SCHOOL OF PUBLIC HEALTH

Virtual health assessment for athletes with intellectual disabilities



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BACKGROUND

- > Special Olympics Washington (SOWA) is a nonprofit organization dedicated to facilitating physical activity, fitness, wellness, and community engagement for individuals with intellectual disabilities (ID) via competitive team sports tournaments, social events, and connection with local resources
- > Health data collected from in-person health assessments are vital for tailoring SOWA services and programs to needs of athletes
- Mandated physical distancing orders due to ongoing 2020-2021 pandemic have prevented in-person events with health assessment, thereby limiting data collection
- > Conversion of in-person health assessments to virtual formats became top priority for engaging athletes and allowing for continued data collection; additionally, it was of interest to update these materials with weight-neutral language

PURPOSE & OBJECTIVES

PURPOSE

> Facilitate seamless data collection for Special Olympics, enabling athlete's continued access to up-to-date resources and activities during pandemic quarantine orders

OBJECTIVES

- > Convert in-person health screenings to a virtual format
- > Introduce concept of weight neutrality into SOWA programming via educational handouts for athletes as well as re-wording of sensitive questions in health assessments

METHODS

> POPULATION

SOWA athletes with Internet access

> HEALTH ASSESSMENT VIRTUAL CONVERSION

Assessments conducted using registration and polling features on Zoom

> INCORPORATION OF WEIGHT NEUTRALITY

New handouts created and existing materials (e.g., PowerPoint slides, etc.) modified to be weight-neutral

ATHLETE HANDOUTS

A total of 5 topics were included in handouts:

> EATING, HEALTH, & WEIGHT (pictured below)

Primer on the handout packet with basic facts about health and weight

> HUNGER & FULLNESS CUES

Description of identifying hunger and fullness using a scaling method

> CYCLE OF MINDFUL EATING

Prompts to incorporate into feeding schedules that probe eating motivations

> WHAT IS NORMAL EATING?

Brief outline of different features of "normal" eating behaviors

> HOW TO DITCH YOUR SCALE

How-to guide with integrated barrier prevention for eliminating regular weight measurements



EATING, HEALTH, AND WEIGHTUse this guide to help you get back in touch with your natural cues!



How can you tell when you're **hungry**? Does hunger often come on **suddenly** and **unexpectedly**, hitting you like a semi truck? What about when you're **full**? Do you often find yourself in **discomfort** or even pain, finding it hard to know when to stop eating? How do you know that you are **finished with a meal** or snack?

Often, we lose touch with our innate, **natural hunger and fullness cues** because of learned eating patterns. This leads to an **inability to identify** hunger or fullness. Sometimes it can come from messages we learned growing up (think about the "Clean Plate Club!"). Other times it can come from being **distracted** or **preoccupied while eating**.

Instead of using weight or body size as our guide for hunger or fullness, we want to **focus our attention on listening** to the cues our body sends to us. Scientists know now that **weight and body size are NOT indicators of health** or wellbeing, and **weight loss is often unhealthy and damaging** to the body.

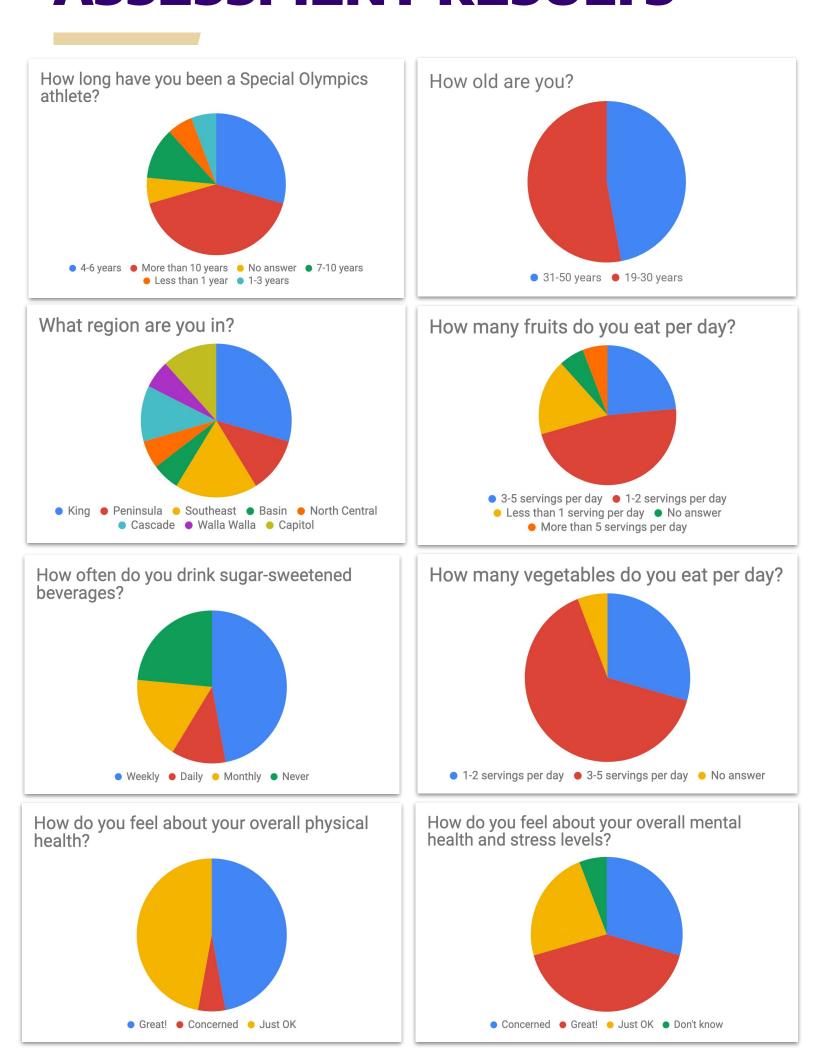
We can re-learn our hunger and fullness cues by using a **mindfulness** approach.

Read on to learn how **our bodies tell us how much to eat.**



Example of weight-neutral handout for SOWA athletes.

ASSESSMENT RESULTS

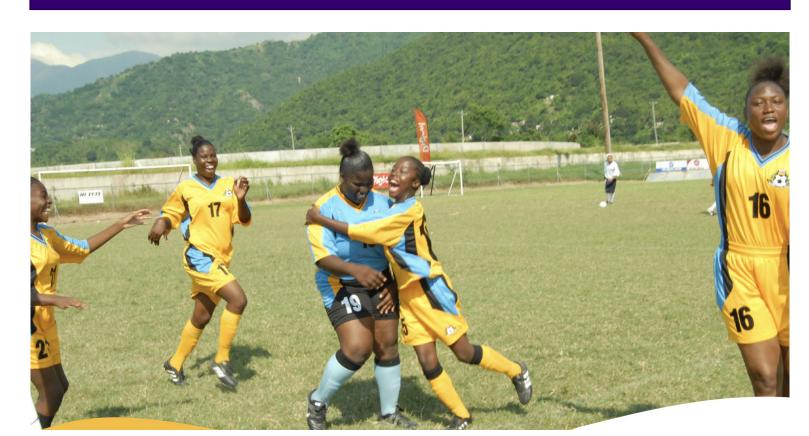


OVERVIEW OF RESULTS

- > 57 total participants registered over 10 sessions
- > 18 (32%) of those registered attended live sessions
- > 8 identified as female/girl, 7 male/boy, 1 other, 1 declined
- > 17 identified as non-Hispanic White
- > 8 reported consuming 1-2 servings of fruit daily
- > 11 reported consuming 3-5 servings of vegetables daily
- > 8 reported weekly consumption of sugar-sweetened beverages
- > 7 reported daily and 6 reported weekly (n = 6) consumption of foods with solid fats and added sugars
- > 9 described their physical health and bodily satisfaction as "just OK" (n = 8) or concerning (n = 1)
- > 9 described their mental health and stress as "just OK" (n = 4) or concerning (n = 5)

LIMITATIONS

- > Athletes with strongest engagement were captured; those with the most severe health concerns less likely to be represented
- > Estimated 20% of SOWA athletes have access to high-speed Internet and/or suitable technology
- > Literacy and communication deficits likely contributed to measurement and response error
- > Respondents may have reported based on what appeared to be socially desirable
- > Low event turnout and partial participation indicate likely shortcomings in recruiting efforts
- > Effectiveness of weight-neutral content unmeasurable, given timeline restrictions



CONCLUSIONS

Special Olympics athletes face unique challenges during the pandemic, and while conversion of in-person health assessments to a virtual format was successful, it carries limited utility in both the short- and long-term as most athletes have limited access to or interaction with technology suitable for conducting valid data collection virtually.

The virtual environment may not be the norm for the long-term future as quarantine restrictions begin to lift. However, virtual health assessments should focus on more equitable recruitment; phone sessions and screenings conducted in a dual setting (e.g., during an existing doctor's visit) would likely recruit more participants.





