Needs Assessment Prior to Beginning at Site

The first needs assessment was conducted via an online qualtrics survey. There were three separate surveys developed for three different populations including individuals with developmental disabilities distributed through online support groups, caregivers of people with developmental disabilities distributed through online support groups, and healthcare professionals at Hackensack Meridian Health distributed through a contact at the Juvenile Diabetes Research Foundation.

Individuals with Disabilities: The needs assessment hoped to identify how confident they felt in being able to manage their health, how much they understand and follow through with what their doctor tells them, and if they would be interested in an educational program for health management

- The survey was distributed to two public Facebook support groups where it received a total of two responses. Neither of the respondents said they were happy with their mental health, diet, weight, activity level, their own communication with their doctor or their adherence to medications. Both respondents reported not exercising daily and were 'unsure' about how healthy their diet was. Both respondents expressed interest in attending a health management program.

Caregivers: The needs assessment hoped to identify if the person they care for is at risk of developing diabetes, what their lifestyle looks like and if they'd be interested in an educational program with the person they care for pertaining to health management.

- The survey was distributed to five public Facebook support groups where it received a

total of four total responses. 50% of the respondents reported the person they care for had risk factors for developing diabetes, 75% were not satisfied with their ability to manage the person they care fors' health, 50% reported their loved one does not exercise enough, 50% have never received resources from a healthcare professional, and 75% selected they were 'maybe' interested in a health management program to attend with their loved one.

Offices: The needs assessment hoped to identify if/what is discussed regarding health management and diabetes prevention with this population and for how long

- The survey was distributed to healthcare professionals at Hackensack Meridian Health via the Juvenile Diabetes Research Foundation where it received eight total responses. Of the eight total responses, four were doctors/physicians, three were physician assistants, and 1 nurse practitioner. Results showed that only six of eight respondents had at least 1 experience with an individual with a developmental disability. One individual reported scheduling more time for this population, but only when requested by the patient. The rest of respondents reported making no accommodations for this population during office visits. One respondent who reported making no accomodations commented it is due to "the nature of their workplace setting and patients do not request accommodations". None of the respondents reported discussing diet, exercise or diabetes prevention with this population during healthcare visits, and none provided an answer when the survey asked why.

Caregivers	Offices	Individuals
- 5 Facebook support groups - 4 total responses - 50% of responses reported risk factors for diabetes - 75% were not satisfied with their ability to manage health - 50% exercise less than recommended - 50% never received resources from HCP - 75% "Maybe" interested	-Hackensack Meridian Health via contact at JDRF -8 total responses -6 of 8 had experience with DD -No accommodations are being made "Workplace setting. It was also not requested"	-2 Facebook support groups -2 total responses -Neither respondent said they were happy with their mental health, diet, weight, activity level, and communication with doctor and taking medications -Neither reported exercising everyday –Both were 'unsure' about diet -Both expressed interest in a health management program

Needs Assessment at Site

The second needs assessment was conducted at the residency site, Family Resource Associates (FRA). It was composed of observations and interviews with the classroom teachers, program director, caregivers and all students who were potential group members. This needs assessment guided me in choosing the information to present during group sessions, how to present it, and provided me with specific things this population needed and wanted to know the most pertaining to health and wellness.

Lunch Observations:

- This part of the needs assessment consisted of observations of lunch sessions, and types of foods the students brought in. Other things taken into consideration were types of foods the students seemed to like the most, how fast lunches were being eaten, time allotted for lunch, finger foods vs utensils, and hydration/their water intake. This information allowed for a better idea of their eating habits, food variety of each

individual diet as well as routines and observed behaviors associated with meals. (**Time allotted for lunch:** approximately 1 hour)

- Bagels (breakfast and lunch)
- Sandwiches/Cold Cuts (ham, salami, turkey, cheese)
- Spaghetti
- Cheese
- Prepackaged food/snacks
- Lemonade
- Soda
- Muffins
- Popcorn

Interview with classroom teacher:

- This part of the needs assessment consisted of unstructured interview discussions with the primary classroom teacher. She was asked if there were specific needs that she noticed her students have pertaining to health and wellness. Her response consisted of the following points:
    - The first point was emphasizing behavior modification and reframing her students ideas and thoughts. Specifically, the need to understand that all food is okay in moderation. She explained many students 'obsess over' not being able to eat junk food such as cookies. Explaining the importance of balance and that "junk food" is okay in moderation.

- Meal preparation and home management skills such as general food hygiene. For example, washing fruits/vegetables before eating, making sure hands are clean, cleaning food stations and using clean utensils/plates/napkins)
- The students would benefit from the understanding that mental health is a part of health management and our over wellness. She reported that explaining mental health in simple/basic terms would also be beneficial. She expressed that many of the students would not know how to reach out and ask for help if they were having negative emotions or thoughts. She specified providing/discussing mental health resources (identifying staff, caregivers, or other outside resources to talk to if needed).
- Creating new habits to promote physical activity and expressing the importance of balancing gaming/tablet time, and exercising

Interview with Program Director:

- This portion of the needs assessment consisted of an unstructured interview conversation with the program director about specific needs that she felt were necessary for the students. The following points were discussed:
    - Specific students that she felt would benefit from the program which initiate the recruitment process
    - Specific caregivers she felt would be willing to be flexible with transportation/drop off and pick up times
    - Content that some of the students might not be familiar with (ie: healthy vs unhealthy foods and portion control), which is consistent with information

gathered via the needs assessment from the participants classroom teachers regarding habit formation.

- She felt providing information and strategies to eat slower and take time with meal as many of the students eat very fast which is again consistent with enforcing new habits.

Interviews with students

- This portion of the needs assessment did not clearly identify the needs of each individual student due to uncertainty about the topics. Many of the students weren't sure if they had specific needs or topics that they would like to learn more about throughout the group sessions as demonstrated by reports of "I don't know". Another student reported that they would like to "learn more about health".

Caregiver Input:

- During recruitment efforts, phone calls were made to all caregivers of potential participants. One caregiver reported her loved one would benefit from assistance with creating new health routines such as gaining motivation to exercise. The rest of the caregivers reported having no specific needs that they felt may benefit their loved one. All caregivers were advised to contact the group leader at any time if they thought of anything in particular that they felt needed to be addressed.

Baseline Assessment of Knowledge:

- Prior to beginning the small group sessions, an informal assessment was conducted to gain a baseline understanding of each participant's knowledge on the topic, and to

identify an area of need that should be emphasized and addressed throughout the program. All of the participants answered at least two questions incorrectly on the pre-assessment pertaining to the food groups (fruits, vegetables, grains, protein and dairy) and energy demands of the body.

SWOT Analysis

Strengths	- Qualifications and experience of group leader - CPR, CPT, OTDS, Diabetic - I have worked with this population for many years prior to the project. I previously have worked in a school as a teachers assistant supporting the lesson plans and independence of students with autism spectrum disorders and other developmental disabilities. I also completed a 12 week level 2 fieldwork at a similar school for students with developmental and intellectual disabilities. - I have an associates degree in early childhood education including those students with special education. While this is not directly the same population, this school experience gave me the opportunity to interact, communicate and engage with Caregivers. - I have a Bachelor's degree in psychology from Kean University where I studied social and behavioral psychology throughout my school career. - I am a doctoral candidate of Occupational Therapy at Kean University. - Information provided from the teachers, caregivers and director at the facility is consistent with literature that reports this population would benefit from an education program on health management.
Weaknesses	- The chosen outcome measures have no psychometric properties - There is little buy in and participation from the population's caregivers - The site has fewer students in the summer semester than in the fall which leaves less opportunities to recruit for the program - There is little literature stating that health and wellness programs are being run for this population by occupational therapists and/or roles and responsibilities of OTPs.. Therefore, it might be difficult to advocate for this program as occupation therapy based if there is little knowledge of what occupational therapists are trained to do.
Opportunities	- The literature states that pre existing programs similar to this topic are being run by special education teachers. This leaves an opportunity for interprofessional collaboration as well as an opportunity to advocate for the roles and responsibilities of an occupational therapist. - I am a doctoral student at Kean University. The University offers many other graduate school programs such as speech language pathology, psychology, special education and

	recreation therapy. This creates an opportunity for me to potentially collaborate with another student from one of these programs to enhance the benefits of the residency program. - I gained access and approval to complete my program at a site that has individuals at risk of developing diabetes
Threats	- Much of the literature states that preexisting health and wellness programs for both the typical population and the disabled population are being run by nurses, dietitians, nutritionists, and special education teachers.