



The Impact of a Nutrition and Cooking Program on Meal Management Skills with Adults with Intellectual Disability

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Introduction

- Obesity rates are significantly higher among adults with intellectual disabilities (ID), putting them at greater risk for health issues.
- Obesity is linked to a range of negative health outcomes, including heart disease, diabetes, and reduced quality of life.

Aim: To design, implement, and assess a pilot nutrition and cooking program for adults with ID.

Methods

Design: Pilot Program Development and Research

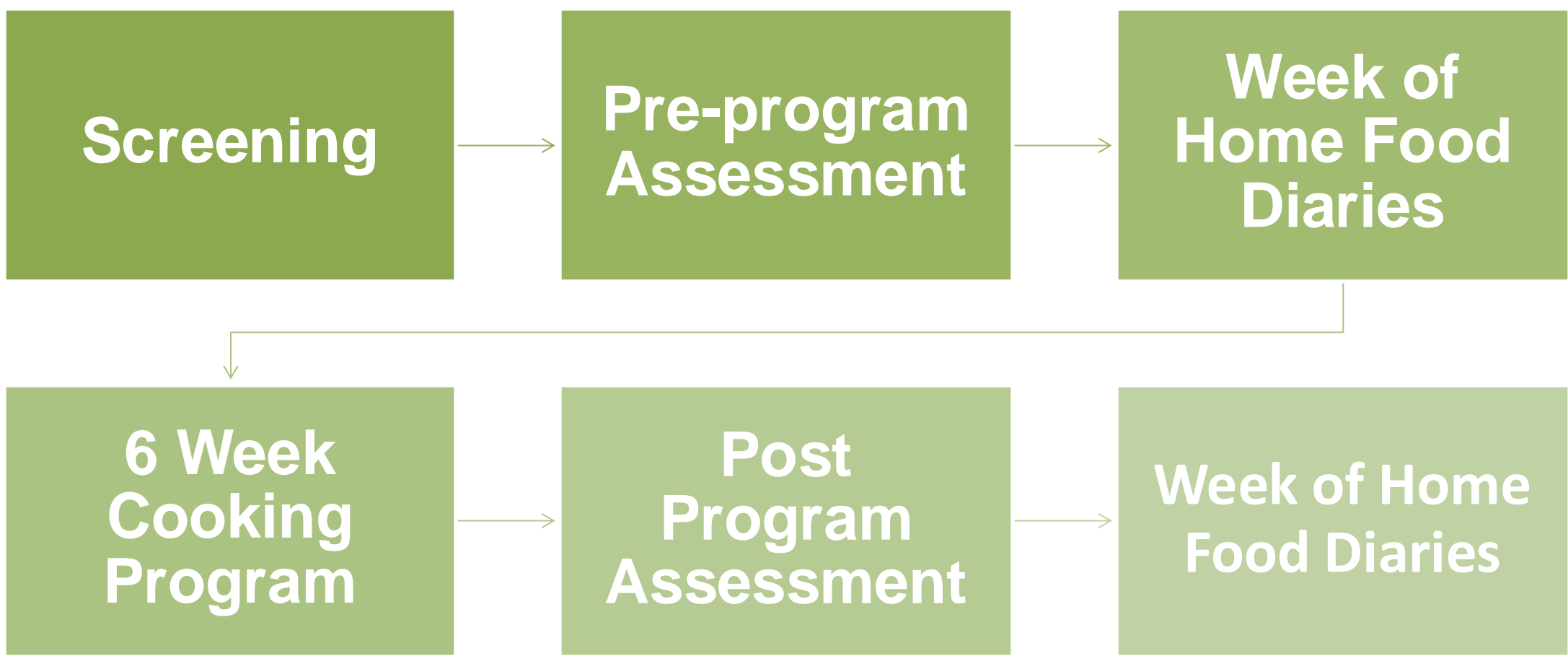
Inclusion Criteria:

- 18 years or older
- Mild to moderate ID
- Fluent in English
- Ability to follow simple directions and communicate effectively
- No need of maximum assistance

Study schedule and program structure

- Six 1-hour sessions (Figure 1)
- One educational session and five meal preparation and cooking sessions
- Pre- and post-program evaluation
 - Executive Function Performance Test (cooking subtest only)
- Pre- and post-program Food diary
 - Food Groups, food characteristics, and portion size

Figure 1: Study Flow Chart



Results

Participant Characteristics:

- N = 6
- Average Age (SD) = 27.8 (8.6)
- Average MoCA = 8.5
- Male = 66.7%

Executive Function Performance Test (EFPT) and Food Diaries:

- Improvement on scores, task performance time, and awareness (Table 1)

Food diaries:

- No significant change in food groups or meal characteristics post-program (Figures 2 and 3)

Attendance:

- Average of 5 out of 6 sessions (range 3-6)

Table 1: EFPT Results

Participants Initials	Score Pre-Program	Score Post-Program	Performance time (m) Pre-Program	Performance time (m) Post-Program	Awareness Concern Pre-Program	Awareness Concern Post-Program
C	14	6	15	8.35	Y	N
K	12	2	7.01	6.34	Y	Y
M	16	9	9	9.04	Y	N
MH	15	8	8.43	9.16	Y	Y
R	15	9	9.32	9.41	Y	N
T	15	10	10.15	6.14	Y	N
Average (SD)	14.5 (1.3)	7.3 (2.7)	9.8 (2.5)	8.1 (1.3)	Y = 100% N = 0%	Y = 33% N = 67%

Results (cont.)

Challenges/Limitations

- Literacy
- Time/scheduling
- Absences from the program
- Understaffing at the site
- Staff and caregiver education
- Access to the program and limited resources
- Small sample size

Discussion

Recommendations:

- Use videos/pictures for learning
- Provide assistive tools (e.g., choppers, large-print)
- Train staff/caregivers for independence support

Interpretation

- Improved basic cooking knowledge and recipe following
- Reported improved confidence in meal prep
- High engagement

Conclusion

- Cooking programs improve meal management in adults with ID
- More research needed on feasibility and long-term benefit

References



Acknowledgement & Contact information

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