

**Pause Well Program Evaluation Plan**

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**HLTH 640 – Nutrition Program Design**

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## **Pause Well Program Description**

Pause Well is a 4-week program set in a serene yoga studio environment that addresses the unique nutritional needs of women during and after menopause. With a body-positive, mindful approach, Pause Well is a series of four interactive group lessons offering targeted, expert nutrition education and proven tools for overcoming barriers to a healthy lifestyle. To reinforce the lessons and enhance social connections among participants, Pause Well includes 24 months of access to the Pause Well private Facebook page and group for ongoing expert support, peer support, cooking demos, recipes, and motivational tips.

### **Program Mission**

Pause Well empowers midlife women in the DuPage County yoga community to optimize health after menopause by providing targeted nutrition education and actionable strategies that reduce disease risk, preserve body composition, and enhance quality of life.

### **Program Goals**

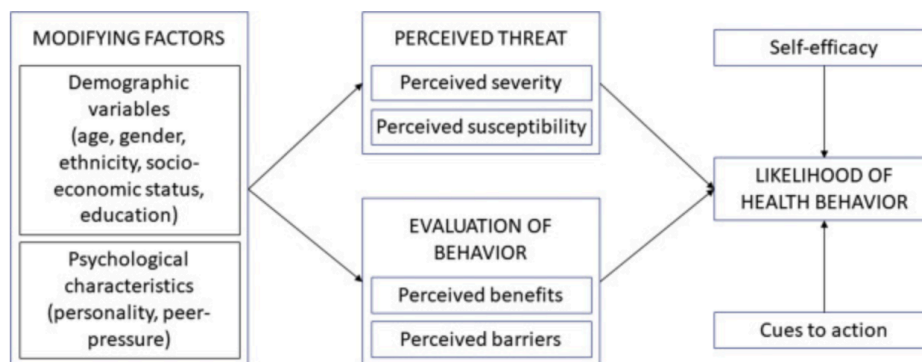
1. Reduce the risk of diet-related diseases among menopausal women in the Dupage County, Illinois, yoga community.
2. Reduce the prevalence of the use of fad diets and promote the health benefits of an anti-inflammatory diet to menopausal women in the Dupage County, Illinois, yoga community.
3. Educate the menopausal women in the Dupage County, Illinois, yoga community on their body's changing nutritional needs.
4. Empower menopausal women in the Dupage County, Illinois, yoga community to achieve their wellness goals within a yoga studio setting, utilizing science-based nutrition and strategies, social support, and spiritual yoga philosophies.

### **Program Objectives**

1. 70% of registered participants attend all four program lessons in 4 months' time, measured by the program leader after each lesson.
2. 70% of program participants join and engage the Facebook group within the first 2 months of starting the program, measured by the number joined and the number of at least 2 comments or posts per participant.
3. Upon completing the 4-month program, 60% of participants report increasing their whole grains, vegetable, and fruit intake by 1 daily serving.
4. By the last month of the program, 60% of FB platform participants will report adhering to their SMART goals between lessons via a survey posted on the group page.
5. 70% of participants increase their nutrition knowledge and can identify at least 4 inflammatory and 4 anti-inflammatory foods upon completing the 4-week program via questionnaires given on the program's final day.
6. 50% of participants report improvements in or stable disease risk markers (cholesterol, blood pressure, BMI, or blood sugar levels) 1 year after completing the program via self-reported surveys.

### **Program Theory**

The program's target audience is moderately active women ages 40-60 from middle-income households who are struggling with body composition changes, inflammation, and increased disease risk due to menopausal changes. Our surveys showed that yoga studio members within this demographic are already experiencing disease risk markers like fat gain and muscle loss, hypertension, and depression/anxiety. Most of those we surveyed said they experiment with fad diets that remove entire food groups; consequently, most are not eating the recommended amounts of whole grains, vegetables, and fruit. 80% of those surveyed said they would adhere to a long-term behavior change if they believed it healthy. Therefore, the underlying theory for the program is the Health Belief Model (Jones et al., 2014). The theory focuses on understanding the cognition of vulnerability to disease along five dimensions:



1. *Perceived risk of a disease.* This variable includes perceived susceptibility to contracting a health condition and its perceived severity once contracted. Lesson 1 familiarizes participants with the significant increase in disease risks and mortality rates associated with menopause.
2. *Perceived benefits of diet adherence.* A second variable is the believed effectiveness of dietary strategies designed to help reduce the threat of disease. Lesson 1 also informs participants about the research showing significant reductions in disease risk and improved quality of life after adopting an anti-inflammatory diet.
3. *Perceived barriers to diet adherence.* This variable includes potential negative consequences that may result from taking particular health actions, including physical (weight gain or loss), psychological (lack of spontaneity in food selection), and financial demands (cost of new foods). Lessons 3 and 4 target common misconceptions in today's fad diet culture and introduce strategies to overcome barriers such as social pressures, cravings, time, and cost.
4. *Cues to action.* Events that motivate people to take action in changing their dietary habits are crucial determinants of change. Participants will identify personal cues to action and implement behavior change strategies through activities in lessons 1-4. Examples include setting SMART goals, habit stacking, and addressing environmental triggers.
5. *Self-efficacy (SE).* A very important variable is the belief in oneself to successfully execute the dietary behavior required to produce the desired outcomes. Regular yoga and

meditation are shown to improve SE (Martin et al., 2015). Moreover, most participants will already have successfully implemented a regular yoga practice, which will likely enhance their SE (Jones et al., 2014). The program will use yoga and meditation principles to set clear intentions, visualize success, and foster self-control and confidence.

### **The Program's Socio-ecological Model (SEM) Approach**

The program includes individual, interpersonal, and environmental levels of influence.

*Individual:* The program includes in-person lessons and a Facebook page that will have a personalized aspect, encouraging participants to set unique goals as they improve their nutrition knowledge, attitudes, and skills.

*Interpersonal:* The yoga studio has an existing social network, and those connections will be utilized to motivate adherence to the program. The live sessions will include partnering and small group activities. Also, participants will check in with their partners between lessons to help hold each other accountable to SMART goals. A Facebook group will also be integral to program adherence between lessons. In addition to providing supplemental action materials, the site initiates social support by encouraging participants to share their successes, challenges, and tips.

*Community:* The program's promotional aspect will raise healthcare providers', studio managers', and prospective participants' awareness of the essential need for targeted nutrition education that addresses women's changing needs during and after menopause and encourage them to promote our program and others like it.

### **Complete and Acceptable Delivery of the Pause Well Program**

The ideally implemented Pause Well Program will consist of three essential components: promotional, curriculum, and social media.

#### **The Promotional Component**

The promotional component will focus on raising awareness, establishing partnerships, and promoting the program to the public. The program leader will familiarize the studio manager and local healthcare providers with the need for targeted nutrition education for midlife women and the validity of our program. *Environmental promotion will include a minimum of the following:*

- The leader develops promotional materials that adequately describe the program's mission, client-related goals/objectives, module themes, location, dates, and times — measured by participant surveys. (Fidelity)
- The leader distributes flyers and media materials to studio managers and local healthcare providers — measured by leader logs. (Dose delivered)
- The studio manager and healthcare providers distribute flyers and media materials to students and patients — measured by leader and manager logs. (Dose received)
- At least 15 participants register for the program — measured by Zenoti platform registrants. (Reach)

### **The Curriculum Component**

The curriculum component will consist of 4 in-person lessons to be given monthly for 4 months. The lessons will improve nutrition knowledge and behavior change skills, encouraging long-term adherence to healthy behaviors through small attainable changes. The lessons are participatory, personalized, and sequential.

#### **Pause Well Curriculum**

Lesson 1: Pause and Thrive -- The Health Risks Associated with Menopause & Introduction to an Anti-Inflammatory Diet. Activities: Set SMART Goals w/ Partner, Check Your Knowledge, Guided Meditation for Clarity of Intention

Lesson 2: Pause Smart -- Nutrition to Improve the Microbiome and Support Brain & Heart Health. Activities: Rate Your Inflammation, SMART Goal Check-in, Meditation for Stress Reduction

Lesson 3: Pause Empowered -- Weight Control Strategies & Body Positivity. Activities: Rate Your Inflammation, SMART Goals, Meditation for Self-Acceptance

Lesson 4: Pause Together — Review Key Concepts, Rate Your Inflammation, Group Sharing, Create Vision Boards, and Evaluation Forms.

*Each lesson will contain a minimum of the following:*

- Delivery of the media presentation and lecture.
- Delivery of at least 2 activities designed to promote engagement and personalize the lesson.
- Distribution of the take-home summary materials that reinforce the lesson.
- Delivery of guided meditation to encourage clarity and purposeful actions for optimizing health behavior change goals.

*Curriculum implementation measures include:*

- Fidelity: The degree to which lessons were presented as designed — measured by leader logs.
- Dose Delivered: The degree to which the leader completed all lesson plans — measured by leader logs.
- Dose Received: The degree to which students completed the lesson activities — measured by the leader log.
- Reach: Attendance — leader log.

### **The Social Media Component**

The leader will set up a private Facebook group and page for participants' support between lessons for enhanced social, practical, and adherence support during and after the program. Participants can ask questions of the leader and receive action materials such as

shopping lists, cooking demos, recipes, live Q&As, and tips that will help participants overcome barriers and improve self-efficacy. *The leader will provide a minimum of the following:*

- Post at least 1 action material to the FB page every other day.
- Engage on the page at least once daily to answer questions and “like” comments.
- Conduct 1 live Q&A session per week.

*Measures will include:*

- Fidelity: The quality of content posted — participant surveys.
- Dose Delivered: The number of supplemental posts — logged by the leader.
- Dose Received: The degree to which the participants engage on the FB page — measured by the number of times each participant “likes” or comments per week during the program — logged by the leader. The degree to which the participants adhered to SMART goals — participant surveys.
- Reach: Number of participants who join and remain on the platform — logged by the leader at program end and 6 months after.

### Potential Process Evaluation Questions

Target of Question	Process- Evaluation Question	Method of Assessment for Question	Resources Required	*Rationale
Recruitment	From which promotional outlets did most participants hear about the program?*	Registration form question	Zenoti (studio business software) registration reports	*This will determine which promotional efforts were most effective and where to focus marketing materials in the future.



	What percentage of healthcare providers approached agreed to distribute promotional materials to prospective participants?	Leader log	Physical tracking reports	
Reach	What percentage of program-informed healthcare patients registered for the program?	Healthcare provider log	Physical tracking forms	
	What percentage of female studio members over age 45 registered for the program?*	Studio manager log	Zenoti registration reports	*This will indicate whether marketing strategies were effective and if adjustments need to be made to enhance member interest.
Fidelity	To what extent did the flyers/media adequately describe the program?	Participant survey	Survey hand-outs	

	To what extent were the lessons delivered as designed/planned?*	Leader self-assessment log	Lesson plans, leader reports	*This will identify if the lesson plans are realistic within the time allowed and whether future adjustments to duration, delivery methods, or content are needed.
Context	What environmental factors interfered with attendance and implementation (illness, injury, transportation, family emergency, weather, etc.).*	Participant survey	Survey hand-outs.	*Understanding these barriers to completing the program will guide future adjustments to enhance accessibility and participation.
Dose Delivered	*What percentage of participants completed all 4 modules?	Attendance logs	Zenoti signed-in reports	*Attendance will directly impact dose delivered, program outcomes and success measures.
	What percentage of participants joined and participated on the FB group?	Leader log	Studio registration report, FB platform membership list	

	To what extent were lesson activities completed?	Leader observational log	Leader reports	
Dose Received	What percentage of participants could identify at least 4 inflammatory foods and 4 anti-inflammatory foods by the end of the program?	Participant survey - knowledge questions	Canva Survey Maker templates & Printer/paper	
	To what extent did the participants find the program effective?	Participant survey	Canva Survey Maker templates (including Likert scale questions) & Printer/paper	
	*To what extent did participants enjoy the program?	Participant survey	Canva Survey Maker templates with Likert scale questions & Printer/paper	"Enjoyment" can indicate participants' likelihood of adherence to the health behavior changes and stakeholders' likelihood of offering the program in the future.
	What percentage of participants successfully implemented at least 2 SMART goals by the end of the program?*	Participant surveys	Canva Survey Maker templates & Printer/paper	*This speaks to the program's effectiveness in facilitating behavior change.

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