

Pause Well Program Logic Model

INPUTS	ACTIVITIES	OUTPUTS	S-T OUTCOMES	I-T OUTCOMES	L-T OUTCOMES
Partnerships (w/yoga studio and healthcare clinics), facilities, and funding	Develop materials to familiarize the yoga studio manager and local healthcare providers within a 10-mile radius of the yoga studio about the program. Create promotional flyers for healthcare provider distribution.	Studio agrees to offer the program to members for free and a cost share model for nonmembers. Studio space and projector equipment secured. Studio fronts funds for lesson take-home handouts and vision board supplies.	Studio manager and local healthcare providers become aware of and knowledgeable about the program. They inform 80% of students and menopausal patients via at least 2 media marketing outlets (e.g., email and newsletter) and in-person flyers.	Studio registers 10-40 participants for program.	50% of providers receive a summary report of the program's eval through email or in-person within one month of program completion. 80% of informed providers continue to promote the program to their menopausal patients. Program relaunches at rotating yoga studios every 6 months with a minimum of 10 participants.

<p>Time and research for curriculum development</p>	<p>1 months prior to launch: Conduct research and complete slides, lecture scripts, and handouts for the curriculum.</p> <p>Conduct research and complete activity plans to appeal to perceived risks and benefits, knowledge/skills, and adherence to change.</p>	<p>Lesson lecture scripts, slides, and activity plans completed.</p>	<p>70% of participants increase their nutrition knowledge, attitudes, skills, and self-efficacy upon completing the program (assessed via self-reported Likert scale surveys).</p>	<p>60% of participants increase their intake of whole fruits, vegetables, whole grains, or plant proteins and reduce their intake of process foods, saturated fats, sodium, or sugar (based on their personal SMART goals) by completion of the program (measured via self-reported surveys).</p>	<p>40% of participants report implementing lasting dietary change 6 months after program launch via self-reported surveys.</p>
<p>Monitoring and infrastructure</p>	<p>2 weeks prior to launch: Set up a private Facebook group/page for program participants to receive social support and ask questions of leader.</p> <p>Create FB page content: cooking demo videos and recipes.</p>	<p>Platform available for participants to join by program start date, with intro post by leader, for participants to receive leader content (recipes, cooking demos, etc.), comment, share their overall wellness goals, ask questions, share challenges and successes, and brainstorm strategies to overcome barriers.</p>	<p>60% of platform participants report adhering to their SMART goals between program lessons by an in-person survey given by leader at the beginning of lessons 2-4.</p>	<p>50% of participants stay active on the platform, measured by at least 1 comment or "like" per week per member, and continue to increase their cooking, shopping, and recipe skills while adhering to their process SMART goals (measured via monthly posted surveys).</p>	<p>50% of FB participants report reaching their overall wellness goals within one year of joining the FB group measured by a FB page survey.</p>

*Evaluation	Create self-reported evaluation surveys to assess reported biomarkers, and process and outcome goal achievements from baseline to program completion, six month, and 1 year after completion.	80% of participants complete the surveys on the first and last day of the program. Facilitator modifies the program to address weaknesses as noted in the surveys.	50% of participants complete the 6 month follow-up surveys via FB and email.	50% complete the 12 month surveys via the FB platform and email.	Leader continues to improve the program's goals, objectives, activities, presentation, and materials based on evaluation feedback.
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