were also asked questions regarding cancer-related symptoms and barriers to completing meal preparation via telephone interviews (see Appendix A). Participants reported that similar symptoms including fatigue, chemo-brain, pain, and peripheral neuropathy impact their performance while cooking.

Reports from the Wellness for Cooking participants were consistent with the reports from Pergolotti, Williams, Campbell, Munoz, & Muss (2016) in that cancer survivors experience cancer-related fatigue, upper extremity impairments, lymphedema, and peripheral neuropathy, as well as, functional impairments. These functional impairments and symptoms can impact the individuals' quality of life and prevent them from completing the ADLs and IADLs they enjoy, including cooking. Functional impairments and cancer related symptoms have been identified as limiting factors of occupational performance in other practice areas as well. In one study, researchers used the Canadian Occupational Performance Measure (COPM) to determine needs of thoracic cancer survivors in the rehabilitation setting and found that the majority of patients reported self-care tasks and functional mobility as their primary problem (Bentley, Hussain, Maddocks, & Wilcock). Eighteen percent of participants also reported difficulty or problems with cooking in addition to self-care task. This is consistent with the report from the Cooking for Wellness participants in that some of the participants reported some difficulty with cooking while others did not.

Even though cooking and meal preparation is not the primary difficulty noted in the inpatient setting, it is important to note that individuals in the inpatient setting typically have

more acute issues, and their impairments may be more significant than those in community-based settings. Therefore, the primary focus for survivors in the inpatient setting is ADLs, and they often do not receive services addressing IADL activities such as cooking. However, services regarding IADL performance are crucial as the impact quality of life and overall wellness. The participants of the Cooking for Wellness class at CSC did not specifically report an issue with self-care tasks. However, they reported that fatigue, pain, cognition, and lymphedema occasionally impact their ability to complete IADLs effectively and limit their occupational performance and engagement. Therefore, the focus of this doctoral capstone will be to provide health promotion and wellness education regarding symptom management, possible activity and environmental modification, and compensatory strategies to enhance safety and independence while increasing occupational performance and engagement when cooking.

## **Implementation**

### **Program Planning**

Prior to beginning program planning, pre-planning exploration and a needs assessment was completed; which revealed that cancer survivors frequently experience symptoms of fatigue, chemo-brain, lymphedema, and pain that limit their ability to complete meaningful occupations. After identifying the needs of the cancer survivors at CSC through phone interviews, it was determined that health promotion and wellness education would be provided at CSC's Cooking for Wellness class to help manage the symptoms experienced and increase occupational performance and satisfaction when preparing meals. The goal of this educational session was to educate cancer survivors on the role of occupational therapy in cancer survivorship. Another goal was to provide techniques that could help cancer survivors increase their performance while cooking and completing other daily tasks. A review of literature was conducted to determine

what information should be given to participants to help combat symptoms of fatigue, chemo-brain, and pain while preparing meals. Topics identified included energy conservation, compensatory strategies, and stress management. Then, an educational presentation was created over these three topics, and an explanation of occupational therapy and its distinct value in cancer survivorship was given to the cancer survivors during the first Cooking for Wellness class held at CSC.

### **Energy Conservation**

Energy conservation was the primary focus of the educational presentation as it provides ways to reduce fatigue and pain related to stress (St. Joseph's Healthcare Hamilton, 2013). Energy conservation includes techniques that help individuals minimize the amount of energy they must use to complete a task (St. Joseph's Healthcare Hamilton, 2013). This includes being aware of how individuals prioritize their time, plan their day, pace themselves, and position their body when completing a task (St. Joseph's Healthcare Hamilton, 2013). By following these techniques, individuals are able to continue completing the daily tasks that are important to them without becoming so exhausted that they cannot participate in their meaningful activities (St. Joseph's Healthcare Hamilton, 2013).

### **Compensatory Strategies**

Compensatory strategies were also discussed during the session as these techniques can include activity and environmental modifications for cancer survivors that help combat chemo-brain and fatigue. By using resources such as planners, to-do lists, and timers, individuals who have memory difficulties can cue themselves to pick up items at the grocery store or prepare ingredients for a meal. Cancer survivors can also modify their environment by changing where items are in their kitchen. This can help limit the amount of energy an individual must exert

when finding or using an item while cooking and can help them compensate for fatigue they may be experiencing.

### **Stress Management**

The last topic that was discussed during the educational presentation was stress management. It is important to discuss ways that cancer survivors can limit stress as stress can cause fatigue and other unhealthy behaviors (Mayo Clinic, 2018). It is necessary to instruct participants on the importance of exercising regularly, using relaxation techniques, and setting time aside for things that they enjoy. This can minimize stress and help manage other symptoms such as, fatigue, anxiety and depression (Mayo Clinic, 2018).

The above educational topics were organized into individual handouts that were distributed at the first Cooking for Wellness class. An additional handout was created to explain what occupational therapy's role in cancer and survivorship is and what common cancer related symptoms were discussed during the session. Collaboration with the nutritionist was conducted to ensure proper use of time during the session and to discuss if she felt that the information that would be provided by the student would help meet the needs of the participants.

## **Implementation of Health Promotion and Wellness Education**

### **Educational Session**

The beginning of the educational session included instruction from the nutritionist regarding healthy recipes that the participants could make at home. The nutritionist described in detail the types of foods and spices she was using and explained the different cancer-fighting properties of each item. After the nutritionist completed her session, health promotion and education regarding occupational therapy techniques began. First, a pre-test survey was distributed as part of the formative evaluation. (Formative and summative evaluations are

described further the Outcome section of this paper) Following the survey, participants were given a Cooking for Wellness handout. This handout included information regarding occupational therapy, common cancer-related symptoms and listed ways that occupational therapy can assist cancer survivors who experience these symptoms. This resource was provided so that individuals could follow along with the educational lecture as it was presented and refer to the information at home. The simple Cooking for Wellness handout also had a section where participants could list goals in relation to cooking and meal preparation, as well as, strategies they could implement to reach their goals.

After introductions and a review of common symptoms experienced by cancer survivors, information regarding compensatory strategies, stress management, and energy conservation was presented. Information that was provided included definitions of the techniques as well as examples for how individuals could use these methods when cooking and completing other daily tasks. This was followed by a question and answer session. Individuals were given the opportunity to ask the occupational therapy student any questions regarding the techniques they had learned and how to implement these in their daily life. They were also able to discuss any problems they had been having, and group discussion was geared toward finding solutions for these issues. Once the individuals felt comfortable with the information they had been given, they were then asked to complete the goal section on their Cooking for Wellness handout.

Individuals were asked to create goals related to cooking and meal preparation that they could address throughout the next few weeks at home. The occupational therapy student provided the class with examples and discussed appropriate goals as well as strategies they could implement to reach these goals. It was emphasized that each individual is unique and has their own difficulties, therefore, each person may have a different goal than their neighbor.

Participants were encouraged to ask questions during this process to ensure their goals were realistic and attainable. Lastly, a post-test survey was distributed as part of the formative evaluation and the group was dismissed. Selected participants were recruited for interviews as part of the summative evaluation.

### **Performance Session**

During the performance session, individuals were split into four different groups where each group was asked to prepare a different portion of the meal. At the beginning of the session, the occupational therapy student reminded participants about the information they had learned in the previous session and the nutritionist discussed different aspects of the meal. Throughout the session the student went from group to group discussing meal specific techniques that participants could use when cooking these meal during the session and at home. The student asked what techniques they had been using at home. At the end of the session, the occupational therapy student provided an overview of information about the techniques regarding each meal and supplied participants with formative evaluation regarding the performance session and a summative evaluation pertaining to the entire program.

### **Leadership Skills and Staff Development**

Various leadership skills were required for implementation of the health promotion and wellness educational session. First, strong communication and interpersonal skills were needed for collaboration with the staff at CSC and with the nutritionist who co-lead the Cooking for Wellness class. These interpersonal skills made it possible to collaboratively create a program that benefited the participants by targeting their symptoms and limitations. Having the ability to communicate ideas with others was also imperative, as it allowed the occupational therapy student to effectively educate the participants and answer questions during the Cooking for



Wellness class. Since this DCE took place in a community-based setting, being flexible was also a crucial part of completing the Cooking for Wellness program. CSC is consistently working to provide services for its participants, therefore, staff must be flexible when setting dates for events, determining where the events will take place, and determining what information may need to be presented. Lastly it was important that staff showed outward positivity. Many participants at CSC are looking for support and education, so staying positive was imperative to help encourage and provide advice to participants.

Staff development and education was necessary at the beginning of this process as many members of the CSC team didn't understand occupational therapy's role in cancer survivorship. A brief description of occupational therapy was given to the staff, and they were then encouraged to ask questions to help build a better understanding of how occupational therapy can assist the cancer survivors at CSC. This process was vital so that staff could appropriately refer participants to Cooking for Wellness program. The handouts provided during the Cooking for Wellness education session were supplied to the nutritionist for future use. This will be necessary if the occupational therapy student is no longer present at CSC. A resource binder was also created by the occupational therapy students at CSC. This binder includes a copy of each of the handouts that were given to the Cooking for Wellness participants and nutritionist and was left in the resource library at CSC. These resources could be accessed by any member of the staff or participant after the completion of the doctoral capstone experience.

## **Outcomes**

### **Educational Session**

#### **Formative Evaluation**

Prior the completion of this doctoral experience, the efficacy of implementing health promotion and wellness education into the Cooking for Wellness group was assessed. This was done through the use of formative and summative evaluations. The formative evaluation consisted of a pre/post-test survey including Likert scale questions that evaluated the efficacy of the presentation given at the Cooking for Wellness class by the occupational therapy student. The pre/post-tests helped determine participant confidence and understanding of different topics. Topics included the role of occupational therapy, how cancer-related symptoms impact performance, how to manage these symptoms, their ability to address functional deficits when cooking, and strategies to improve performance.

Seven of the fifteen participants that attended the educational session completed all of the pre-test and all or part of the post-test. After reviewing the survey responses, there was an overall increase in understanding of each topic by at least one participant. The participants demonstrated the greatest increase in confidence when addressing functional deficits caused by cancer-related treatments and when listing ways to improve performance while cooking. Due to limited feedback from this session, it would be imperative that future sessions place extra emphasis on the completion of these surveys to ensure that the program remains effective and beneficial to the participants. However, these surveys supported that continued education on ways to improve occupational performance when cooking would be beneficial in the future.

### **Summative Evaluation**

In addition to the formative evaluation, a summative evaluation was completed through phone surveys with randomly selected participants a week after the educational session. The formative evaluation was used to continue quality improvement of the education session. This evaluation included a satisfaction survey that identified the Cooking for Wellness participants'

opinions of the session and allowed the occupational therapy student to assess what participants valued during the session. (see Appendix C) Using Likert scale questions, overall satisfaction with the course and likelihood to implement what participants have learned was rated. Open ended questions were used to explore what parts of the session the participant enjoyed and what areas they felt could be improved. The use of open-ended questions gave the participants the ability to state their specific opinion and did not limit them to predetermined answers.

After completion of the phone surveys, it was found that participants each had a unique reasoning why they valued the session. For example, participants reported that they were happy that someone was taking the time to discuss these topics with them and that the handouts provided made it easy for them to review the information later. Participants also reported that they were very likely to implement what they had learned. In addition, participants reported they were already implementing the energy conservation and compensatory strategies techniques, such as collecting all of the items needed at one time to limit the amount of energy needed to collect supplies. Participants were also asked to suggest a way in which the program could be improved if continued in the future. Overall, group members suggested using more visual aids and hands on techniques as well as physical and personal examples when educating the class.

The nutritionist was also asked to answer questions regarding the quality of the health promotion and wellness education. (see Appendix C) She was asked open-ended questions that allowed her to express what she found beneficial and what she thought should change if the health promotion and wellness education was continued. The nutritionist was also asked about ideas for sustainability of the project. During the phone interview, the nutritionist expressed that she thought the program went well and that she found the tips about organizing the work space and planning meals very beneficial. She also believed that more specific examples about certain

cancers and how they affect the body and performance would be helpful. For example, she stated that individuals who have limited range of motion due to a surgery or radiation treatment may want more specific examples of how they can address these limitations in the future.

Lastly, the nutritionist was asked how the health promotion and wellness education could be continued in the Cooking for Wellness program. She stated she likes using interdisciplinary programs to provide the best care for her participants and that she would love to continue this partnership in the future. However, she suggested that the collaborative sessions only be once every few months. She stated that incorporating health promotion and wellness education at every other or every third session would provide the opportunity for the individuals to implement what they have learned, and it would keep the information fresh and prevent it from becoming repetitive. Finally, she said that continued use of fun hands-on activities would encourage the participants to use the techniques they have learned from both disciplines in the future. Findings from the summative evaluation were a critical component to determining the effectiveness of the session and will help to guide future modifications of this project.

## **Performance Session**

### **Formative Evaluation**

Eight of the eleven participants completed the formative evaluation at the end of the performance session. By reviewing the post-test survey, it was found that nearly all participants reported their main goal when cooking was to be able to prepare healthy and nutrition meals. After the educational session four weeks prior, participants reported using techniques such as making lists to decrease energy use when walking in the grocery store and planning their week in advance to help allocate time and energy for cooking. Many participants also reported that they plan to continue to use the techniques they learned from the health promotion and wellness

education to reach their cooking and meal preparation goals in the future. When talking with participants during the performance session, many participants reported trying to complete recipes by breaking down the steps so that they could take breaks and not become fatigued. The most common responses for not implementing the techniques or strategies they learned during the program were lack of time or inconvenience.

## **Overall Program**

### **Summative Evaluation**

Upon completion of the final session (performance session), a summative evaluation in the form of a post-survey was distributed to participants. Eight of the eleven participants completed the summative evaluation (n=8). Participants reported that the most beneficial things they learned during the program included healthy recipes, proper positioning, and ways to conserve energy when cooking and grocery shopping. All participants that completed the post-test survey reported that they would not change anything about the program in the future, and they did not feel that had any needs that were unmet by the program. All participants reported that they were very likely (n=7) or somewhat likely (n=1) to attend a course like this in the future. Due to the positive responses from the participants, it would be important to continue assessing the needs of participants to help address any new limitations as the program continues in the future.

### **Discontinuation**

Prior to the discontinuation of this program, sustainability and future modifications of the health promotion and wellness education program were considered. First, financial support for future sessions and occupational therapists was evaluated. Due to the overwhelming support from local grocery stores, all of the supplies needed for the Cooking for Wellness meals are

completely free to the participants and the instructors and this will be continued in future sessions. To cover the cost of a licensed occupational therapist at the Cooking for Wellness classes, grants were researched by the occupational therapy student, a fellow OT student, and grant writing team. Grant funding would allow the hiring of an occupational therapist, and any other supplies he/she might need to continue the cooking program in the future.

In the future, the occupational therapist will need to utilize information from formative and summative evaluations to continue quality improvement of the program. (see Appendix C) These evaluations will allow the therapist to gauge the effectiveness of the program as well as determine if participants feel that their current needs are being met. By continuously using these evaluations, the therapist will be able to identify if the participants need more education on different topics or if they require a different type of hands on experience. As the therapist continues to draw information from the needs assessment, evaluations, and participant and staff report, he/she will be able to ensure continued quality improvement of the Cooking for Wellness program.

It will also be crucial that the occupational therapist or occupational therapy student continues to assess the changing needs of this population. As the needs of society and the population at CSC change, it will be important to respond and change the objectives of the program to target these needs. The HBM and the EHP model will be used to determine the changing needs of society and the participants at CSC. By using these models, the occupational therapist will be able to determine any changes in the participants' performance and continue to gear sessions towards increasing their performance range as participants improve. As previously stated in the literature review, the occupational therapist can also use principles from the HBM to determine the perceived susceptibility and severity of individuals in regard to different

conditions. This will allow the therapist to determine how to change questions within the needs assessment so that he/she can modify the program to increase participants' perceived benefit and help create a cue to action to increase health-related change among cancer survivors (Scaffa & Reitz, 2014).

### **Response to Society's Need**

After AOTA listed cancer care and oncology as an emerging practice area, it supported further investigation into the needs of this population as this information can help address society's changing needs (AOTA, 2011). As stated in the literature review, cancer and its late term effects have been found to impact the occupational performance of cancer survivors (Hwang et al., 2015). Therefore, incorporating health promotion and wellness education within the Cooking for Wellness Program at CSC has helped address some of the needs of the cancer survivor population within the occupation of cooking. Throughout this program, literature was reviewed, and participants were interviewed to determine what the needs of the population at this site were. This program created the opportunity for cancer survivors to address deficits in occupational performance when cooking. The information and techniques participants learned regarding energy conservation, compensatory strategies, and stress management can be used when cooking and when completing other daily living tasks. By addressing the limitations that are impacting occupational performance within this population, this program was able to meet the changing needs of society within this emerging practice area.

### **Overall Learning & Experience**

#### **Communication**

Effective communication played an integral role during this doctoral capstone experience. Since CSC has partnerships at multiple hospitals in the area, staff members were

often out of the office working at a different site. This meant that electronic communication via email was required. The occupational therapy student had to learn to be direct when sending emails and take the opportunity to talk to individuals in person when given the chance. Also, sending professional emails when addressing staff, participants, and other health care providers was essential. Since the occupational therapy student had not met many of the individuals that were being contacted, it was important that the emails were professional, contained appropriate greetings, and were free from grammatical errors. When speaking with staff and participants, it was crucial that clear, concise, and simple language was used. Many individuals that the occupational therapy student worked with were not familiar with occupational therapy or its scope of practice. Therefore, the student had to use simple language that was not exclusive to the field of occupational therapy so that participants and staff were able to understand the information that was being presented to them. Being able to discuss different topics and provide education in a way that individuals understand was a crucial component of this doctoral capstone experience and helped ensure successful integration of health promotion and wellness education at CSC.

### **Staff Interaction**

Throughout the sixteen weeks of this capstone experience, the occupational therapy student was able to work with a variety of professionals and interns from different disciplines including art therapy, social work, program development, nutrition, marriage family therapy, and marketing. During this time, each discipline was able to share how they work to improve the lives of cancer survivors. This helped all members of the CSC staff work as a team, as each person understood how their co-workers could help meet the needs of their mission. When collaborating with the nutritionist during Cooking for Wellness, the occupational therapy student



was able to see how eating the right foods can impact your body. The student was also able to learn how to direct conversation during a session observing and working with the nutritionist. The nutritionist led a high energy group and was able to help participants enjoy their time in the class, but she also ensured that they were receiving all of the information that was necessary. Interaction with different disciplines allowed the occupational therapy student to practice collaborating with different members of the care team and helped give insight to the similarities and difference of each discipline. This knowledge will help the occupational therapy student determine which disciplines may be useful when continuing health promotion and education during the Cooking for Wellness program in the future.

### **Leadership and Advocacy**

During this doctoral capstone experience, leadership and advocacy were demonstrated to ensure the successful implementation of the Cooking for Wellness program. Upon arrival to CSC, advocacy for the distinct role that occupational therapy has in cancer and survivorship was required. First, the student began sharing with the staff how occupational therapy can benefit survivors. This information was shared with the entire staff and the nutritionist who leads the Cooking for Wellness class. After the staff understood how occupational therapy can help benefit the participants at CSC, the advocacy for the cancer survivors began. The occupational therapy student discussed the current unmet needs that many cancer survivors experience and began discussing possible ways to meet these needs. It was through this advocacy for survivors, that the collaboration between the OT student and the nutritionist began to help address these needs through the Cooking for Wellness program.

Leadership skills were required throughout this doctoral capstone experience as it was primarily self-driven by the OT student. During this experience, time management and self-

motivation were used daily. Time management was necessary as there were many requirements for this experience, including creating PowerPoints and handouts, developing treatments plans, organizing presentations, reviewing literature, and helping CSC staff with other needs.

Therefore, the OT student had to be diligent with her time to ensure that all of the requirements were met. Group management skills were also needed for the implementation of health promotion and wellness education during the Cooking for Wellness program as the class has 10-30 participants each month. This meant the OT student had to be able to lead the group and ensure that all of the objectives were met each session. This sometimes meant the student had to limit talking by group members who were dominating the conversation or redirect participants to progress the session. Lastly, group management skills were also used during the education presentations to help guide conversation and ensure that the participants felt they received all of the information they needed about each topic.

### **Overall Experience**

Overall this experience gave the occupational therapy student the opportunity to practice working with a variety of disciplines and individuals. She was able to practice being flexible and working as a team to reach the target objective. CSC's goal is to provide cancer survivors and their families with services so that no one has to go through cancer alone. During this experience, the occupational therapy student was able to use leadership and communication skills to help address some of the functional performance limitations that individuals were experiencing when cooking and completing other meaningful tasks. With the help of the CSC staff and other interns, the student had the opportunity to learn and practice how to lead a group effectively and how to respond to the needs of participants. This doctoral experience helped the student learn how to be confident when educating individuals about occupational therapy and different strategies to

combat decreased occupational performance. Moving forward in practice, the occupational therapy student will be able to use the skills learned during this experience to effectively treat and educate clients and to contribute as a positive member of the health care team.

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## Appendix A

### Needs Assessment Questions

#### Cooking for Wellness Instructor Questions

1. What do you normally address in your classes/group?
2. What symptoms do you feel are the most common among your group?
3. What are the most common barriers to cooking that you hear voiced in your group?
4. Are there any subjects you would like to be addressed when educating the group?

#### Cooking for Wellness Participant Questions

1. Do you currently feel like you experience and symptoms due to cancer or cancer-related treatment? (Fatigue, pain, weakness, etc.)
2. Do you currently experience barriers to cooking a meal? If so, what? (Fatigue, pain, weakness, etc.)
3. How many meals are you able to cook per week?
4. Do you currently do anything to increase your success when cooking? If so, what?
5. What do you feel like would help you most in relation to cooking meals successfully?

## Appendix B

## Cooking for Wellness Handouts

Figure 1. Cooking for Wellness Handout



<h1 style="text-align: center;">Cooking for Wellness</h1> <h2 style="text-align: center;">&amp; OCCUPATIONAL THERAPY</h2>	
<p style="text-align: center;">leann@cancersupportindy.org • 317-257-1505 • 5150 W 71st St. Indianapolis, IN 46268</p>	
<p><b>What is Occupational Therapy ?</b></p> <p><b>Cancer - Related Symptoms</b></p> <p><b>How Can OT Help?</b></p>	<p>"Occupational Therapists help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations)" (AOTA, 2018).</p> <p>Fatigue • Chemo-brain • Muscle Weakness Pain • Lymphedema • Cancer-Induced Peripheral Neuropathy</p> <p>Energy Conservation • Compensatory Strategies • Strengthening • Activity or Environmental Modifications • Stress Management • Sleep Hygiene</p>
<p><b>WHAT GOALS DO YOU HAVE IN REFERENCE TO COOKING AND MEAL PREPARATION??</b></p> 	<p><b>LIST TWO PERSONAL GOALS YOU HAVE IN RELATION TO COOKING AND MEAL PREPARATION</b></p> <p>1.</p> <p>2.</p> <p><b>LIST TWO WAYS/STRATEGIES YOU CAN IMPLEMENT TO REACH THESE GOALS</b></p> <p>1.</p> <p>2.</p>



Figure 2. Energy Conservation Handout

# ENERGY CONSERVATION

OCCUPATIONAL THERAPY





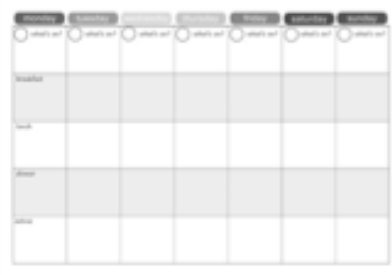
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## WHAT IS ENERGY CONSERVATION?

Energy conservation uses techniques to increase your endurance and strength after illness, hospitalization, or when you are experiencing chronic fatigue.

## QUESTIONS? CONTACT US:

**LeAnn VanDeman**  
Email: [leann@cancersupportindy.org](mailto:leann@cancersupportindy.org)  
Phone: (317) 257-1505

## REMEMBER THE 4 P'S!

**Prioritize**  
Determine what must be done immediately and what can wait until later.  
Always begin with the most important task.

**Plan**  
Plan activities to avoid multiple trips to different rooms or up the stairs.  
Alternate between completing heavy and light tasks.  
Schedule activities throughout the week to avoid overloading yourself with too many tasks in one day.

**Pace**  
Maintain a slow and steady pace - Never rush.  
Take frequent rest breaks - **Rest before you feel tired!**  
Practice breathing slow and steady.  
Listen to your body and know your limits.

**Position**  
Avoid bending and reaching - too much bending or reaching can cause fatigue and shortness of breath.  
Maintain upright posture when sitting and standing to improve breathing  
Sit when you can - sitting can reduce energy use by 25%.

# ENERGY CONSERVATION TIPS



## ENERGY CONSERVATION TIPS FOR COOKING

- Plan meals ahead of time for the week.
- Collect all supplies before you begin cooking
- Cook in broken down steps to reduce use of energy
- Utilize crock pot recipes
- Organize frequently used item in easy to reach locations.
- Cook large meals that can be heated up later
- Use lightweight cookware
- Use appliances to conserve energy (ex. food processors and dishwasher)
- Consider using apps such as Kroger Click-List to eliminate energy waste at grocery store.

## EXTRA ENERGY CONSERVATION TIPS

- **STOP AND REST BEFORE YOU GET TIRED!**
- Sit whenever possible. (ex. getting dressed, showering, cooking)
- Ask others for help when needed.
- Do not rush through tasks.
- Reaching and bending increase energy use.

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## PICTURE REFERENCES

<http://www.kitchentoday.net/kitchen-chairs-with-rollers/>  
<https://www.canstockphoto.com/illustration/take-a-break.html>  
<https://picklebums.com/more-menu-plans/>

Figure 3. Compensatory Strategies Handout

# COMPENSATORY STRATEGIES

## OCCUPATIONAL THERAPY

### WHAT ARE COMPENSATORY STRATEGIES?

- Environmental modifications or behavioral strategies designed to help individuals overcome difficulties with attention, memory, executive-function, and/or other cognitive skills as a way to participate in meaningful activities.


### ARE YOU EXPERIENCING ANY OF THE FOLLOWING RELATED TO CANCER OR TREATMENT?

- MEMORY LAPSES
- DIFFICULTY CONCENTRATING
- DIFFICULTY MULTITASKING
- SLOW PROCESSING
- DIFFICULTY WITH WORD RETRIEVAL
- DIFFICULTY WITH RECALL
- DIFFICULTY PROBLEM SOLVING

### CONTACT US:

CANCERSUPPORTINDY.ORG

PHONE: 317-257-1505



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### NON-ELECTRONIC COMPENSATORY STRATEGIES:

- Planner
- Dry erase calendar
- Sticky notes
- Budget log
- Receipt folder
- Noise cancellation headphones
- Collapsible wall dividers
- Pill box
- Continue to participate in community events!


### USING FREE APPS AS A COMPENSATORY STRATEGY:

- Google Calendar
- Cozi Family Organizer
- Gee Task Lite
- Banking apps
- Evernote
- Joint Attention Training
- Alarm app
- MarcoPolo (social)
- Facebook (social)

Figure 4. Stress Management Handout

# STRESS MANAGEMENT

## OCCUPATIONAL THERAPY



**CANCER SUPPORT  
COMMUNITY.**  
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### QUESTIONS? CONTACT US

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Phone: 217-257-1507

### WAYS TO MANAGE STRESS

#### ADAPT/ALTER THE STRESSOR

*Stressful situations cannot always be avoided, however, if you find a way to change the situation or the way you communicate, you can likely avoid certain stressors in the future.*

- Learn to say "No"
- Manage your to-do list
- Avoid negative and stressful people
- Compromise with others
- Manage your time
- Be assertive
- Be positive

#### LIVE A HEALTHY LIFESTYLE


*Strengthening your physical health can increase your ability to handle stress.*

- Exercise
- Eat Healthy
- Avoid Drugs and Alcohol
- Get enough sleep

#### TAKE TIME TO RELAX

*Scheduling time to relax can help you be more prepared and able to handle stressful situations when they arise.*

- Spend time with friends
- Spend time with family
- Do something you enjoy everyday
- Meditate
- Yoga



# HEALTHY WAYS TO

## RELAX AND RECHARGE

- Go for a walk
- Make list of the days triumphs
- Get a massage
- Workout
- Take deep breaths

- Enjoy a cup of coffee
- Color
- Spend time with friends
- Play a game
- Be in nature

- Stretch
- Take a bath
- Listen to music
- Watch a movie
- Take a break from social media

## WAYS TO REDUCE STRESS WHILE COOKING

### THINK SIMPLE

*Using simple recipes and having an organized system can reduce stress when cooking.*

- Use simple recipes
- Find recipes that you cant put in a crock-pot
- Organized and declutter workspace
- Leave out appliances you use frequently

### DELEGATE TO OTHERS

*Asking others for help and spending a little extra on services that reduce work for you can help reduce stress.*

- Kroger Click-list
- Blue Apron
- Find a cooking partner

## REFERENCES

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## PICTURE REFERENCES

<https://www.health.harvard.edu/heart-health/7-ways-to-keep-stress-and-blood-pressure-down>



Appendix C  
Outcome Measures

Educational Session: Formative Evaluation

## Cooking for Wellness Survey Pre/Post-test

---

I know what Occupational Therapy is.

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Neutral  | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Disagree |  |

I understand how cancer and related treatments can impact my performance while cooking.

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Neutral  | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Disagree |  |

I understand the role of occupational therapy in managing my cancer related symptoms when cooking.

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Neutral  | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Disagree |  |

I feel confident in addressing functional deficits created by cancer and related treatments when cooking.

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Neutral  | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Disagree |  |

I can list at least 5 ways to improve my performance while cooking.

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Neutral  | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Disagree |  |

Educational Session: Summative Evaluation - Participants

## Participant Evaluation

---

Name one thing you valued from the session.

After today's session, how likely are you to implement what you have learned?

☐ Not Likely      ☐ Somewhat Likely      ☐ Very Likely

What was your overall satisfaction with this session?

☐ Very Satisfied      ☐ Neutral      ☐ Very Dissatisfied  
☐ Satisfied      ☐ Dissatisfied

What is one area of improvement for this session?

Would you be interested in more sessions about this topic? If yes, explain.

Would you recommend this session to others?

Educational Session: Summative Evaluation - Nutritionist

## Nutritionist Evaluation

---

What was one thing that you found to be most beneficial during the session?

What is one way that this session could have been improved to better address the needs of this population?

Could this program be continued in the future? If so, what do you see that looking like?

Performance Session: Formative Evaluation

## Performance Session Survey

---

What is your primary goal in relation to cooking?

---

What strategies have you implemented from the health promotion education thus far? (ex: sitting while you cook, making lists, planning out your weekly cooking in advance, etc.)

---

If you have not implemented any of these strategies, what have kept you from doing so?

---

How do you plan to reach your goals to be more successful when cooking and completing other daily tasks in the future?





Overall Program: Summative Evaluation

## Cooking for Wellness: Health and Wellness Promotion Program Evaluation

---

What was the most beneficial thing you learned during the past two sessions?

---

What needs do you still have in relation to cooking that you did not feel were met by this program?

---

How would you change this program if it were continued in the future?

---

How likely are you attend a course like this in the future?

---

- ☐ Very likely      ☐ Somewhat likely      ☐ Somewhat unlikely  
☐ Very unlikely

Would you recommend this program to a friend or fellow cancer survivor?

---