Physical Health Gaps and Disparities Faced by Refugees and Immigrants

Anna Ma

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Physical Health Gaps and Disparities Faced by Refugees and Immigrants

Anna Ma
Saint Catherine University
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Faculty Adviser: Stephanie de Sam Lazaro, OTD, OTR/L

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Table of Contents

Chapter 1: Introduction .................................................................................................................. 1
Chapter 2: Literature Review ........................................................................................................ 3
Chapter 3: Needs Assessment ...................................................................................................... 14
Chapter 4: Interventions .............................................................................................................. 18
Chapter 5: Assessment Plan ......................................................................................................... 23
Chapter 6: Results ....................................................................................................................... 25
Chapter 7: Reflection ................................................................................................................... 36

References ..................................................................................................................................... 39

Chapter 8: Appendices .................................................................................................................. 46

Appendix A: Literature Matrix ..................................................................................................... 46
Appendix B: Mission ..................................................................................................................... 53
Appendix C: Needs Assessment Forms ....................................................................................... 59
Appendix D: Classroom Observation Form .................................................................................. 60
Appendix E: Teaching and Learning Strategies .......................................................................... 64
Appendix F: Lesson Plans ............................................................................................................. 67
Appendix G: Picture Survey Forms .............................................................................................. 76
Appendix H: Student Assessment Forms .................................................................................... 88
Appendix I: Self and Peer Rating ............................................................................................... 89
Appendix J: Journal Experience ................................................................................................... 91
Appendix K: Presentation Power Point ......................................................................................... 98
Chapter 1: Introduction

Within the United States, there are approximately 17.2 million refugees that have fled prosecution from their home country and have resided throughout the U.S. including the state of Minnesota (Minnesota Department of Human Services, 2014). As research has indicated, the immigrant and the refugee population born outside of the U.S. continuously exhibits relatively low physical activity levels in comparison to native-born individuals (Wieland, Weis, Palmer, Goodson, Loth, Omer & Sia, 2012). As a nation that is founded on immigrants, this population is of importance within public health and society due to the concerns of growing health disparities and diseases related to low physical activity levels among this population.

Although this disparity is not fully understood, common perceived barriers identified include fears related to relocation, lack of awareness, changes within routines and roles, and lack of familiarity of the environment (Harkins, 2012). The acculturation process for refugees and immigrants brings significant changes in customs, roles, identities, routines, and behaviors (Berry, Phinney, Sam & Vedder, 2006). This in turn can affect a person’s diet and physical activity level. These factors among others can lead to increased risk of obesity, diabetes, hypertension, and other chronic diseases, which greatly impact the long-term health of this population. The role of occupational therapy (OT) can be used to support and enhance participation and health promotion through activity based interventions and education.

Therefore, this Master’s project aimed to address the health disparity in physical activity for the refugee and immigrant community through an educational and occupational therapy approach at MORE in St. Paul, MN. The purpose of the Master’s project will address the Healthy Leading Indicator of physical activity with the students at MORE in St. Paul, MN (Healthy People, 2014). The organization is dedicated to empowering refugees and immigrants
within the community to meet their basic needs including services in education, advocacy, and mental health of their clients (MORE, n.d.). The mission is to provide resources and overall support to help members fully participate and engage in the community (MORE, n.d.). A needs assessment was completed including interviews with key stakeholders of the organization. In addition, refugee mentor stories and classroom observations were used to inform the interventions conducted and identified the needs and teaching strategies of the English language learners at MORE. The outcomes were measured through observation forms and post picture surveys. Through four educational sessions on physical activities and health, the short-term goal was to increase the physical activity level of the students at MORE within the contexts of their daily life such as during their English class, at work, or at home. The long-term goal was to provide a sustainable and culturally relevant physical activity program within the population served at MORE that will reduce the risk of health related conditions.
Chapter 2: Literature Review

Refugees and Immigrants Process

Within the United States (U.S), Asian Americans and Pacific Islanders (AAPIs) represent one of the largest and fastest growing ethnic groups with an expected 10% population trajectory increase by the year 2050 (Wong et al., 2011). Among this population, refugees and immigrants in the U.S. are also expected to increase. The U.S. has accepted over 3 million refugees since 1975 with nearly 70,000 refugees currently admitted annually and residing in the U.S. as of 2015 (U.S. Department of State, 2015). It is assumed that refugees and immigrants share a similar background and history. However, differences between these two groups exist.

Refugees in comparison to immigrants do not voluntarily leave their country and are often forced to flee due to political or religious tensions within their country of origin (Connor, 2010). This includes fear of persecution due to one’s race, religion, or social group (Barnes & Almasy, 2005). However, immigrants can choose to move and resettle to another country in order to seek permanent residency (Connor, 2010). Therefore, differences between the two groups and experiences during the adaptation or acculturation process may occur. This includes influencing factors such as English proficiency, financial background and employment opportunities (Connor, 2010). The flow of refugees and immigrants has changed with an increase in diversity from countries within Africa, East Asia, Europe, Latin American, and East/South Asia coming to the U.S. within recent years (Connor, 2010; U.S. Department of State, 2015).

Upon resettlement, the acculturation process and changes experienced have been and will become a growing concern from a societal and public health perspective.

Acculturation. The concept of acculturation involves multiple complex factors with different approaches and understanding within the process (Berry, 2004; Gerber, Barker &
PHYSICAL HEALTH GAPS

Pühse, 2011). Researchers describe acculturation as the process in which there is a merging of cultures that the individual is surrounded by and their culture (Gerber et al., 2011). During this process, a refugee or immigrant adopts the values, beliefs, attitudes, customs, behaviors and lifestyle of the new culture while maintaining their home culture (Gerber et al., 2011). In comparison, assimilation involves accepting the values, beliefs and behaviors of the resettled country while rejecting their home culture (Shi, Zhang, Meijgaard, MacLeod & Fielding, 2015). However, other forms of acculturation also exist which include biculturalism, separation, and marginalization (Gerber et al., 2011).

Biculturalism can be described as a two-way process, where there is a relationship between the host country and the heritage culture of the individual (Gerber et al., 2011). Contrary, separation involves seeking contacts outside of their culture and ethnicity while marginalization occurs when a person does not identify with either host society or their culture (Gerber et al., 2011). Instead of measuring acculturation through individual attitudes and perceptions of culture, the literature uses variables such as place of origin, length of residency and language preference to measure acculturation (Gerber et al., 2011). Although researchers have distinguished various forms of acculturation that may occur, it is important to note that it is a continuum that an individual undergoes, but not in any particular sequence (Berry, 2005; Gerber et al., 2011).

As refugees and immigrants become acculturated through adopting the lifestyle of the resettled country, benefits and adverse changes in health may occur. Studies have supported the negative effects on health due to acculturation in western society including increased risk of developing hypertension, cardiovascular disease, obesity, and diabetes (Mohamed, Hassan, Weis, Sia & Wieland, 2014; Wieland et al., 2012). Despite arriving healthier than the average
U.S. citizen, past research has shown that the longer refugees and immigrants reside in North America, their risk of developing chronic health conditions represent the general population (Mohamed et al., 2014; Weiland et al., 2013; Weiland et al., 2015). The negative health outcomes are a result of physical health, social environment, and biological factors associated with the acculturation process and changes that occur in refugees and immigrants (Barnes & Almasy, 2005).

**Effects Migration on Health**

**Lifestyle changes.** Although refugees and immigrants arrive hoping for a better future and quality of life, they also face many new challenges through the acculturation process (Bennett, Scornaiencki, Brzozowski, Denis & Magalhaes, 2012; Haley, Walsh, Maung, Savage & Cashman, 2013). Among these challenges are unhealthy nutrition choices, acculturative stress, communication, and transportation challenges (Haley et al., 2013). In a community participatory study, Haley et al. (2013) discussed recent arrivals’ knowledge on healthy behaviors. Common themes identified were changes in food choices, living, health, financial stress, mobility, social interaction, recreation and future hopes and dreams (Haley et al., 2013).

A common lifestyle change discussed in the literature is dietary and food choices. In a descriptive study by Barnes & Almasy (2005), health perceptions of refugees and immigrants were examined. The barriers to healthy food and dieting were identified and included the high cost of fruits and vegetables within the U.S. with relatively low cost of easy access to fast foods and snacks (Barnes & Almasy, 2005). These foods were perceived as unhealthy and non-nutritional, however, were convenient due to time constraints in food preparation and work demands of refugees and immigrants (Barnes & Almasy, 2005). Differences in how local food was accessed and obtained were also discussed (Barnes & Almasy, 2005). In the past, refugees
and immigrants described growing their vegetables and crops year-round or walking to a grocery store for food, whereas in the U.S. a vehicle may be required for transportation (Barnes & Almasy, 2005; Haley et al., 2013; Misra, Nepal, Banerjee & Giardino, 2015). Within the U.S., these food products are found in local markets and stores and are often unfamiliar to refugees (Barnes & Almasy, 2005; Haley et al., 2013). These changes in food choices and mobility can influence the nutrition and health status of refugees and immigrants as well as their families (Haley et al., 2013). In addition to changes within nutrition and diet, there are other significant lifestyle changes that occur during acculturation that can affect the overall health and well being of individuals and their families.

The work demands and new financial responsibilities including employment, relocating resources and ensuring housing are all new lifestyle changes as well as stressors that can impact the health of refugees and immigrants (Bennett et al., 2012; Haley et al., 2013). These expectations and new responsibilities help to ensure successful acculturation for refugees and immigrants (Bennett et al., 2012; Connor, 2010). Although financial assistance from the state is available for newly arrived refugees, it is limited in duration and amount (Connor, 2010). Both education and English language are important factors that influence employment opportunities for refugees and immigrants, thus differences in work and earning outcomes exist (Connor, 2010). Within work roles and demands, refugees and immigrants also face a lack of knowledge or familiarity in work norms and roles and often accept employment that is below their credentials (Bennett et al., 2012). There are many changes that occur within work roles, expectations in addition to social factors that refugees and immigrants face within their acculturation process.
Social interaction and recreational activities have significantly changed due to their physical environment, social factors, and mobility challenges (Haley et al., 2013). Those residing in refugee camps in the past described living in proximity to others, where leisure time included spending time-sharing stories, playing games, and group social activities in the community (Haley et al., 2013). After resettlement, older refugees and immigrants often experience isolation, loneliness, and overall dissatisfaction with their new environment affecting their leisure and social activities (Krishnagiri, Fuller, Ruda & Diwan, 2013). In the past, walking was the main source of mobility and transportation for many, however after resettlement, individuals relied on others for rides or use public transportation (Haley et al., 2013). Also, obtaining a drivers’ license was difficult due to the English language barrier (Haley et al., 2013).

An essential part of an individual’s well-being and health includes engaging in meaningful occupations, defined as everyday life activities and tasks with a given cultural meaning and value (Bennett et al., 2012; Krishnagiri et al., 2013). However, during their acculturation process refugees and immigrants often experienced disruptions within their occupations and changes in their roles, which impact their overall health and well-being (Bennett et al., 2012; Krishnagiri et al., 2013). These included a pattern of activities or occupations that are reflective of an individual’s routines and habits, which include work, family, and social activities (Bennett et al., 2012). These lifestyle changes after resettlement all inhibit and disrupt refugees and immigrants occupations (Krishnagiri et al., 2013). While acculturation is a process that occurs through time with many, there is still a need to address the disparities in physical, mental, and psychosocial health among newly arrived refugees and immigrants (Misra et al., 2015).

**Physical activity in refugees and immigrants.** The leading cause of death in the U.S. continues to be heart disease and cancer (Barnes & Almasy, 2005). In addition, many adverse
health outcomes are related to health behaviors including smoking, alcohol use, physical activity, dietary, and lifestyle changes (Barnes & Almasy, 2005; Persson, Mahmud, Hansson & Strandberg, 2014). Through the years, the recommended daily physical activity has changed. However, research consistently supports the health benefits and value of physical activity among individuals (Heinrich, Maddock & Bauman, 2011). Past research and evidence have shown that behaviors related to health vary significantly across an individual’s demographics including ethnicity, age, and gender (Barnes & Almasy, 2005). Among these, disparities in the level of physical activity can be seen among racial and ethnic groups including refugees and immigrants (Wolin, Colditz, Stoddard, Emmons & Sorensen, 2006). Within the U.S., refugees and immigrants exhibit relatively low levels of physical activity in comparison to U.S. born individuals (Wieland et al., 2013). However, the reasons and gap between the two are not well understood (Wieland et al., 2013).

In a study by Wolin et al. (2006), the proposed hypothesis of the disparity between racial and ethnic groups can be attributed to acculturation, and its effect on work, leisure time, and level of physical activity. Acculturation was measured by language preference and length of time since immigration (Wolin et al., 2006). The results of the study suggested that those who were less acculturated spent more time in completing physical activities within their job or work role (Wolin et al., 2006). While those who were more acculturated had higher levels of leisure time and physical activity and lower levels of heavy physical activities at work (Wolin et al., 2006). The discrepancy is attributed to the acculturation process, lifestyle changes, environmental, and individual factors (Steffen, 2005). Health behaviors are influenced by cultural norms and values, thus through providing primary prevention to help newly arrived refugees and immigrants retain
their healthy cultural habits while reducing the risk of developing detrimental ones is important from a public health perspective (Haley et al., 2013; Wolin et al., 2006).

**Health disparities of refugees and immigrants.** The term disparity often refers to the extent to which an outcome such as health indicates a difference between populations that are often closely related to social, economic and environmental factors (Healthy People, 2014). Social determinants of health include an individual’s race, sex, age, disability, socioeconomic status, and environment (Healthy People, 2014). To address the disparity, Healthy People 2020 has focused on achieving health equity while reducing the disparity that exists, in which all people have the opportunity to achieve the highest level of health (Healthy People, 2014). Within the literature, many contributing factors have been identified related to health disparities (Edberg, Cleary & Vyas, 2011). However, the interaction between these factors among the immigrant and refugee population have been understudied and are often complex (Edberg et al., 2011).

Over the years, researchers have identified a health paradox that exists in which immigrants and refugees arrive in the U.S. healthier than native-born individuals (Edberg et al., 2010; Mohamed, 2014; Persson, 2014). However, after some years, they lose this health advantage and develop similar risk profiles of the general population or exceed the U.S. average (Weiland et al., 2013, Wolin et al., 2006). Health conditions include rising rates of obesity, hypertension, diabetes, and cardiovascular disease (Weiland et al., 2013). Among these health conditions, low physical activity, and lifestyle choices are heavily associated with adverse outcomes (Weiland et al., 2013). As the population within the U.S. increases in diversity, generations of refugees and immigrants will continue to remain a significant part of the general
population. Thus, understanding the factors that contribute to disparities in health that exist will help reduce or eliminate disparities.

**Common Barriers to Health Amongst Refugees and Immigrants**

Current literature on this topic has focused on identifying barriers and limitations in physical activity among refugees and immigrants (Barnes & Almasy, 2005; Berthold et al., 2014; Gerber et al., 2011). However, to better understand the complexity of the health disparity that exists, it is important to address and identify the contributing factors or barriers that refugees and immigrants face during the acculturation process. As discussed, upon resettlement individuals vary on their education level, English proficiency, and vocational skills (Connor, 2010). Refugees and immigrants with limited health literacy and knowledge in the U.S. healthcare system are a few contributing factors that inhibit adequate access to care (Misra et al., 2015). Also, structural barriers between newly arrived refugees and immigrants exist related to language, transportation, and financial limitations in access to health services (Misra et al., 2015). As a result, acculturative stress, lack of a sense of community, limited resources for support and racial discrimination are barriers that negatively affect health promotion and behaviors (Daniel et al., 2013). These barriers among others result in forms of physical, mental, and psychosocial health disparities within this population (Berthold et al., 2014; Misra et al., 2015).

In comparison to non-immigrant populations, refugees and immigrants continually show low physical activity levels (Mohamed et al., 2014). However, past interventions aimed at this have shown low efficacy (Mohamed et al., 2014). Although research has focused on identifying factors related to low physical activity levels with this population, there is limited information and evidence (Mohamed et al., 2014; Perrson et al., 2014). Despite being healthier before...
migration, refugees and immigrants experience significant lifestyle changes as well as challenges that make them more vulnerable to adverse health outcomes (Misra et al., 2015; Persson et al., 2014; Steffen et al., 2006). (For further information on articles and research evidence regarding refugee and immigrant’s health refer to Appendix A for the Literature Matrix).

Physical activity is defined as movements of the body that require energy, whereas sedentary time requires no energy above what is needed during rest (Babakus & Thompson, 2012). It is reported that the prevalence of a sedentary lifestyle in the U.S. is as high as 60% with Americans (Daniel, Wilbur, Marquez & Farran, 2013). Physical activity and sedentary time are two risk factors and independent contributors that influence an individual’s health and well-being (Babakus & Thompson, 2012). In a study by Mohamed et al. (2014), the researchers aimed to identify perceptual barriers and facilitators related to physical activity of Somali men. Through focus groups and semi-structured interviews, the common barriers identified included priority level, embarrassment, clothing attire, differences in transportation and fear of harassment (Mohamed et al., 2014). Other limitations to physical activity included the climate, lack of motivation, time, lack of access to facilities, safety, and unfamiliarity with physical environment (Barnes & Almasy, 2005; Persson et al., 2014).

Upon migration, the main priority is often employment and financial stability for families (Mohamed et al., 2014). Therefore, physical activity and health are not the main focus for refugees and immigrants (Mohamed et al., 2014). There also may be cultural differences in discerning physically activity and health within the U.S. in comparison to other countries. Participants expressed embarrassment in initiating exercises at a gym or wearing clothing attire that may be culturally inappropriate (Mohamed et al., 2014). There also appears to be barriers in lifestyle changes and cultural perceptions of physical activity, health and leisure time (Perrson et
al., 2014). In the past, being active was built within their daily routine and everyday occupations in their home country such as walking, playing, and completing household chores (Haley et al., 2013; Mohamed et al., 2014; Persson et al., 2014). However, due to changes in resettlement, refugees and immigrants continually face changes that impede their health and well-being related to physical activity.

**Role of Occupational Therapy with Refugees and Immigrants**

As the population continually increases in diversity, health care providers must also meet the demands of the patients they serve. A challenge projected to be faced within the coming decades for health care providers is finding a way to increase healthy behaviors while decreasing risky health behaviors related to lifestyle changes (Barnes & Almasy, 2005). Being able to participate in meaningful activities or occupations are vital for all humans with research continually showing the positive influence on an individual’s health and well-being (Law, 2002). Occupational therapy (OT) is a unique profession and field that can help those with and without disabilities to participate in occupations (Law, 2002). A major challenge experienced after resettlement is developing and creating new occupational routines (Krishnagiri et al., 2013).

During the acculturation process, many refugees and immigrants experience disruptions or deprivation in their occupations, which influence their health (Law, 2002). Therefore, through the lifestyle changes that occur, the role and profession of OT is best suited to provide services to increase participation and address the occupational and health disparities that exist (Crandall & Smith, 2015).

**Occupational therapy and public health.** According to the World Health Organization (WHO, 2016), public health is defined as any organized effort to promote health and well-being while preventing diseases among the population as a whole. Therefore, population health is a key
focus behind public health interventions and guiding principles of the Healthy People 2020 initiative (Healthy People, 2014). In parallel to public health, OT focuses on the health and well-being of individuals through occupations or activities of daily life (Moll, Gewurtz, Krupa & Law, 2013). Although public health initiatives focus on the health of populations and communities, there are both similarities that link the two disciplines (Moll et al., 2013). The role of OT in health promotion as reported by the American Occupational Therapy Association (AOTA) includes promoting healthy lifestyles through the use of occupations as a health promotion strategy (Moll et al., 2013). Therefore, using an OT and public health perspective to improve the health and well-being of individuals as well as the broader society are future implications to practice.
Chapter 3: Needs Assessment

The needs assessment of the project consisted of a literature review, public health learning sessions, interviews with key stakeholders of MORE, classroom observations, and review of teaching and learning strategies of adult English language learners (ELL). The needs assessment and intervention and survey activities were approved by St. Catherine University Institutional Review Board. These components informed the community participatory approach to the project and was used to guide the lesson plans with the students at MORE. The mission of MORE and Saint Catherine University and Catholic Social Teaching philosophy were examined and evaluated for themes (See Appendix B). MORE is a community-based organization serving refugees and immigrants and their families. It is dedicated to empowering those served through services provided within education, advocacy, employment, and mental health (MORE, n.d.) The services and mission of MORE aligns with that of Saint Catherine University and the social justice principles involving community engagement and social participation, and helped identify the purpose and overall need of the project and the population served.

Interviews With Key Stakeholders

An interview was completed with the Education Program Manager to help identify the population and possible topics of needs including health education, community access and resources. (Refer to Appendix C for details regarding interview questions). Students served at MORE are initially connected through referrals through resettlement agencies, word of mouth, and flyers distributed among the community. Recent health gaps observed include the role of trauma and effects on learning, diabetes prevention, blood pressure management, and food insecurity. Topic areas identified as needs from the interview included dental hygiene, grooming
cares, medication management, appropriate clothing attire, healthy eating and financial management (H. Drozdowski, personal communication, January 28, 2016)

Additional interviews were completed with the Executive Director of MORE, an interpreter/cultural liaison, English teacher, Intake and Accountability Specialist, and an Occupational Science and Occupational Therapy faculty member of Saint Catherine University who also sits on the board of MORE regarding physical activity levels and needs of the population served at MORE. (See Appendix C for further information on questions asked of these key stakeholders).

A qualitative analysis was completed to further identify themes during the interviews including barriers to physical activity, cultural perceptions, health gaps and needs within this population served at MORE. The information gathered informed the literature review on physical activity levels of refugees and immigrants including health disparities and related conditions. Barriers in physical activity often included weather, time, location and cultural perceptions of physical activity. Many of the student refugees relocated to Minnesota from warmer climates, therefore the change in climate especially in the winter was described as a barrier to physical activity. In addition, students are often busy fulfilling different responsibilities and roles including work, class, and family, therefore time was identified as a barrier in physical activity. An interviewee stated, “that sometimes the road blocks to physical activity are a lack of time or perceived lack of time” (Interviewee 1, personal communication, December 16, 2015).

Other barriers include limitations within the environment such as space within home and location of home related to safety concerns. Cultural perceptions of physical activity were also identified as a barrier. These differences can be explained due to the changes in student’s routine in the home country in comparison to the United States. For example, the most common means
of transportation in their home country was walking or biking. As stated, “we walked a lot, so we don’t need extra exercise” (Interviewee 4, personal communication, December 16, 2015). Therefore, the belief that the activities completed within their daily routine were perceived as exercise. The change in their routine upon arrival has shifted and barriers to physical activity can be due to environmental and social changes that occur. In addition to environmental factors that affect physical activity participation, an individual’s physical state level also influences the activities that they can complete. A teacher within MORE stated, “they've also a lot of them have worked really hard physical jobs in their younger lives” (Interviewee 3, personal communication, December 16, 2015).

**Classroom Observations and Review of Literature**

Teaching and learning strategies that are effective for adults were determined through reviewing the literature and conducting observations in the classroom. Activities that incorporated family, crafts and general activities that are easy and gentle on the body were discussed as key considerations. In addition to the focus on physical activity, mental health was also addressed through the promotion and use of physical activities.

The teaching and learning strategies identified were taken into account during the classroom observation. Strategies that were utilized within the classroom with the students and teachers were observed and documented in the form (Refer to the Appendix D). The information collected was used to inform the lesson plans and provided strategies to replicate to enhance student’s learning within the classroom. Common teaching and learning strategies identified in the literature and observed in the classroom included the use of visuals when teaching and the connection between life experiences and new material learned. (For more information on the classroom observation form see Appendix D and E for teaching and learning literature).
Each of these components of the needs assessment has helped inform the topic of health and healthy living through physical activity as identified through the refugee mentor stories and the literature on health of this population. The review of literature in Chapter 2 further examines the health disparities among this population of the physical health gaps that exists. Through a public health perspective on health promotion and the role of Occupational Therapy, the lessons were chosen to focus on promoting physical activity levels and general knowledge on healthy living within their daily routine. Overall the needs assessment helped informed the role of OT in working with this population and organization while following the mission and principles of Catholic social teaching and at MORE. (Refer to Appendix B: Mission for further details).
Chapter 4: Interventions

The occupational therapy interventions completed at MORE were informed through the needs assessment, student interviews, classroom observations, and current review of literature. The focus of the interventions revolved around the topic of healthy living. The sessions aligned with Saint Catherine University’s and MORE’s mission of serving those within the community. Although MORE provides basic needs including ELL education, mental health services and social services, from an OT perspective both physical and mental health were seen as a current gap in service and became pertinent topics to address within the interventions.

Session 1: QiGong and Healthy Living

Session one’s objectives were for the students to be able to (1) describe healthy living, (2) understand the importance of physical activity, (3) participate in a QiGong exercise, (4) express the benefits of Qigong, and (5) understand how to fit exercise into their daily schedules. (See Appendix F for more details on the lesson plan for session one). We began the session with introducing ourselves and the purpose of our sessions at MORE. I led the first ice-breaker, where each student introduced themselves, stated an exercise that they enjoyed and each student demonstrated the activity as a class. We introduced the idea of healthy living and why it is important. Next students were asked what they do that keeps their bodies healthy through providing examples. The definition of physical activity and exercise was then discussed. Using the keywords energy, breathe, stretch, calm, focus, concentrate, and relax, my partner described QiGong and its benefits. The specific practice of QiGong was facilitated by an OT student and video with students following along. The class participated in practicing a QiGong warmup and exercise.
Next, I led an activity illustrating how to fit physical activity into a daily routine. We completed a sample daily schedule as a class. We projected a daily schedule onto the board delineating morning, afternoon, evening, and night. Students named activities that fill their day while the facilitators wrote their responses on post-it notes and handed them out at random. Students then placed their activity post-it notes on the schedule in the box that indicated the time of day that they complete that activity. Then we asked when they might fit QiGong into their schedules and where they might complete the exercise. They each created their own daily schedule on paper, integrating QiGong where it was realistic for them. We finished the class by quickly reviewing physical activity, QiGong, and fitting exercise into a daily schedule then completing a QiGong cool-down. Aspects involving healthy living were integrated by both facilitators throughout the lesson plan. However, the origin, benefits and overall exercise of Qigong was led by my partner. I focused on the importance of physical activity and how it will relate to our next sessions.

Session 2: Stress and Stretch

The objectives for session two included (1) the ability for students to continue to identify and describe activities related to healthy living, (2) reiterate the benefits of QiGong and other physical activities, (3) increase vocabulary related to stretch and stress reduction, (4) introduce progressive relaxation techniques and (5) application of stress reduction techniques in everyday life. (Refer to Appendix F for details on session plan two). Stress and stress reduction were keywords for this session. We explained stress using words such as worry and anxiety, explaining that it is when we are thinking about something too much and describing it as the opposite of calm and relaxed. We asked the class what causes them stress, using images to illustrate some stressors.
We also discussed unhealthy and healthy responses to stress and how stress can affect our physical bodies as well as our minds. We completed a progressive relaxation technique together, tensing and relaxing parts of the body one-at-a-time, starting with the feet and moving up to the head. We talked about when we can fit this activity into our schedule, particularly related to stressful situations and how to adapt it to the individual’s unique stressors, lifestyle, and body response to stress. The class then completed an activity creating a stress ball by filling balloons with flour and discussed when they can use the stress ball and how it can help relieve stress. Stretch was introduced as another way to reduce stress and increase flexibility as a way to remain healthy.

**Session 3: Strength and Leisure**

For our third session, we focused the stress-reducing quality of leisure activities and the importance of strengthening exercises. Our objectives for session three included (1) identifying things that cause stress in their lives, (2) increasing knowledge in activities related to strengthening, (3) understanding the importance of strengthening exercises for the body, (4) understanding the benefits of leisure, and (5) participating in making notecards as a meaningful leisure activity. Key vocabulary included strength, muscles, motivation, leisure, art, craft, medium, and materials.

We began the session by reviewing stress and making collages on paper with an outline of a head, cutting and gluing pictures of the things we think about a lot. We talked about what stress does to our bodies and the difference between good and bad stress. We moved on to defining leisure and using it for stress-relief. Introducing various media, including pastels, oil pastels, water color paints, and gel pens, we encouraged students to determine which one they prefer to create art on the front of a card. Students were given the choice of writing a note inside
the card and giving it to someone as a motivating factor. We graded the activity for different ability and interest in drawing by having the options for students to draw their own picture, use ‘how to draw’ sheets of various objects, or color in pictures of various things.

Next, we defined strength as building muscles and helping us to do activities more easily. We completed some strengthening exercises. Then the students played a ‘fitball’ game, tossing a beach ball with exercises written on it to each other, then everyone did the exercise that was closest to the student’s right thumb. The student indicated the number of repetitions of that exercise that everyone should do.

**Session 4: Endurance and Dance**

In our final session, we discussed endurance and dance. We began by reviewing healthy living topics we have discussed in previous sessions: the relaxation of QiGong, stretch, and strength, and introducing the new topic of endurance. Objectives for this session included (1) gaining knowledge of activities related to endurance, (2) increasing vocabulary related to endurance, (3) applying it to activities to a daily routine, (4) understanding the benefits of dance, participating in a dance activity, and (5) learning about, using, and making a rainstick. Important vocabulary words for this session included endurance, rainstick, percussion, meditation. (Refer to Appendix F for details on session plan four).

We defined endurance, discussing physical activities that we can do to increase endurance and how to incrementally increase the amount of time we do those activities. We also introduced an endurance log for them to bring home and continue to record their increase in physical activity, working it into their daily schedule and routine.

For a craft activity, we introduced rain sticks, relating the history of rain sticks and describing what they are and what they are used for today. Students each made their own rain
sticks out of cardboard tubes, nails, and beans, decorating the rain sticks with tape. Next, we moved on to the topic of dance and its benefits while applying the topic of endurance into the activity. Together, we learned the Cha Cha Slide and the Polka, relating dancing to endurance activities and physical health. We discussed dance and music in different cultures and students shared knowledge of music and dance from their cultures with the class.

Common themes that arose from the interventions included the importance of physical and mental health. Through recognizing health issues that may arise through stress, students at MORE were provided further education and tools to promote physical health and healthy living. Through an OT perspective, student’s learning styles were considered within each session. Incorporation of activity-based learning activities throughout each session was used to increase knowledge on topic. In addition, evaluation of current students’ schedules and routines was used as a teaching and implementation strategy.
Chapter 5: Assessment Plan

The assessment plan of the sessions focused on MORE students’ overall learning and OT students’ personal learning that arose from the interventions. To assess the ELL students’ learning an observation form was used (See Appendix H: Assessment Forms for details). The form helped guide observations and included student participation, response rates, identification of concepts, vocabulary knowledge gained and application of concepts and activities to their daily lives. It was completed after each session and was used to facilitate and improve the next sessions. The four sessions were completed approximately once a week and students that provided prior consent were asked to complete a post 1-week picture follow-up survey from the previous lesson.

The picture survey assessed when and where the student completed the activity, and if the activity was perceived as easy, okay or difficult. To remain anonymous, each student chose a sticker to represent themselves for each of their completed surveys. This allowed the facilitators to follow each student’s progress across time while maintaining anonymity. The three question picture survey served as an outcome measure to further assess the effectiveness of the sessions the following week. The pictures in each survey represented each activity that was introduced in the session prior. To assess when the student completed the activity a daily schedule depicting Monday through Sunday was used. Students were asked to mark what days they implemented the physical activity introduced the following week. The second question of the survey was used to determine where the students completed the activity with picture options of home, the community center (school), or outside. The last question assessed the ease of implementation using pictures that depicted levels including easy, okay, or difficult.
In addition, OT student facilitators rated themselves and their partner using the OT Student Facilitator Assessment Form on a Likert scale. Items on the forms included preparedness, communication skills, adaptability, and active engagement based upon observations. (Refer to Appendix I for the complete form). The OT student facilitator assessment helped individuals identify what methods worked best and to identify areas to improve upon for the next intervention session. Journal entries also helped OT students reflect on their experience and identify strengths and areas of improvement for following sessions (See Appendix J: Journals). These reflected the overall experience of the sessions and interactions with the students including personal challenges, strengths, and areas of improvement. Overall, the assessment tools mainly consisted of observations, responses from the picture surveys, OT student facilitator assessments, and personal reflections. In addition to observation, teacher comments were also used to further guide and improve the lessons. These assessment tools were used to demonstrate if the needs of the key stakeholders of this project have been met.
Chapter 6: Results

The results of the four sessions on healthy living are based upon qualitative and quantitative data including classroom observations, participation and responses of students, subjective personal reflections and results of the post-picture surveys. Each lesson was followed by a completion of the student learning observation form with objectives listed by the facilitators. (Refer to Appendix H details on the student learning objectives). In addition, student facilitator assessments were also completed for data analysis including an evaluation of self and peer using a Likert scale (Refer to Appendix I). A total of nine students participated throughout the sessions, however the number of students per session varied. The number of students ranged between four to eight students with an average of six to seven per session. Common languages spoken in the classroom include Karen, Karenni, Burmese, Vietnamese, and Oromo. The female to male ratio of students varied per session however, there was an average of 3 males to 5 females. The results of the assessments will be further evaluated and will be based upon personal learning gained and reflections of the experience at MORE to inform future recommendations to the program and school.

Student Learning Observation

Session 1. A total of eight students were present during the first session, which focused on introducing healthy living activities and the physical activity of Qigong. All students participated in the introduction and shared activities they do currently that promote healthy living. Responses included eating fruits, vegetables, sleeping, and walking outside. Three students verbalized and correctly identified exercises within the lesson plan and discussed preferred activities. All students actively participated in the Qigong exercise with one student discussing its similarities and benefits to Yoga and stretching. Four students expressed how
Qigong made them feel. They all identified when in their daily schedule would work best for them to integrate an exercise like Qigong. The teacher of the class gave feedback that the presentation was at the right pace. She identifies the schedule activity, with a group and individual component as a valuable challenge for the students. She appreciated the interactive nature of our session.

**Session 2.** Six students were present for the stress and stretch lesson. All engaged in verbal and physical participation in class activities including the stress ball craft, vocabulary identification and active participation in stretches including progressive muscle relaxation. Two students verbalized when to complete the activity within their routine. One student stated completing the exercises during work breaks when she feels pain or soreness in legs and feet. Symptoms that student stated when they feel stressed include stomachaches, headache, body pain and throat soreness. One student verbalized feeling stressed when reading material in English or when they don’t understand the material in class or homework. Two students identified when and where to use stress ball and/or stretches introduced including while watching T.V. or reading. Six students that were present in the last session completed the post picture survey.

**Session 3.** The lesson of stress and leisure was introduced with a total of eight students. All participated in a collage activity, identifying objects or events that has caused them stress or made them think a lot in the past week. Two students verbalized that a family member was sick, which caused them stress or worried them a lot. Another student reported thinking of their home country through a picture of a jungle to represent what was on the student’s mind. All students shared with the class. Both the leisure activity and strengthening activity was completed by all students. A total of six students completed a post picture survey from the previous week.
Session 4. The endurance and dance lesson had a total of four students. All participated in completion of an endurance log. During identification of activities two students verbalized endurance activities and exercises including with friends and/or family and at social events. The craft of rain sticks was completed by all students with all correctly identifying the appropriate tools/materials. The endurance activity was dance and included all student’s participation. Three students discussed musical instruments that are used in their culture. One student shared a dance from her culture. After session four, the class instructor confirmed the value of the dance component of the session and commented that she would like to incorporate more interactive and dance activities into summer classes. She also voiced that she would see value in a level II fieldwork student at MORE. Three students completed a post-picture survey from the previous week and two were completed for this lesson the following week.

MORE Student Self Report

Participant 1 was present in all four intervention sessions and the subsequent weeks to report results on the post-picture survey. The reported average number of days per week of implementation of the activities (Qigong, stretches, strength and endurance exercises) introduced was six days per week. The participant reported completing these activities at multiple locations including at home, school and outside. However, the most commonly reported was at home of all four activities. The participant reported that the activities were both easy and okay.

Participant 2 was present for four sessions and the follow-up for the first three sessions (Qigong, stretches, and strength). The average number of days per week this participant completed these activities was six. The participant reported completing them in multiple locations including home, at school, and outside. The participant also reported the difficulty level of the activities were both easy and okay.
Participant 3 was present for all four sessions and follow-up sessions. The average number of days per week completed was five days per week. The participant reported completing them in multiple locations including home and school. The participant also reported the difficulty level of the activities were both easy and okay.

Participant 4 was present for three sessions and the follow up for the first two sessions (Qigong and stretches). The average number of days per week completed was five days per week. The participant reported completing these activities home and outside. The participant also reported the difficulty level of the activities were both easy and okay.

Participant 5 was also present for three sessions and the follow-up for the first two sessions (Qigong and stretches). The average number of days per week completed was three to four days per week. The participant reported completing these activities at home and outside. The difficulty level of the activities reported by participant was easy and okay.

Participant 6 was present for the first and second session, but the follow-up for the first session only. The participant reported completing it 4 days per week of the Qigong exercise at school and reported the difficulty level as okay. There were a total of 6 participants who agreed to participate in the post-session surveys. Five of the six students were present at multiple post session survey classes and one of the students was present at only one of the post session survey classes. Data from all six participants who participated in the post session surveys were combined to look for themes. The themes were based upon the responses given including the frequency of completion, location completed and the overall ease of the activity. Each participants’ responses were analyzed for quantitative data and qualitative themes.

Of the participants included, the number of days of completing the activities per week of each participant are depicted in Figure 1. The total average number of days per week of all
students in each session ranged between 4.6 to 6 days as seen in Figure 2. Most participants reported completing these activities at home 58%, with 28% completing at school and/or outside shown in Figure 3. However, 6 participants reported multiple locations. A possible explanation for this is that students reported completing the exercises on multiple days per week, therefore more than one location could have been reported. In addition, after each lesson plan, a discussion of where and when to include these activities into student’s daily routine were discussed, where they identified how, when and where they could complete the activity within their own schedule. During the period of the intervention lessons, the weather became warmer in Minnesota, which may have increased the students’ responses in completing activities outdoors. The classroom teacher who was present throughout all the sessions also reported incorporating activities during regular class sessions. Resources including videos and/or visuals used in lessons were shared with the teacher.

![Graph](image)

**Figure 1.** Number of days completed physical activity per week. This figure represents the number of days per week each participant reported completing the activity introduced.
Figure 2. Average number of days per week of each session. The graph displays the average number of days per week reported of all participants of each session.

Figure 3. Location of reported activities of all participants. The pie chart displays the percentage of the reported location of the activities. Six of the total of sixteen responses reported multiple locations.
The reported level of difficulty of all the activities were easy and/or okay with none reporting a hard difficulty level as shown in Figure 4. Both options were selected by some students for some activities. This may have been selected due to the definition or interpretation of easy and okay. Upon verbal discussions with students, many reported it was easy and ok. Students may have believed the exercise was easy to complete, requiring minimal effort, whereas the rating of okay can be interpreted to reflect the personal perception of the activity. The purpose of the activities introduced were to help increase students overall physical activity levels within their daily routine, requiring little to no equipment. Therefore, a report of no hard difficulty level by a student, indicates that the physical activities introduced can be implemented into a student’s daily routine.

**Figure 4.** Reported level of difficulty. The figure illustrates the reported level of difficulty of participants of the activities introduced. Four of the sixteen responses reported multiple answers of easy and okay.
Self and peer ratings

During the intervention lessons focused on physical activity, peer and self ratings were documented. Individual self ratings increased from average (3 on a Likert scale) to a 5 indicating good. As a group of 9 students pre and post self assessments related to knowledge of refugee issues, awareness of the impact of culture on occupational therapy, and awareness of material and methods to reduce cultural barriers were analyzed. The entire group demonstrated growth in all of these areas throughout the course of the project. Personal growth was noted in peer and self rating forms as evidenced by scores moving from 3 to 5 on a Likert scale. These were based upon personal perception of growth and development as well as peers. Figure 5 depicts the percentage of students with change in peer and self ratings as a group. The highest changes were seen in communication skills and preparedness with the lowest being understanding teaching strategies. Figures 6-8 depict entire group growth in the areas of refugee knowledge, the impact of culture on OT, and methods for reducing barriers.
**Figure 5.** Percent of students with change in peer and self ratings. This figure shows the percentage of change of nine OT students from the first and the fourth session in peer and self-rating.

**Figure 6.** Knowledge of refugee issues. The graph demonstrates change of OT students in a pre and post survey assessing knowledge on refugee issues.
**Figure 7.** Impact of culture on occupational therapy. The graph demonstrates change in a pre and post survey assessing the impact of cultural background, beliefs, attitudes, behaviors and lifestyles that could affect OT.

![Graph showing impact of culture on occupational therapy](image)

**Figure 8.** Awareness of methods to reduce cultural barriers. This graph shows the change in the pre and post survey on student’s awareness of methods to reduce cultural barriers related to OT.

**Recommendations**

Based upon experience and knowledge gained through the community setting, there are several program recommendations that can be expanded upon to help further educate OT students. Within the master’s project course and MAOT curriculum, students should learn more about the role of OT in a community setting. In addition, learning and gaining knowledge related to health disparities that exist in the community can be integrated within course work through a public health and ethics perspective. This can be completed by incorporating students within the community through case simulations similar to Problem-Based Learning to gain more hands on experience with individuals across backgrounds. This may also better equip students in
PHYSICAL HEALTH GAPS

addressing issues at a larger population scale while decreasing the health disparity that exists and

As the profession of OT expands and further develops in non-traditional practice areas, the students served at MORE can benefit from the skilled services of OT through a Level II Fieldwork student at the site. This population can also benefit from services from allied health professions to address multiple areas. In addition, to life skills and healthy living sessions, community health workers and professionals can implement health strategies and intervention based upon the needs of the community through a public health approach.
Chapter 7: Reflection

The project has facilitated my learning and development as a student and future practitioner. It has enhanced my leadership skills in communication and public speaking within a large group setting. This experience has also increased my leadership skills in initiation and implementation of intervention and educational sessions. When planning objectives and lesson plans, it also challenged me to use occupation-based activities within lessons while incorporating different learning strategies of students at MORE. It allowed me to view the field and role of OT from a broader perspective and from a top down approach.

Rather than identifying client factors that limit occupational participation, this experience challenged me to view population health on a greater scale. Through identifying the needs or disparities that existed within a group, the experience overall has increased my skills in evaluating the purpose of lessons introduced. This also has given me insight into the role of OT in a community setting and the growing need for this. The role of OT and the clients that are served will continually change. Although OTs can work with a variety of populations, clients, diagnoses and disabilities, there is a growing area of need of OTs working with the refugee and immigrant population. This population will also continually expand and needs will arise including occupational participation and engagement.

My overall adaptability and flexibility skills have been further developed from the experience. Skills in communication and interactions were further practiced and improved throughout the lesson with students including the use of simplified language and occupation-based teaching activities. It challenged me to evaluate the purpose of the lesson and the translation and relevance of the lesson to the student’s daily life and roles. In addition, my
overall awareness of cultural differences and understanding was demonstrated throughout the interventions. (For more information, refer to Appendix J: Journals).

MORE is an organization that shares similar values, mission and vision to Saint Catherine University School of Health and the Master’s of Arts Occupational Therapy (MAOT) Program. The promotion of serving those in need while addressing social justice issues within the community aligns with both the organization and program. The work completed by OT students at MORE aligns with the mission and values of the MAOT program. The projects completed all promoted health and well-being of the greater community and society through the use of occupations.

The experience also has challenged me to evaluate how my beliefs and values align with the OT profession and my role as a student. Through my values of respect and equality, the experience has allowed me to continually serve individuals across populations and backgrounds. In the future, I hope to continually increase my knowledge on current evidence-based treatments and learn how to effectively implement them into practice to underserved communities or populations. I also strive to be a constant learner in the environment that I am surrounded in, ask questions that enhance my learning and create dialogue and discussions on important issues and concerns.

With this experience, I was able to relate and apply knowledge gained through the Paul Ambrose Public Health conference. Through better understanding health disparities that exist, I gained hands-on experience with addressing public health issues within the community. The conference also allowed me to reflect on my learning about key public health topic areas including preventative medicine, lifestyle changes, social determinants of health, evaluation and planning of the community project. The key questions that helped guide project planning and
evaluation include the efficacy of the project, effectiveness, efficiency, and equity. These key points were acknowledged and used to guide the objectives of the project. As a conference geared towards health professionals, the concept of population health applied across disciplines and practice areas. My knowledge on the role of OT in public health initiatives has increased and expanded from the conference and the experience at MORE.

Through the conference, public health was defined as the science of protecting or improving the health and well-being of families, communities, and populations. As a group, we were able to provide OT based interventions while implementing these public health objectives. This also made me reflect on the need to further solidify OTs role in multidisciplinary and preventative approaches in community projects to address health disparities and inequity. Our expertise in occupations and activities, task analysis, routine and role management, environmental and client factors can all be used to enhance the outcomes of the individuals, communities and populations we serve.
References


Griffin, J., McKenna, K., & Tooth, L. (2006). Discrepancy between older clients’ ability to read and comprehend and the reading level of written educational materials used by occupational therapists. *American Journal of Occupational Therapy, 60*, 70-80. doi: http://dx.doi.org/10.5014/ajot.60.1.70


Retrieved from Saint Catherine University Desire to Learn Website
https://stkate.desire2learn.com/d2l/home/30983

doi:10.2105/AJPH.2014.302541


### Appendix A: Literature Matrix

#### Table A.1. Literature Matrix

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<tr>
<th>Reference APA</th>
<th>Type of Article and Publication</th>
<th>Population &amp; Purpose</th>
<th>Methods</th>
<th>Results</th>
<th>Conclusions</th>
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<tbody>
<tr>
<td>Babakus, W. S., &amp; Thompson, J. L. (2012). Physical activity among South Asian women: A systematic, mixed-methods review. <em>International Journal of Behavioral Nutrition and Physical Activity</em>, 9, 150. doi: 10.1186/1479-5868-9-150</td>
<td>Mixed methods systematic review</td>
<td>South Asian immigrant women To assess current literature on levels of physical activity (PA) and sedentary time (ST) of South Asian immigrant women.</td>
<td>Methods used during literature search included a combination of the EPPI-Centere mixed methods systematic review and an integrative review by researchers.</td>
<td>A total of 38 studies were identified with 26 quantitative and 12 qualitative studies. The quantitative studies indicated that physical activity levels of South Asian immigrants were lower than the general white population within their host country. All studies had various outcome measures. Themes that were found within the studies included a lack of knowledge on benefits and barriers in participation of physical activities.</td>
<td>Randomized controlled trials were not included within the systematic review, which may indicate a need to include higher quality research on this topic and population. The overall findings indicate a trend of low physical activity within this population, however evidence based conclusions is limited due to variability of outcome measures across studies. Recommendations include further research and information to disseminate interventions and policy implications. Relates to topic area and can provide further references towards information on physical activity of immigrants.</td>
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<tr>
<td>Berthold, S. M., Kong, S., Mollica, R. F., Kuoch, T., Scully, M., &amp; Franke, T. (2014). Comorbid mental and physical health</td>
<td>Qualitative Peer-reviewed journal</td>
<td>Cambodian refugees adults The purpose of the study was to identify probable physical and</td>
<td>A total of 136 participants were included in the study using snowball sampling. Community health workers used</td>
<td>The participants reported high rates of PTSD, depression as well as other physical conditions with 61% reported being diagnosed with 3 or more physical health</td>
<td>The study showed that there is a significant relationship between probable mental health conditions and physical health; however, no casual conclusions can be made due to the cross-sectional nature of the study. The sampling method used is</td>
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<td>and health access in Cambodian refugees in the US. Journal of community health, 39(6), 1045-1052. doi: 10.1007/s10900-014-9861-7</td>
<td>Qualitative Peer-reviewed journal</td>
<td>mental health issues and their relationship.</td>
<td>cross-sectional face-to-face interviews of Cambodian adults. The study used a 62-item survey questionnaire. It assessed demographics, perceptions of health including mental and physical conditions, access to health, self-reported measures of depression. Data was analyzed using SPSS for statistical significance including Pearson correlation coefficient and chi-square tests.</td>
<td>conditions. Through the Pearson correlation coefficient age was significantly correlated with mental health conditions, diabetes, hypertension and vision issues. Age was seen as the moderator for mental health status and physical health conditions.</td>
<td>also a limitation and therefore results cannot be generalized. Future recommendations include further research and efforts to better understand the health of resettled refugees in the United States. This study provides information on the relationship between mental and physical health in relation to health disparities faced.</td>
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<tr>
<td>Connor, P. (2010). Explaining the refugee gap: Economic outcomes of refugees versus other immigrants. Journal of Refugee Studies., 23, 377. doi: 10.1093/jrs/feq025</td>
<td>Refugees and immigrants. (Data based upon “New Immigrant Survey” N = 8573) To explain the “refugee gap” or economic disparity that exists between immigrants and refugees.</td>
<td>The study used data collected from the “New Immigrant Survey” including employment, earnings and occupation. Through using multivariate modeling techniques the study was used to explain if the refugee gap exists</td>
<td>The analyzed results showed that there is no employment gap that exists between refugees and immigrants. However, there is an economic disparity that exists between level of earnings in employment in comparison to non-refugee immigrants. Factors such as education,</td>
<td>The results show that when compared to immigrants, refugees’ earnings are lower despite similar employment rates. Future implications can focus on resources, policy, education and others to better address the gap that exists. The article provides pertinent information regarding origins of refugees, barriers and contextual factors related to health that pertains</td>
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<td>Edberg, M., Cleary, S., &amp; Vyas, A. (2011). A trajectory model for understanding and assessing health disparities in immigrant/refugee communities. <em>Journal of Immigrant and Minority Health</em>, 13(3), 576-584. doi: 10.1007/s10903-010-9337-5</td>
<td>Qualitative Peer-reviewed journal</td>
<td>Refugees and immigrants</td>
<td>A synthesis of the literature was first conducted with outlining key factors of health disparities. The researchers of the study then looked at these factors through their theoretical approach called “diachronic ecology” that contributes to the health disparities experienced by this population.</td>
<td>English language and environment can be attributed to this.</td>
<td>to overall topic. It also addresses the difference between an immigrant and refugee with background information.</td>
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<td>Haley, H. L., Walsh, M., Maung, N. H. T., Savage, C. P., &amp; Cashman, S. (2014). Primary prevention for</td>
<td>Qualitative Peer-reviewed journal</td>
<td>20 Burma refugees</td>
<td>The study used small group participatory methods. Leaders of the community recruited 20 young adult refugees from Burma. Through workshops and discussions, researchers</td>
<td>Through the questionnaire developed participants expressed wanting to learn more about healthy living including exercise and foods. The themes identified include: food choices, living</td>
<td>The study was a community-based health promotion tool used to open the dialogue among Burmese refugees. The themes identified can be used to better deliver services and information towards health promotion for refugees.</td>
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<td>resettled refugees from Burma: where to begin?</td>
<td>Journal of community health, 39(1), 1-10. doi: 10.1007/s10900-013-9732-7</td>
<td>beliefs and practices. The purpose of the article describes the process, methodology used and results.</td>
<td>developed questions regarding health beliefs and practices collected before and after workshops. The results were analyzed for themes.</td>
<td>environment, health information, stress, mobility, social interaction and hopes and dreams.</td>
<td>The methods of the study can be modeled or used within topic and sessions. Provides important information regarding perceptions of health and beliefs.</td>
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<td>Mohamed, A. A., Hassan, A. M., Weis, J. A., Sia, I. G., &amp; Wieland, M. L. (2014). Physical activity among Somali men in Minnesota barriers, facilitators, and recommendations. American journal of men's health, 8(1), 35-44. doi:10.1177/1557988313489132.</td>
<td>Qualitative Peer-reviewed journal</td>
<td>Somali men (N=17) To better understand perceptions of physical activity in Somali men.</td>
<td>A community based-participatory research approach was used with convenience sampling. Focus groups were formed and semi-structured interviews were used to collect data regarding perceptions of physical activity and barriers.</td>
<td>Results showed that barriers of physical activity and exercise include priority, clothing attire, and fear of harassment, organizational or transportation barriers. Perceived facilitators to physical activity include intrapersonal attitudes and perceptions of health benefits and sense of community with others.</td>
<td>The participants in the study acknowledged the importance of physical activity and exercise. The barriers reported and possible facilitators in physical activity can be used across interventions. Limitations include the small sample size and recruitment of participants. The article can be used to assist in the literature of perceived barriers in physical activity and possible ways to mitigate these.</td>
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<td>Persson, G., Mahmud, A. J., Hansson, E. E., &amp; Strandberg, E. L. (2014). Somali women's view of Qualitative Peer-reviewed journal</td>
<td>Somali women N = 26 To explore Somali women’s views, perspectives and experiences on</td>
<td>Ethnographic qualitative approach was used. The study conducted focus groups with participants based upon discussions regarding</td>
<td>Four main themes were identified including life in Somalia, life in Sweden, understanding health and facilitators or barriers in physical activity with 10 additional categories.</td>
<td>The results of the study suggest that Somali women are at increased risk of developing conditions related to low physical activity in comparison to non-immigrant women.</td>
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<td>physical activity-a focus group study. <em>BMC women's health, 14</em>(1), 129. doi: 10.1186/1472-6874-14-129.</td>
<td>Quantitative Peer-reviewed journal</td>
<td>physical activity after immigrating to Sweden.</td>
<td>their beliefs and perspectives on physical activity and health. The discussions were recorded and transcribed for themes.</td>
<td>Common barriers that were identified included climate, lack of motivation, tradition and cultural factors in relation to low physical activity.</td>
<td>Implications for this include tailored interventions and approaches to address population needs.</td>
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<td>Shi, L., Zhang, D., van Meijgaard, J., MacLeod, K. E., &amp; Fielding, J. E. (2015). The interaction between an individual’s acculturation and community factors on physical inactivity and obesity: A multilevel analysis. <em>American journal of public health, (0),</em> e1-e8. doi: 10.2105/AJPH.2014.302541</td>
<td>Quantitative Peer-reviewed journal</td>
<td>A total of 15471 responses were included from the 2005 to 2007 Los Angeles County Health Survey.</td>
<td>The Los Angeles County Health Survey from 2005 and 2007 were used for data collection. The study used multilevel data sets with median household income and immigrant population as predictors. Individual’s perceived community safety was also used as a covariate. Physical inactivity and obesity were the dependent variables. Statistical analysis used included the multilevel logistic regression significance tests.</td>
<td>Results showed those who felt safe within their community were primarily English-speaking household (79%), were non-Hispanic Whites (44%) and had a college degree or more (38%). Health outcomes such as physical inactivity and obesity varied significantly across perceived levels of community safety.</td>
<td>The study is one of the first to look at the role of acculturation with health behavior among an individual and community level. The study’s results showed that English language at home and household income predicted lower risk of feeling unsafe in home, obesity and physical inactivity. Implications of results can be used towards developing community-based resources to help improve health and reduce health disparities. Information and results relate to factors contributing to health disparities and public health issues. Can provide statistical value to how community factors and acculturation relate to disparities in health.</td>
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<td>Wieland, M. L., Tiedje, K., Meiers, S. J., Mohamed, A. A., Formea, C. M., Ridgeway, J. L., ... &amp; Patten, C. A. (2015). Perspectives on physical activity among immigrants and refugees to a small urban community in Minnesota. <em>Journal of immigrant and minority health</em>, 17(1), 263-275. doi: 10.1007/s10903-013-9917-2</td>
<td>Qualitative Peer-reviewed journal</td>
<td>Adults and adolescents immigrants and refugees (N=127) To identify factors, barriers and challenges to physical activity among immigrants and refugees within an urban community in MN.</td>
<td>Study used a community participatory research approach using stratified purposeful sampling. Researchers conducted focus groups to look at barriers and facilitators of physical activity as well as nutrition. The transcript was coded for analysis with several teams.</td>
<td>There were 3 identified themes including knowledge and practice, barriers and motivation with sub-themes in each category. Within knowledge, participants believed that physical activity and health were related and had a general understanding on advantages. Almost all participants identified barriers, which often included weather, lifestyle changes, work, time and motivation. Common similarities were found between barriers and facilitators of physical activity between the heterogeneous groups. The results demonstrate shared experiences among immigrants and refugees including social, economic and linguistic factors that influence physical activity and health. Implications for this study can be used to develop programs that are culturally relevant and appropriate across refugees and immigrants. The study relates to how barriers and/or perceived facilitators in physical activity can be addressed. Can be used to inform topic of literature review and provides information on health status prior and after residing in U.S.</td>
<td></td>
</tr>
<tr>
<td>Wolin, K. Y., Colditz, G., Stoddard, A. M., Emmons, K. M., &amp; Sorensen, G. (2006). Acculturation and physical activity in a working class multiethnic</td>
<td>Quantitative Peer-reviewed journal</td>
<td>1740 individuals employed in a small manufacturing business and 2219 patients from a health center. Recruited from data collected in the Harvard Cancer Prevention Program Project.</td>
<td>Study used a semi-quantitative leisure time physical activity questionnaire and an occupational activity assessment. The study also collected language information, household income, self-reported occupations and race/ethnicity.</td>
<td>Leisure time participation activity was associated with race (P &lt; .0001), occupation (P &lt; .0009) and household income (P &lt; .0006). Employees and participants from the small business that were least acculturated showed significantly lower levels The results are consistent with past research showing that those who were less acculturated have lower leisure and activity participation. While those who had higher levels of activity were least acculturated. The study used self-report measures, which is a limitation. The article provides information on the process of acculturation and</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The table above provides a structured overview of the two studies mentioned, highlighting their methodologies, populations, and findings. The references are cited according to APA style.
<table>
<thead>
<tr>
<th>Reference APA</th>
<th>Type of Article and Publication</th>
<th>Population &amp; Purpose</th>
<th>Methods</th>
<th>Results</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive medicine, 42(4), 266-272. doi:10.1016/j.ypme d.2006.01.005</td>
<td>To understand the extent of acculturation and its association with leisure and occupational activity of multi-ethnic groups.</td>
<td>The relationships and associations between these variables were collected and analyzed using a linear random effects model and regression coefficients.</td>
<td>of leisure-time participation and activity.</td>
<td>possible effects of it. Can be used as a topic to relate to occupational therapy field.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Mission

MORE Mission

Building mutual respect, understanding and positive relationships among the various cultural groups at MORE and build relationships with the larger community. Involving our program participants, staff, volunteers and donors in working for greater justice in our society, particularly around issues of poverty, literacy and immigration (MORE, n.d. paragraph 1)

St. Catherine University

St. Catherine University educates students to lead and influence. Inspired by its visionary founding in 1905 by the Sisters of St. Joseph of Carondelet, more than a century later the University serves diverse students, with a baccalaureate college for women at its heart and graduate and associate programs for women and men. At all degree levels, St. Catherine integrates liberal arts and professional education within the Catholic tradition, emphasizing intellectual inquiry and social teaching, and challenging students to transformational leadership. Committed to excellence and opportunity, St. Catherine University develops ethical, reflective and socially responsible leaders, informed by the philosophy of the women’s college and the spirit of the founders (Saint Catherine University MAOT Handbook, 2015, p. 10)

Henrietta Schmoll School of Health

The Henrietta Schmoll School of Health educates diverse learners and engages clinical and community partners to influence health, health systems and health policy. The School
is distinguished by an emphasis on relationship-centered care, socially responsible leadership and interdisciplinary initiatives (Saint Catherine University MAOT Handbook, 2015, p. 10).

**St. Catherine University Graduate College**

The Graduate College is grounded in a commitment to critical inquiry, innovation, ethical leadership, social justice and a holistic view of the person. Informed by our Catholic heritage, our graduate programs prepare scholar practitioners who lead and influence, advocate for justice, honor diverse and global perspectives, and demonstrate expertise in their area of study (Saint Catherine University MAOT Handbook, 2015, p. 10).

**Department of Occupational Science and Occupational Therapy**

The Department of Occupational Science and Occupational Therapy (OSOT) provides an excellent education in occupational science and occupational therapy to students from diverse backgrounds; conducts scholarly inquiry on human occupation; and serves the broader community by promoting occupational health and well-being. We prepare students to respect the dignity of every individual, value humans as occupational beings, understand the development of occupational competence, apply ethical, spiritual and social justice principles, engage in a healthy balance of life occupations, and lead and influence the advancement of occupational science and occupational therapy (Saint Catherine University MAOT Handbook, 2015, p. 10).

**Master of Arts in Occupational Therapy Program**

Consistent with the missions of the University, the School of Health, and the Department of Occupational Science and Occupational Therapy, the Master of Arts in Occupational
Therapy (MAOT) Program provides excellent entry-level education in occupational therapy based on an occupational science and liberal arts foundation. The MAOT program prepares students to lead and influence occupational therapy practice in existing and emerging professional areas (Saint Catherine University MAOT Handbook, 2015, p. 10-11).

**Saint Catherine University Catholic Social Teaching**

**Family, Community and Participation**

We believe people have a right and a duty to participate in society, seeking together the common good and well-being of all, especially the poor and vulnerable. People are not only sacred, but social. People only grow in association and have a right and responsibility to participate in shaping decisions in affecting them. Occupational therapy personnel believe there is a need for all individuals to find a balance between autonomy and societal membership that is reflected in the choice of various patterns of interdependence with the human and nonhuman environment. We believe that individuals are internally and externally motivated toward action in a continuous process of adaptation throughout the life span. Purposeful activity plays a major role in developing and exercising self-direction, initiative, interdependence, and relatedness to the world. As professionals, we affirm the freedom of choice for each individual to pursue goals that have personal and social meaning (Saint Catherine University, 2009, p. 1).

**Human Dignity**

Dignity of the human person is the foundation of a moral society. The measure of every institution is whether it threatens or enhances the life and dignity of the human person.
Occupational therapy personnel recognize the importance of valuing the inherent worth and uniqueness of each person. This value is demonstrated by an attitude of empathy and respect for self and others. We believe that each individual is a unique combination of biologic endowment, socio-cultural heritage, and life experiences. We view human beings holistically, respecting the unique interaction of the mind, body, and physical and social environment. We believe that dignity is nurtured and grows from the sense of competence and self-worth that is integrally linked to the person's ability to perform valued and relevant activities. In occupational therapy we emphasize the importance of dignity by helping the individual build on his or her unique attributes and resources (Saint Catherine University, 2009, p. 1).

Rights and Responsibilities

Every person has a fundamental right to life and a right to those things required for human decency. Corresponding to these rights are duties and responsibilities to one another, to our families and to the larger society. Occupational therapy personnel believe that all individuals be perceived as having the same fundamental human rights and opportunities. This value is demonstrated by an attitude of fairness and impartiality. We believe that we should respect all individuals, keeping in mind that they may have values, beliefs, or life styles that are different from our own. Equality is practiced in the broad professional arena, but is particularly important in day-to-day interactions with those individuals receiving occupational therapy services (Saint Catherine University, 2009, p. 1).
Priority for the Poor and Vulnerable

In a society characterized by deepening divisions between rich and poor, the needs of those most at risk should be considered a priority. Occupational therapy personnel believe in the unselfish concern for the welfare of others. This concept is reflected in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding (Saint Catherine University, 2009, p. 1).

Stewardship

It is incumbent upon us to protect the value of all people and all resources on our planet. This environmental challenge has fundamental moral and ethical dimensions that cannot be ignored. While rights to personal property are recognized, these rights are not unconditional and are secondary to the best interests of the common good; especially in relation to the right of all individuals to meet their basic needs. Occupational therapy personnel value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's affairs. We make judgments and respond on the basis of intelligent reflection and rational thought. Occupational therapy personnel are diligent stewards of human, financial, and material resources (Saint Catherine University, 2009, p. 1).

Solidarity

We are our brother’s and sister’s keeper. We are one human family whatever our national, racial, ethnic, economic, and ideological differences. Occupational therapy personnel place value on the upholding of such moral and legal principles as fairness, equity, truthfulness, and objectivity. This means we aspire to provide occupational
therapy services for all individuals who are in need of these services and that we will maintain a goal-directed and objective relationship with all those served (Saint Catherine University, 2009, p. 1).

**Dignity of Work and the Rights of Workers**

In a marketplace where profit often takes precedence over the dignity and rights of workers, it is important to recognize that the economy must serve people, not the other way around. Occupational therapy personnel work with their employer to prevent discrimination and unfair labor practices. They also advocate for employees with disabilities to ensure the provision of reasonable accommodations (Saint Catherine University, 2009, p. 1).

**Promotion of Peace**

In light of the uniqueness and value of all individuals and the ethical imperatives of solidarity and stewardship, we are called to promote peace at all levels. Peace is the fruit of justice and is dependent upon the respect and cooperation between peoples and nations. Occupational therapy personnel resolve dilemmas with respect to a consistent set of core values. We use power judiciously and confront harassment and bias among ourselves and others (Saint Catherine University, 2009, p. 1).
Appendix C: Needs Assessment Forms

Interview Questions for Education Program Manager

1. How do the students connect to MORE? How soon?

2. Is childcare provided?

3. How long do students stay? How do they finish the program?

4. What services are provided beyond ELL and partnerships?

5. What gaps in services do you see?

6. What types of healthcare education is provided?

7. What is the criteria to meet for classes?

8. What lessons, activities or types of learning strategies work best or student enjoy the most?

9. What new health gaps or issues have you seen with the students here?

Interview Questions for Key stakeholders

1. What barriers or limitations on physical activity do you see in the students at MORE?

2. What physical activity would you like to see the students be more involved in?

3. What considerations should we take in teaching style and learning when completing our educational sessions?
## Appendix D: Classroom Observation Form

<table>
<thead>
<tr>
<th>Environmental observations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Atmosphere</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Classroom norms</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Student observations</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Participation</td>
</tr>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Learning strategies – (i.e. visuals)</td>
</tr>
<tr>
<td>Teacher Observation</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Teaching style/strategies</td>
</tr>
<tr>
<td>Communication style</td>
</tr>
<tr>
<td>Activities used</td>
</tr>
<tr>
<td>Additional Comments/Questions:</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>What types of activities do the students respond to best?</td>
</tr>
<tr>
<td>What is the typical number of students in the classroom?</td>
</tr>
<tr>
<td>How does the students’ reading/writing level compare to their listening/speaking level?</td>
</tr>
</tbody>
</table>
Appendix E: Teaching and Learning Strategies

Adult learning has been researched in the field of education regarding learning theories, teaching strategies, and application to practice. Due to its impact on an individual’s health and well being, literacy has been a wide concern of researchers, educators and professionals (Kickbusch, 2001). Health literacy is often described as the ability to access and understand information as a way to promote, maintain, and improve health across an individual’s lifespan (Levasseur & Carrier, 2010). These are often task-based and skills-based learning according to the National Assessment of Adult Literacy (NAAL) (White & McCloskey, n.d.). An individual’s literacy skill encompasses both reading and comprehension skills that help to facilitate the learning process (Griffin, McKenna, & Tooth, 2006).

Among other key determinants of health, an individual’s education and literacy are among the top predictors of socioeconomic status, environmental condition, and other lifestyle factors (Kickbusch, 2001). As newly arrived refugees and immigrants, literacy and education are important factors that can influence successful acculturation and employment opportunities, however limitations may exist as an adult learner (Connor, 2010). Therefore, the literacy gap that exists has important implications to clinical practice and the interventions that will be completed with the students at MORE.

Theories that support adult learning include the Characteristics of Adults as Learners (CAL) model by Cross, which has also been influenced by theoretical frameworks (Culatta, 2015a). The CAL model uses characteristics of an individual to explain learning for adults including personal and situational factors (Culatta, 2015a). It utilizes the personal life experiences to enhance the learning within their environment to meet at their individual learning level and expectations (Culatta, 2015a). This model can be used to guide intervention planning
and implementation with the students. Since many of the students at MORE bring a significant life story from their home country, these experiences can be used to facilitate lessons and discussions for others. This can also be used an opportunity for the students and teacher to learn more about each other’s experiences and find ways for personal development and growth (Culatta, 2015a).

Following the andragogy theory adults are described as self-directed and responsible for their own learning experience (Culatta, 2015b). The theory believes that adults learn best when the topics being introduced are relevant and pertain to their immediate needs and values (Culatta, 2015b). This may include explaining the importance of a skill first in order to build upon the student’s learning while connecting it to the overall goal (Culatta, 2015b). In addition, the theory believes that adult learning should be task-oriented which support problem solving skills as part of the learning process (Culatta, 2015b). The teacher role shifts towards a facilitator role, which can include learning strategies such as role-play, case studies and simulations (Culatta, 2015b). Both these theoretical beliefs will be incorporated as learning strategies and key considerations of the project including intervention planning and occupation-based activities.

The primary goal of occupational therapy (OT) practitioners is to help individuals across their lifespan complete daily activities, therefore theories of learning are important considerations that guide intervention planning and practice (Helfrich, 2014). Learning theories can help support the interventions by analyzing how students may think, store and use the information (Helfrich, 2014). Educating the students from this approach can help enhance the learning and the overall experience. There are several learning and teaching strategies that are shaped by learning theories used by OT. When working with others, such as English Language Learners (ELL) students, communication of information must be effective according to their
needs. This includes how the information is conveyed, the relevance of it, and when and where the information is received (Berger, 2014).

A strategy that can be utilized include providing both written and visual cues for students. For example, if an intervention is introduced to students that includes a recommendation for a physical activity for a set amount of time per week, supplementing oral information with a visual schedule may help students recall the learned information. The social cognitive theory on learning proposed by Piaget and Bandura is based upon the assumptions that individuals learn by observing others with an internal motivation to learn (Berger, 2014). It is also assumed that behaviors in learning can be regulated and adjusted based upon internal and external reinforcements (Berger, 2014). Through better understanding a student’s overall interests and motivations, it can be used to create interventions that will help increase participation, engagement and overall learning using an OT perspective.

The assumption that individuals learn through observing others from a social learning theory perspective can also be considered in the classroom setting (Berger, 2014). If an intervention requires active movement, having others actively involved will increase participation and allow those that may not fully understand observe and learn from others. In addition to this, encouraging students to help others learn the material also aligns with this theory. A strategy that can be used in the classroom may include peer or student teaching with others. For example, the facilitators can begin teaching the lesson and have students then role play or peer teach the material and information to another peer. Many of the learning theories discussed can be utilized in intervention planning and implementation with an occupation-based approach when working with adult learners at MORE.
## Appendix F: Lesson Plans

### Session #1 March 4, 2016

| Objectives: | 1. Be able to describe healthy living styles  
2. Understand the importance of physical activity  
3. Participate in a Qigong exercise  
4. Experience and express the benefits of Qigong  
5. Understand how to fit exercise into their daily schedule |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session key words:</td>
<td>Healthy living, exercise, energy, physical activity, Qigong, calm, breathe, stretch, focus, relax</td>
</tr>
<tr>
<td>Time 90 minutes Total</td>
<td>Section</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Introduction</td>
</tr>
<tr>
<td>5-10 minutes</td>
<td>Ice breaker</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Body of presentation Topic 1</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>10 min</td>
<td>Topic 2</td>
</tr>
<tr>
<td>20 min</td>
<td>Exercise 1</td>
</tr>
<tr>
<td>5 min</td>
<td>Topic 3</td>
</tr>
<tr>
<td>20 min</td>
<td>Exercise 2</td>
</tr>
</tbody>
</table>
| | Discuss when and where to incorporate Qigong activity  
-Individual Visual schedule. Hand out the schedule forms and narrow post-it notes. Have students write or draw pictures of activities on post-its, stick them on the schedule when they would do them.  
**Measurement:** participation in group activity. Completion of individual schedule |
**Session #2 April 11, 2016 “Stretching and stress reduction”**

| Objectives:                               | 1) Be able to describe activities related to healthy living  
|                                           | 2) Discuss benefits of Qigong and other physical activities  
|                                           | 3) Increase vocabulary related to stretch and stress reduction  
|                                           | 4) Participate in activity (stretches and craft)  
|                                           | 5) Apply stress reduction techniques to daily life  
| Session key words:                        | stretch, flexibility, stress, reduction, healthy living, focus, exercise  

<table>
<thead>
<tr>
<th>Time 90 minutes Total</th>
<th>Section</th>
<th>Content</th>
<th>Supplies and room set up</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Introductio n</td>
<td>Brief overview of material covered in last session</td>
<td></td>
</tr>
</tbody>
</table>
| 5 minutes             | Body of presentatio n  
Topic 1 | -Introduce ourselves and new students (if any)  
-Describe the topic of stress - what it means? | Power-point, whiteboard  |
| 5 minutes             | Interactive activity | -Have students describe what makes them feel stressed and what they do to decrease it |                         |
| 10 min    | Topic 1 continue | -Describe the effects of stress on body  
-Why we feel stressed?  
-How it relates to healthy living  
-Ways to overcome stress  
Transition to activity/craft “stress balls” | Power-point |
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Activity</td>
<td>Progressive relaxation technique</td>
<td>Power-point</td>
</tr>
</tbody>
</table>
| 15 to 20 min | Activity        | Stress balls  
-Create craft                                                                 | flour, balloons, scissors, funnels |
| 10 min     | Topic 2         | Reflection on stress ball - Ask when they can use the stress balls or how it may help |               |
| 10 min     | Activity        | Introduce flexibility/stretching  
Benefits  
What it enables us to do  
Complete stretch activity                                           | Power-point |
| 10 min     | Summary         | Overview of vocabulary  
When to complete exercises (stretching and stress ball)  
How to manage stress                                              | Power-point, whiteboard |
<table>
<thead>
<tr>
<th>Time 90 minutes Total</th>
<th>Section</th>
<th>Content</th>
<th>Supplies and room set up</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Introduction</td>
<td>Brief overview of last session - Introduce new students (if any)</td>
<td>power-point</td>
</tr>
<tr>
<td>5-10 minutes</td>
<td>Ice Breaker</td>
<td>Ask if students used stress balls - when? how? where? - Picture survey</td>
<td>power-point picture survey</td>
</tr>
<tr>
<td>10 minutes</td>
<td></td>
<td>Introduce strength and leisure topic -What is leisure? -How does it relate to healthy living? -Leisure activities that students take on</td>
<td>Power point</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Activity Description</td>
<td>Materials/Equipment</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>15 to 20</td>
<td>Leisure activity – postcard making - Introduce materials</td>
<td>Blank post cards, gel pens, water paint, oil pastels, brushes, drawing utensils</td>
<td></td>
</tr>
<tr>
<td>10 minutes</td>
<td>Body of presentation Topic 1</td>
<td>Introduce topic - What is strength? What does it mean? Describe importance and benefits related to health Types of activities - ask students</td>
<td>power-point</td>
</tr>
<tr>
<td>10 min</td>
<td>Activity 1</td>
<td>Introduce “fitball” - use it to teach new vocabulary and exercises together - incorporate visuals</td>
<td>beach ball with exercises written on it power-point</td>
</tr>
<tr>
<td>10 min</td>
<td>Exercise 1</td>
<td>Implement the beach ball “exercise game”</td>
<td>beach ball</td>
</tr>
<tr>
<td>5 min</td>
<td>Summary</td>
<td>Overview vocabulary and exercises Describe next week’s session - Ask students to bring in music, types of dances,</td>
<td></td>
</tr>
</tbody>
</table>
# Session #4 April 25, 2016 “Dance & Endurance”

| Objectives: | 1) Increase knowledge in activities related to endurance  
| | 2) Increase vocabulary related to endurance  
| | 3) Participate in dance activity  
| | 4) Understand social benefits of physical activity  
| | 5) Apply endurance activities to daily routine  |

| Session key words: | endurance, social, dance, mental balance, |

<table>
<thead>
<tr>
<th>Time 90 minutes Total</th>
<th>Section</th>
<th>Content</th>
<th>Supplies and room set up</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Introduction</td>
<td>Brief overview of last session - Introduce new students (if any)</td>
<td></td>
</tr>
<tr>
<td>5-10 minutes</td>
<td>Ice breaker</td>
<td>Ask if students they used the Popsicle activity schedule? How? When? With who? - Picture survey</td>
<td>picture survey</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Body of presentation Topic 1</td>
<td>Introduce topic - what is endurance? How is this different from strength? Benefits? Importance of endurance? What activities we can do for endurance?</td>
<td>PowerPoint</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Activity Description</td>
<td>Resource</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>5</td>
<td>Activity 1</td>
<td>Teach Cha Cha Slide</td>
<td>PowerPoint--music/video</td>
</tr>
<tr>
<td>10</td>
<td>Exercise 1</td>
<td>Complete together</td>
<td>PowerPoint</td>
</tr>
<tr>
<td>10</td>
<td>Topic 2</td>
<td>Reflect on how it felt, benefits? Discuss different ways of incorporating endurance activities. Explain the difference in “exercising” and what you can do in an activity</td>
<td>students bring cultural music</td>
</tr>
<tr>
<td>10</td>
<td>Topic 3</td>
<td>Social benefits of physical activity and benefits of music with physical activity.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Activity 2</td>
<td>Have other students teach their cultural dances</td>
<td></td>
</tr>
</tbody>
</table>
Appendix G: Survey Forms

1.) What day did you do Qigong?

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
2.) Where did you do this?

<table>
<thead>
<tr>
<th>Home</th>
<th>Community Center</th>
<th>Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Home Image]</td>
<td>![Community Center Image]</td>
<td>![Outside Image]</td>
</tr>
</tbody>
</table>
3.) Was the activity easy, hard or okay to do?

<table>
<thead>
<tr>
<th>It was easy.</th>
<th>It was okay.</th>
<th>It was very hard.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☺️😊👍👍</td>
<td>☺️😊</td>
<td>☺️😊👎👎👎</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.) What day did you **stretch**?

(National Institute of Aging, 2011)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<td></td>
</tr>
</tbody>
</table>
2.) Where did you do this?

<table>
<thead>
<tr>
<th>Home</th>
<th>Community Center</th>
<th>Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Home Image" /></td>
<td><img src="image2" alt="Community Center Image" /></td>
<td><img src="image3" alt="Outside Image" /></td>
</tr>
</tbody>
</table>
3.) Was the activity easy, hard or okay to do?

<table>
<thead>
<tr>
<th>It was easy.</th>
<th>It was okay.</th>
<th>It was very hard.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[emoji of a smiling face with thumbs up]</td>
<td>[emoji of a neutral face with a finger out]</td>
<td>[emoji of a sad face with a thumbs down]</td>
</tr>
</tbody>
</table>

Reference:
1.) What day did you do **strength exercises**?

(National Institute of Aging, 2011)
2.) Where did you do this?

<table>
<thead>
<tr>
<th>Home</th>
<th>Community Center</th>
<th>Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Home Image" /></td>
<td><img src="image2.png" alt="Community Center Image" /></td>
<td><img src="image3.png" alt="Outside Image" /></td>
</tr>
</tbody>
</table>
3.) Was the activity easy, hard or okay to do?

<table>
<thead>
<tr>
<th>It was easy.</th>
<th>It was okay.</th>
<th>It was very hard.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Happy Face" /></td>
<td><img src="image2" alt="Neutral Face" /></td>
<td><img src="image3" alt="Sad Face" /></td>
</tr>
</tbody>
</table>

Reference:
1.) What day did you do endurance activities?

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.) Where did you do this?

<table>
<thead>
<tr>
<th>Home</th>
<th>Community Center</th>
<th>Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Home Image]</td>
<td>![Community Center Image]</td>
<td>![Outside Image]</td>
</tr>
</tbody>
</table>
3.) Was the activity easy, hard or okay to do?

<table>
<thead>
<tr>
<th>It was easy.</th>
<th>It was okay.</th>
<th>It was very hard.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Smiley face with thumbs up" /></td>
<td><img src="image2.png" alt="Neutral face" /></td>
<td><img src="image3.png" alt="Frowning face with thumbs down" /></td>
</tr>
</tbody>
</table>
Appendix H: Assessment Forms

**Student Learning Assessment**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Method of Assessment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will participate in class activities and discussions</td>
<td>1. Completion of class activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Verbal and physical participation to class activity</td>
<td></td>
</tr>
<tr>
<td>Students will identify types of exercises and benefits of healthy.</td>
<td>1. Knowledge of vocabulary/exercises</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Appropriate selection of objects for class activities</td>
<td></td>
</tr>
<tr>
<td>Students will demonstrate ability to carry out tasks as performed by instructors</td>
<td>1. Observe instructor carrying out parts of tasks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Appropriately complete demonstrated task</td>
<td></td>
</tr>
<tr>
<td>Students will apply the skills and knowledge learned to their daily life</td>
<td>1. Group discussion after completion of the activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Reflection of skills and knowledge learned and verbally state how it will be used in their daily life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Completion of picture survey – Post survey</td>
<td></td>
</tr>
</tbody>
</table>
Appendix I: Self and Peer Rating

OT Student Facilitator Assessment

Student name ___________________ Date ______________________

Self Evaluation

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Needs Work</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student was prepared</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Student actively engaged with students in a professional and respectful manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Student demonstrated an understanding of class concepts and teaching strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Student shared equal responsibility in planning and teaching</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Communication skills (appropriate pace, level of communication, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ability to adapt (flexibility, grading of tasks, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
**Peer Evaluation**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Rating Scale (5 = Exemplary, 1 = Poor)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student was prepared</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Student actively engaged with students in a professional and respectful manner</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Student demonstrated an understanding of class concepts and teaching strategies</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Student shared equal responsibility in planning and teaching</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Communication skills (appropriate pace, level of communication, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Ability to adapt (flexibility, grading of tasks, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

**Teacher Comments**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________
Appendix J: Journal Experience

Journal 1

For this experience I believe my strengths are my adaptability, perseverance and positive attitude towards situations. I am able to adjust to unexpected events and be flexible in my responses. I also believe my background in working with diverse populations will be a strength when working students at MORE and my ability to relate to others. Challenges that I am concerned about include the language barrier and their perceptions of us. I predict that it will be difficult to frame and word questions that are understandable and simple to the student. As students entering their community, there may be challenges and considerations to take in. Another concern is establishing the community needs as we begin the interventions.

Overall, I believe the interview and discussion went well from my perspective. The questions that we had made were helpful in that it helped guided the conversation with the individual. However, as the interview went, questions that we had were answered within the conversation, which helped with the flow. The first person that we interviewed was very open and seemed very engaged in wanting to tell us about her culture and journey. The 2nd person I interviewed seemed more conservative, however as we were talking about family and grandchildren she became more interested. There were some individual differences both as an interviewer and interviewee.

For next time, I would be better prepared in framing the questions. There were questions that the students did not comprehend or will answer in a different way. It was still a learning experience for the both of us, however I can learn to reframe questions in a simpler manner. Also the noise level of the classroom made it difficult to hear the student. I believe going into different
spaces could help with that especially when some students are sharing their private personal experiences.

**Journal 2**

The session today was a continuation of the refugee story. Instead of direct interview questions, we completed a collage activity with the students and completed one alongside them. The students were asked to find images that they liked including activities, food, objects and others. Personally, I felt that this activity facilitated much more conversation and information than asking direct interviewing questions. I believe it was less intimidating and more meaningful for the students to do an activity while hearing about their story. The student that I was with found many activities in the magazines that reminded her of her home country and the differences that she sees in the U.S. From the collage activity, I learned that my student was from Burma. She has 2 sons and 1 daughter that has married and moved away. She talked about activities that she used to do such as gardening. She also shared that she missed her daughter and feelings of isolation or loneliness. The way that she copes with this, she stated that she uses nature to help make her happy.

From this and the information that she provided I learned more about possible coping strategies that refugees and immigrants may use. I believe that this is an important piece and consideration when working with this population. Although students in the classroom expressed that they want to learn English in hopes of gaining employment and other resources, mental health issues should also be taken into consideration for interventions. I would have liked to learn more about other coping strategies that the student uses, however it was difficult to continue the discussion due to time and the environment we were in.
Today was the first session that Leah and I led. We both took the lead based upon our presentation and topics that we felt comfortable with. However, I took the lead for the first half for the consent forms. Despite not having a translator, I explained the purpose of the study with the help of the faculty. Many students seemed willing to participate, however it seemed that the forms were intimidating to some due to the language and depth of the information. Since many of the students had shared stories about themselves with us during the refugee mentor stories, Leah and I both thought we would share a personal information about us to them to build rapport and trust. As I led the first half, I focused on the purpose of our sessions including healthy living and physical activities.

When asked what healthy living meant to them, a few students mentioned eating healthy including fruits and vegetables. Others mentioned walking and exercising, however not many identified social support with friends and family as part of healthy living. I believe this would be an interesting and important topic to integrate into our future lessons. When demonstrating types of physical activities that the students like, I noticed that if one student participates many students follow and become more comfortable. Overall, when learning about Qigong students were able to relate the benefits to other activities that they participated in before or currently such as yoga. They seemed to be receptive to the exercise and activity. The visual schedule was a good example of how they can integrate Qigong into their daily routine. A couple of the students were also willing to share when they will complete it within their daily routine. Overall, the first session went well, however I would like to incorporate more doing and hands on activities for the follow sessions.
The lesson today was focused on “stress and stretch”. These two topics were combined and discussed with the students. The topic of stress was led by my partner, Leah. The concept of introduced in a way that related to health and possible signs/symptoms were discussed by students. Positive and negative ways of managing stress was introduced. Students were then asked to share what ways they have used when they feel worried or when they are thinking too much. Many students shared common tasks such as taking walks, talking with friends, watching television and others. Body symptoms including progressive muscle relaxation techniques were then introduced. The activity was completed with both the students and facilitators. It was taught by incorporating muscles from our lower bodies to the top to help with ease and memorization.

As we transitioned to stress to stretches, I led the 2nd half of the lesson. I discussed the benefits of stretching, how it helps our muscle and body functions as it relates to what stress may do. When discussing on the benefits of the body, it was difficult to specify the physiological responses that it will entail, however I used physical symptoms and demonstrations which helped with understanding. There still may have been confusion regarding the purposes of stretches. With the interactive activity of stretching, I would make it more interactive engaging with the students. Although there were visuals/pictures provided in the PowerPoint, the activity went by quicker than expected. Most students did participate and was very engaged throughout the lesson and activities planned. As for feedback received from my partner, when I am explaining a new topic to slow down and allow for the information to process for the students instead of proceeding.
For today’s lesson, we are continuing with the topic of stress, leisure and exercise. Last session focused on what stress is and ways to decrease it. I led the first half and last half of the lesson plan. I introduced good vs. bad stress and ways of identifying how this may effect students. We completed a collage activity, where students were asked to find activities or things that made them stressed or worried last week. The students had to place the pictures on a picture template of the head to indicate that this is something that they were thinking of. It seems that some students understood the purpose of the activity more than others. Students placed things that they enjoyed/liked and others glued or wrote things that they were thinking of last week that caused them stress.

We then talked about good vs. bad stress as it relates to physical health. The distinction between bad stress focused on health problems that may arise. Next, my partner discussed ways of managing stress, in which she focused on leisure. This topic was introduced with an activity related to arts and crafts. Students really enjoyed making postcards and experimenting with the different art materials. We discussed why leisure is important and how it made the students feel when they are immersed in the activity. Next, I led the “fitball” activity, using exercise as another form of managing stress and physical health. This time we used a beach ball with strengthening exercises written on it. The ball was passed around the classroom and students were able to choose how many the group did. The exercise was then related to positive benefits and managing stress activities. Overall, this lesson included more hands-on activities, which I believe was more helpful in solidifying the concepts learned and increasing engagement with the students.
Journal 6

The lesson for today focused on introducing the topics of endurance and dance. The aspect of endurance was discussed with students through a physical activity and health perspective. I led the first half of the session regarding endurance and review of past topics that we have covered throughout our sessions and time. The relation towards healthy living was discussed with the students. Endurance was explained through physiological responses such as breathing faster and heart beating faster. A variety of activities were talked about including walking, running, biking and swimming. Students were also asked to share activities that may elicit these physiological responses to occur. Common responses included household chores, cooking, cleaning and daily activities.

I shared an endurance log worksheet with the students with the weekdays depicted on it. Students were asked to fill in activities that can help increase endurance and how they would implement it. Next, my partner discussed rainsticks and the cultural aspect of the craft. The topic was related to crafts and past discussion on leisure activities related to stress relief and mental health. Students created their own rainsticks using the materials provided and were introduced to dances. As a class, we did the Cha Cha slide and learned about a common German dance called Polka. Both my partner and I were able to have everyone engaged in the activity, despite not having many students during class.

Journal 7

Overall, this experience has helped me gain insight into the experience of refugees and immigrants. I’ve learned more about the process, the events that occur, and the rich experience of the students encountered. This experience has also challenged me to think of OT outside of the norms in relation to community practice and populations served. It has allowed me to view the
profession and our role in a broader aspect to serve the needs of individuals as well as a population. I believe my strength during this experience is my flexibility and open-mindedness in learning from others. In addition, my overall belief and value in helping others has allowed me to evaluate and implement my actions.

I’ve developed skills in being more adaptable in various situations, use of simplified language and increased knowledge on refugees and immigrants residing in Saint Paul, Minnesota. From this experience, I hope to continue to learn more about issues that reside within our community regarding this population. My learning will contribute to my work as an OT in a multitude of ways including skills working with a culturally diverse population and communication skills of those different than I am.
Appendix K: Presentation Power Point

Increasing Occupational Participation in Refugees and Immigrants of St. Paul, MN

FUAB HER, MEGAN KELLEY, ANNA MA, NANCY MACK, ASHLEY MANN, MAITONG MOUA, LEAH PALOMBO, JEREMIAH SCHIFFMAN, KA NENG VUE

A Syrian Refugee Story
(Smith 2016)
## What’s the Difference?

<table>
<thead>
<tr>
<th>Displaced Person</th>
<th>Refugee</th>
<th>Immigrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flees home</td>
<td>Flees home and country</td>
<td>Chooses to leave home and country</td>
</tr>
<tr>
<td>Armed conflict, natural disaster, famine, economic changes</td>
<td>Persecution or reasonable fear of persecution</td>
<td>Improve their life</td>
</tr>
<tr>
<td>For safety and security</td>
<td>For safety and security</td>
<td>For education, job opportunities, reuniting with family, or other reasons</td>
</tr>
</tbody>
</table>

What's the Difference?

**Displaced Person**
- Flees home
- Armed conflict, natural disaster, famine, economic changes
- For safety and security (UNESCO, 2016)

**Refugee**
- Flees home and country
- Persecution or reasonable fear of persecution
- For safety and security (UNHCR, 2015)

**Immigrant**
- Chooses to leave home and country
- Improve their life
- For education, job opportunities, reuniting with family, or other reasons (UNHCR, 2015)

How many **displaced people** are in the world today?

- a. 1 million
- b. 5 million
- c. 10 million
- d. 30 million
- e. 60 million
How many displaced people are in the world today?

a. 1 million  
b. 5 million  
c. 10 million  
d. 30 million  
e. 60 million

For the year 2016, how many refugees in the world are projected to need resettlement and how many annual available resettlement opportunities will there be for those individuals?

a. 200,000 in need of resettlement but only 30,000 openings  
b. 350,000 in need of resettlement but only 50,000 openings  
c. 600,000 in need of resettlement but only 60,000 openings  
d. 950,000 in need of resettlement but only 70,000 openings  
e. 1,150,000 in need of resettlement but only 80,000 openings
For the year 2016, how many refugees in the world are projected to need resettlement and how many annual available resettlement opportunities will there be for those individuals?

a. 200,000 in need of resettlement but only 30,000 openings
b. 350,000 in need of resettlement but only 50,000 openings
c. 600,000 in need of resettlement but only 60,000 openings
d. 950,000 in need of resettlement but only 70,000 openings
e. 1,150,000 in need of resettlement but only 80,000 openings

How quickly are refugees expected to become self-sufficient after arriving in the US?

a. Within 6 months
b. Within 6 months to 1 year
c. Within 1 year to 18 months
d. Within 18 months to 36 months
e. Within 3 to 5 years
How quickly are refugees expected to become self-sufficient after arriving in the US?

a. Within 6 months
b. **Within 6 months to 1 year**
c. Within 1 year to 18 months
d. Within 18 months to 36 months
e. Within 3 to 5 years

---

**Learning Objectives**

- Gain better knowledge of occupational therapy role in the community setting
- Identify occupational therapy role in the immigrant and refugee populations
- Increase knowledge of health disparities
- Describe the background on refugees and immigrants resettling in the United States
  - Barriers and refugee experience
Background Information: Purpose

- What is Occupational Therapy (OT)?
  - OT “help people across the lifespan” to develop skills in order to participate in meaningful occupations (AOTA, 2016, para. 2)

- Overview of the process
  - Review of Literature
  - Needs Assessment
  - Intervention Planning and Implementation
  - Analysis of Results

- Community Site - MORE

Our Project: MORE

- Services provided to refugee and immigrant populations
  - English Language Learner Education
  - Mental health counseling
  - MNSure navigators

- Mission Statement: “MORE provides refugees and immigrants with the education and support they seek to become fully engaged members of our Community” (MORE, n.d.a., para. 1).

- Vision Statement: “Our newest neighbors are empowered to live peaceful lives free of poverty” (MORE, n.d.b., para. 2).
Literature Review Theme: Acculturation

- **Acculturation**
  (Berry, 1997; Berry, 2005; Sam & Berry, 2010; Ward & Kus, 2012)

- **Acculturative stress**
  (Bennet, Scormajercki, Brzozowski, Denis, & Magalhaes, 2012; Cook, Shannon, Vinsen, Letts, & Dweez, 2015; Ibanez, Dillon, Sanchez, De La Rosa, Tan, & Villar, 2014; Yokushko, Watson, & Tompson, 2008)

- **Trauma**
  (George, 2012; Shannon, Wieling, McCleary, & Becher, 2014; Iakson & Jurkovic, 2013)

- **Mental health**
  (Bennet et al., 2012; Goodkind et al., 2014; Hwang, Myers, Abe-Kim, & Ting, 2008; Lazarevic, Wiley, & Pleck, 2006; Simich, Maier, & Ochocka, 2009; Yokushko et al., 2008)

- **Coping Strategies**

(Hawkes, 2014)

---

Literature Review Theme: Identity Change

- **Identity, place, and occupation**
  (Bennet et al., 2012; Black, 2013; Gupta & Sullivan, 2013; Huot, & Rudman, 2010; Hwang, Myers, Abe-Kim, & Ting, 2008)

- **Culture**
  (Chae & Foley, 2010; Goodkind et al., 2014; Gupta & Sullivan, 2013; Hampton & Sharpe, 2014; Heger & Ali, 2010; Sam & Berry, 2010; Simich et al., 2009; Yoon et al., 2012)

- **Work**
  (Bellinger, 2013; Simich et al., 2009; Stephenson, Smith, Gibson, & Watson, 2012; Yoon et al., 2012).

- **Gender Roles**
  (Bellinger, 2013; Hampton & Sharpe, 2014; Yokushko et al., 2008)

- **Family**
  (Andreas, 2013; Heger & Ali, 210; Ibanez et al., 2014; Simich et al., 2009).

Literature Review Theme: Lifestyle Change

- Linguistic barriers

- Transportation
  Barnes, Akinseye, & Walsh, 2005; Hayley, Walsh, & Savage, 1997; Junius, 2000; McCleary-Jones, Scholesman-Miller, Dorn, Johnson, Overall, & Dwyer, 2013; Rivera, 2014; Santiago, Wadsworth, & Stump, 2011; Scott et al., 2006; Stedolka, 1998; Van Hook & Altman, 2012)

- Access to education
  (Akresh, 2007; Connor, 2010; Fulginiti, 1997; Junius, 2000; McCleary-Jones, Scholesman-Miller, Dorn, Johnson, Overall, & Dwyer, 2013; Rivera, 2014; Santiago, Wadsworth, & Stump, 2011; Scott et al., 2006; Stedolka, 1998; Van Hook, & Altman, 2012)

- Low socioeconomic status
  (Andresuli, 2013; Bennett, Scornaienchi, Brzozowski, Denis, & Magalhaes, 2012; Camarota, 2012; Gupta & Sullivan, 2008; Horowitz, Tuzio, Rojas, Montefith, & Sia, 2004; Lazarevic, et al., 2006; Martinez, 2013; McDonald, 2015; McCleary-Jones, et al., 2013; Morris, et al., 2009; Scott et al., 2006; Stedolka, 1998; Tae, 2006)

Literature Review Theme: Health Disparities

- Health Paradox
  (Bennett, et al., 2012; Edberg, Edberg, Cleary, & Vyas, 2010; Mora, et al., 2015; Mohamed, Hassan, Sia, & Wieland, 2014; Steffen, Smit, Larson, & Butler, 2006; Wieland et al., 2013; Wieland et al., 2015)

- Physical Health
  (Allen, Elliott, Morales, Diamant, Hambarsoomian, Schuster, 2007; Bennett et al., 2012; Berthold, Kong, Motlica, Kuch, Scully, & Franke, 2014; Gupta & Sullivan, 2008; Mohamed, Hassan, Sia, & Wieland, 2014; Palmer, Auld, Taylor, Kendall, & Anderson, 1986; Pernson, Mahmud, Hanson, & Strandberg, 2014)

- Mental Health
  (Bennett et al., 2012; Berthold et al., 2014; Chae & Foley, 2010; Gupta & Sullivan, 2008; Siddharth, 2014; Mora, et al., 2015; Persson, et al., 2014; Wolf, Gazmararian, & Baker, 2005)

- Health Literacy
  (Bennett et al., 2012; Daniel, Bilbur, Marquez, & Farran, 2013; McCleary-Jones, et al., 2013; Mora, et al., 2015; Wolf, Gazmararian, & Baker, 2005; Yap, 2012)

Literature Review Theme: Barriers

- **Social system**
  (Akresh, 2007; Allen et al., 2007; Bellinger, 2013; Busch Niomow, Busch-Armandt, Cook Heffron, Mahapatra, & Fong, 2013; Ibanez, Dillon, Sanchez, De La Rosa, Tan, & Villar, 2015; Juniu, 2000; Mohamed, et al., 2014; Schisler and Polatayo, 2002; Scott et al., 2006; Simmelink, et al., 2013; Stewart, et al., 2015; Stodosia, 1998)

- **Community involvement**
  (Bellinger, 2013; Bennett, et al., 2012; Fisher, 2013; Haley, et al., 2013; Juniu, 2000; Saadi, et al., 2015; Scott et al., 2006; Simmelink, et al., 2013; Stewart, et al., 2015; Whiteford, 2005)

- **Leisure/Participation**
  (Andreouli, 2013; Bennett, et al., 2012; Huot & Rubman, 2010; Chae & Foley, 2010; Daie et al., 2005; Hammel & Iwama, 2012; Hocking, 2012; Juniu, 2000; Kim et al., 2015; Krishnapri, Fuller, Ruda & Dianan, 2013; Luczeveric et al., 2006; Om & Barry, 2010; Schisler and Polatayo, 2002; Scott et al., 2006; Stodosia, 1998; Suleman & Whiteford, 2013; Suta, 2013; Whiteford, 2005)

- **Jobs**

**Needs Assessment: Interviews**

- **Interview Hayley - Education Program Director**
  - Help increase literacy and participation of refugees in the community
  - Intervention plan recommendations

- **Refugee Mentor Stories**
  - Background, resettlement story
  - Themes: limited participation in meaningful occupations (farming), concerns with physical health, food insecurities, financial issues/access to services
Needs Assessment: Classroom Observation

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Student Observations</th>
<th>Teacher Observations</th>
<th>Teacher Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation &amp; Norms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Characteristics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Interactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher characteristics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Behavior</td>
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<td></td>
</tr>
<tr>
<td>Social Interactions</td>
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</tr>
<tr>
<td>Teaching Style</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Needs Assessment: Teaching & Learning Strategies

- Literacy
  - “the ability to read and write” and includes an individual’s comprehension of the material to enhance learning (Griffin, McKenna, & Tooth, 2006; White & McCliskey, 2003)

- Characteristics of Adult Learning (CAL) Model (Culatta, 2015)
- Theory of Andragogy (Culatta, 2015)
- Learning styles & methods of teaching (Berger, 2014)
- Level of Classes
  - Pre-Literacy, Low Beginning, High Beginning, High Intermediate/Advanced

Students using visual handouts (Personal photo, 2016, used with permission)
High Intermediate to Advanced

Students completing Qigong (Personal Photo, 2016 used with permission)

"Fitball" activity (Personal Photo, 2016 used with permission)

High Intermediate to Advanced

Collage activity (Personal Photo, 2016 used with permission)

Rain sticks (Personal Photo, 2016 used with permission)
Student Self-Report of Physical Activity Participation

Number of days completed physical activity per week

Participants:
P1, P2, P3, P4, P5, P6

Qigong, Stretch, Strength, Endurance

Transfer of Learning Locations

Location of reported activities of all participants

Home: 58%
School: 21%
Outside: 21%
### Assessment of Learning

#### Student Learning Observation Assessment Form

<table>
<thead>
<tr>
<th>Objective</th>
<th>Method of Assessment</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Students will participate in class activities and discussions           | 1. Completion of class activity  
2. Verbal contributions to class activity                                               |                                              |
| Students will identify vocabulary from presentation                      | 1. Verbal response to pictures  
2. Correct use of vocabulary                                                          |                                              |
| Students will demonstrate ability to carry out tasks as performed by instructors | 1. Observe instructor carrying out parts of tasks  
2. Appropriately complete demonstrated task                                            |                                              |
| Students will apply the skills and knowledge learned to their daily life  | 1. Group wrap-up and review of key vocabulary words after completion of the activity  
2. Reflection of skills and knowledge learned with use of picture survey            |                                              |

### Results

#### Bingo

Bingo Card for Low Beginning Lesson 4

#### Food Bingo Activity

Foods Bingo Activity (Personal photo, 2016, used with permission)

#### Weaving Activity

Weaving activity (Personal photo, 2016, used with permission)
### Assessment of Learning

#### Peer & Self Evaluation

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Rating Scale (5 = Exemplary, 1 = Poor)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student was prepared</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Student actively engaged with students in a professional and respectful manner</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Student demonstrated an understanding of class concepts and teaching strategies</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Student shared equal responsibility in planning and teaching</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Communication skills (appropriate pace, level of communication, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Ability to adapt (flexibility, grading of tasks, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
Reflection

- Student Learning
  - Cultural awareness and sensitivity
  - Developing rapport
  - Professional skill translation to practice

- Communication and Leadership skills
  - Working with diverse populations
  - Effective teamwork

- Advancement of OT
  - Role in the community
  - Social justice principles
Recommendations

MAOT program:
• Continue Master’s Project
• Fieldwork II
• Knowledge of health disparities
• More community partnerships

OT Profession:
• Work in more non-traditional, community settings
• Work with refugee and immigrant populations

MORE:
• Continue and grow partnership with St. Kates
• OT on staff

How might an occupational therapist work to empower refugees and immigrants to fill their days with activities that are meaningful to them?

http://time.com/kia-syrian-refugee-story/
References


References


Running Head: PHYSICAL HEALTH GAPS 120
References


References


References


QUESTIONS?