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Physical, emotional, and occupational dimensions of wellness and their applicability: A feasibility study

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Abstract

This feasibility study investigates a health and wellness intervention program based on the 7 Dimensions of Wellness framework, emphasizing evidence-based methods, accessibility, and participant independence. The research combines insights from a comprehensive literature review, which explores resources essential for designing, implementing, and executing health-literacy based interventions targeting three dimensions of wellness. The study outlines methods for participant selection, program delivery, and data collection, synthesizing existing research and scholarly works to provide insights into effective strategies, educational tools, and interdisciplinary approaches. Despite the absence of statistical analysis, pre- and post-survey results demonstrate positive trends. Reflections on observed outcomes highlight adaptability, inclusivity, and evidence-based strategies as crucial elements for future health intervention studies. The successful implementation of the feasibility study suggests promising opportunities for larger-scale assessments, underscoring the importance of holistic approaches in health and wellness education.

Contents

Introduction

As it stands, much of the literature on health behavior change initiates discussion with the overwhelming data pointing to humanity's health crisis. Institutions like the American College of Sports Medicine (ACSM) and World Health Organization (WHO) are calling for change at the policy, community, and individual levels to affect health behavior for a myriad of reasons. The 2022 WHO Global Status Report on Physical Activity documents that 27.5% of the world's adults "do not meet the physical activity guidelines to improve and protect their health" (Global status report on physical activity, 2022). The WHO also echoes the burdens of nutritional adversity worldwide, whether it be linked with obesity or malnutrition. Additionally, both the WHO and ACSM recognize other aspects of health and wellness (psychological, environmental, occupational) and their contributions to chronic illness and death. Some of these aspects include preventable factors, such as diet or physical activity. In combating poor-health related illness, health education and intervention programs to improve health literacy have become pertinent (Bartholomew et al., 1998). The World Health Organization's Strategy for Global Physical Activity and Health (2022) provided essential context for the prevalence of chronic disease and emphasized the role of physical activity in prevention. The following section seeks to review current literature surrounding the effectiveness of health intervention programs via analyses such as pre- and post-intervention surveys, statistical analysis, and self-reported data analysis. Additionally, the theories, models and tools utilized in planning a module-based health intervention program on the "7 Dimensions of Wellness" will be discussed.

Terms Defined

This review utilizes vernacular specific to the education, health promotion, and psychology fields as defined below. Definitions were directly from authoritative sources on the subject matter and are **bolded** in the following section.

The Centers for Disease Control and Prevention (CDC) defines **health intervention programs** as the

"Methods used to influence, facilitate or promote behavior change" (*Interventions Gateway to Health Communication* (n.d.)). Health intervention programs may be delivered in a variety of ways; for the purpose of the project, a one-day seminar-style program will be presented to participants with the goal of improving health literacy on three of the seven dimensions of wellness.

The **7 Dimensions of Wellness** describe areas of life in which optimal wellness is associated with better outcomes. The Dimensions of Wellness discussed in this project are the physical, emotional, and occupational dimensions. All definitions, terminology, and content were collected from *The Seven Dimensions of Wellness* (2021), Mindbody's *The 7 Dimensions of Wellness* (n.d.), and *Wellness and Well-Being*. (n.d.).

Health literacy, as defined by the WHO, are the "cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health" (*Health literacy*. (n.d.).). The project examined health literacy in participants via a pre- and post-intervention survey, created from the validated Health Literacy Questionnaire (HQL) protocol.

The **Health Literacy Questionnaire (HLQ)** is a worldwide-validated survey and survey-creation tool. After being cited in numerous health literacy assessment studies, the full, shortened, and electronic versions of the HLQ have been deemed valid in the assessment of health literacy for a wide variety of topics and populations (Duong et al., 2019). The HLQ was found through an initial search on the Center for Disease Control's survey database (*Measuring Skills and Experiences (n.d.))*. on the Health Literacy Tool Shed database, a CDC-compilation of validated surveys for assessing health literacy (*Health Literacy Tool Shed*. http://healthliteracy.bu.edu/).

During creation of the project's intervention program, a technique called **intervention mapping** was utilized. Intervention mapping is a framework for planning health promotion and intervention programs and defined in the public health sector as "a framework for theory- and evidence-based health promotion program planning that addresses this challenge by providing a systematic and stepwise approach to planning interventions" (Fernandez et al., 2019).

In many sectors of health, the **Health Belief Model** has been cited as a basis for creating effective behavior change strategies (Cummings et al., 1978). The Health Belief Model's focus in regard to health-related behaviors can be defined as "suggest[ing] that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior." (*The Health Belief Model*. (n.d.).). The Health Belief Model was utilized in the planning stages of the project to effectively convey positive outcomes of health behaviors.

In the initial stages of project planning, Dr. van der Kolk's *The Body Keeps the Score* (2014) was a work of inspiration. In it, van der Kolk discusses the many developments in cognitive behavioral therapy he and his team have made in the mental health and wellness fields.

While this project is about overall health and wellness, van der Kolk's mind-body approach to wellness was influential in topic selection. From van der Kolk's research, more literature was gathered to comprise this review (van der Kolk, 2014, p. 200-249). In terms of taking theory to practice, the *ACSM's Behavioral Aspects of Physical Activity and Exercise* (2014) was used as a theoretical basis for the design of the project's health intervention program. Based on the Health Belief Model, the project utilizes elements of communication discussed in the *ACSM's Behavioral Aspects of Physical Activity and Exercise* to ensure effective communication of content (Nigg, 2014, p. 140-190). It was from these initial sources that the project's key search words were developed and explored via online search engines and The University of Akron Library. Finally, through the process of gathering, refining, and analyzing the current research on the efficiency and design of health behavior intervention programs a list of keywords was compiled. Table 1 identifies the keywords utilized to search academic and scientific databases, from which an initial 25 sources were identified.

Table 1

Keywords utilized to search academic and scientific databases

Keyword:	Related Searches:
Health Behavior Change Intervention Program	Human behavior change, Theories of behavior change, Social cognitive theory, Health behavior change, Health promotion, Designing intervention program, Module-based learning, Health literacy, Health literacy AND validated survey
Health and Wellness Behavior	Physical wellness, Mental wellness, Spiritual wellness, Occupational wellness, Environmental wellness, Intellectual wellness, Social wellness, 7 dimensions of wellness, Quality of life, Chronic disease, Preventable disease, Noncommunicable disease, Diet/exercise, Habit formation

Source Selection

From the initial 25 sources, the process of selecting literature to analyze and review involved the following:

1. Ensure access to the resource were attainable.

2. Scaling 1-5 relation and applicability to intended research.

    a. Only sources with scores 3 and above were included in the final references list.

3. Read and note important findings, possible contradictions, and supporting evidence.

Using the above criteria, ten journal articles regarding intervention programs, two books, and 2 supplemental materials were selected for inclusion in the literature review. Additional sources were utilized in the definition of terms, and health literacy discussion, however the resources explored below directly relate to the implications of the project's health intervention program. See Table 2 for the selections, and their ratings in relevance and applicability to intended research. The academic and scientific articles were classified into two distinct categories, with two resources bridging both categories. Three articles discuss the effectiveness of a health behavior intervention program, five examine the design process of such an intervention, and two discuss both design and effectiveness. Additionally, two website databases, and five supplementing articles were utilized in the exploration of the Health Literacy Questionnaire.

Table 2

Selections and relevant ratings and applicability to intended research

Source	Type	Description	Category: Program Design, Effectiveness, Both	Applicability Rating (1-5; 1 being not applicable at all, 5

				being extremely applicable)
		Location: Portugal Participants: University Students		
Alves R. F. (2022)	Journal Article	Examined the effectiveness of a web-based health intervention program based on the PRECEDE-PROCEED model of development.	Both	4
Bartholomew, L. K., Parcel, G. S., & Kok, G. (1998).	Journal Article	Outlined 5 steps to Intervention Mapping.	Design	3
Chirasatienpon T. et. al. (2022)	Journal Article	Location: Thailand Participants:	Both	3

		Student teachers, adult Health belief-model-based web intervention Focus was tobacco usage.		
Fassier et. al. (2016)	Journal Article	List of steps to intervention mapping for health interventions.	Design	4
Gorely et. al. (2009)	Journal Article	Location: Northeast England Participants: 7-11 year old school children	Effectiveness	4

		Evaluated the effectiveness of a multi-factorial school-based health intervention program.		
Muellmann S. et. al. (2019)	Journal Article	Location: Germany Participants: Older adults Evaluated the effectiveness of a community-based wellness intervention for older adults.	Effectiveness **liked the design aspects of this	5
Schuette, S. A. (2019)	Journal Article	Literature review of web-based health interventions.	Design	5

		Discussed the development and implementation of a health-intervention via mobile phone application for college students.		
Global status report on physical activity (2022).	Supplemental material	World Health Organization's strategies for improving human health on policy, community and personal levels.	Design	3
McLoughlin, C. (2001).	Supplemental material	Basis for module-based learning, definitions and applications.	Design	5
Health Literacy Tool Shed.	Website	A search engine tool, to filter health literacy	Design	5

http://healthliteracy.bu.edu/		assessment surveys to fit the parameters of the project. The Health Literacy Tool Shed was found through the CDC source below.		
Measuring Skills and Experiences	Website	Presented a list of sources to view validated surveys for assessing health literacy.	Design	5
Health literacy. (n.d.). https://www.who.int/teams/health-promotion/enhanced-wellbeing/seventh-global-	3 studies, one supplemental material	These sources were used to understand the validation process of the Health Literacy Questionnaire and Electronic Health	Design	All 5

conference/health -literacy		Literacy Questionnaire.		
van der Kolk, B. A. (2014)	Book	Dr. Bessel van der Kolk, psychologist analyzes positive psychology and cognitive behavioral theory in noninvasive rehabilitation processes.	Both	4
Fernandez, M. E. (2019)	Book	Examination of communication theory and its applicability to creating health-behavior change programs.	Design	4
Nigg, C.R. (2014). ACSM's behavioral aspects	Book	Note, not the entire book was used here.	Design	5

of physical activity and exercise. Philadelphia :Wolters Kluwer Health/Lippincott Williams & Wilkins	Specifically chapters on theories of behavior change as well as behavior change models as they pertain to health behaviors.

Project Development

Examining the relationship between the delivery of a school-based health intervention program in 7–11-year-olds and body composition, Gorely et al. (2009) observed improvements at the study's conclusion. Supporting the effectiveness of health intervention programs to induce change in face-to-face learning environments, particularly among children, this study laid the groundwork for the design of the present project. Rated a "4" for its quantitative results in anthropometric measurements and a population of 7–11-year-old children, it shared a foundation with this project, although differing in methods and participants.

Other aspects of design in pre- and post-intervention analysis were drawn from studies involving adults, as well as children. Since the proposed study included adults, Muellmann et al.'s (2019) work in community-based interventions provided background on the benefits of utilizing peer groups. The effectiveness of a multi-faceted health intervention program was assessed in an older population of German adults living in a community. Participants were

randomized to receive the program during the study period or not (control group), with the design highly individualized to the needs of the older adult community. This project draws specificity from that, with surveys developed for this study in pre- and post-program format. Overall, the information presented in this study lends support to face-to-face intervention programs and group learning.

This project's design was influenced by studies involving both children and older adults, with Schuette et al.'s (2019) review providing a comprehensive overview that included populations more closely aligned with the intended focus population (adults, not necessarily in the older adult category). Their project design featured a virtual health intervention program for mobile phones targeting college students. The range of topics addressed in the program is aimed at various health and wellness issues. Rated a "5" for its alignment with the project's population and a sound design process, it supported online health-behavior learning. The implementation of the "HealthPro" app for college students, as reported by Schuette et al. (2019), reinforced the relevance of virtual aspects within intervention. Similarly, Thornton, L. et. al. (2021) found that their health and wellness intervenmtion delivery via an app for adolescents was potentially effective in modifying risk factors for chronic diseases. Additionally, Ghisi et. al. (2020) designed an educational intervention for patients with prediabetes or diabetes. Their statistical analysis supported benefits of an education intervention on health education outcomes. Drawing a parallel to online learning, Chirasatienpon et al. (2022) discussed program planning and effectiveness during the COVID-19 pandemic, utilizing the Health Belief Model. While applicable to the study, the web-based nature of the program resulted in a lower applicability rating, highlighting considerations for implementation in different contexts. In developing the content and presentation of the proposed study, understanding how individuals and groups learn

was fundamental to designing an effective education program. The consideration of module-based learning, offering manageable opportunities learning played a pivotal role in shaping the project's educational approach. A fundamental teaching resource, McLoughlin's (2001), *Inclusivity and alignment: Principles of pedagogy, task and assessment design for effective cross-cultural online learning*, offered background on why module-based learning can be effective in both online and in-person learning scenarios.

Examining peer-reviewed sources related to program design revealed evidence-based health intervention strategies. One such resource outlined intervention mapping practices, encompassing creating a matrix of proximal program objectives, selecting theory-based intervention methods, designing, and organizing programs, specifying adoption and implementation plans, and generating program evaluation plans. Work by Fassier et al. (2016) served as a foundational framework for the project's design process. Several articles discussing intervention mapping were consulted, with a focus on the section detailing "theory-based intervention," prompting a deeper exploration of the Health Belief Model to inform the project's design. Aligned with the intervention mapping approach, "The intervention mapping protocol" employed a 6-step model to plan health-behavior intervention programs. Originating from France, this protocol provided a structured process for health promotion program planning. Although its effectiveness in France wasn't assessed, researchers concluded it could serve as a valuable tool for testing in health intervention programs (Fassier et al., 2016). Shifting focus to the intersection of program design and effectiveness, inspiration was drawn from Alves et al. (2022), who developed a web-based health education intervention program for college students utilizing the PRECEDE-PROCEED model. The study emphasized technology, self-directed

learning, stage-based planning, and module-based learning; all four of which were key implements in this study's design.

The proposed project is designed as a feasibility study; however, the exploration of program effectiveness through validated pre- and post-survey analysis was considered. The importance of using a validated survey tool for assessing health literacy is crucial in ensuring accurate evaluation of information. It was established that health literacy, as defined by the Centers for Disease Control and Prevention, would be the marker for success, if effectiveness were being assessed in this study. The CDC's literacy surveys offered categorized lists of resources on literacy in various subjects. This exploration led to the discovery of the "Health Literacy Tool Shed," a valuable repository for validated surveys. From this database, the Health Literature Questionnaire (HLQ) was selected (*Health literacy tool shed* (n.d.). Numerous resources exhibiting the validity of the HLQ within health and wellness interventions were collected, one being work by Duong et al. (2019), who examined the short-form HLQ in rural Vietnam. Additionally, Hawkins et al. (2017) examined the effectiveness of the HLQ in interpretation of intervention-based survey results. The pre- and post-intervention surveys in this study were modeled after the HLQ, using work by Kayser et al. (2018). The same question formats were utilized throughout all three dimensions presented, with the pre- and post-intervention surveys being identical.

In summary, the extensive review of diverse literature has significantly shaped the design of the proposed health intervention study. Insights from various studies, spanning different age groups and educational settings, have collectively contributed to the formulation of a comprehensive and adaptable approach. The emphasis on face-to-face learning environments,

virtual aspects, and the challenges of online learning during the COVID-19 pandemic underscores the importance of flexibility in intervention design.

Examining program design strategies from evidence-based perspectives, the integration of intervention mapping practices and theory-based models has been a cornerstone. These approaches offer broad applicability in developing effective health education interventions. Furthermore, the recognition of the significance of validated surveys in assessing program effectiveness and health literacy has implications beyond the specific context of this study. The synthesis of knowledge from diverse sources, encompassing various methodologies and populations, emphasizes the importance of adaptability and inclusivity in designing health intervention programs. While drawing inspiration from specific studies, the overall approach is framed as a feasibility study, emphasizing the exploration of effectiveness through validated survey analysis and the crucial role of health literacy assessment. In essence, the culmination of these diverse perspectives contributed to a well-informed and versatile foundation for this health intervention study.

Methods

In this section, the methods employed in conducting a comprehensive feasibility study in presenting a health and wellness intervention based on three of the seven dimensions of wellness are described. This project was reviewed and approved by The University of Akron Institutional Review Board (IRB 2023-37). The success of any initiative hinges on the careful consideration of various factors, and the methodology aims to provide a systematic and transparent approach to this evaluation process. Delving into participant selection, the criteria used to identify and recruit individuals for the study are elucidated. Following that, the methods and materials employed in program instruction and delivery are detailed, shedding light on the structured approach adopted for implementation. This section aims to provide a clear and thorough understanding of the systematic framework guiding the feasibility assessment.

Participant Selection

A convenience sample was used for this study. Participants were recruited through two primary channels. First, the lead investigator utilized a multifaceted approach, reaching out to members of Rogue Awakening Yoga & Strength Training (Fairlawn, OH) through phone calls, text messages, and announcements during regularly-scheduled studio classes (yoga and strength-training classes specifically) to generate interest and inform potential participants about the study. Simultaneously, emails were dispatched to members of The University of Akron undergraduate Exercise Science club. See Appendices B-C for all correspondence samples. Those who were interested were directed to a Google Form sign-up where they provided information such as availability, email, and phone number. Following this, a subsequent email or text, based on their preferred method of contact, was sent, outlining the intervention components

and itinerary, with participants asked to confirm their study participation. To broaden recruitment efforts, three distinct postings were made on different media platforms, including Instagram, Facebook, and an online research site. Exclusion criteria included individuals under the age of 18 and those who were not able to attend the full length of the session. In total, these methods resulted in thirty-one expressions of interest. After the email follow-up, seventeen participants confirmed both their availability and willingness to take part in the intervention. Two weeks before the scheduled intervention on Saturday, February 17th, 2024, these seventeen individuals received reminders via text and email, providing details such as what to wear, when to arrive, what to bring, and the general itinerary for the day

Materials

The development of the program involved the utilization of tools as detailed in the literature review. The materials crafted for the intervention encompassed participant flyers (Appendix A), correspondence (Appendices B-C), informed consent forms (Appendix D), participant workbooks (Appendix E), and presenter notes (Appendix F), with a comprehensive list and copies provided in the subsequent section. The creation of promotional media, such as flyers and participant correspondence, maintained an objective and straightforward approach, prioritizing key details like the intervention date, time, and participant eligibility. Following the program outline based on intervention mapping and module-based learning outlined above, the intervention presentation was meticulously developed. Each dimension of wellness presented included three fundamental techniques for information delivery: a concise lecture with visual and auditory cues, two journaling activities, and two distinct methods of discussion facilitation. Enhancing participant engagement and understanding, workbooks were designed to mirror the presentation flow. Workbooks can be found in Appendix E. For each dimension of wellness, the

workbooks featured sections for notetaking during the lecture, two dedicated spaces for journaling activities, and icons indicating upcoming segments in the presentation. This cohesive approach ensured a seamless integration of materials, aligning with the program's overall structure and objectives.

The intervention took place in a conference room within the Altitude Social House, the location of Rogue Awakening Yoga & Strength Training (Fairlawn, OH). To ensure a smooth start, participants were encouraged to arrive 10-15 minutes before the program's commencement. This allowed them to select their seats and gather any props necessary for their comfort. The choice of hosting the event at a yoga studio offered the advantage of a variety of options for participant comfort, such as folding chairs, bolsters, blankets, blocks, and yoga balls. This assortment aimed to provide autonomy in seating selection, promoting participant comfort and active engagement in the study.

The inclusivity of the event was evident in the diverse range of ages and, consequently, varying body types and comfort needs among the participants. Recognizing this diversity, attendees were not only permitted but also encouraged to take breaks at any point during the program, irrespective of the scheduled 10-minute breaks. A designated "break room" was conveniently located within the conference room, offering a selection of health-conscious snacks and beverages to align with the program's focus on health and wellness, prioritizing whole grains and protein to keep participants satiated.

Upon the participants' arrival, the session commenced with greetings and introductory information. This included a concise overview of the project's purpose, itinerary, and etiquette. Participants were informed about the flexibility to take breaks at their convenience, the need for smartphones during specific program segments, and the voluntary nature of their participation.

Subsequently, the presentation followed a consistent structure for each dimension of wellness, starting with physical wellness. The lecture format maintained a uniform structure:

Initial Survey: Participants completed a pre-intervention survey using the Health Literacy Questionnaire format.

Definition: The presenter defined the dimension of wellness and discussed its significance based on evidence-based research.

Participant Engagement: Attendees were encouraged to share their understanding of practicing that specific dimension of wellness.

Additional Insights: The presenter provided a list of ways to practice the discussed dimension of wellness, including clarifications such as defining "regular physical activity" or exploring the nuances of "positive/negative emotions" specific to the dimension.

Following the lecture, the first of two consistent journaling activities was introduced. These activities, designed to minimize confusion and ensure a cohesive presentation, followed a structure developed through motivational interviewing and health coaching techniques based on the transtheoretical model of behavior change outlined in "Motivational Interviewing in Nutrition and Fitness" (Clifford & Curtis, 2016).

Journal Activity 1 Questions:

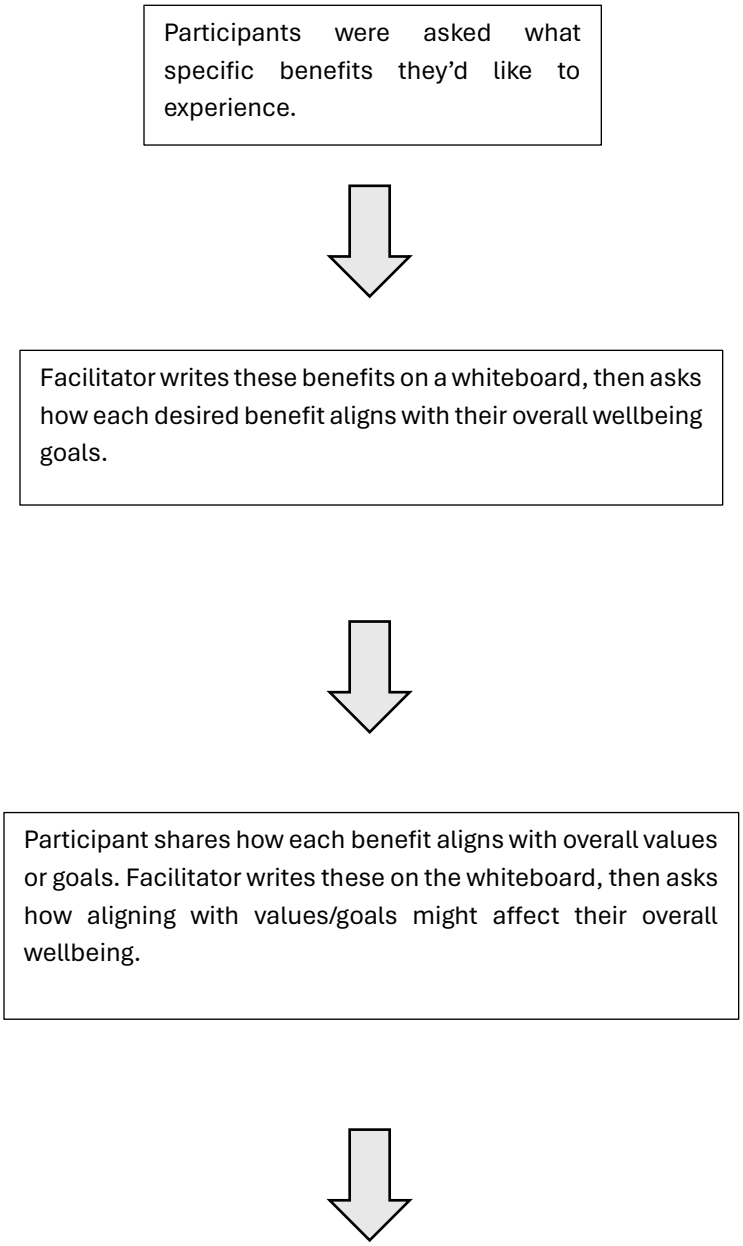
1. What are some benefits of ____ wellness I would like to experience?
2. What does success in implementing _____ wellness practices look like for my lifestyle?

3. How might my current and/or goal ___ wellness practices affect my day-to-day life?

After 7 minutes were allotted for the completion of Journal Activity 1, participants were asked to share benefits of a physical wellness practice they would like to experience. Based on these responses, the presenter facilitated a discussion that adhered to the following flow:

Figure 1

Journal Activity 1 Guided Discussion Workflow



Participant shares how having goals that align with their values might affect their wellbeing, other participants are asked for input, and discussion is captured on the board by the facilitator.

Note: The general workflow of the guided discussion was followed for each dimension of wellness presented. Individual variations occurred as discussion flowed naturally and dynamically between participants and the facilitator.

Participants were provided with dedicated time for a guided discussion, allowing others ample opportunity to actively engage in the conversation. The duration allocated for this activity was set at 15-20 minutes, fostering a dynamic exchange of ideas. Following the conclusion of the guided discussion, the second journaling activity took place. This activity centered on goal-setting aligned with the specific wellness dimension under focus.

Mirroring the approach of the initial journaling activity, a consistent set of questions was employed across all three dimensions presented. This ensured cohesion and uniformity in the participants' exploration of wellness aspects.

Journal Activity 2 Questions

1. List and describe (if necessary) times in the past month that you have practiced ___ wellness. If none, list none.
2. List a “goal behavior” or a ____ wellness practice you would like to incorporate following the program. It may be implementing a new habit, maintaining or stopping a habit. Use the space below to list goal behaviors.

3. Select one-three of the above behaviors to focus on. Use the space below to brainstorm and/or write a time-based, realistic, and measurable goal to implement, maintain, or stop this intended behavior.

In introducing this project section, a brief overview of setting SMART goals was provided to acquaint participants with the method's significance in selecting specific, measurable, attainable, realistic, and time-bound goals. Throughout the journaling activity, an image featuring prompts for crafting SMART goals was displayed for about 10 minutes. Following this, participants were invited to share their goal behaviors if interested. Facilitated by the moderator, goals were refined to ensure they were specific, measurable, attainable, relevant, and time bound. Among the 10 participants across the 3 dimensions of wellness, one individual utilized the group discussion to establish a goal. The results of these goal-setting discussions will be covered in the "Conclusion" section. The same presentation format was maintained for all three dimensions of wellness throughout the intervention, with breaks provided after each dimension, although participants were free to take breaks at any time.

Results

The feasibility study actively involved 10 diverse participants across three wellness dimensions. Initial efforts to recruit participants garnered significant interest, with 31 expressions of interest. Subsequently, 17 participants confirmed their willingness, and ultimately, 10 actively engaged in the study. The execution of the program was marked by a deliberate design of objective materials, encompassing participant flyers, workbooks, and presenter notes. Hosted in a yoga studio, the program prioritized participant autonomy and integrated various engagement

methods. Out of the seventeen initially confirmed participants, ten successfully attended and actively participated in the intervention. Table 3 depicts participant demographics.

Table 3

Participant Demographics

Participants	
Total	10
Female	8
Male	2
Age (yrs.)	
Range	22-66
Average	43

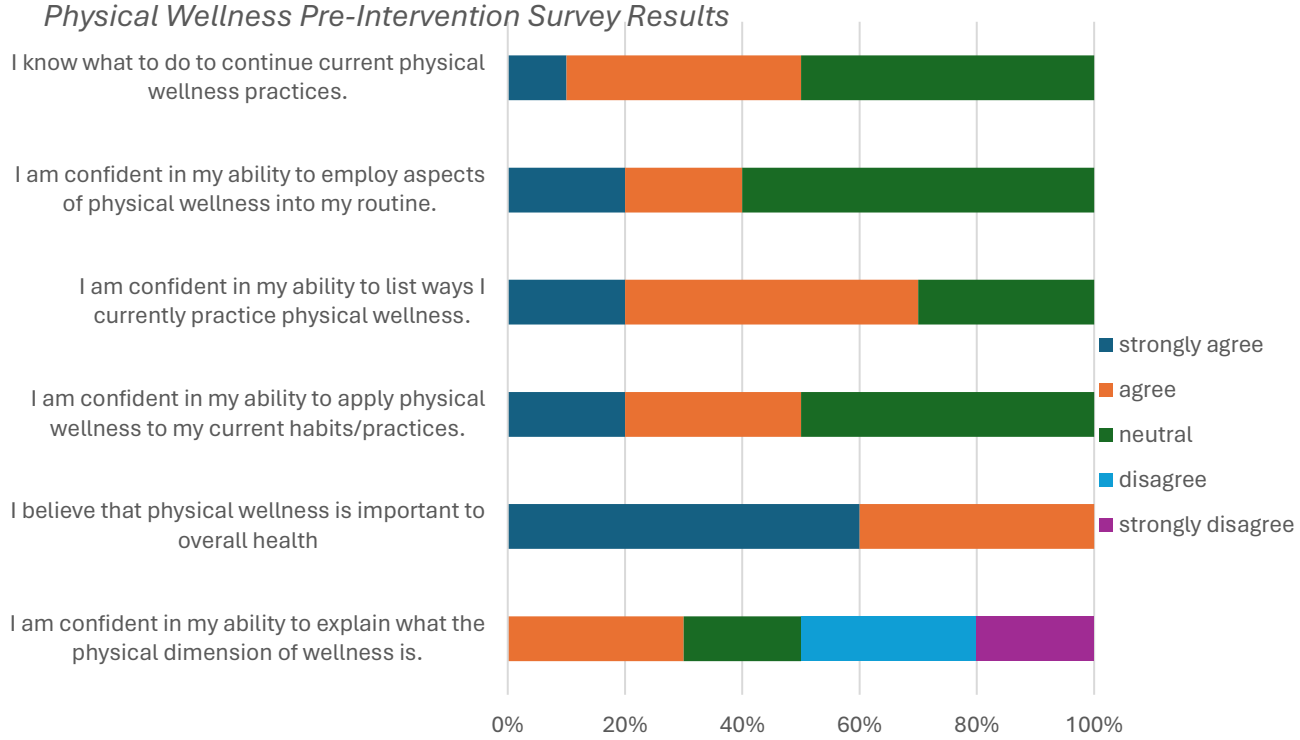
The structured format of the intervention ensured consistency across lectures, journaling activities, and guided discussions. Two journaling activities, employing motivational interviewing techniques, were strategically incorporated to foster active participant involvement. The introduction of SMART goals became a pivotal point, sparking discussions and resulting in one participant setting a goal during the group interaction. This provided a tangible illustration of the practical application of goal-setting within the intervention. The study's success carries significant implications, highlighting adaptability, inclusivity, and evidence-based strategies as cornerstones for future health intervention studies. The emphasis on face-to-face learning and the use of validated survey tools underscores the flexibility inherent in the program design. These

results, beyond their immediate implications, offer valuable insights and a robust foundation for shaping potential future research endeavors.

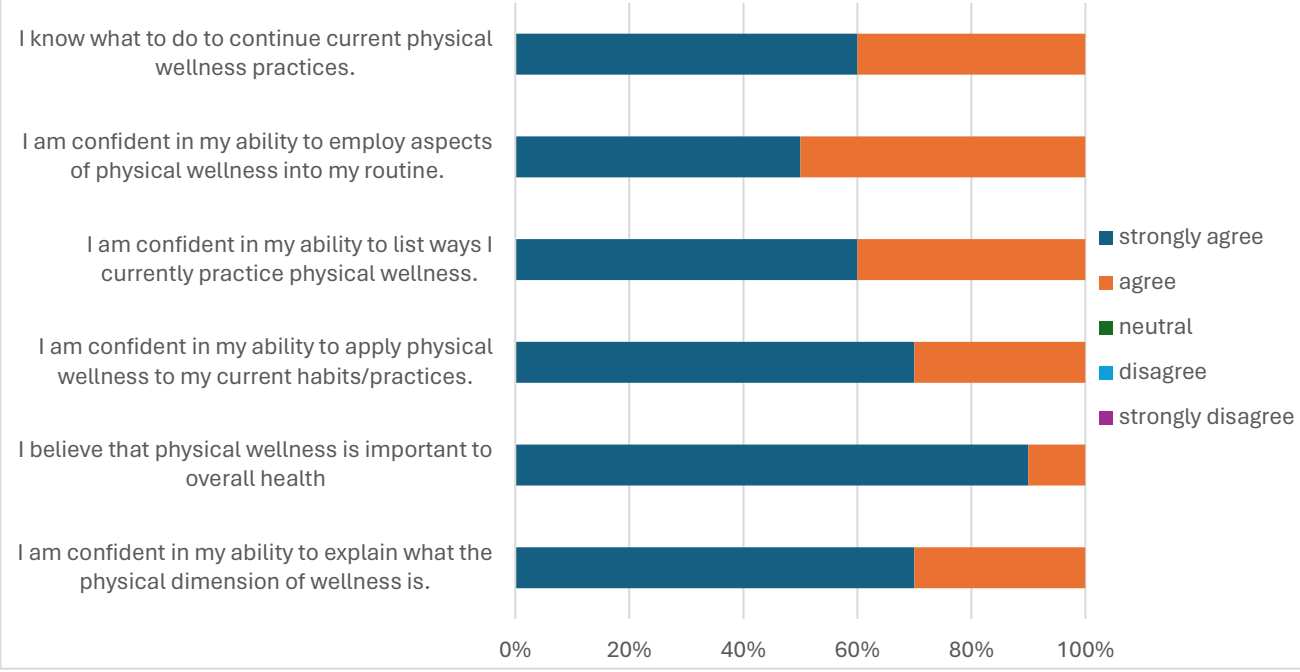
Below are the survey results for both the pre- and post-intervention surveys for each of the three dimensions of wellness presented. They are presented in the order in which they were discussed, and the results are broken down by percentages of participants that chose each response to a Likert scale rating.

Figure 2

Physical Wellness Pre-Intervention Survey Results



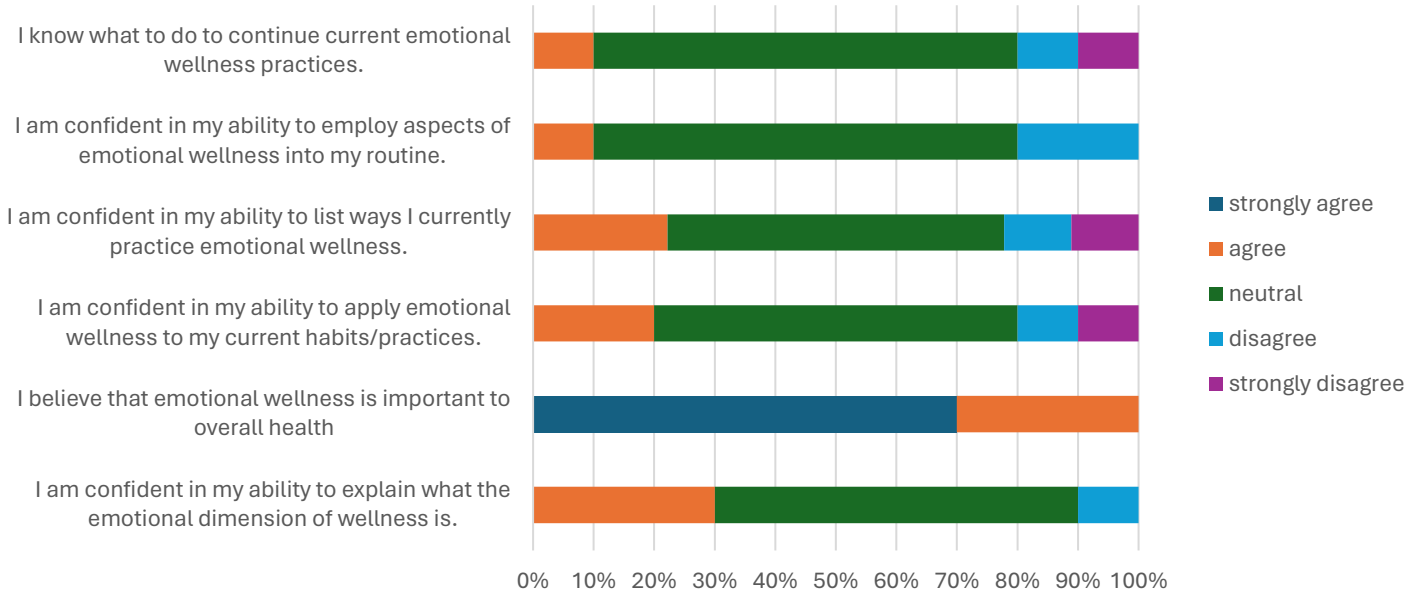
Physical Wellness Post-Intervention Survey Results



Note. This figure relays the percentages of responses for each question for the pre- and post-intervention surveys for the physical wellness portion of the project. The total number of participants who answered the survey was n=10.

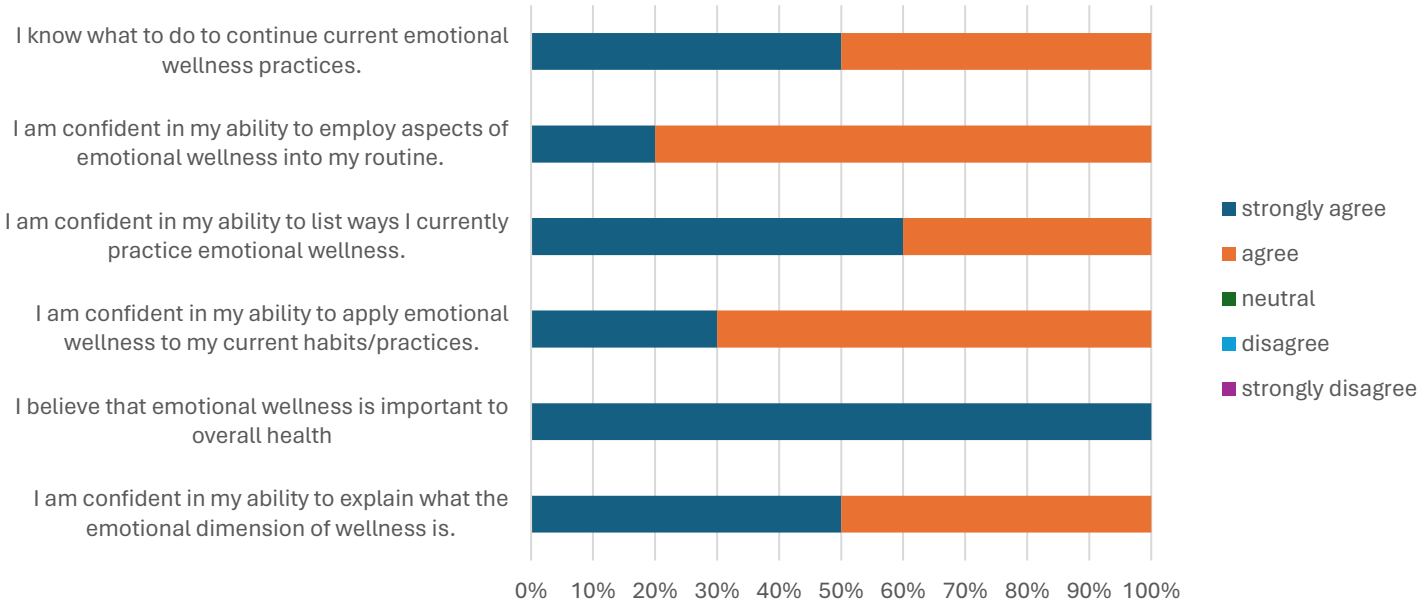
Figure 3

Emotional Wellness Pre-Intervention Survey Results



Post-Intervention Survey Results

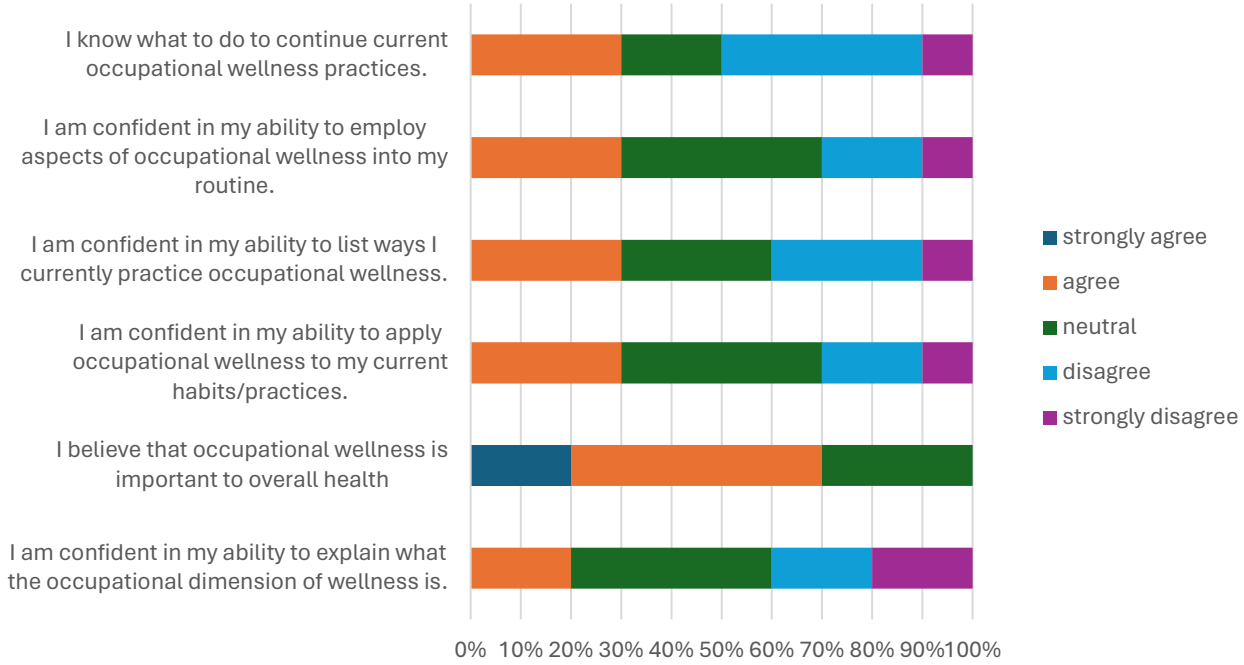
Emotional Wellness Post-Intervention Survey Results



Note. This figure relays the percentages of responses for each question for the pre- and post-intervention surveys for the emotional wellness portion of the project. The total number of participants who answered the survey was n=10.

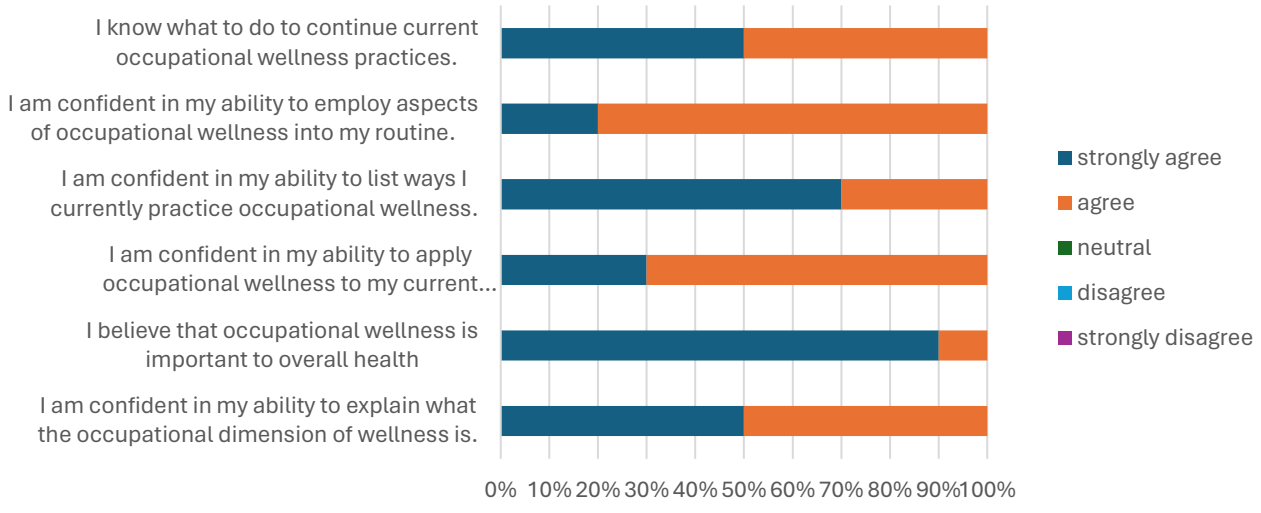
Figure 4

Occupational Wellness Pre-Intervention Survey Results



Post-Intervention Survey Results

Occupational Wellness Post-Intervention Survey Results



Note. This figure relays the percentages of responses for each question for the pre- and post-intervention surveys for the occupational wellness portion of the project.

As seen in Figures 2-4 above, participants scored their "agreement" to six statements which were the same throughout the program. While no statistical analysis was performed due to the nature of the feasibility study, and limited sample size (n=10), observed trends are discussed in the following section.

Another view of the results is outlined below in Figures 5-7, which display the average number of responses per Likert scale response for each Dimension of Wellness presented.

Figure 5

Physical Wellness Average Number of Responses Pre- and Post-Intervention Surveys

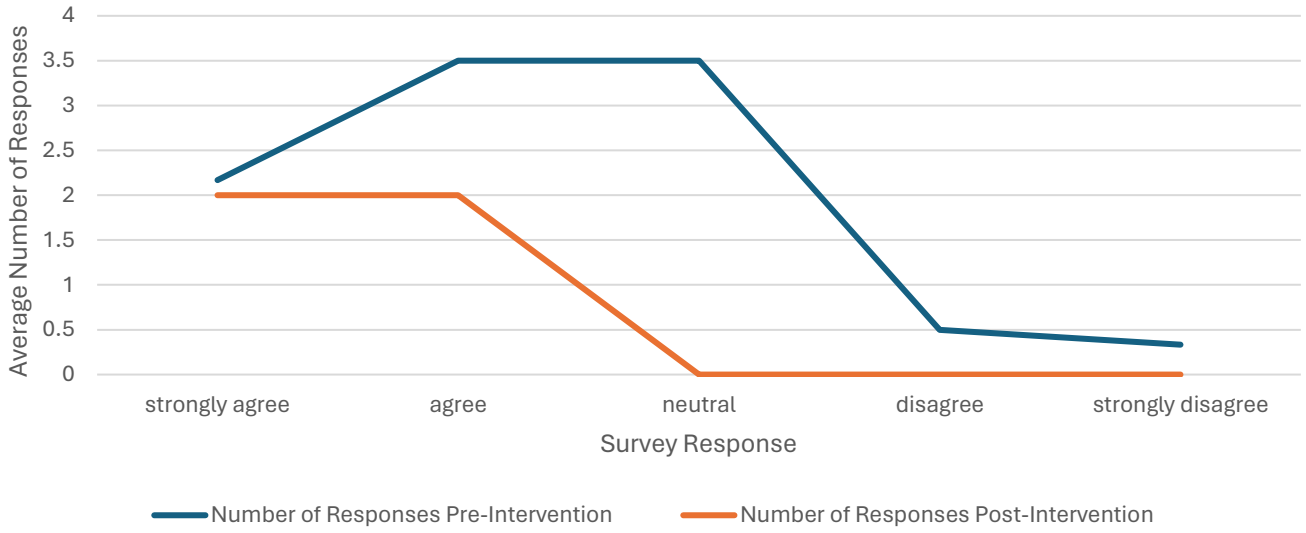


Figure 6

Emotional Wellness Average Number of Responses Pre- and Post-Intervention Survey

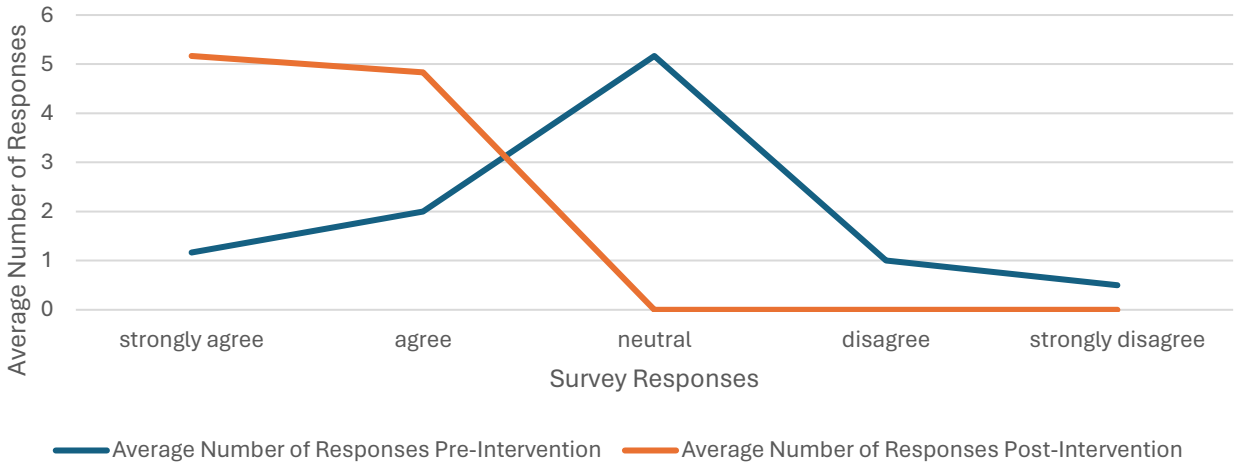
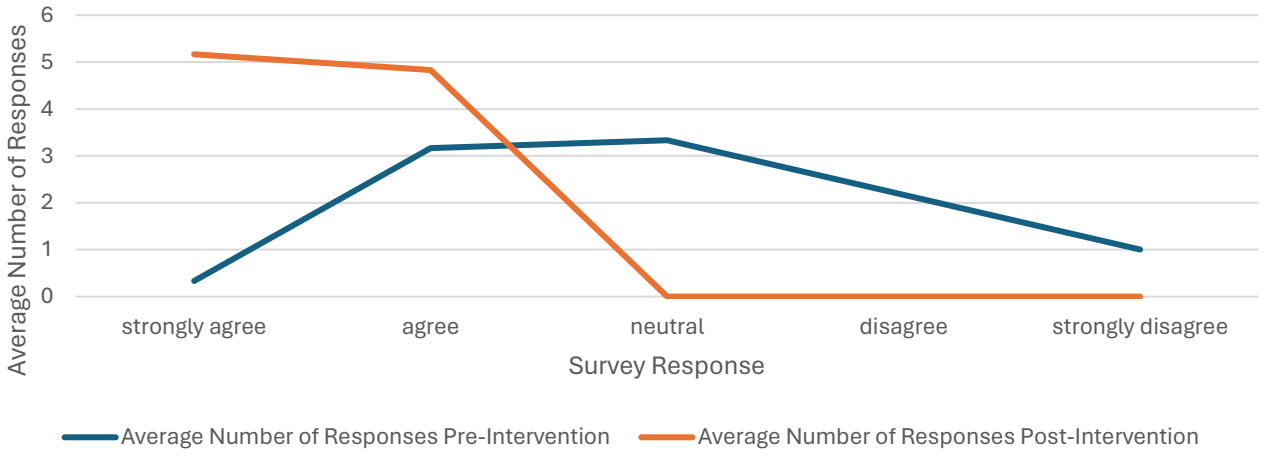


Figure 7

Occupational Wellness Number of Responses Pre- and Post-Intervention Survey



Note. These figures display the average numbers of responses for each Likert scale response for the pre- and post-interventions surveys for Physical, Emotional and Occupational Wellness.

Discussion

The study's implications extend beyond its initial success, emphasizing the importance of adaptability, inclusivity, and evidence-based strategies in future health intervention studies. The program's design, which incorporates face-to-face learning, technological integration, and validated survey tools, showcases its flexibility and robustness. These findings provide valuable insights, laying the groundwork for shaping future research in health and wellness interventions. The discussion primarily draws from facilitator observations, reflections, observations of data trends and participant feedback, acknowledging the feasibility nature of the study.

Concerning participant attendance, the smaller group size proved advantageous, offering seating flexibility and participant comfort. Creative seating arrangements were well received by participants who appreciated the option to choose where and how to sit. The casual room setup received positive feedback, particularly from healthcare professionals accustomed to uncomfortable conference settings. Snack provisions and well-timed breaks further contributed to participant satisfaction.

The program's informal format, labeled a "workshop," facilitated open discussions on potentially sensitive topics. Participant feedback highlighted a "safe, welcoming, and comfortable" environment, fostering community among diverse participants recruited from a yoga studio. The smaller group size enabled the discussion of personal values and beliefs, enhancing the sense of community. In terms of program logistics, the initially planned workshop duration exceeded the actual time used due to the smaller group size. However, each dimension of wellness was adequately covered within 45 minutes, with the potential for expansion in future sessions.

Conducted as a feasibility study, statistical analysis was omitted from the pre- and post-survey data due to the limited sample size. Despite this limitation, noteworthy trends emerged across all three sections of the program, revealing consistent expressions of either "agreement" or "strong agreement" by participants with statements related to their comprehension and ability to apply wellness practices following the program as seen in the post-intervention surveys for all three sections.

In addition to these positive outcomes, the successful feasibility of hosting the workshop at a yoga studio implies promising avenues for continuing research in health behavior education interventions. Notably, participants not only endorsed the current program but also suggested the possibility of a follow-up workshop. Recommendations included covering the remaining dimensions or implementing a multi-week series, with the added support of peers and research funding. These insights underscore the project's potential to provide diverse and comprehensive health and wellness education, showcasing adaptability and capacity for sustained impact.

Conclusion

The extensive literature review, encompassing various age groups, educational settings, and methodologies, significantly influenced the design of the proposed health intervention study. The blend of insights from diverse sources underscores the project's emphasis on adaptability and inclusivity, particularly in the realm of health intervention program development. Techniques in teaching diverse populations were gathered from sources such as Schuette et al. (2019) and Alves et al. (2022), who presented health literacy interventions to a wide variety of ages, across both sexes. Departing from conventional approaches within the undergraduate exercise science

field, this project seeks to contribute valuable insights into the complexities of health behavior change education.

Designed as a deliberate feasibility study, this research intentionally addresse a gap in existing research by systematically examining health behavior change. However, it's essential to acknowledge certain limitations. One notable challenge was the significant disparity between the number of individuals who initially signed up for the study and those who participated. This discrepancy raises concerns about the study's generalizability and highlights the importance of addressing issues related to participant retention in future research endeavors. In addition to the spatial limitations previously mentioned, the reliance on self-reported data introduces a level of subjectivity and potential bias, contributing to the overall limitations of the study. To enhance the reliability of data, future studies may consider incorporating objective measures or implementing strategies to minimize the impact of self-reporting biases.

Considering the challenge of participant retention, future research could explore strategies to enhance engagement and commitment. This might involve implementing incentives, creating a supportive community environment, or utilizing reminders to encourage continued participation. Addressing these retention issues will be crucial for ensuring the effectiveness and applicability of health intervention programs in real-world settings. As for assessing the program's effectiveness, a future study with a significantly larger sample size could provide more robust evidence. This larger-scale investigation could employ rigorous statistical analyses to evaluate the impact of the health intervention program on various outcomes. Additionally, incorporating control groups and randomization could further enhance the study's internal validity, allowing for more reliable conclusions regarding the program's efficacy.

The exploration of methods used in conducting the feasibility study outlines a systematic and transparent approach to participant selection, program instruction, and delivery at a yoga studio. Reflecting on observed outcomes and lessons learned throughout the study, this comprehensive framework aims to provide a clear understanding of the systematic approach guiding the feasibility assessment. In summary, this research paper underscores the intricate nuances involved in designing and executing a health intervention study, moving away from conventional paradigms within the exercise science field. Drawing from a diverse range of literature, the proposed program represents a distinctive endeavor focused on promoting adaptability, inclusivity, and community-based health interventions, with a specific emphasis on health behavior change. The successful implementation of the feasibility study, marked by participant engagement and positive outcomes, creates opportunities for larger-scale assessments to determine the effectiveness of this type of intervention.

Conducting this feasibility study has been an enriching experience, allowing me to bridge academic knowledge with practical application in a meaningful manner. Working closely with a population I engage with daily has provided invaluable insights, enabling me to leverage the teachings from The University of Akron within my professional domain. Throughout the research process, I honed my skills in academic reading and writing, while the design phase offered room for creative exploration within the structured framework of the scientific method.

The positive feedback received from participants affirms the potential for further growth in my career trajectory. This success underscores the niche I've discovered where I can continue to expand and refine my expertise. Specifically, this study has served as a platform to refine my abilities as a health and wellness coach, particularly in the practice of motivational interviewing—an essential skill acquired through my education at The University of Akron. In

essence, this project has provided me with an opportunity to seamlessly integrate theoretical learning with real-world application, fostering a deep sense of satisfaction with the ongoing learning process.

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Appendix A.

Correspondence Materials to Participants: Flyer

In-Person Recruitment Flyer:

Interested in Learning About the Dimensions of Physical, Emotional, & Occupational Wellness?

Available on DATE_02/17/24 12-4pm?

Interested in participating in a study that will help shape health education here in the Akron area?

Scan the QR Code below to be directed to sign up to participate in the academic study, *The Feasibility of a Health and Wellness-Based Intervention Program on Adults' Health and Wellness Competency* led by Josie Savitski, ACSM-CPT, RYT-200.

To participate in this study, you must be:

- 18 years or older
- Able to read
- Available for the full duration of the event

The study will take place at Rogue Awakening Yoga & Strength Training and will be led by Josie Savitski. You will be participating in a workshop-style seminar, learning about 3 of the 7 Dimensions of Wellness.

Scan here to sign up!

**this study has been approved by the University of Akron Institutional Review Board, #_2023-37__.

Appendix B

Email following sign up:

NAME,

I hope this email finds you well. My name is Josie Savitski, a student at the University of Akron in their Exercise Science Applied Physiology Program. As part of the Williams Honors College and College of Health and Human Services, I am conducting a study on the effectiveness of a health and wellness intervention of my own design. You are receiving this email because you have indicated that you are interested in participating in this study. Please read this email in its entirety, and respond whether or not you would like to be a participant in this study.

Purpose + Participant Requirements

The purpose of the project is to assess the effectiveness of an in-person health and wellness intervention program on health literacy via a pre and post-intervention survey analysis. The proposed project will be an educational workshop in which you will learn about the 3 of the 7 Dimensions of Wellness (physical, emotional, and occupational). Your understanding of the workshop content will then be assessed via a survey modeled in the validated Health Literacy Questionnaire format. The Health Literacy Questionnaire is a validated survey tool for assessing health literacy. You will be asked to attend 1 workshop session, totaling 4 hours. This session will consist of lecture-style presentations lasting no longer than 10 minutes, mediated group breakout sessions, and independent journaling time. Finally, you will take a web-administered survey before and after each section.

Procedures:

You are asked to attend a one day health intervention program, consisting of pre-intervention surveys, short 10-minute lectures, guided discussion and journaling, and post-intervention surveys. The intervention program is to take place at Rogue Awakening Yoga & Strength Training, in Fairlawn, Ohio. The program will be 4 hours in length, with breaks given frequently throughout. Additionally, you may bring food and beverages, and can take additional breaks at any time. The only data being collected are the results from the pre and post-interventions surveys, which will remain anonymous and confidential. All journaling sessions will be private, and you may share/discuss only if you choose to.

If you are able to attend the full duration of the workshop, and would like to participate in this study, please respond to this email stating so.

Thank you for your time and interest!

Appendix C

Email following affirmation to participate in study

Thank you for your participation in this study! Because of you, the lead investigator will be able to assess the feasibility of delivering health and wellness interventions in this way.

On the day of the event, please dress in comfortable clothing, bring water, and snacks if you would like them. You will be permitted to take breaks, eat, and drink whenever you would like.

Please arrive at Rogue Awakening (2841 Riviera Drive, Fairlawn, OH 44333, USA), between 10:45-11:00am.

If you have any questions in the meantime, please contact Josie Savitski, either by phone or email.

Thank you very much!

Josie Savitski

P. 234-788-9731

E. jes241@uakron.edu

Appendix D

Informed Consent

The University of Akron

Title of Study: Physical, emotional and occupational dimensions of wellness and their applicability: A feasibility study

Introduction: This research project is being conducted by Josephine Savitski, as part of the University of Akron's Williams Honors College and the College of Health and Human Services' Exercise Science Applied Physiology Undergraduate Program.

You are invited to participate in a research project being conducted by Josephine Savitski, a student in the Department of Exercise Science, at The University of Akron.

Purpose: This study aims to assess the feasibility of conducting a one-day health and wellness-based intervention, utilizing the intervention-mapping protocol. A minimum of 15 individuals and no more than 30 individuals will be participating in a health and wellness workshop, and health literacy will be assessed via pre and post-intervention surveys.

Procedures: You will be asked to attend a one day health intervention program, consisting of pre-intervention surveys, short lectures, guided discussion and journaling, and post-intervention surveys. The intervention program is to take place at Rogue Awakening Yoga & Strength Training, in Fairlawn, Ohio. The program will be 4 hours in length, with breaks given frequently throughout. Additionally, you may bring food and beverages, and can take additional breaks at any time. The only data being collected are the results from the pre and post-interventions surveys, which will remain anonymous and confidential. All journaling sessions will be private, and you may share/discuss only if you choose to.

Exclusion: In order to participate in this study, you must be 18 years or older, must be able to read, and must be able to attend the event in its entirety.

Risks and Discomforts: Minimal psychological risk may occur as a result of the journaling portion of the presentations. This portion of the intervention is self-exploration-based, and such reflections may cause you to experience uncomfortable feelings such as embarassment or inadequateness. To mitigate this risk, all journaling responses will remain completely confidential, and at no point will you have to share any information they are uncomfortable with sharing (either with the lead investigator, or the group). In addition, the lead investigator will create a calm and accepting environment in which you are encouraged to be honest and objective. You will be reminded that the purpose of the journaling questions is for self-

exploration, rather than criticism. Additionally, you will be given the option of not journaling/discussing at any point during the intervention.

Mental Health Resources: If at any point, you feel uncomfortable participating in any journaling activity, you may choose to not participate, and can take breaks whenever you would like. If journaling brings up unwelcome feelings of discomfort, and you wish to discuss these with a professional, mental health resources are listed below. These resources are also listed in your program workbooks.

Greenleaf Family Center

330-376-9494

Coleman Health Services

330-379-0667

Minority Behavioral Health Group

330-374-1199

Benefits: You will receive no direct benefit from your participation in this study, but your participation may help us better understand the effectiveness of the module-based learning system used in designing a health and wellness-based intervention program.

Right to refuse or withdraw: At any point should you decide to exit the study, you may do so. Participation in this study is completely voluntary.

Anonymous and Confidential Data Collection: No identifying information will be included in the data you provide. Your signed consent form will be kept separate from your data, and nobody will be able to link your responses to you.

Confidentiality of records: A physical copy of the informed consent form will be collected from all participants of the study, and kept by the lead investigator. No information on demographics, sexual orientation, or medical background will be collected. There will be two means of recording information from you. 1) Throughout the program, you will be asked to (voluntarily) complete “worksheets”. You will be responsible for yout own worksheet, and it will not be shared with the lead investigator or any other participants. 2) Pre/post surveys will be collected via anonymous password-protected Google Forms, and will be seen only by the lead investigator.

Who to contact with questions: If you have any questions about this study, you may call the lead investigator, Josephine Savitski at 234-788-9731 or Dr. Stacey Buser at 330-972-7475. This project has been reviewed and approved by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

I have read the information provided above and all of my questions have been answered. I voluntarily agree to participate in this study. I will receive a copy of this consent form for my information.

_____ _____

Participant Signature Date

Appendix E

Participant Workbook

DIMENSIONS OF WELLNESS

Participant Workbook

Physical, Emotional and Occupational Dimensions of Wellness and Their Applications: A Feasibility Study

Josephine E. Savitski, ACSM-CPT, RYT-200
Lead Investigator
University of Akron
College of Health and Human Sciences, Department of Exercise Science
Saturday, February 17th, 2024

Welcome to Rogue Awakening Yoga & Strength Training!

Thank you very much for attending today's program. Because you are here, you are helping the lead investigator better understand health promotion and education. Not to mention, you'll learn techniques and develop skills to better your health and wellness!

This workbook will function as a guide throughout this workshop and can be used to take notes.

Lead investigator contact information:

Phone Number	Socials	Email
234-788-9731	@josiesavitski	jes241@uakron.edu

Contents

Informed Consent

Take a few moments and read the Informed Consent Form carefully. Feel free to ask any questions necessary.

As indicated, minimal psychological risk has been identified as part of this study. There will be portions of the program where participants will be asked to journal and have the option to participate in a guided discussion, which may bring on feelings of discomfort.

Mental Health Resources

If at any point, you feel uncomfortable participating in any journaling activity, you may choose to not participate, and can take breaks whenever you would like. If journaling brings up unwelcome feelings of discomfort, and you wish to discuss these with a professional, mental health resources are listed below:

Greenleaf Family Center

330-376-9494

Coleman Health Services

330-379-0667

Minority Behavioral Health Group

330-374-1199

Lead Investigator Information & Contact Information

Lead Investigator: Josephine Savitski, ACSM-CPT, RYT-200

Phone: (330) 788-9731

Email: jes241@uakron.edu

Academic Advisor : Dr. Stacey Buser

Phone: (330) 972-7475

Email: buser@uakron.edu

University of Akron Institutional Review Board

Phone: (330) 972-7666

What to expect:

- Pre-intervention surveys
    - Before each Dimension of Wellness Seminar
    - You will need a smartphone or computer to access these surveys. Printed copies will also be available.

    - When you see this symbol, take out your smartphone to scan the QR code.
    - ~5 minutes
- Wellness Seminars
    - Definitions, examples, and techniques for practicing different types of wellness
    - ~10 minutes
- Guided discussions and journaling
    - Chances to reflect and apply what you've learned
    - Optional journaling prompts + group discussion opportunity
    - ~30-45 minutes
- Post-intervention surveys
    - After each Dimension of Wellness Seminar
    - You will need a smartphone or computer to access these surveys. Printed copies will also be available.
    - ~5 minutes

Key:

Take out your phone to

Time for a break!

Activities Time

scan the survey QR code!

Itinerary

12:00-12:15pm…… Introduction, Procedures

12:15-1:15pm……Physical Wellness Seminar

1:15-1:30pm……Break

1:30-2:30pm……Emotional Wellness Seminar

2:30-2:50pm…….Break

2:50-3:50pm…….Occupational Wellness Seminar

3:50-4:00pm…….Q&A, Feedback

4:00-4:30pm…….Dismissal

PHYSICAL WELLNESS

Physical Dimension of Wellness

Journaling 1 - PHYSICAL WELLNESS

What are some benefits of physical wellness practices that I would like to experience? List below:

_____

_____

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What does success in implementing physical wellness practices look like for my lifestyle?

_____

_____

_____

_____

_____

How might my current and/or goal physical wellness behavior affect my day-to-day life?

List & describe (if necessary) times in the last month that you have practiced PHYSICAL wellness. If none, list none.

List a “goal behavior” or a PHYSICAL wellness practice you would like to incorporate following the program. It may be implementing a new habit, or maintaining or stopping an old habit. Use the space below to *list* goal behaviors.

Select one to three of the above behaviors to focus on. Use the space below to *brainstorm* and *write* a time-based, realistic and measurable goal to implement, maintain, or stop this behavior.

Goal 1 -

_____

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Goal 2 -

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_____

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Goal 3 -

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_____

EMOTIONAL WELLNESS

Emotional Dimension of Wellness

Journaling 1 - EMOTIONAL WELLNESS

What are some benefits of emotional wellness practices that I would like to experience? List below:

What does success in implementing emotional wellness practices look like for my lifestyle?

How might my current and/or goal emotional wellness behavior affect my day-to-day life?

Journaling 2 - EMOTIONAL WELLNESS

List & describe (if necessary) times in the last month that you have practiced emotional wellness.

If none, list none.

List a “goal behavior” or an emotional wellness practice you would like to incorporate following the program. It may be implementing a new habit, or maintaining or stopping an old habit. Use the space below to *list* goal behaviors.

Select one to three of the above behaviors to focus on. Use the space below to *brainstorm* and *write* a time-based, realistic and measurable goal to implement, maintain, or stop this behavior.

Goal 1 -

_____

_____

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_____

Goal 2 -

_____

_____

_____

_____

Goal 3 -

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_____

OCCUPATIONAL WELLNESS

Occupational Dimension of Wellness

Journaling 1 - OCCUPATIONAL WELLNESS

What are some benefits of occupational wellness practices that I would like to experience? List below:

What does success in implementing occupational wellness practices look like for my lifestyle?

How might my current and/or goal occupational wellness behavior affect my day-to-day life?

Journaling 2 - OCCUPATIONAL WELLNESS

List & describe (if necessary) times in the last month that you have practiced occupational wellness. If none, list none.

List a “goal behavior” or an occupational wellness practice you would like to incorporate following the program. It may be implementing a new habit, or maintaining or stopping an old habit. Use the space below to *list* goal behaviors.

Select one to three of the above behaviors to focus on. Use the space below to *brainstorm* and *write* a time-based, realistic and measurable goal to implement, maintain, or stop this behavior.

Goal 1 -

_____

_____

_____

_____

Goal 2 -

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_____

Goal 3 -

_____

_____

_____

Thank you for participating in this study! Your participation will allow the lead investigator to learn about health literacy education, which will allow for the development of future projects. If you have further questions, comments, or feedback, please contact:

Lead Investigator: Josephine Savitski, ACSM-CPT, RYT-200

Phone: (330) 788-9731

Email: jes241@uakron.edu

Academic Adivsor : Dr. Stacey Buser

Phone: (330) 972-7475

Email: buser@uakron.edu

University of Akron Institutional Review Board

Phone: (330) 972-7666

Thank you again!

Sincerely,

Josie Savitski, Lead Investigator

Appendix F

Speaker Notes

1. Introduction
2. Methods + Models Used
    a. **A health and wellness intervention** is any program designed to increase one's awareness of their health and wellness, or increase their health literacy.
    b. **Health literacy** means how well one can find, understand, and use information to stay healthy.
        i. You already completed one step! You found this workshop!
    c. As for understanding this information, everyone has different learning styles. That being said, this program uses the evidence-based transtheoretical model, which includes the stages of change. This model was developed during scientific interventions on addiction behaviors in humans. The model states:
        i. When making a behavior change, individuals undergo specific stages of change, each with their own characteristics.
        ii. Stages are non linear
        iii. Stages have specific strategies when working with a coach/teacher

1. These strategies were kept in mind with the development of this program, and strategies for each stage of change have been included in all aspects.

3. Physical Wellness

a. **Definition** - participating in activities which promote health and wellness.

b. *What might this look like? - write on the board*

i. Physical activity vs exercise?

c. **Why PA is important:** CDC

i. Longer lifespan

1. Higher levels of physical activity is associated with an increased lifespan.

ii. Less risk for health problems (heart disease, type 2 diabetes, metabolic disorders, obesity, some cancers and even mental health risks!)

1. Relationship between increased PA and decreased risk of health issues development.

a. Adults who exercise regularly are at less of a risk for developing heart disease, type 2 diabetes, metabolic disorders, obestiy, and some cancers like lung cancer.

b. Increased physical activity is also associated with better mental health, with people who are more active reporting they are happier more often, more satisfied, and less stressed than those who do not exercise regularly.

iii. For those with chronic disease, physical activity can help manage symptoms and complications

d. PA might look like:

i. Exercise

ii. Leisure-time activities like recreational sports, swimming, hiking/walking, playing with kids/grandkids/pets

iii. Walking or biking as part of your commute

iv. Eating nutrient-dense food that properly fuels your body

v. Getting enough sleep

vi. Drinking water

e. What's "regular"?

i. ACSM - 150 minutes weekly of moderate physical activity OR 75 minutes weekly of vigorous physical activity.

1. This can be broken down by day, and the accumulation of minutes daily do not need to be performed in one continuous bout.

a. There is research to support that breaking up exercise into multiple, smaller, 10-20-minute bouts can be just as effective as exercising for an hour.

4. JOURNAL 1 - PHYSICAL WELLNESS

a. What are some benefits of physical wellness practices that I would like to experience? List below:

b. What does success in implementing physical wellness practices look like for my lifestyle?

c. How might my current and/or goal physical wellness behavior affect my day-to-day life?

5. Discussion opportunity -

a. Discuss specific physical wellness benefits you hope to experience.

b. Share how these benefits align with your overall well-being goals.

c. Examine how your current physical wellness behaviors influence your daily routine.

d. Discuss potential positive impacts on your productivity, mood, and overall well-being.

6. Goal Setting - SMART Goals:
    a. S - specific
    b. M - measurable
    c. A - attainable
    d. R - relevant
    e. T - time-bound
7. JOURNAL 2 - PHYSICAL WELLNESS
    a. List & describe times in the last month you have practiced physical wellness.
    b. List a goal behavior.
    c. Select one behavior, and use the space below to brainstorm goals. You do not have to write 3 goals, but you can for different behaviors if you'd like.
8. Discussion 2 - option to share
    a. Consider any adjustments or enhancements needed for a more seamless integration into your daily life.
    b. Identify potential challenges in maintaining physical wellness practices.
    c. Share strategies or solutions to overcome these obstacles.
    d. Consider how your physical wellness goals can be adaptable to changes in your lifestyle.

e. Discuss strategies for maintaining consistency during periods of change or uncertainty.

f. Reflect on what motivates you to engage in physical wellness practices.

g. Discuss the role of intrinsic and extrinsic motivations.

EMOTIONAL WELLNESS

1. Definition: the ability to successfully handle life's stresses and adapt to change.
2. Helps with:
    a. Coping with difficult or uncomfy feelings
    b. Resilience
    c. Strengthening relationships
    d. Increased feelings of happiness and satisfaction with ones life
    e. Understanding one's values, beliefs and attitudes
3. *What might this look like? Write on the board*
    a. The show on PPT.
4. JOURNAL 1 EMOTIONAL WELLNESS
    a. What are some benefits of emotional wellness practices that I would like to experience? List below:
    b. What does success in implementing emotional wellness practices look like for my lifestyle?
    c. How might my current and/or goal emotional wellness behavior affect my day-to-day life?
5. Discussion opportunity -

a. Discuss specific emotional wellness benefits you hope to experience.

b. Share how these benefits align with your overall well-being goals.

c. Examine how your current emotional wellness behaviors influence your daily routine.

d. Discuss potential positive impacts on your productivity, mood, and overall well-being.

6. JOURNAL 2 EMOTIONAL WELLNESS

a. List & describe (if necessary) times in the last month that you have practiced emotional wellness. If none, list none.

b. List a "goal behavior" or an emotional wellness practice you would like to incorporate following the program. It may be implementing a new habit, or maintaining or stopping an old habit. Use the space below to list goal behaviors.

c. Select one to three of the above behaviors to focus on. Use the space below to brainstorm and write a time-based, realistic and measurable goal to implement, maintain, or stop this behavior.

7. Discussion Opportunity

a. Consider any adjustments or enhancements needed for a more seamless integration into your daily life.

b. Identify potential challenges in maintaining emotional wellness practices.

c. Share strategies or solutions to overcome these obstacles.

d. Consider how your emotional wellness goals can be adaptable to changes in your lifestyle.

e. Discuss strategies for maintaining consistency during periods of change or uncertainty.

f. Reflect on what motivates you to engage in emotional wellness practices.

g. Discuss the role of intrinsic and extrinsic motivations.

OCCUPATIONAL WELLNESS

1. Definition: Concept of "work-life balance" while also finding some degree of meaning in an individual's occupation.
2. *What might this look like? Write on the board*
    a. Then show on PPT.
3. JOURNAL 1 OCCUPATIONAL WELLNESS
    a. What are some benefits of occupational wellness practices that I would like to experience? List below:
    b. What does success in implementing occupational wellness practices look like for my lifestyle?
    c. How might my current and/or goal occupational wellness behavior affect my day-to-day life?
4. Discussion opportunity -
    a. Discuss specific occupational wellness benefits you hope to experience.
    b. Share how these benefits align with your overall well-being goals.
    c. Examine how your current occupational wellness behaviors influence your daily routine.

d. Discuss potential positive impacts on your productivity, mood, and overall well-being.

5. JOURNAL 2 OCCUPATIONAL WELLNESS

a. List & describe (if necessary) times in the last month that you have practiced occupational wellness. If none, list none.

b. List a "goal behavior" or an occupational wellness practice you would like to incorporate following the program. It may be implementing a new habit, or maintaining or stopping an old habit. Use the space below to list goal behaviors.

c. Select one to three of the above behaviors to focus on. Use the space below to brainstorm and write a time-based, realistic and measurable goal to implement, maintain, or stop this behavior.

6. Discussion Opportunity

a. Consider any adjustments or enhancements needed for a more seamless integration into your daily life.

b. Identify potential challenges in maintaining occupational wellness practices.

c. Share strategies or solutions to overcome these obstacles.

d. Consider how your occupational wellness goals can be adaptable to changes in your lifestyle.

e. Discuss strategies for maintaining consistency during periods of change or uncertainty.

f. Reflect on what motivates you to engage in occupational wellness practices.

g. Discuss the role of intrinsic and extrinsic motivation

Appendix G

Participation Interest Sign-Up Form

Sign-Up Form Questions:

SIGN UP for: The Effectiveness of a Health and Wellness-Based Intervention Program on Adults' Health and Wellness Competency

Your responses will be sent to the Lead Investigator, and will remain confidential. Details about the study will be sent to you following form completion. You may opt to receive an email, text, or phone call. Details will include the full itinerary of the workshop, what you will be required to do, and what to bring the day of the event.

SIGNING UP VIA THIS FORM DOES NOT MEAN YOU MUST PARTICIPATE IN THE STUDY

You may choose to read the emailed/texted materials, then decide. You may also decide to exit the study at any time.

1. Full Name:

2. Email:

3. Phone Number **only include if you would like to be contacted via text or call, please indicate which***