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Mindfulness Meditation: A Self-Awareness Approach to Weight Management

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This is to certify that the doctoral study by

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2017

Abstract

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MS, Walden University, 2012

BS, Olivet Nazarene University, 2008

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Obesity is a crucial health care issue that has a global effect on the health care industry. Not only does obesity decrease the patients' quality of life, it also places an astronomical burden on health care delivery systems. The purpose of this quality improvement project was to establish a weight management program derived from evidence-based research. The research question is can the utilization of mindfulness meditations and practices with traditional weight loss methodologies produce sustainable weight loss? Pender's health belief model was the conceptual framework utilized to guide and provides structure for this project. The health belief model has been utilized in numerous health care studies and has provided researchers with tremendous insight on various health care issues. The goal of the project was to provide the inhabitants in a metropolitan city located in the Midwest region of the United States with weight management strategies that would support a declination in the number of patients struggling with obesity in that region. This project developed a turnkey solution to a community health problem consisting of the following strategies: executing mindfulness meditations and practices as part of their daily rituals, reading food labels and making healthier food selections, exercising 30 to 40 minutes a day, and documenting their progression or obstacles in a journal. Since the project consisted of only 20 participants, it is recommended that a larger population and region be utilized for future studies. This project has the potential for societal change by improving the quality of life of and productivity of patients struggling with obesity by decreasing their chances of developing chronic illnesses which can become debilitating.

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Dedication

I would like to dedicate this to my family: My sisters Doris and Lynda, who stood by my side as I struggled through the program. Their words of encouragement gave me the strength I needed to persevere. I would like to thank my brothers Gregory, Mac, and Johnnie who believed in me when I doubted myself. I also would like to dedicate this to my children Makesha, Se'von, and Terrell, who understood when mom was too busy to address their concerns when they needed me. I dedicate this to my grandchildren Anthony, Aidan, Ashton, and Amari whose undeniable love kept me moving forward and my nieces Nakiba, Michelle, Latoya, Cynthia, Lashondra, and Tanisha who referred to me as Dr. Brown when I told them I had enrolled in a doctoral program. This project is also dedicated to my nephews Gerald, Colby, Darius, Arion, Mac Arthur JR, John JR, and the countless number of people who struggle with weight management. Last by not least my husband Vincent who endured the plethora of mood changes I had while progressing through the program. I love all of you unconditionally. Most significantly I would like to dedicate this project to GOD. Without his divine guidance and my desire to do his will, I would not have completed this journey.

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I would like to thank my committee chair Dr. Anderson. He is the epitome of what a facilitator should be. The guidance and support he provides to his students are phenomenal. His encouragement, warmth, and patience empower students and give them the fortitude to persevere through unbearable situations. I will always be grateful and wish him the best in all his endeavors. I would also like to thank the rest of my committee members for guiding me in the right direction when I got off course. I also would like to thank Dr. Schweickert. She also played a pivotal role in my academic growth and accomplishment. Without her guidance and determination to give me what I needed academically, I would have faltered.

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Section 1: Nature of the Project

0verview of the Evidence-Based Project

. Obesity is a rising global health care and social issue. The World Health Organization projected that approximately 1.6 billion adults were overweight and at least 400 million adults (9.8% of the world's population) were obese (Koithan, 2009). As of 2015, WHO projected that approximately 2.3 billion adults were overweight and more than 700 million were struggling with obesity (Koithan, 2009). The endeavors of health care practitioners, governmental agencies, and vested stakeholders led to the analysis of obesogenic environments that facilitates actions that endorse unhealthy dietary intake with little or no physical exercises, and obesity-related chronic illnesses (Schafer Elinder & Jansson, 2008).

Underprivileged regions are often considered obesogenic environments, meaning that the environmental conditions were responsible for the development of behaviors that led to obesity (Hanratty, Milton, Ashton, &Whitehead, 2012). This type of environment does not contain the infrastructure needed to promote weight loss. Inhabitants that reside in obesogenic environments are less likely to participate in physical activities and underprivileged regions are less likely to provide secure, green spaces for physical activity (Hanratty, Milton, Ashton, &Whitehead, 2012). Obesogenic environments are commonly located in lower socioeconomic neighborhoods where the inhabitants are primarily ethnic. The inhabitants in these areas lack the financial resources needed to purchase healthy foods or beverages (Hanratty, Milton, Ashton, &Whitehead, 2012).

The Sinai Improving Community Health Survey, piloted by the Sinai Health System in the Midwest region from September 2002 to April 2003, was a cross-sectional study of six of 77 officially selected communities in that region. The incidence of obesity in the five primarily ethnic communities was two to three times higher than the occurrences in the United States, even when compared with residents who identified as non-Hispanic Black (18.4%) or Mexican American (21.0%). The percentage of obese children in the five ethnic communities was also tremendously higher than that for the non-Hispanic White community of Norwood Park ($p < 0.01$) (Margellos-Anast, Shah, & Whitman, 2008). Children in South Lawndale (34.0%), a predominantly Mexican American community, were nearly three times as likely to be obese as children in Norwood Park (11.8%). Children in Roseland (56.4%), a predominantly African American community, were nearly five times as likely to be obese as children in Norwood Park (Margellos-Anast, Shah, & Whitman, 2008).

Creating an environment that provided patients with the skills and the knowledge needed to acquire sustainable weight loss was my goal with this project. Diet and exercise have been acknowledged as approaches for healthy living since Hippocrates wrote.2, 000 years ago. However, if the resolution to overweight and obesity was as easy as being physically vigorous and eating less there would be far less people with this metabolic problem (Cook, 2013). Numerous strategies have been executed to fight the battle of obesity, but these strategies ran their course and were not sustainable. Obesity is challenging and difficult to manage because of the numerous contributing factors associated with it.

While obesity is usually produced by increased energy consumption relative to energy expenditure, the cause of obesity is tremendously multifaceted and encompasses genetic, physiologic, environmental, psychological, social, economic, and even political factors that interact in various degrees to promote the development of obesity (Wright & Aronne, 2012). All of the causative factors should be identified and addressed concurrently so that the methods chosen to remedy it are suitable. My aim with this project, the elimination of obesogenic environments can potentially lead to positive social change by improving patients' health status, productivity, and quality of life. Optimal health whether physical or psychological is an essential component necessary for a thriving society.

Background

Obesity has been categorized as a pandemic that produces disparaging results which range from debilitating chronic health issues to premature mortality (Cook, 2013). This critical health issue is responsible for countless comorbidities that consist of physical and psychological illnesses that can have a profound effect on the patients' quality of life (Cook, 2013). Major obstacles that prevented productive encounter with weight loss efforts were seen to be elusive behavior from patients, lack of motivation to change, and the fostering of too much reliance on the health care system to effectively lose the weight for them (Cook, 2013). Patients who struggle with obesity may need guidance in establishing strategies with starting a weight management program. The creation of an effective weight management approach comprises several stages: recognizing the problem and preparing the scene, engaging the patients, targeting areas

for modification, contemplating focused dietary and exercise-based solutions, and using behavioral strategies that address the causative influences (Logue & Sattar, 2010).

A business owned by a nurse located in a metropolitan city located in the Midwest region is a devoted organization that focuses on educating organizations, communities, and individuals on serious health care issues that have a profound effect on African American communities and families of low socioeconomic status. Disease management is one of the services that are provided by the organization. The organization is located on the south side of a metropolitan city in the Midwest region, but provides classes at various locations to accommodate the diverse population it serves. The classes are held weekly and the participants are taught various health care approaches that will assist them in managing their chronic illnesses and improving their quality of life. Their chronic illnesses range from diabetes to hypertension. Obesity is the mutual component of the various chronic illnesses the participants have.

The owner of the business works with other organizations educating patients on their chronic illnesses. The participants who attend the classes offered at the business are predominantly African American males and females of various ages, but other ethnic groups attend the classes as well. The potential candidates for my project attend classes offered at the facility and meet the requirements needed to participate.

Problem Statement

Obesity is a multifaceted illness that has prompted researchers to search for a sustainable resolution for this global health care issue. Because obesity is a complex illness with numerous contributing factors, health care practitioners, researchers, and

governmental officials need a solution that empowers patients and provides them with the fortitude needed to obtain and sustain successful weight loss. No traditional approaches to weight loss, such as low caloric diet, exercise, or joining weight loss programs like Jenny Craig or Weight Watchers, have produced significant results (Bombak, 2014). The types of programs utilized range from self-help at one extreme, to gastric bypass surgery at the other extreme (Rohrer, Cassidy, Dressel, & Cramer, 2008). Even when multidisciplinary approaches were utilized for weight-loss interventions, only a subdivision of participants lost significant amounts of weight (Mattfeldt-Beman et al., 1999). Outcomes from commercial programs and information from controlled studies specified little long-term accomplishment with weight loss (Mattfeldt-Beman et al., 1999). None of the weight loss programs in the past addressed the multiple contributing factors simultaneously or provided the patients with insight on how to approach them.

The health care issue that I addressed in this project was the persistent inability and challenges inhabitants in that region encountered when trying to manage their weight. Their environment was not conducive to weight loss and these patients had limited access to health care due to their limited financial resources. The lack of reasonable health care, food selections, and opportunities to exercise only worsened an existing epidemic situation of obesity, not just with vulnerable adults but with African American children as well (Clark, 2005).

It is cheaper to purchase insalubrious food (processed foods) than food that is nutritionally wholesome. Processed foods (e.g., hotdogs, bologna, and canned goods) are affordable but unhealthful and contribute to the rising cases of obesity in a metropolitan

city located in the Midwest region. The ethnic populations in America have higher than average numbers of their inhabitants being obese; but, the combination of environmental influences due to urban deficiency and pressures seem to weigh heavier on the African American community than other ethnic groups (Clark, 2005). This doctoral project is significant for the field of nursing practice because of the tremendous impact obesity has on numerous factors. Nurses working in the primary care area need to be able to identify and manage individuals who are obese and may have developed some of the chronic diseases linked to obesity (Shepard, 2006).

Purpose Statement

The purpose of this project was to develop a program that promoted sustainable weight management strategies for inhabitants residing in a metropolitan city located in the Midwest region. Current management of this epidemic is presently compromised by numerous major issues, including stigma, the necessity for more validation regarding efficiency of various intervention possibilities and curricula, and diminishing insurance coverage for bariatric patients (Bell, 2005). Traditional methods such as diet, exercise, and surgery are limited in the amount of weight lost by patients (Noria & Grantcharov, 2012). Nutritional therapy, with and without a solid foundation and pharmaceutical agents, is unsuccessful in the long-term management of obesity (Noria & Grantcharov, 2012). These methods do not address the social, psychological, environmental, or emotional aspects of obesity which play a significant casual role in obesity and are essential for effective and sustainable weight loss. Weight loss and weight management are difficult to achieve due to the emotional facets linked to eating (Woolford, Sallinen,

Schaffer, & Clark, 2012). Depression may incidentally impact weight loss by enhancing emotional eating activities or by decreasing dietary compliance (Stotland & Larocque, 2005).

The question is can mindfulness meditations and practices with traditional weight loss modalities improve physical and psychological self- regulations that play a significant role in the obesogenic environment? The growing numbers of people globally with obesity have motivated various organizations to establish innovative weight loss methods. Examples of these innovative methods consist of Qigong, Tapas Acupressure Technique (TAT; Elder et al., 2007), mindfulness meditation (Bauer-Wu, 2010), and mindfulness practices (Dalen et al., 2010). Qigong is an antiquated restorative discipline involving breathing and mental exercises that are combined with physical exercises (Elder et al., 2007). The TAT process combines acupressure with precise mental intentions, shifting the energy configurations stowed in the body (Elder et al., 2007). Mindfulness meditation is a complementary alternative method that yields physical and psychological benefits for patients with chronic illnesses (Bauer-Wu, 2010). Mindfulness is increasingly documented as a significant phenomenon in both the quantifiable and the realistic domains (Lykins & Baer, 2009). Mindfulness meditations modify areas of the brain connected to recall, consciousness of self, and commiseration, according to a brain imaging study by researchers at Massachusetts General Hospital in Boston and the University of Massachusetts Medical School in Worcester (Anonymous, 2011).

Mindfulness meditations and practices have been employed as self-care activities in holistic nursing practice that assist people in achieving universal self-care requisites

and self-care demands during health abnormalities resulting from sickness or ailment, injury and its treatment, as well as all theoretical frameworks of healthcare (Matchim, Armer, & Stewart, 2008). Mindfulness meditations and practices are composed of a group of interventions that increase self-awareness (Koithan, 2009). These techniques consist of body scanning, awareness of breathing, mindful walking, mindful eating, mindful meditations, and mindful communication (Rosenzweig et al., 2007). In these practices, the patients are educated on how to give complete attention to present-moment experience, choosing to reply knowledgeably rather than responding habitually to external events, thoughts, emotions, or sensations as they rise (Rosenzweig, et.al. 2007).

Mindfulness, defined as a focused consciousness of an individual's views, actions, and incentives, may play an indispensable role in long-term weight loss. Many commercial health and wellness spas use a type of mindfulness or intuitive eating as an underpinning for their weight loss programs (Koithan, 2009). This methodology reduced bingeing and increased self-control of food and food choices (Koithan, 2009). Mindfulness meditations and practices intensify psychological and physiological self-regulation (Koithan, 2009). The meaningful gap I addressed in this project was that psychological and physiological self-regulations which are supported by mindfulness meditations and practices are needed for sustainable weight loss and management.

Project's Goal and Expected Outcome

The goal of this project was to improve the health of the inhabitants residing in a metropolitan city located in the Midwest region by promoting weight management strategies that should eventually lead to a significant decrease in the prevalence of obesity

and an increase in their quality of life. This region, a predominantly African American community, has the lowest median household revenue ($18,300) and the highest childhood poverty rate of the designated populations (Margellos-Anast et al., 2008). Obesity-related behaviors (e.g., limited fruit and vegetable consumption and physical inactivity) continue to be high among African Americans and these behaviors have been attributed to lack of cognizance, psychosocial characteristics, and socioeconomic variables (Hughes Halbert et al., 2014). Neighborhood factors such as accessibility and quality of products available in the supermarkets and physical activity resources are also important to obesity-related health behaviors (Hughes Halbert et al., 2014). The expected outcomes for this program are a decrease in the inhabitants' weight and an increase in the health status of the inhabitants that reside in that region.

Body mass index (BMI) is the mechanism used by health care practitioners to determine whether a person is at risk for obesity (Borrell & Samuel, 2014). The Sinai Institute used BMI to categorized weight status (Margellos-Anast et al., 2008). Higher grades of obesity are directly interrelated with a higher mortality rate (Borrell & Samuel, 2014). Grade I obesity which consists of a BMI of 30.0 to 34.0 progresses mortality for all-cause and cardiovascular-specific mortality by 1.6 years (Borrell & Samuel, 2014). Grade II obesity; which consists of a BMI of 35 to 39 and Grade III obesity which consists of a BMI > 40 progress death by 3.7 years for all cause-mortality and 5 years for cardiovascular-specific mortality (Borrell & Samuel, 2014). The co-morbidities linked to obesity also increase mortality rate (Borrell & Samuel, 2014). In this project I used evidence-based literatures to illustrate how measuring and monitoring body mass index,

weight, and practicing mindfulness meditations and mindfulness-based practices can have a significant impact on weight reduction and quality of life.

The National Institute for Health and Clinical Excellence indicated that weight loss greater than 5% of original body weight is correlated with important health benefits for obese individuals, particularly a declination in blood pressure and a reduced risk of developing Type II diabetes and coronary heart disease (Lloyd & Khan, 2011). The National Heart Blood and Lung Institute guidelines suggested that weight loss programs should intentionally aim at a reduction of body weight by 10% from baseline at a rate of one to two pounds a week for 6 months (Orzano & Scott, 2004). These strategies can aid in decreasing the development of obesity- related complications that play a significant role in the astronomical costs of health care and poor quality of life.

The activities I monitored to achieve the expected outcomes consisted of measuring the participants' weight, BMI, and initiating mindfulness meditations and mindfulness practices in their daily routine. The participants were provided with journals to monitor food and fluid intake, physical exercise, and to document how much time was dedicated to mindfulness meditations and mindfulness based practices. Weekly discussions of barriers (physical, psychological, emotional, and environmental) were initiated and the approaches the participants utilized to overcome or yield to the barriers were including in the project. By utilizing these practices, I believed they would discover the connection between emotional eating and weight gain. I thought they would also discover that practicing mindfulness meditations and practices would increase their self-awareness in every aspect of their life. This approach should improve the participant's

potential for physical and psychological self-regulation which was the purpose of the study.

Significance and Relevance to Practice

Obesity is among the most significance public health care issue in the United States today (Clark et al., 2010). Public officials and private institutions have established a national campaign to create a healthier nation, Healthy People 2020, with a set of goals and objectives in the form of 10 year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States; obesity is one of the health concerns that Healthy People 2020 targeted (U.S. Department of Health and Human Services, 2010). With this study I will provide researchers, healthcare practitioners, and governmental officials with a unique approach to manage this global health care issue, an approach that has the added benefit of treating physical and psychological illnesses concurrently. This project has the potential of providing the nurse profession with a better understanding of obesity and appropriate methods for managing obesity. The benefits of practicing mindfulness meditations and practices are many and varied including modifications in medical symptoms, relief from challenging emotional states, and a greater sense of ability to engage challenges. (Rogers et al., 2013).

Another organization that is determined to make improvements in the health care delivery systems and their outcome is the Institute of Medicine (IOM). The Future of Nursing Proclamation published by IOM had an impact on nursing organizations and how health care is being delivery (Bleich, 2014). It was being printed at about the same time that the Patient Protection and Affordable Care Act (ACA) was signed into law in

March 2010, and released in October 2010 (Bleich, 2014). The essential philosophies of the ACA recommended health promotion (weight reduction), disease abatement, affordable health care coverage, and individualized care (Bleich, 2014). Individualized care is needed for the treatment of obesity because of the multitude of contributing factors and obesity related illnesses linked to it (Shepard, 2006). Every case is unique and requires a care plan specific to patients' needs. A weight loss plan based on the patients' contributing factors has the potential for producing favorable results (Varkey, Reller, & Resar, 2007). Advancement often necessitates thoughtful redesign of practices based on knowledge of human factors (how people interact with products and processes) and resources acknowledged for assisting with improvement (Varkey, Reller, & Resar, 2007). Discovering ground-breaking therapeutic measures to combat obesity is necessary if the health of the nation is to make remarkable advancement (Shephard, 2006) and this project can be utilized in any healthcare system that is trying to combat obesity.

Evidence-Based Significance of the Project

The evidence-based significance of mindfulness meditations and practices have been documented in a plethora of studies that involved psychological and physical illnesses. Mindfulness-based training assists individuals with self-awareness exercises that enhance their ability to pay attention to internal and external influences that cause afflictions affecting the mind itself and a person's individual perceptions of the world (Brady, O'Connor, Burgermeister, & Hanson, 2012). Mindfulness meditations and practices promote an existence in which an individual can be alive and present no matter what circumstances are present (Brady, O'Connor, Burgermeister, & Hanson, 2012). The

inclusion of mindfulness meditations and practices in a weight loss program can provide valuable insight on weight loss and the various factors that inhibit sustainable weight loss. Given the abundant and noteworthy harmful health consequences associated with obesity, there is a vital need for the establishment of highly efficient interventions that are designed to reverse the obesogenic drivers, including both government guidelines as well as health education and promotion programs (Wright & Aronne, 2012).

The knowledge resulting from my project can be used to empower patients and health care clinicians and can provide patients with the insight, knowledge, and the willpower needed for successful weight loss. The practice of mindfulness meditations and practices, which are essentially based on self-care, can mitigate internal and external stressors (Rogers et al., 2013). They increase the capacity for self-awareness, the ability to place unremitting awareness on the direct familiarities of life: physical sensations, thoughts, sounds, affective states, churning of thought, and more (Rogers et al., 2013). Being more astute of constant awareness on present experiences enhances the aptitude to differentiate the experience of unconscious reactivity and disruption from the capacity for intuitive choice and conscious attentiveness (Rogers et al., 2013).

Self-awareness is essential for making appropriate health care decisions and life style choices (Bombak, 2014). Self-awareness empowers patients and provides them with the resources and knowledge needed to make behavior changes that are necessary to sustain life and enhances their quality of life (Sharpe, Blanck, Williams, Ainsworth, & Conway, 2007). Self-awareness creates an awakening that encourages people to take charge and initiate the behavioral modifications that are needed to improve quality of life

(Sharpe et al., 2007). The participants in Matchim et.al.'s study explained that practicing mindfulness meditations and practices inspired them to manage their responsibilities better, get more things done, and manage their time more successfully and constructively (Matchim, Armer, & Stewart, 2008). After practicing mindfulness meditation, the participants in Koithan's study testified to having improved intuition to factors that prevent cognizant decision making while also helping them be mindful in observing their health practices and self-care activities (Koithan, 2009).

Mindfulness meditation and interventions have been found to create neurological alterations that can lead to effective behavioral modifications (Leung, Lo, & Lee, 2014). Experimental findings demonstrated that a constant practice of meditation makes significant changes in brain structure and functions; therefore, behavior modifications are initiated successfully (Leung, Lo, & Lee, 2014). Researchers have made significant progress in comprehending how meditation encourages positive emotions. Using a high-resolutions electroencephalogram to measure neural oscillations, researchers have reported patterns of brain electrical activity associated with a positive pleasurable experience (Leung, Lo, & Lee, 2014). Moreover, functional neuroimaging results have led researchers to propose that meditation could intensify neural activity associated with productive attitudes (Leung, Lo, & Lee, 2014). This positive change in attitude allows the patient to have a different perspective of life and the multitude of challenges that accompany it. Mindfulness is actually a different way of experiencing the world and not just thinking along a different pathway (Williams & Penman, 2011). To be mindful- means that a person can be back in touch with their senses, so he or she can see, hear,

touch, smell, and taste things as if for the first time and may lead a person to become intensely inquisitive about the world again (Williams & Penman, 2011). This type of insightfulness changes the way individuals approach necessary and unwanted circumstances.

Implications for Social Change in Practice

The implications for mindfulness practices to be a facilitator for societal change are substantial. Mindfulness practices have the potential to create positive societal change for patients, especially patients with social anxiety disorders (SADs). It is postulated that mindfulness training may weaken self-referential processing (SRP) in patients with (SADs), specifically decreasing habitual susceptibility to employ in overcritical social self-view (self-evaluation), and to react in an inflated manner to opinions about how others might view themselves (other evaluation; Goldin, Ramel, & Gross, 2009). For patients with SADs, mindfulness training may lead to a change from cognitive misrepresentations of the social self toward a more adaptive (i.e., less distorted) mode of SRP (Goldin, Ramel, & Gross, 2009).

Suppression of distorted views can change how the patients' view themselves as well as their situations. Mindfulness-based stress reduction studies are being used for health care providers as well as patients and these studies range from enhancing the resilience of nurse and midwives (Foureur, Besley, Burton, Yu & Crisp, 2013) to improving glycemic control in Type II diabetic patients (Rosenzweig et al., 2007). Researchers have also specifically supported the effectiveness of mindfulness-based training in reducing stress, enhancing coping ability, lowered perceived stress, and

promoting well-being among nurses and patients (Lan, Subramanian, Rahmat, & Kar, 2014).

Definitions of Terms

*Body Mass Index**:*** A measurement that shows the amount of fat in the body. It is calculated by dividing the weight in kilograms by the height in square (Borrell & Samuel, 2014).

Chronic Illnesses: An illness that patients acquire gradually, has no cure, and can lead to complications when not managed properly (Shephard, 2006).

Co-morbidities: Pre-existing diseases that can lessen a person chance of survival (Shephard, 2006).

Holistic: Treating the physical, psychological, spiritual, social, and emotional aspects of patients (Matchim, Armer, & Stewart, 2008).

Mindfulness Meditation: A type of complementary alternative methods that increase self-awareness and aids in positive health care and life choices (Williams & Penman, 2011).

Obesity: Body mass index greater than 30 kg/m2 (Borrell & Samuel, 2014).

Overweight: Body mass index between 25-29.9 kg/m2. (Borrell & Samuel, 2014).

Self-care Management: The ability of patients to management their health care needs (Shephard, 2006).

Assumptions and Limitations

The first assumption I made for this quality improvement program was that the participants would be able to lose one to two pounds a week by using the techniques

provided by the project team. My second assumption was that because mindfulness mediation is based on self-awareness, participants would be better prepared to make health care and lifestyle choices that are beneficial because they would acquire better insight to the contributing factors. These choices should enhance their quality of life and change their perspective of healthy living. My third assumption was the decrease in weight and BMI would lead to a decrease in the medications participants needed for their chronic illnesses. The fourth assumption I made was that the project team would be supportive as the patients' progressed through the program and the final assumption was the prevalence of obesity in a metropolitan city located in the Midwest region should start to decline.

I initiated this quality improvement program at single location with 20 participants. The findings may be different for other programs and in larger populations. The assumptions were necessary to provide the project team with a foundation to validate their outcomes on and guidance. The main limitation of this project was the number of participants and the limited amount of time dedicated to the project. The project class lasted for eight weeks.

Summary

Obesity is a global health care issue that produces physical, psychological, and economic problems and has the capability to overwhelm the existing health care delivery systems. The rapid upsurge of body weight of individuals worldwide has been associated with a consistent increase in obesity- related medical treatments and expenditures (Finkelstein, Ruhm, & Kosa, 2005). Internationally, government officials and researchers

are trying to find an appropriate solution for this health care issue. Although numerous strategies have been utilized, they have not produced significant, long term results.

Mindfulness practices are types of complementary alternative methods that been shown to be beneficial for a variety of physical illnesses including obesity, diabetes, hypertension, arthritis, and psychological illnesses such as depression and anxiety (Wright & Aronne, 2012). Another benefit of mindfulness meditation is that it increases self-awareness. Self-awareness provides patients with various viewpoints and methodologies with critical trepidations (Froeliger, Garland, & McClernon, 2012). Mindfulness practices have been shown to promote intentional regulation, and increased executive control of automatic responses (Froeliger, Garland, & McClernon, 2012). When patients are fully aware of their circumstances and possible outcomes, they can make better health care and life style choices. To support my project, I did a detailed research of the scholarly evidence. I will discuss the evidence in the next section.

Section 2: Review of Scholarly Evidence

Introduction

Finding a sustainable solution for weight loss and management is an issue that has caused noticeable concerns at regional, state, and federal levels. Healthy People 2020, a national program to guide disease prevention and health promotion activities in the United States over the next decade, identified various crosscutting health procedures to monitor progression in enriching the population health (Barile et al., 2013). The purpose of this project was to develop weight management strategies that are effective, doable, and sustainable.

I initiated my search strategy for the literature by accessing various online databases: Medline, Cumulative Index of Nursing and Allied Health Literature (CINANHL), Medscape for Nurses, and Nurse and Allied Health Sources. The terms used to obtain the resources were *obesity, obesogenic environment, chronic illnesses, mindfulness meditation, complementary alternative methods, stress, self-care management, cost effectiveness, weight management, stress,* and *adiposity.* My search produced over 500 articles; -but-, after review I found only 34 of the articles was beneficial for this study. Obesity is a topic that has generated a plethora of literature and the studies dated back as early as the1990s to the present.

The literature I reviewed was very specific about the obesogenic environment and its contribution to obesity. American adults were described as living in a disastrous environment that encouraged passive overeating and physical inactivity (Wang & Brownell, 2005). To combat obesity patients, must initiate behavioral changes and

implement them in their life styles and this includes their environment (Wang & Brownell, 2005). Previous scholars found that fruitful weight reduction program contains strategies for proper eating, exercise, and behavior modification; however, these strategies were not maintainable (Bowles, Picano, Epperly, & Myer, 2006);

Weight Loss Programs

Weight loss programs that encompassed making modifications in the home environment such as dietary stipulation, provision of workout apparatus, and spousal participation, have produced better overall weight losses for up to 18 months than standard behavioral program, particularly in women (Black, Gleser, & Kooyers, 1990; Jakicic, Winters, Lang, & Wing, 1999); however, these approaches have been largely ineffective in creating better preservation of weight loss (Gorin et al., 2013). Another important factor I found in the literature was the effect of stress and adiposity on obesity. Stress has been linked to all the leading causes of death, including heart disease, cancer, lung ailments, accidents, cirrhosis and suicide (Becker, 2013).

Stress

The reaction of stress is the comprehensive response to any element that has the potential to overpower the body's compensatory ability to maintain homeostasis (Wardle, Chida, Gibson, Whitaker, & Steptoe, 2011). Part of this response may include metabolic alterations that could unswervingly increase abdominal adiposity (Wardle, Chida, Gibson, Whitaker, & Steptoe, 2011). Stress may also affect food choice, both through lack of time for food preparation and by increasing preferences for higher-fat, energy-dense foods (Adams & Epel, 2007). Obesity is a complex multidimensional health care

issue that requires numerous strategies that address all of the patients' contributing factors simultaneously (Cook, 2013). Mindfulness meditation has been shown to address many of the contributing factors of obesity directly and indirectly.

Meditation

Meditation coaching has been correlated with progressive effects on healthiness and intellect (Grossman, Niemann, Schmidt, & Walach, 2004). The rewards of mindfulness meditation may be associated with stress reduction, enriched cognitive control, and/or emotion regulation (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008). Stress reduction plays a significant role with cardiovascular diseases (Zeidan, Johnson, Gordon, & Goolkasian, 2010). Zeidan et al. (2010) conducted a study to determine mindfulness meditation effects on cardiovascular variables. The researchers established that after 3 days of mindfulness meditation, not only did the blood pressure and heart rate decrease, but during this brief mindfulness training, there were decreased reports of depression and fatigue as well.

Roger, Christopher, and Sunbay-Bilgen (2013) conducted a naturalistic study of the clinical significance of mindfulness for the model of participatory medicine for both patients and health care providers in one community over a 4-year period. Nearly 200 participants who finished a mindfulness based stress reduction (MBSR) program were followed for health status, self-care, and continuity of mindfulness practice at pre-, post-, and long-term follow-up. Health care providers who were known by participants of the program were asked if they had noticed a transformation in their patient's attitude and behaviors regarding self-care (Rogers et al., 2013). Participants in Rogers et al.'s study

endorsed considerable enhancements in many areas of health such as coping, energy levels, activity levels, pain, medication use and blood pressure. Many of these improvements endured over years (Rogers et al., 2013).

Rosenzweig et al. conducted an observational study that consisted of participants between the ages of 30 to 75 years. The group of participants in the study was medicated with oral hypoglycemic agents, but not insulin. To partake in the study, the participants' glycosylated hemoglobin had to be greater than 6.5% and less than 8.5% and their fasting blood glucose had to be less than 275 mg/dl (Rosenzweig et al., 2007). Results of the study reinforced the hypothesis that MBSR training is linked to improved glycemic regulation in Type 2 diabetes (Rosenzweig et al., 2007). There were no affirmed variations in medication, diet, or exercise that could account for improved glycemic control (Rosenzweig et al., 2007).

Matchin et al. (2008) studied self-perceived effects of MBSR in a psychoncology setting with nine cancer patients. In their study, there were five topics of effect of MBSR including opening to change, self-control, shared experience, personal growth and spirituality. The outcomes of their study specified that mindfulness meditation has prospective application as a self- care activity (Matchim et al., 2008).

Charoensukmongkol (2014) performed a study in Thailand to test the hypothesis of mindfulness mediation and its effect on various lives and work related- stressors. In the study, data were collected from 317 participants from diverse backgrounds. The goal of the Charoensukmongkol's study was to test the outcomes of mindfulness meditation on: emotional intelligence, general self- efficacy, and general perceived stress.

Charoensukmongkol suggested that mindfulness meditation can be considered an intervention that can significantly help people effectively deal with those stressors. Practicing mindfulness meditation may be associated with the ability of people to maintain peace of mind despite experiencing unfavorable situations in their work and life (Charoensukmongkol, 2014). The indirect benefit of practicing mindfulness meditation on general self-efficacy suggested that mindfulness intervention may also improve their ability to perform challenging tasks, as the clarity of mind and the stability of emotion can promote more optimistic thinking and enhance their belief that they can effectively overcome any struggle and hindrance (Charoensukmongkol, 2014).

Summary of Literature

Using the preferred reporting items for systematic reviews and meta-analyses (PRISMA) method, I analyzed the results of 14 researchers that examined mindfulness meditation as the chief intervention for binge eating, emotional eating, and/or weight change. Participants' ages ranged from 18 to 75; with a mean age for the majority of the studies falling between 40 and 60 years old. Given that weight was not always a primary outcome, only a portion of studies (9 of 14) reported participant's weight or BMI. Of those, many of the studies included participants with a mean BMI between 30 and 45kg/m2. The results suggested that mindfulness meditation effectively decreased binge and emotional eating in populations engaging in this behavior; evidence for its effect is mixed (Katterman, Kleinman, Hood, Nackers, & Corsica, 2014).

Conceptual Framework

The conceptual framework that I used for this project was Pender's health belief model. The health belief model has been useful in studies on sexual behavior and AIDS, cancer prevention and control, compliance to treatment for several diseases such as diabetes and hypertension, various health behaviors related to obesity, sedentary lifestyle, diet, and smoking and other health care concerns (Martins et al., 2015). Behavior modification models are vital for averting weight gain and losing excess weight to help the person meet the goal of living a healthier longer life as these models provide an all-inclusive framework for understanding psychosocial factors associated with compliance (Daddario, 2007).

Psychosocial and environmental factors influence the choices patients make whether they are good or bad. The health belief model specifies that individuals will modify their behavior if they first believe that their health is in jeopardy and their present conduct could lead to harmful penalties (Daddario, 2007). The individual must accept as true that the rewards of making the desired behavior changes outweigh the obstacles they may face while attempting to make the changes (Daddario, 2007).

The health belief model is based on the following components: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action (Loke, Davies, & Li, 2015). Perceived susceptibility is a person's belief in his/her powerlessness to some medical disorder (Loke, Davies, & Li, 2015). The more a person believes he/she is at great risk, the more likely that person is to adopt a health-related behavior to minimize such risk. Perceived severity is defined as an individual's- belief in

the intensity of the medical condition and its undesirable outcomes (Loke, Davies, & Li, 2015). If it is believed that there are serious complications associated with obesity the patients would select alternative health methods which are health cognizant.

Perceived benefits are defined as an individual's belief that consequences can be positively affected by engaging in a health behavior (Loke et al., 2015). Providing patients with the resources and knowledge needed to make healthier choices can increase their understanding and desire to in engage in lifestyle choices that are beneficial. Perceived barriers refer to an individual's awareness of the difficulties stopping them from following a specific health-related behavior (Loke et al., 2015). There are numerous barriers that must be addressed, and these barriers can range from lack of motivation to a physical environment that is not conducive for weight loss. All barriers must be identified and can be patient specific. Cues to action refer to the factors that help patients make health- related decisions (Loke et al., 2015). Advice from relatives, friends, health care professionals, as well as an awareness of the rights of patients are crucial factors guiding the patient's decision on lifestyle choice (Loke et al., 2015). This step is significant when the patients decide to make necessary behavioral modifications.

Summary

Previous researchers substantiated the effects obesity is having globally and how efforts in the past were not sustainable (Cook, 2013). Researchers also demonstrated how mindfulness practices have changed how patients and healthcare providers view situations and their response to them (Lan, Subramanian, Rahmat, & Kar, 2014). The use of a conceptual framework is needed to help integrate the evidence into practice and

provides the researcher with guidelines and a structure on how to proceed (Daddario, 2007). The conceptual framework selected is the health belief model. This conceptual framework has been successful in promoting positive societal changes in the past. This framework provided me with an approach that supported my project. The following section will discuss the approach used for this project.

Section 3: Approach

Introduction

The complications of obesity are the leading cause of numerous debilitating chronic illnesses (Cook, 2013; Shepard, 2006). Obesity is a serious and prevalent medical condition and a risk factor for the development of a variety of chronic diseases including hypertension, heart disease, osteoarthritis, diabetes, hyperlipidemia, obstructive sleep apnea, some cancers, and renal failure (Cook, 2013; Shepard, 2006). Obesity has become America's most serious epidemic as smoking, it is the principal cause of unnecessary, premature death in the United States (Daddario, 2007), and continues to be a persistent problem among African Americans (Hughes et al., 2014). The question is can the initiation of mindfulness meditations and practices with traditional weight loss methodologies enhance the physical and psychological self regulation qualities that are needed for weight loss?

The prevalence of obesity in a city metropolitan located in the Midwest region is exceptionally high. The results of the Sinai Health Institute survey revealed that by specific racial/ethnic group, the region located on the west side of that city obesity rate was significantly higher than other community in that region. The two non-Hispanic Black, but socioeconomically different communities; one located on the south side of that city [56.4%] and the other located on the southwest side of the same city [46.4%]) are more than twice the national estimate for non-Hispanic inhabitants in regard to obesity (Margellos-Anast. et.al., 2008).

The purpose of this project was to assemble and lead a project team in the development of a weight management program that will promote a declination in the number of obese inhabitants in a metropolitan city located in the Midwest region. The turnkey products for the inhabitants struggling with weight management consisted of the following strategies:

- Learning the significance of reading labels on food products and selecting healthier food choices.
- Exercising 30 to 40 minutes a day (e.g., brisk walking, bicycling, etc.).
- Instituting mindfulness meditation and practices as part of daily their ritual.
- Documenting activities in a journal to keep up with their progress.

I designed this program so that the inhabitants in a metropolitan city located in the Midwest region will have an approach to weight management based on evidenced. The purpose of this eight weeks program was to assist the participants in this endeavor. The final products for the facility included weight management guidelines with:

- well-defined weekly goals, activities, and objectives with appropriate curriculum content;
- an evaluation rubric with designated characteristic to describe their progress; and
- a predictable pathway that provided guidance for weight loss and a schedule with objectives that demonstrated how the participants should progress weekly.

Project Design/Method

I developed this DNP project as a weight management "*road map"* that consisted of various strategies. The weight management guidelines and evaluation rubric were designed to be offered as a supplement to the disease management classes offered at the facility. To enhance the disease management program offered at the facility, I designed the project to employ various methodologies that assisted the participants in making behavior modifications that were health conscious. The project was focused primarily on the contributing factors that inhibited weight loss and simultaneously empowered the participants with the resources they needed to combat them.

The weight management program consisted of eight weekly activities and objectives the participants and project team will focus on. The activities range from learning how to wake up and reconnect with their senses to learning how to weave mindfulness- based practices into their daily rituals. There is a required curriculum that focuses on diet, exercise, stress, and other factors that influences weight loss. The curriculum coincides with the weekly objectives. Eventually the participants will be instructed on what is called "*habit releasers"*. Using this system, the participants will learn how to free themselves of habits that trapped individuals in negative ways of thinking (Williams & Penman, 2011). The following steps were necessary for the development of the program.

1. Assembled the project team.
2. Lead the team in a thorough literature review.
3. Developed guidelines and an evaluation rubric.

4. Validation of contents
5. Developed an implementation plan.
6. Developed an evaluation plan.

Project Team

I chose the project team based on their knowledge and dedication to supporting patients in managing their chronic illnesses. The team consisted of two nurse practitioners (one is DNP prepared), three nurse educators, a dean of nursing education, and me. The totality of the team members' wealth of knowledge, years of nursing experience, and their certifications in several specialties made them valuable assets to this project. Their specialties consisted of attending Stanford Chronic Disease Management Seminar and receiving certification and working with patients with chronic illnesses, acute illnesses, trauma, and hospice. The DNP prepared practitioner has a weight management program that she managed that consisted of medication and behavioral modifications. All of the team members had attended an 8-week seminar focusing on disease management and an 8-week mindfulness-based meditations and practices class. The roles of the team consisted of the following:

- Me: I functioned as the project leader and facilitator and wrote the project.
- Leadership of the facility: Nurse entrepreneur of the business that focuses on disease management, a nurse practitioner working with patients with chronic illnesses and acute illnesses.
- Dean of nursing education: Instructor of mindfulness meditations/practices and disease management.

- Three nurse educators: They provided classes on disease management and mindfulness-based practices and meditations.
- Doctorate of nursing practice entrepreneur: Had her own practice working with patients across the lifespan with acute and chronic illnesses.
- Two staff members: They attended the Stanford class on disease management

I used the logic model to guide the progress of the project timeline and plan. The project team met weekly for 3 months to produce the project strategic plan with the goal of producing a turnkey weight management program with an implementation and evaluation plan that was used in conjunction with the disease management classes offered at facility. I based the project on my findings from reviewing literature on weight loss techniques and mindfulness meditations and mindfulness-based practices

Products of the DNP Project

Program Guidelines With Objective

The program guidelines provided the framework for the weight loss/management program. In the program guidelines, I outlined the various assignments, objectives, and roles of the project team and participants and designated weekly activities and objectives with a system focus. The focus of the initial week focus was executing mindfulness meditations and practices as part of the participants' daily ritual. In the beginning of the program, the participants will be instructed on the significance of reading labels and how their selection of nutrients played an important role in their present health status, shown how to read the labels, and participate in formal sessions combined with activities that supplement the curriculum content. The educational sessions designed for collaborative

interaction will provide the participants with the opportunity to ask questions and facilitate discussion. Participants will be taught to identify emotional eating and its impact on obesity. The participants will also complete assigned curriculum content, review highlights in a group setting, and discuss potential or actual barriers. Before the meetings finish, the participants will receive an assignment designated for the upcoming week.

Standardized Evaluation Rubric

The standardized evaluation rubric that was developed by the project team stemmed from Lewin's (June/1/1947) change theory. In the theory, Lewin hypothesized that change occurs in three stages: unfreezing, moving and refreezing. Unfreezing comprises inspiring individuals by preparing them for change, moving comprises encouraging individuals to accept a new viewpoint that empowers them to recognize that the current situation can be improved, and refreezing comprises reinforcing new forms of behavior (Lee, 2006). The goal of this project is to evaluate significant changes (e.g., weight loss and healthier food selections), made and characteristics developed as the participants' progress through the program. This will be manifested during weekly discussion sessions when participants meet to converse about their experiences (positive or negative) that are included in their journals.

Validation of the Product

To authenticate the validity of this turnkey product, the project team established a validation process. Peer review is the conventional method used to endorse the validity of a product (Lee et al., 2013). Peer review is viewed as being part of specialized practice

and integrates the process of experts in each field evaluating distinction, production, and contributions of others in the same field (Lee et al., 2013). The peer review process was significant for this project because it provided valuable feedback to the project team. The peer review provided the opportunity for the turnkey products to be analyzed in a holistic practice, while simultaneously allowing for valuable feedback to the project team.

The feedback from the content experts was for independent advice on implementation. I submitted the scholarly works produced during this project to three experts that specialized in weight management and/or mindfulness meditations and mindfulness-based practices. Content Expert 1 was a previous preceptor that has a practice with an established weight management program. Content Expert 2 was a fitness specialist. Content Expert 3 was an instructor of mindfulness meditations and mindfulness based practices.

Project Implementation Plan

The project team established a projected implementation plan for the project. The project implementation plan did require scheduling synchronization with the disease management classes offered at the facility. The content experts also assisted with the development of the implementation plan. The plan was grounded on placing emphasis on learning to pay close consideration on different facets of the internal and external world (see Williams & Penman, 2011). It was imperative to ensure that participants will be able to initiate the weekly mindfulness-based meditations and practices as they progress through the program. This implementation plan was limited to the facility located in a metropolitan city in the Midwest region.

Project Evaluation

The project team established the evaluation plan for the project based on the available literature. The plan allowed the project to be evaluated three times. The Centers for Disease Control and Prevention, Healthy People 2020, and The National Heart, Lungs and Blood Institute provide recommended criteria for successfully evaluating a program. There was also a plethora of evidence-based literature that included descriptions of weight management strategies and evaluating the effectiveness of those strategies. The use of weight, BMI, and abdominal circumference as measurement for evaluating the successfulness of programs was emphasized in the literature. The project team used weight loss and BMI as their measurable tools. The results will be used to provide valuable feedback on the positive effects of mindfulness meditations and mindfulness-based practices when they are performed concurrently with traditional weight loss strategies.

Data and Participants

No data were collected in conjunction with this DNP Project. Data (BMI and weight) will be obtained by the institution that undertakes the evaluation plan associated with this proposed quality improvement project and the primary products used in this project. I obtained approval of Walden's Institutional Review Board (IRB) for the proposal for the development of the products outlined in this project with the stipulation that I collect no data nor implement the project. An evaluation plan was devised as a guide to appraise the effectiveness of the primary products.

Summary

Public and private agencies have been trying to develop a weight management strategy that will decrease the number of obese patients globally. The weight management strategies developed by the project team uses traditional weight loss strategies with the added benefit of mindfulness meditations and mindfulness-based practices. The curriculum established will provide the participants with objectives and activities to assist them in their weight loss efforts. This combination seeks to empower eventual participants by providing them will insight and knowledge to make and adhere to healthcare decisions that are beneficial. Since the project team is volunteering their time, the project was cost-effective. The details of the products will be discussed in its entirety in the next section.

Section 4: Discussion and Implications

Introduction

In this study, I addressed the inability of the inhabitants in a metropolitan city located in the Midwest region to effectively lose sustainable weight. Compared with 16.8% prevalence of obesity for the United States, the prevalence of obesity was 11.8% in a non-Hispanic White community on that region north side, 34% in a Mexican American community on the west side of that region, and 54% in a non-Hispanic black community on the south side of that region (Margellos-Anast et al., 2008). Additional challenges the inhabitants faced were unavailable resources needed (such as fitness centers and health food stores) that facilitate effective weight loss. Obesity associated obstacles (e.g.., limited fruit and vegetable consumption and physical inactivity) continues to be high among African Americans; these behaviors have been linked to lack of attentiveness, psychosocial characteristics, and socioeconomic variables (Hughes-Halbert et al., 2014). The neighborhoods of African American communities also have an impact on obesity-related behaviors as multiple studies have demonstrated that regions in which many African Americans reside are unfavorable to healthy eating and physical activity (Hughes-Halbert et al., 2014).

The pandemic of obesity has caused a great deal of concern for private and public institutions at the regional, state, and federal levels. The constant increase in rates of obesity and diet-related chronic disease over the past several decades has culminated in a public health crisis that merits reassessment of methods designed to combat these disorders (Ollberding, Wolf, & Contento, 2010). The long-term goal of the project was to

improve the health of the inhabitants in a metropolitan city located in the Midwest region by providing them with weight management strategies that will lead to a significant decrease in the prevalence of obesity in that region. The expectation was that products of this DNP project would serve as a turnkey solution to an intractable practice problem so that a facility located in the city of that Midwest region could implement the strategies concurrently with disease management classes offered at the facility. In this section, I will discuss the products of the project and the implications, strengths, and limitations of each.

Primary Products

At the time of this study, the facility did not offer classes on weight loss or weight management. Their primary focus was helping clients manage their chronic illnesses by providing them with educational resources and techniques. I designed this evidence-based project to assist prospective participants in understanding how internal and external factors play a crucial role in disease management in obesity and other chronic illnesses.

To cultivate the primary and secondary products, I established a team from nurses who volunteer at the facility, staff members, and led by me. The members of the team consisted of the two nurse practitioners (one of them operates a weight management program), three nurse educators, a dean of nursing, the founder of the facility, two staff members, and myself, a DNP student. The team met weekly and identified several techniques of weight loss strategies that were acknowledged in the literature. The team recognized the need for a "*road map"* was crucial for the successful execution of the weekly goals, objectives, activities, and curriculum. The weight loss strategies consisted

of mindfulness meditations and mindfulness-based practices; reading food labels and selecting healthier food choices, exercising 30 to 40 minutes daily; and documenting activities, barriers, and triumphs in their journals to monitor their progress. I will explain each product in the following subsections.

Program Guidelines

The project team designed this weight loss and management program to complement the chronic disease management classes offered at the facility. The guidelines for this program were formulated from a thorough literature review based on the latest evidence on weight loss and management. It was designed to assist the participants in losing and managing weight. The weight management guidelines have well-defined weekly goals, activities, and objectives. The assigned curriculum was developed by the project team and utilized mindfulness meditation and practices as the cornerstone of the program and is supported by the University of Massachusetts Center of Mindfulness (see Cullen, 2011). The University of Massachusetts offers numerous classes on mindfulness meditations and practices. Interest in mindfulness-based meditations and practices has grown exponentially in recent years with courses being written and taught in various professional contexts: by psychologists, scientists, athletes, lawyers, professors, and more (Cullen, 2011).

The curriculum (see Appendix C) will provide prospective participants with a different mindfulness meditation or practice from the learning modules every week. The curriculum was designed so that the mindfulness meditation and practices will be completed in sequences that enhance the participants' awareness of their internal and

external environment. Every meditation or practice is aimed to complement each other and increase future participants' self-awareness of minor or major influences that play a significant role in the establishment of the obesogenic environment.

The curriculum also includes physical exercises that will be accomplished in one session for 30 to 40 minutes or three to four sessions consisting of 10-minute intervals. As future participants execute the curriculum content as part of their daily routine and progress through the program, they should acquire a clear comprehension of their life. Clarity includes both the ability to differentiate phenomena unclouded by falsifying mental states (such as moods and emotions) and the metacognitive aptitude to scrutinize the quality of attention (Cullen, 2011). There are numerous recognized factors that will affect future participants' ability to lose weight and to compensate for this; opportunities for the participants to discuss barriers and/or victories are included in the curriculum.

The project team recognized that Pender's health belief model was an appropriate framework for this program. This framework is based on the following components: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action (Loke et al., 2015). The health belief model identifies the various positions individuals will face as they try to cope with chronic illnesses and how they adapt to the illnesses (Loke et al., 2015). By understanding Pender's framework and the ability to identify which phase of the framework the participants will experience, appropriate interventions by the staff can be executed in a timely manner. The curriculum provides a strong foundation that supports weight loss efforts.

Evaluation Rubric

The evaluation rubric (see Appendix A) was based on Lewin's (June/1/1947) planned change theory. According to Lewin's theory, there are three phases that individuals and groups of individuals experience as they initiate the change process. Lewin's theory suggests that individuals and groups of individuals are influenced by restraining forces, or hurdles that counter drive forces aimed at keeping the status quo, and the motivating forces, or positive forces for change that push in the direction that causes change to happen (Wojciechowski, Pearsall, Murphy, & French, 2016). This pressure between inspiring and confining maintains balance. Changing the status quo necessitates organizations to implement premeditated change activities by using Lewin's three steps model (Wojciechowski et al., 2016).

The unfreezing or producing problem cognizance step makes it capable to get rid of old behavior and patterns that are damaging (Wojciechowski et al., 2016). Examples of this are teaching, challenging the status quo, and manifestation of issues or problems. The altering and moving step consists of seeking a replacement, creating benefits of change, and diminishing forces that affect change antagonistically (Wojciechowski et al., 2016). Examples of this step consist of suggesting, role modeling new habits, coaching, and training. The last step is refreezing, and this step consists of incorporating and stabilizing a new balance into the system, so it become habit forming and resists further change (Wojciechowski et al., 2016). Examples of this step are celebrating success, retraining, and monitoring key performance indicators (Wojciechowski et al., 2016).

The evaluation rubric was developed by the project team to provide quantifiable characteristics on Levels 1 through 5. The reassessment of participants' progression by utilizing the quantifiable characteristics levels will be crucial for identifying which phase of Lewin's planned change theory the participants are at, which will lead to the establishment of individualized care plans for each participant based on their needs Care plans based on the participants needs can be accommodating and beneficial for all stakeholders.

Implementation and Evaluation Plan

The implementation (see Appendix D) and evaluation plan (see Appendix E) are secondary products of this project. They will play a significant role in the turnkey product that was provided to the facility. The implementation plan includes the establishment of the primary product, in addition to the process and timeline for the project. I directed the plan with full participation from all the project team members. It was estimated that the total time needed to implement the project would take eight weeks. The program guidelines (see Appendix B) provide the framework for the delivery of the curriculum and required additional activities for the participants. The guidelines are specific about the goal of the curriculum and will provide the staff with tangible rules to follow. Binders that contain the program guidelines and activities will be created for the participants and the staff to guide them through the process. The founder of the facility and the DNP-prepared nurse who has a weight management program will use the guidelines and the evaluation rubric to monitor the participants' progress and provide the expected level of support for the participants.

The evaluation rubric was created by the project team and was designed to show how the participants will progress through the program and to determine the phase of Lewin's planned change theory the participants are experiencing. The implementation process is divided into specific weeks. The participants will receive a different activity to perform at the end of every session and be instructed on which activities will be completed weekly. The staff will aid and direct the participants who have difficulties performing the activities, assisting the participants experiencing difficulties by establishing an individualized plan tailored to meet their needs. This way the participants will progress at different speeds while maintaining a steady progression. All product development, printing, and preceptor education was completed by May 30, 2016.

I will assist in the transition phase by providing the founder of facility and the DNP-prepared nurse with the resources they need for the project. The founder of the facility and the DNP-prepared nurse will implement the program in October. The plan is to include 10 participants in the initial phase of the project and to increase it by five participants every 8 weeks. The founder of the facility and the DNP-prepared nurse will meet monthly with the project team and the participants to monitor the progress of the participants. The DNP-prepared nurse will complete formal evaluations utilizing the evaluations manuscript (see Appendix F) at the end of Weeks 2, 4, 6, and 8 to identify any areas that require additional resources or interventions from the project team

The evaluation plan (see Appendix F) sets the goal of decreasing participants' weight by ten pounds each month as well as a substantial decrease in the participant's BMI. The evaluation plan was developed to help impact monitoring and evaluation of the

program. It consists of short- and long-term goals that entail monitoring participants' progress from 6 months to 2 years and beyond 2 years. The second evaluative tool is a mindfulness meditation survey created by the project team. Questions in the survey focus on the participants' self-evaluation of the mindfulness meditation and practice experiences. Participants will complete the survey at the end of the first and second months and answer a series of questions using the format of strongly disagree, disagree, agree, and strongly agree. The desired outcome is to increase the responses of agree and strongly agree over time.

Validation of the Scholarly Products

The final products created by the project team were submitted to three content experts for validation. Content Expert 1, a DNP-prepared nurse with her own weight management program, gave valuable feedback on the guidelines of the project. Content Expert 2, a fitness specialist, gave valuable feedback on the goals of the project, while Content Expert 3, an instructor of mindfulness meditations and practices, provided valuable feedback on the activities of the project.

Implications

Policy

The institution did not have a policy in place when the project was initiated but now every 2 months new participants for the chronic illnesses management program will be encouraged to participate in the weight management program. The founder of the facility and the project team created a policy for this program. The founder of the facility

will use the policy to provide the team member and participants with steps to take before the program is initiated, while the program is in session, and when the program ends.

Practice

The traditional unstructured weight management programs, lacking a curriculum grounded in evidence-based practice, made it difficult for health care practitioners to assist individuals in obtaining sustainable weight loss. This program is systematic, structured, and individually based to meet the specific and varied needs of each participant. Participants will engage with curriculum content including various activities and a rubric that facilitated an environment that is conducive for sustainable weight loss. When individuals struggling with obesity are given a strong foundation during time of physical and mental duress, they will arise and gain skills, confidence and perseverance.

Research

The founder of the facility has established a process that will track and monitor the results of the participants for the first year. The goal of the program is to develop a weight management program that will decrease the weight of the inhabitants who reside in a metropolitan city located in the Midwest region. To validate the program a detailed research project should be initiated. Data to be collected can consist of the information collected during the initiation of program for 1 to 2 years.

Social Change

Weight loss programs that consist of only diet and exercise are antiquated, proven to be ineffective and are not evidence based. Placed in a structured setting, individuals' performance changes, their desire to do well increases, and weight loss efforts become

more personalized. Weight loss is a difficult task, with physical, social, behavioral, and environmental elements that intersect to inhibit weight loss efforts concurrently. Health care providers need to have a better understanding and appreciation of the day-to-day challenges of dieters to provide more effective, tailored treatments (Rogerson, Soltani, & Copeland, 2016).

Strengths and Limitations of the Project

There are multiple strengths to the project. This weight management program can be effective in assisting the participants with identifying internal and external factors that affect their weight loss efforts. The program guidelines are evidence-based incorporating and building upon framework of the University of Massachusetts Center of Mindfulness and incorporating the specialized needs of obesity. As supplement to the chronic illnesses management program participants will be able to focus on their chronic illnesses and the significance of obesity as it relates to their chronic illnesses. Through use of the program guidelines the founder of the facility, the staff, and prospective participants will have an evidence-based framework for the acquisition of weight management strategies needed for sustainable weight loss. The staff can be confident that they are providing the participants with the evidence needed to be successful in their quest to lose sustainable weight. The participants will use the information obtained from various meditations and practices to make appropriate behavior changes and then they should be able to identify factors they did not in the past that promoted an obesogenic environment. The founder of the facility, the staff and the project team were provided with the evaluation and rubric of

anticipated characteristics and the projected pathway of the acquisition of strategies needed making the process apparent for all stakeholders.

The limitations of the project included the lack of time needed to do a thorough implementation and evaluation of the program. The implementation and the evaluation of the program are an additional opportunity for research to be done to support application of the program guidelines as a needed entity for the initiation of the program. The establishment of the program was targeted specifically for the clients who attended the chronic disease management class offered at facility. The participants who reside in a metropolitan city located in the Midwest region are the targeted population. Future projects may entail expanding the program to include other surrounding communities. The expansion of the program should necessitate a detailed assessment of the surrounding communities and the consultation of acknowledged experts in the field.

Analysis of Self

My quest for a doctoral level education required coming out of my comfort zone and thoroughly doing a self-assessment. This self-assessment prompted me to look beyond what was in front of me and execute changes. I found the process difficult at time but tremendously needed for my professional and personal growth. The DNP curriculum aided the development of a much-needed program for people who struggle with obesity - a health care issue that has taken over numerous lives and has had a profound effect on the health care delivery system at various levels. A needs assessment, thorough research, and the analysis of evidence led me to establish a program that will be beneficial for the community I serve. I learned that research is needed for a thriving health care delivery

system. A system that uses technology and evidence-based practice to ensure safe quality care to people at various ages is valuable. I will continue for the rest of my nursing career research health care issues and disseminate the evidence into practice, especially those health care issues that have an impact on the population of patients I serve.

Conclusion

The use of evidence-based strategies for sustainable weight loss was initiated to establish a weight management program for participants who reside in a metropolitan city located in the Midwest region. The program was designed to be used concurrently with the chronic disease management program offered at a facility located in a metropolitan city in the Midwest region. The program provides a curriculum that offers structure and guidance for patients deemed obese. The facility has the opportunity through a future research project by data gathering and investigation to provide supporting evidence to change how weight loss strategies are utilized. The following section will discuss the scholarly product in its entirety.

Section 5: The Scholarly Project

Abstract

Obesity is a crucial health care issue that has a global effect on the health care industry. Not only does obesity decreases the patients' quality of life, it also places an astronomical burden on health care delivery systems. The purpose of this quality improvement project was to establish a weight management program derived from evidence-based research. The question is can the utilization of mindfulness meditations and practices with traditional weight loss methodologies produce sustainable weight loss? Pender's health belief model was the conceptual framework utilized to guide and provides structure for this program. The health belief model has been utilized in numerous health care studies and has provided researchers with tremendous insight on various health care issues. The goal of the project was to provide the inhabitants in a city located in the Midwest region with weight management strategies that would support a declination in the number of patients struggling with obesity in that region. This project developed a turnkey solution to a community health problem consisting of the following strategies: executing mindfulness meditations and practices as part of their daily rituals, reading food labels and making healthier food selections, exercising 30 to 40 minutes a day, and documenting their progression or obstacles in a journal. Since the project consisted of only 20 participants, it is recommended that a larger population and region be used for future studies. This project has the potential for societal change by improving the quality of life of and productivity of patients struggling with obesity by reducing their chances of developing debilitating chronic illnesses.

The Establishment of an Evidence-Based Weight Management Program for the Inhabitants Who Reside in a Region in the Midwest

The pandemic of obesity and its complications have changed how the world views obesity. Its etiology is complex and influenced by genetics, environment, behavior, social economic conditions, education levels, income, and other significant factors (Miedema, Bowes, Hamilton, & Reading, 2016). Despite its complex etiology, physical movement and nutritious information are good interventions for possible reduction in obesity (Miedema, Bowes, Hamilton, & Reading, 2016) but cannot be the only intervention for weight loss or management. There are numerous weight loss programs and strategies, but none of them have addressed the gap between obesity and sustainable weight loss. This gap consists of the physical and psychological aspect obesity has on individuals and the multitude of causative agents responsible for the establishment of the obesogenic environment. As the gap between obesity and sustainable weight loss increases, the number of people with a body mass index (BMI) greater than 30mg/kg also increases.

An increase in BMI contributes to increases in various chronic illnesses and a decrease in quality of life (Cook, 2013). African America communities have a high prevalence of obesity than most communities (Margellos-Anast, Shah, & Whitman, 2008). The Sinai Health System located in a metropolitan city located in the Midwest region conducted a cross-sectional study of six communities located in that region. The incidence of obesity in five of the predominantly minority communities were higher than the prevalence in the United States and when compared with residents in other

communities, African American communities were five times higher than other communities" (Margellos-Anast, Shah, & Whitman, 2008).

Problem Statement

The problem I addressed in this project was the consistent incapability of the inhabitants who resides in a city located in the Midwest region to lose weight and the multitude of situational challenges they encountered when they tried to lose or manage their weight. Traditional weight loss strategies utilized in the past may have produced favorable outcomes, but unfortunately the results were not sustainable. The upsurge of overweight and obese individuals has contributed to accumulative amounts of people within populations who need to and attempt to lose weight. Unfortunately, the reality for most dieters is that weight-loss attempts have a poor success rate and certain ethnic groups who do succeed in losing weight regain most of the lost weight within a few years (Senekal, Lasker, Velden, Laubscher, & Temple, 2016).

Obesity is a global issue in which all countries have been afflicted by this chronic illness, but African American communities have a greater prevalence of obesity because of their environment. These environments lack the physical structure and the resources needed to abolish the obesogenic environment (Clark, 2005). Lack of reasonable health care, unhealthy food options, and limited opportunities for exercise are factors that inhibit weight loss in the African American communities (Clark, 2005). All participants in the chronic illness management program offered at a facility located in a metropolitan city in the Midwest region have the opportunity and are encouraged to participate and complete the weight loss curriculum. The program and curriculum I designed have the capability to

assist the participants in recognizing factors (internal and external) that inhibited weight lost and providing them with insight on losing and maintaining weight loss.

Purpose Statement and Project Objective

The purpose of this project was to develop an evidence-based weight loss and management program for the inhabitants who reside in a metropolitan city located in the Midwest region. This project served as a turnkey product for the chronic disease management class and addressed the identified problem of obesity that has contributed to their chronic illness. The outcome of the program can improve the quality of life for the inhabitants who reside in a metropolitan city located in the Midwest region by assisting them in identifying factors that promote obesity, decreasing their weight, and assisting them in the promotion of healthier food choices. The project objectives were:

1. The development of guidelines and a curriculum based on weight management strategies.
2. The development of a standardized evidence-based evaluation rubric to measure the progression of the participants and to evaluate the curriculum.
3. The development of an implementation and evaluation plan for the project.

Goals and Outcomes

The overall goals of the project were to provide the participants who reside in a metropolitan city located in the Midwest region with strategies that promote sustainable weight loss, the ability to identify internal and external factors that inhibited weight loss, and methodologies for chronic disease management. The development of the turnkey products provided the facility with strategies established from evidence-based research

that promotes weight loss and disease management. The program guideline methodologies were based on Pender's' health belief model and provided the framework for the curriculum. The set of guidelines (see Appendix A) with designated weekly objectives and curriculum content guided the staff and participants through the learning process. The participants and staff used the weekly objectives and curriculum content to assist them in executing a weight loss and management program that was individually based on the participants' needs.

Throughout this process, the participants can identify risk factors that caused their obesity and establish behavioral modifications that can modify the learned unhealthy life style choices. Mindfulness meditations and practices should enhance their awareness of unhealthy lifestyle choices that had become habitual, which makes it easier for them to abolish those behaviors that were detrimental (see Appendix A). The participants needed something tangible to assist them with losing and maintaining weight loss and the curriculum and the weekly objectives provided them with that. The standardized evidence-based evaluation rubric (see Appendix A) was based on Lewin's planned change theory.

The evaluation rubric (see Appendix A) included performance assessments that utilized the different phases of change. As the participants progressed through the program, the staff used the rubric to determine which phase the participants were at based on Lewin's planned change theory, and if needed, provided appropriate assistance to help them advance through the program. The standardized evaluation rubric was also used to evaluate the progress of and project the progression of the participants. The formative and

official evaluation (see Appendix F) allowed the staff and the project team to provide effective feedback to the participants and identify any areas that required additional support to help the participants meet their outlined goals. The projected pathway of characteristics (see Appendix B) development and acquisition functioned solely as a guide for the participants, staff, and project team because the program was designed to individualize the support needed by the participants to allow them to progress at a pace beneficial for each participant. Early recognition of areas the participants struggle with makes it easier for the team to initiate individualized care plans.

Definition of Terms

*Body Mass Index**:*** A measurement that shows the amount of fat in the body. It is calculated by dividing the weight in kilograms by the height in square (Borrell & Samuel, 2014).

Chronic Illnesses: An illness that patients acquire gradually, has no cure, and can lead to complications when not managed properly (Shephard, 2006)).

Co-morbidities: Pre-existing diseases that can lessen a person chance of survival (Shephard, 2006).

Holistic: Treating the physical, psychological, spiritual, social, and emotional aspects of patients (Matchim, Armer, & Stewart, 2008).

Mindfulness Meditation: A type of complementary alternative methods that increase self-awareness and aids in positive health care and life choices (Williams & Penman, 2011).

Obesity: Body mass index greater than 30 kg/m2 (Borrell & Samuel, 2014).

Overweight: Body mass index between 25-29.9 kg/m2 (Borrell & Samuel, 2014).

Self-care Management: The ability of patients to management their health care needs (Shephard, 2014).

Literature Review

There were a variety of published studies that validated the effectiveness of mindfulness meditation regarding physical and psychological illnesses. Obesity is a topic that has generated a plethora of literature and the studies dated back as early as the 1990s. In this literature review, my focus was specifically on the obesogenic environment and its contribution to obesity. American adults are described as living in a toxic environment which encourages passive overeating and physical inactivity (Wang & Brownell, 2005). Patients will have to initiate behavioral changes and implement them in their lifestyles, and this includes changes to their environment. Most of the literature discussed how influential the environment is on successful weight loss, and it also discussed how changing the environment requires a lot of support from significant others.

Weight Loss Programs

A support system can be extremely useful and valuable when weight lost efforts are futile. Weight loss programs that have included home environment modifications, such as food provision, provision of exercise equipment, and involving spouses in treatment have produced better overall weight lost efforts for up to 18 months than standard behavioral program, particularly in women (Black, Gleser, & Kooyers, 1990; Jakicic, Winters, Lang, & Wing, 1999); however, these strategies have been largely unsuccessful in producing better maintenance of weight loss (Gorin et al., 2013). Another

important factor the literature discussed was the effect of stress and adiposity on obesity. Stress has been linked to all the leading causes of death, including heart disease, cancer, lung ailments, accidents, cirrhosis and suicide (Becker, 2013).

Stress

The stress reaction is a widespread response to any facet that has the possibility to overpower the body's compensatory ability to maintain homeostasis (Wardle, Chida, Gibson, Whitaker, & Steptoe, 2011). Part of this reaction may involve metabolic changes that could directly increase abdominal adiposity (Wardle, Chida, Gibson, Whitaker, & Steptoe, 2011). Stress may also affect food choice, both through lack of time for food preparation and by increasing preferences for higher-fat, energy-dense foods (Adams & Epel, 2007). Obesity is a complex multidimensional health care issue that requires numerous strategies that addresses all the patients' contributing factors simultaneously. Mindfulness meditation has been shown to address many of the contributing factors of obesity directly and indirectly (Cook, 2013). Mindfulness mediations and interventions have been documented as having a positive influence on internal and external stress as well as the behaviors associated with them.

Meditation

Meditation training has been associated with optimistic effects on healthiness and intellect (Grossman, Niemann, Schmidt, & Walach, 2004). The benefits of mindfulness meditation may be associated with tension reduction, enhanced intellectual control, and/or emotion regulation (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008). Stress reduction plays a significant role with cardiovascular illnesses (Zeidan, Johnson,

Gordon, & Goolkasian, 2010). Zeidan et al. (2010) conducted a study to determine mindfulness meditation effects on cardiovascular illnesses. The researchers found that after 3 days of mindfulness meditation, not only did the blood pressure and heart rate decrease, but during this brief mindfulness training, there were decreased reports of depression and fatigue.

A naturalistic study of the medical implication of mindfulness for the model of participatory medicine for both patients and health care providers in one community over a 4-year period was conducted (Roger, Christopher, & Sunbay-Bilgen, 2013). Approximately 200 participants who finished a Mindfulness Based Stress Reduction (MBSR) program were monitored for health status, self-care, and continuity of mindfulness practice at pre-, post-, and long-term follow-up. Health care practitioners who were known by participants of the program were asked if they had noticed a difference in their patient's manner and behaviors regarding self-care (Rogers et al., 2013). Participants agreed that considerable improvements in many areas of health such as coping, energy levels, activity levels, pain, medication use, and blood pressure were exhibited. Many of these improvements endured over years (Rogers et al., 2013).

An observational study that consisted of participants between the ages of 30 to 75 years was done. The group of participants was treated with oral hypoglycemic agents, but not insulin. To participate in the study, the participants' glycosylated hemoglobin had to be greater than 6.5% and less than 8.5%. Their fasting blood glucose had to be less than 275 mg/dl (Rosenzweig et al., 2007). Outcomes of the study reinforced the hypothesis that MBSR training is associated with improved glycemic regulation in Type 2 diabetes

(Rosenzweig et al., 2007). There were no documented changes in medication, diet, or exercise that could account for improved glycemic control (Rosenzweig et al., 2007).

Matchin et al. (2008) explored self-perceived effects of MBSR in a psychoncology setting with nine cancer patients was conducted. There were five themes of effect of MBSR including opening to change, self-control, shared experience, personal growth and spirituality. The results of this study indicated that mindfulness meditation has potential application as a self-care activity (Matchin et al., 2008).

Charoensukmongkol (2014) performed a study in Thailand to test the hypothesis of mindfulness mediation and its effect on various lives and work related- stressors. Data were collected from 317 participants from diverse backgrounds. The goal of the study was to test the outcomes of mindfulness meditation on: emotional intelligence, general self-efficacy, and general perceived stress. Charoensukmongkol (2014) suggested that mindfulness meditation can be considered an intervention that can significantly help people deal effectively with those stressors. Practicing mindfulness meditation may be associated with the ability of people to maintain peace of mind despite experiencing unfavorable situations in their work and life. The indirect benefit of practicing mindfulness meditation on general self-efficacy suggested that mindfulness meditation intervention may also improve their ability to perform challenging tasks, as the clarity of mind and the stability of emotion can promote more optimistic thinking and enhance their belief that they can effectively overcome any struggle and hindrance (Charoensukmongkol, 2014).

Theoretical Framework

Pender's health belief model is the conceptual framework that was utilized for this project. This theoretical framework has been utilized in the past for numerous studies including various health behaviors related to obesity (Martin et al.., 2015). Behavior change models are significant in inhibiting weight gain and the subsequent loss of excess weight to help the person meet the goal of living a healthier longer life. The models provide a comprehensive framework for understanding psychosocial factors associated with compliance (Daddario, 2007).

Psychosocial factors as well as environmental factors influence the choices individuals make whether they are good or bad. The health belief model specifies that individuals will alter their conduct if they first believe that their health is at risk and their current behavior could lead to damaging consequences. The individual must be certain that the benefits of making the desired behavior changes outweigh the hurdles they may face while attempting to make the changes (Daddario, 2007).

The health belief model is based on the following components: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action (Loke, Davies, & Li, 2015). Perceived susceptibility is a person's belief in his/her vulnerability to some medical disorder (Loke, Davies, & Li, 2015). The more a person thinks he/she is at enormous risk, the more likely that person is to assume a health-related behavior to minimize such risk. Perceived severity is defined as an individual's belief in the intensity of the medical condition and its undesirable outcomes (Loke, Davies, & Li,

2015). If it is believed that there are serious complications associated with obesity the patients would select alternative health methods which are health cognizant.

Perceived benefits are defined as an individual's belief that outcomes can be positively affected by engaging in a health behavior (Loke et al., 2015). Providing patients with resources and the knowledge needed to make healthier choices can increase their understanding and desire to engage in lifestyle choices that are beneficial. Perceived barriers refer to an individual's perception of the difficulties stopping them from following a specific health-related behavior (Loke et al., 2015). There are numerous barriers that must be address. These barriers can range from lack of motivation to a physical environment that is not conducive for weight loss. All barriers must be identified and can be patient specific. Cues to action refer to factors that help individuals make health related decisions (Loke et al., 2015). Recommendations from relatives, friends, health care professionals, as well as mindfulness of the rights of individuals are vital influences guiding the individual's decision on lifestyle choice (Loke et al., 2015). This step is significant when individuals decide to make necessary behavioral modifications.

Project Design and Methods

This DNP project was a weight management "*road map"* that consisted of various strategies. The weight management guidelines and evaluation rubric were designed to be offered as a supplement to the disease management classes offered at the facility. As an enhancement to the disease management program offered at the facility, the project focused on various methodologies that assisted the participant in making behavior modifications that were health conscious. The project focused primarily on the

contributing factors that inhibited weight loss and simultaneously empowered the participants with the resources they needed to combat them.

The weight management program consists of eight weekly activities and objectives the participants and project team will focus on. The activities range from learning how to wake up and reconnect with their senses to learning how to weave mindfulness based interventions as part of their daily rituals. There is a required curriculum that focuses on diet, exercises, stress, and other factors that influence weight loss. The curriculum coincides with the weekly objectives. Eventually participants will be instructed on what is called "*habit releasers*" Using this system, the participants will learn how to free themselves of habits that trap individuals in negative ways of thinking (Williams & Penman, 2011). The following steps were necessary for the development of the program.

1. Assembled the project team.
2. Lead the team in a thorough literature review.
3. Developed guidelines and an evaluation rubric.
4. Validation of contents.
5. Developed an implementation plan.
6. Developed an evaluation plan.

Project Team

The project team was chosen based on their knowledge and dedication to supporting patients in managing their chronic illnesses. The team consisted of two nurse practitioners (one is DNP prepared), three nurse educators, a dean of nursing education,

and me. The totality of the team members' wealth of knowledge, years of nursing experience, and their certifications in several specialties made them valuable assets to the project. Their specialties consisted of attending Stanford Chronic Disease Management Seminar and receiving certification, working with patients with chronic illnesses, acute illnesses, trauma, and hospice. The DNP prepared practitioner has a weight management program that she manages that consists of medication and behavioral modifications. All of the team members attended an 8-week seminar focusing on disease management and the 8-week mindfulness-based meditations and practices class. The roles of the team consisted of the following:

- Student: Functioned as the project leader and facilitator. I wrote the project.
- Leadership of the facility: Nurse entrepreneur of the facility a nurse practitioner working with patients with chronic illnesses and acute illnesses.
- Dean of education: Instructor of mindfulness meditation/practices and disease management.
- Three nurse educators: Provided classes on disease management and mindfulness-based practices and meditations.
- Doctorate of Nursing Practice: Entrepreneur with own practice working with patients across the lifespan with acute and chronic illnesses.
- Two staff members: They attended the Stanford class on disease management.

I used the logic model to guide the progress of the project timeline and plan. The project team met weekly for 3 months to produce the project strategic plan with the goal of producing a turnkey weight management program with an implementation and evaluation

plan that was used in conjunction with the disease management classes offered at facility. I based the project on my findings from reviewing literature on weight loss techniques and mindfulness meditations and mindfulness-based practices

Products of the DNP Project

Program Guidelines with Objective

The program guidelines provided the framework for the weight loss/management program. In the program guidelines, I outlined the various assignments, objectives, and roles of the project team and participants and designated weekly activities and objectives with a system focus. The focus of the initial week focus was executing mindfulness meditations and/or practices as part of the participants' daily ritual. In the beginning of the program, the participants will be instructed on the significance of reading labels and how their selection of nutrients played an important role in their present health status, shown how to read the labels, and participate in formal sessions combined with activities that supplement the curriculum content. The educational sessions designed for collaborative interaction will provide the participants with the opportunity to ask questions and facilitate discussion. Participants will be taught to identify emotional eating and its impact on obesity. The participants will also complete assigned curriculum content, review highlights in a group setting, and discuss potential or actual barriers. Before the meetings finish, the participants will receive an assignment designated for the upcoming week.

Standardized Evaluation Rubric

The standardized evaluation rubric that was developed by the project team stemmed from Lewin's (June/1/1947) change theory. In the theory, Lewin hypothesized that change occurs in three stages: unfreezing, moving and refreezing. Unfreezing comprises inspiring individuals by preparing them for change, moving comprises encouraging individuals to accept a new viewpoint that empowers them to recognize that the current situation can be improved, and refreezing comprises reinforcing new forms of behavior (Lee, 2006). The goal of this project is to evaluate significant changes (e.g., weight loss and healthier food selections) made and characteristics developed as the participants'- progress through the program. This will be manifested during weekly discussion sessions when participants meet to converse about their experiences (positive or negative) that are included in their journals.

Validation of the Product

To authenticate the validity of this turnkey product, the project team established a validation process. Peer review is the conventional method used to endorse the validity of a product (Lee et al., 2013). Peer review is viewed as being part of specialized practice and integrates the process of experts in each field evaluating distinction, production, and contributions of others in the same field (Lee et al., 2013). The peer review process was significant for this project because it provided valuable feedback to the project team. The peer review provided the opportunity for the turnkey products to be analyzed in a holistic practice, while simultaneously allowing for valuable feedback to the project team.

The feedback from the content experts was for independent advice on implementation. I submitted the scholarly works produced during this project to three experts that specialized in weight management and/or mindfulness meditations and mindfulness-based practices. Content Expert 1 was a previous preceptor that has a practice with an established weight management program. Content Expert 2 was a fitness specialist. Content Expert 3 was an instructor of mindfulness meditations and mindfulness based practices.

Project Implementation Plan

The project team established a projected implementation plan for the project. The project implementation plan did require scheduling synchronization with the disease management classes offered at the facility. The content experts also assisted with the development of the implementation plan. The plan was grounded on placing emphasis on learning to pay close consideration on different facets of the internal and external world (see Williams & Penman, 2011). It was imperative to ensure that participants will be able to initiate the weekly mindfulness-based exercises and techniques as they progress through the program. This implementation plan was limited to the facility located in a metropolitan city located in the Midwest region.

Project Evaluation

The project team established the evaluation plan for the project based on the available literature. The plan allowed the project to be evaluated three times. The Centers for Disease Control and Prevention, Healthy People 2020, and The National Heart, Lungs and Blood Institute provide recommended criteria for successfully evaluating a program.

There was also a plethora of evidence-based literature that included descriptions of weight management strategies and evaluating the effectiveness of those strategies. The use of weight, BMI, and abdominal circumference as measurement for evaluating the successfulness of programs was emphasized in the literature. The project team used weight loss and BMI as their measurable tools. The results will be used to provide valuable feedback on the positive effects of mindfulness meditations and mindfulness-based practices when they are performed concurrently with traditional weight loss strategies.

Data and Participants

No data were collected in conjunction with this DNP Project. Data (BMI and weight) will be obtained by the institution that undertakes the evaluation plan associated with this proposed quality improvement project and the primary products used in this project. I obtained approval of Walden's Institutional Review Board (IRB) for the proposal for the development of the products outlined in this project with the stipulation that I collect no data nor implement the project. An evaluation plan was devised as a guide to appraise the effectiveness of the primary products.

Primary Products

At the time of this study, the facility did not offer classes on weight loss or weight management. Their primary focus was helping clients manage their chronic illnesses by providing them with educational resources and techniques. I designed this evidence-based project to assist prospective participants in understanding how internal and external factors play a crucial role in disease management in obesity and other chronic illnesses.

To cultivate the primary and secondary products, I established a team from nurses who volunteer at the facility, staff members, and led by me. The members of the team consisted of the two nurse practitioners (one of them operates a weight management program), three nurse educators, a dean of nursing, the founder of the facility, two staff members, and myself, a DNP student. The team met weekly and identified several techniques of weight loss strategies that were acknowledged in the literature. The team recognized the need for a "*road map"* was crucial for the successful execution of the weekly goals, objectives, activities, and curriculum. The weight loss strategies consisted of mindfulness meditations and mindfulness-based practices; reading food labels and selecting healthier food choices, exercising 30 to 40 minutes daily; and documenting activities, barriers, and triumphs in their journals to monitor their progress. I will explain each product in the following subsections.

Program Guidelines

The project team designed this weight loss and management program to complement the chronic disease management classes offered at the facility. The guidelines for this program were formulated from a thorough literature review based on the latest evidence on weight loss and management. It was designed to assist the participants in losing and managing weight. The weight management guidelines have well-defined weekly goals, activities, and objectives. The assigned curriculum was developed by the project team and utilized mindfulness meditation and interventions as the cornerstone of the program and is supported by the University of Massachusetts Center of Mindfulness (see Cullen, 2011). The University of Massachusetts offers

numerous classes on mindfulness meditations and practices. Interest in mindfulness-based interventions has grown exponentially in recent years with courses being written and taught in various professional contexts: by psychologists, scientists, athletes, lawyers, professors, and more (Cullen, 2011).

The curriculum (see Appendix C) will provide prospective participants with a different mindfulness meditation or intervention from the learning modules every week. The curriculum was designed so that the mindfulness meditation and practices will be completed in sequences that enhance the participants' awareness of their internal and external environment. Every meditation or practice is aimed to complement each other and increase future participants' self-awareness of minor or major influences that play a significant role in the establishment of the obesogenic environment.

The curriculum also includes physical exercises that will be accomplished in one session for 30 to 40 minutes or three to four sessions consisting of 10-minute intervals. As future participants execute the curriculum content as part of their daily routine and progress through the program, they should acquire a clear comprehension of their life. Clarity includes both the ability to differentiate phenomena unclouded by falsifying mental states (such as moods and emotions) and the metacognitive aptitude to scrutinize the quality of attention (Cullen, 2011). There are numerous recognized factors that will affect future participants' ability to lose weight and to compensate for this; opportunities for the participants to discuss barriers and/or victories are included in the curriculum.

The project team recognized that Pender's health belief model was an appropriate framework for this program. This framework is based on the following components:

perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action (Loke et al., 2015). The health belief model identifies the various positions individuals will face as they try to cope with chronic illnesses and how they adapt to the illnesses (Loke et al., 2015). By understanding Pender's framework and the ability to identify which phase of the framework the participants will experience, appropriate interventions by the staff can be executed in a timely manner. The curriculum provides a strong foundation that supports weight loss efforts.

Evaluation Rubric

The evaluation rubric (see Appendix A) was based on Lewin's (June/1/1947) planned change theory. According to Lewin's theory, there are three phases that individuals and groups of individuals experience as they initiate the change process. Lewin's theory suggests that individuals and groups of individuals are influenced by restraining forces, or hurdles that counter drive forces aimed at keeping the status quo, and the motivating forces, or positive forces for change that push in the direction that causes change to happen (Wojciechowski, Pearsall, Murphy, & French, 2016). This pressure between inspiring and confining maintains balance. Changing the status quo necessitates organizations to implement premeditated change activities by using Lewin's three steps model (Wojciechowski et al., 2016).

The unfreezing or producing problem cognizance step makes it capable to get rid of old behavior and patterns that are damaging (Wojciechowski et al., 2016). Examples of this are teaching, challenging the status quo, and manifestation of issues or problems. The altering and moving step consists of seeking a replacement, creating benefits of change,

and diminishing forces that affect change antagonistically (Wojciechowski et al., 2016). Examples of this step consist of suggesting, role modeling new habits, coaching, and training. The last step is refreezing, and this step consists of incorporating and stabilizing a new balance into the system, so it become habit forming and resists further change (Wojciechowski et al., 2016). Examples of this step are celebrating success, retraining, and monitoring key performance indicators (Wojciechowski et al., 2016).

The evaluation rubric was developed by the project team to provide quantifiable characteristics on Levels 1 through 5. The reassessment of participants' progression by utilizing the quantifiable characteristics levels will be crucial for identifying which phase of Lewin's planned change theory the participants are at, which will lead to the establishment of individualized care plans for each participant based on their needs Care plans based on the participants needs can be accommodating and beneficial for all stakeholders.

Implementation and Evaluation Plan

The implementation (see Appendix D) and evaluation plan (see Appendix E) are secondary products of this project. They will play a significant role in the turnkey product that was provided to the facility. The implementation plan includes the establishment of the primary product in addition to the process and timeline for the project. I directed the plan with full participation from all the project team members. It was estimated that the total time needed to implement the project would take 8 weeks. The program guidelines (see Appendix B) provide the framework for the delivery of the curriculum and required additional activities for the participants. The guidelines are specific about the goal of the

curriculum and will provide the staff with tangible rules to follow. Binders that contain the program guidelines and activities will be created for the participants and the staff to guide them through the process. The founder of the facility and the DNP-prepared nurse who has a weight management program will use the guidelines and the evaluation rubric to monitor the participants' progress and provide the expected level of support for the participants.

The evaluation rubric was created by the project team and was designed to show how the students' will progress through the program and to determine the phase of Lewin's planned change theory the participants are experiencing. The implementation process is divided into specific weeks. The participants will receive a different activity to perform at the end of every session and be instructed on which activities will be completed weekly. The staff will aid and direct the participants who have difficulties performing the activities, assisting the participants experiencing difficulties by establishing an individualized plan tailored to meet their needs. This way the participants will progress at different speeds while maintaining a steady progression. All product development, printing, and preceptor education was completed by May 30, 2016.

I will assist in the transition phase by providing the founder of facility and the DNP-prepared nurse with the resources they need for the project. The founder of the facility located in a metropolitan city in the Midwest region and the DNP-prepared nurse will implement the program in October. The plan is to include 10 participants in the initial phase of the project and to increase it by five participants every 8 weeks. The founder of the facility and the DNP-prepared nurse will meet monthly with the project

team and the participants to monitor the progress of the participants. The DNP-prepared nurse will complete formal evaluations utilizing the evaluations manuscript (see Appendix F) at the end of Weeks 2, 4, 6, and 8 to identify any areas that require additional resources or interventions from the project team

The evaluation plan (see Appendix F) sets the goal of decreasing participants' weight by 10 pounds each month as well as a substantial decrease in the participant's BMI. The evaluation plan was developed to help impact monitoring and evaluation of the program. It consists of short- and long-term goals that entail monitoring participants' progress from 6 months to 2 years and beyond 2 years. The second evaluative tool is a mindfulness meditation survey created by the project team. Questions in the survey focus on the participants' self-evaluation of the mindfulness meditation and practice experiences. Participants will complete the survey at the end of the first and second months and answer a series of questions using the format of strongly disagree, disagree, agree, and strongly agree. The desired outcome is to increase the responses of agree and strongly agree over time.

Validation of the Scholarly Products

The final products created by the project team were submitted to three content experts for validation. Content Expert 1, a DNP-prepared nurse with her own weight management program, gave valuable feedback on the guidelines of the project. Content Expert 2, a fitness specialist, gave valuable feedback on the goals of the project, while Content Expert 3, an instructor of mindfulness meditations and practices, provided valuable feedback on the activities of the project.

Implications

Policy

The institution did not have a policy in place when the project was initiated but now every 2 months new participants for the chronic illnesses management program will be encouraged to participate in the weight management program. The founder of the facility and the project team created a policy for this program. The founder of the facility will use the policy to provide the team member and participants with steps to take before the program is initiated, while the program is in session, and when the program ends.

Practice

The traditional unstructured weight management programs, lacking a curriculum grounded in evidence-based practice, made it difficult for health care practitioners to assist individuals in obtaining sustainable weight loss. This program is systematic, structured, and individually based to meet the specific and varied needs of each participant. Participants will engage with curriculum content including various activities and a rubric that facilitated an environment that is conducive for sustainable weight loss. When individuals struggling with obesity are given a strong foundation during time of physical and mental duress, they will arise and gain skills, confidence and perseverance.

Research

The founder of the facility has established a process that will track and monitor the results of the participants for the first year. The goal of the program is to develop a weight management program that will decrease the weight of the inhabitants who reside in a metropolitan city located in the Midwest region. To validate the program a detailed

research project should be initiated. Data to be collected can consist of the information collected during the initiation of program for 1 to 2 years.

Social Change

Weight loss programs that consist of only diet and exercise are antiquated, proven to be ineffective and are not evidence based. Placed in a structured setting, individuals' performance changes, their desire to do well increases, and weight loss efforts become more personalized. Weight loss is a difficult task, with physical, social, behavioral, and environmental elements that intersect to inhibit weight loss efforts concurrently. Health care providers need to have a better understanding and appreciation of the day-to-day challenges of dieters to provide more effective, tailored treatments (Rogerson, Soltani, & Copeland, 2016).

Conclusion

The use of evidence-based strategies for sustainable weight loss was initiated to establish a weight management program for participants who reside in a metropolitan city located in the Midwest region. The program was designed to be used concurrently with the chronic disease management program offered at a facility located in a metropolitan city located in the Midwest region. The program provides a curriculum that offers structure and guidance for patients deemed obese. The facility has the opportunity through a future research project by data gathering and investigation to provide supporting evidence to change how weight loss strategies are utilized.

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Appendix A: Chronic Disease Management Participants' Quantifiable Characteristics

Levels 1 to 5

(8 weekly sessions)

Goal: To gain control of chronic illnesses by utilizing weight management strategies based on evidence.

Chronic Disease Management Participants: Weight Management Guidelines

(8 weekly sessions)

Goal: To lose 10 sustainable pounds by the end of the 8th session.

- A participant should be able to identify risk factors of obesity
- A participant should be able to utilize 10% of the strategies provided independently by Week 3.
- Each session should be tailored to the individual.
- Individual participants will progress at various paces.
- Continuous improvement should be noted in all areas of evaluation
- These are guidelines and are subject to the needs of the individual and facility.
- Guidelines are organized based on 2-hour sessions
- Weekly meetings should occur between the founder of facility staff, and the participants
- Program progress notes should be completed for each session

Level 1 Characteristics: Requires consistent (100%) direction and assistance from the staff on all strategies (skills set): The unfreezing phase of the change theory.

Body and breath meditation	Requires consistent direction and prompting from the staff with this strategy.
Body scan meditation	Requires consistent direction and prompting from the staff with this strategy.
Yoga-based mindfulness meditation	Requires consistent direction and prompting from the staff with this strategy.
Sounds and thoughts meditation	Requires consistent direction and prompting from the staff with this strategy.
Exploring difficulty	Requires consistent direction and prompting from the staff with this strategy.
Befriending meditation	Requires consistent direction and prompting from the staff with this strategy.
Meditation for making skillful choices	Requires consistent direction and prompting from the staff with this strategy.
Weaving meditation into daily rituals	Requires consistent direction and prompting from the staff with this strategy.
Reading labels	Requires consistent direction and prompting from the staff with this strategy.
Exercising for 30 to 40 minutes daily	Requires consistent direction and prompting from the staff with this strategy.
Habit releasers	Requires consistent direction and prompting from the staff with this strategy.
Routine activities that are missed daily	Requires consistent direction and prompting from the staff with this strategy.

Level 2 Characteristics: Requires moderate (75%) direction and assistance from the staff on all strategies. Developing skills set: The unfreezing phase of the change theory.

Body and breath meditation	Requires moderate direction and prompting from the staff with this strategy.
Body scan meditation	Requires moderate direction and prompting from the staff with this strategy.
Yoga-based mindfulness meditation	Requires moderate direction and prompting from the staff with this strategy.
Sounds and thoughts meditation	Requires moderate direction and prompting from the staff with this strategy.
Exploring difficulty	Requires moderate direction and prompting from the staff with this strategy.
Befriending meditation	Requires moderate direction and prompting from the staff with this strategy.
Meditation for making skillful choices	Requires moderate direction and prompting from the staff with this strategy.
Weaving meditation into daily rituals	Requires moderate direction and prompting from the staff with this strategy.
Reading labels	Requires moderate direction and prompting from the staff with this strategy.
Exercising for 30 to 40 minutes daily	Requires moderate direction and prompting from the staff with this strategy.
Habit releasers	Requires moderate direction and prompting from the staff with this strategy.
Routine activities we miss daily	Requires moderate direction and prompting from the staff with this strategy.

Level 3 Characteristics: Requires minimal (50%) direction and assistance from the staff on all strategies: achieving independence with skills: The moving phase of change theory.

Body and breath meditation	Requires consistent direction and prompting from the staff with this strategy.
Body scan meditation	Requires consistent direction and prompting from the staff with this strategy.
Yoga-based mindfulness meditation	Requires consistent direction and prompting from the staff with this strategy.
Sounds and thoughts meditation	Requires consistent direction and prompting from the staff with this strategy.
Exploring difficulty	Requires consistent direction and prompting from the staff with this strategy.
Befriending meditation	Requires consistent direction and prompting from the staff with this strategy.
Meditation for making skillful choices	Requires consistent direction and prompting from the staff with this strategy.
Weaving meditation into daily rituals	Requires consistent direction and prompting from the staff with this strategy.
Reading labels	Requires consistent direction and prompting from the staff with this strategy.
Exercising for 30 to 40 minutes daily	Requires consistent direction and prompting from the staff with this strategy.
Habit releasers	Requires consistent direction and prompting from the staff with this strategy.
Routine activities we miss daily	Requires consistent direction and prompting from the staff with this strategy.

Level 4 Characteristics: Requires very little (25%) direction and assistance from the staff on all strategies, achieving independence with weight loss strategies (skills set): The moving phase of change theory.

Body and breath meditation	Requires very little direction and prompting from the staff with this strategy.
Body scan meditation	Requires very little direction and prompting from the staff with this strategy.
Yoga-based mindfulness meditation	Requires very little direction and prompting from the staff with this strategy.
Sounds and thoughts meditation	Requires very little direction and prompting from the staff with this strategy.
Exploring difficulty	Requires very little direction and prompting from the staff with this strategy.
Befriending meditation	Requires very little direction and prompting from the staff with this strategy.
Meditation for making skillful choices	Requires very little direction and prompting from the staff with this strategy.
Weaving meditation into daily rituals	Requires very little direction and prompting from the staff with this strategy.
Reading labels	Requires very little direction and prompting from the staff with this strategy.
Exercising for 30 to 40 minutes daily	Requires very little direction and prompting from the staff with this strategy.
Habit releasers	Requires very little direction and prompting from the staff with this strategy.
Routine activities we miss daily	Requires very little direction and prompting from the staff with this strategy.

Level 5 Characteristics: Suitably, consistently, and autonomously able to perform weight loss strategies: The refreezing phase of change theory.

Body and breath meditation	Requires no direction and prompting from the staff with this strategy.
Body scan meditation	Requires no direction and prompting from the staff with this strategy.
Yoga-based mindfulness meditation	Requires no direction and prompting from the staff with this strategy.
Sounds and thoughts meditation	Requires no direction and prompting from the staff with this strategy.
Exploring difficulty	Requires no direction and prompting from the staff with this strategy.
Befriending meditation	Requires no direction and prompting from the staff with this strategy.
Meditation for making skillful choices	Requires no direction and prompting from the staff with this strategy.
Weaving meditation into daily rituals	Requires no direction and prompting from the staff with this strategy.
Reading labels	Requires no direction and prompting from the staff with this strategy.
Exercising for 30 to 40 minutes daily	Requires no direction and prompting from the staff with this strategy.
Habit releasers	Requires no direction and prompting from the staff with this strategy.
Routine activities we miss daily	Requires no direction and prompting from the staff with this strategy.

Appendix B: Participants' Pathway Guideline

(8 Weekly Sessions)
Goal: To gain control of chronic illness by utilizing weight management strategies based on evidence

Week 1	**Week 2**	**Week 3**	**Week 4**
Body and Breath Meditation	Body and Breath Meditation	Body and Breath Meditation *	Body and Breath Meditation *
Body Scan Meditation	Body Scan Meditation	Body Scan Meditation *	Body Scan Meditation *
Yoga-Based Mindfulness Meditation	Yoga-Based Mindfulness Meditation	Yoga-Based Mindfulness Meditation	Yoga-Based Mindfulness Meditation
Sounds & Thoughts Meditation	Sounds & Thoughts Meditation	Sounds & Thoughts Meditation	Sounds & Thoughts Meditation
Exploring Difficulty	Exploring Difficulty	Exploring Difficulty	Exploring Difficulty
Befriending Meditation	Befriending Meditation	Befriending Meditation	Befriending Meditation
Meditation for Making Skillful Choices	Meditation for Making Skillful Choices	Meditation for Making Skillful Choices	Meditation for Making Skillful Choices
Weaving Meditation into Daily Rituals	Weaving Meditation into Daily Rituals	Weaving Meditation into Daily Rituals	Weaving Meditation into Daily Rituals
Reading Labels	Reading Labels	Reading Labels *	Reading Labels *
Exercising for 30 to 40 Minutes Daily	Exercising for 30 to 40 Minutes Daily	Exercising for 30 to 40 Minutes Daily	Exercising for 30 to 40 Minutes Daily *
Habit Releasers	Habit Releasers	Habit Releasers	Habit Releasers
Routine Activities We Miss Daily	Routine Activities We Miss Daily	Routine Activities We Miss Daily	Routine Activities We Miss Daily

*(Indicating activities participants can perform without support)
Week 1: Participants unable to do activities without staff support
Week 2: Participants unable to do activities without staff support.
Week 3: Participants are able to do body/breathe meditation, body scan meditation, and reading food labels with minimal support with staff.
Week 4: Participants are able to complete body/breath meditation, body scan meditation, reading labels, and 30 to 40 minutes or 3 to 4 10 minutes exercises with minimal support from staff.

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Week 5	Week 6	Week 7	Week 8
Body and Breath Meditation*	Body and Breath Meditation *	Body and Breath Meditation *	Body and Breath Meditation *
Body Scan Meditation *	Body Scan Meditation *	Body Scan Meditation *	Body Scan Meditation *
Yoga-Based Mindfulness Meditation *	Yoga-Based Mindfulness Meditation *	Yoga-Based Mindfulness Meditation *	Yoga-Based Mindfulness Meditation *
Sounds & Thoughts Meditation *	Sounds & Thoughts Meditation *	Sounds & Thoughts Meditation *	Sounds & Thoughts Meditation *
Exploring Difficulty	Exploring Difficulty *	Exploring Difficulty *	Exploring Difficulty *
Befriending Meditation	Befriending Meditation	Befriending Meditation *	Befriending Meditation *
Meditation for Making Skillful Choices	Meditation for Making Skillful Choices *	Meditation for Making Skillful Choices	Meditation for Making Skillful Choices *
Weaving Meditation into Daily Rituals	Weaving Meditation into Daily Rituals	Weaving Meditation into Daily Rituals	Weaving Meditation into Daily Rituals *
Reading Labels *	Reading Labels *	Reading Labels *	Reading Labels *
Exercising for 30 to 40 Minutes Daily*	Exercising for 30 to 40 Minutes Daily *	Exercising for 30 to 40* Minutes Daily	Exercising for 30 to 40 Minutes Daily *
Habit Releasers	Habit Releasers*	Habit Releasers*	Habit Releasers *
Routine Activities We Miss Daily	Routine Activities We Miss Daily*	Routine Activities We Miss Daily. *	Routine Activities We Miss Daily *

*(Indicating activities participants can perform without support)
Week 5: Participants are able to perform 65% of activities without support from staff.
Week 6: Participants are able to perform 80% of activities without support from staff.
Week 7: Participants are able to perform 90% of activities without support from staff
Week 8: Participants are able to perform all activities independently.

Appendix C: Weight Management Sessions Week 1-8

Goal: To learn how to manage weight using mindfulness mediation/interventions with traditional methods

Weeks	Curriculum Contents/Activities
Week # 1	The first week meditation consists of body and breath meditation. This meditation stabilizes the mind and assists individuals to see what will unfold when they focus their full awareness on just one thing at a time. Participants are introduced to "habit releaser" The participants are instructed on various exercises (e.g., brisk walking, riding a stationary bike). Participants receive a questionnaire to complete. Weight, BMI is obtained.
Week # 2	Body scan meditation explores the difference between thinking about a sensation and experiencing it. During this time, the participants are taught to focus their attention on bodily sensations without judging on analyzing what they find. The participants are introduced to food label reading. Participant received the second "habit releaser" activity.
Week # 3	This session builds on the previous sessions with some nonstrenuous mindfulness movement practices based on yoga. During this time the participants recognize their physical and mental limitations and how they react to those limitations. Participants receive the third" habits releaser" activity. Weight, BMI is obtained.
Week # 4	Sounds and thoughts meditation reveal how people can unwittingly over think situations. This meditation assists individual in taking a "decentered" stance to their feelings and thoughts. Collaborative interaction is done. Participants received the fourth "habit releaser"
Week # 5	A meditation called exploring difficulty is presented. This type of mediation helps individuals to face rather than avoid the complexities that arise in everyday life. Collaborative interaction is done. The participants are given the fifth "habit releasers" Weight, BMI is obtained.
Week # 6	Befriending meditation is presented. It focusses is to explore how negative ways of thinking gradually dissipate when loving-kindness and compassion is cultivated. The six "habit releasers" is given.
Week # 7	Week seven explores the close connection between daily routines, activities, behaviors and moods. It is during this time meditation is used to make increasingly skillful choices so that individuals do more of the things that nourish them and less of the things that drain and deplete their inner resources. The seven "habit releaser" is given. Weight, BMI is obtained.
Week # 8	Week eight helps individuals to weave mindfulness into their daily life, so that it's always there when needed. Collaborative interaction is done.

Appendix D: Project Implementation Plan

Project Outline and Goals: Establishment of an Evidence-Based Weight Loss/Weight Management Program

The goal of the program is to provide patients that struggle with obesity a standardized structured weight loss/weight management program. There are numerous factors that contribute to obesity and this can be challenging for patients. There are a plethora of weight loss/management programs but most of them do not produce sustainable weight loss. The inconsistencies of weight loss/management programs incited the development of a standardized weight loss/management program that is evidence-based. The project team formed to develop the program includes the following: founder of Nurse Speaks Inc., a DNP who has weight management program, Dean of Nursing, three nurse educators. The project team focused on the establishment of the primary and secondary products.

Task	**Parties Involved**	**Completion Target Date**	**Responsible Party**	**Product Outcome**
Develop Implementation Timeline and Secondary products	Founder of Nurse Speaks Inc. DNP Dean of Nursing Education Nurse practitioner 3 nurse educators Project Developer	5/30/16	Founder of Nurse Speaks Inc. Program Developer	Implementation Timeline a. Primary Products 1. Program Guidelines 2. Evaluation Rubric 3. Evaluation Form 4. Validation Process b. Secondary Products 1. Founder Education 2. Implementation Plan 3. Evaluation Plan
Develop education and orientation for the founder of Nurse	Project Developer 3 Nurse Educators	5/30/16	Project Developer	

Speaks Inc. and the doctoral prepared nurse	Dean of Nursing Education Nurse Practitioner			Educational design for the project team a. Syllabus b. Lesson Plan c. Presentation Materials d. Evaluation
	Project Developer	5/30/16		
Complete a 2-hour education for the staff and the project team	Founder of Nurse Speaks Inc. DNP Dean of Nursing Education		Project Developer	Evaluation of Education
	Project Developer	5/30/16		
Development of Program Binder Prototype	Founder of Nurse Speaks Inc.		Project Developer	
	Project Developer			

Evaluation Plan	DNP Founder of Nurse Speaks Inc.	4/16/2016	Project Developer	Program Binder Prototype for Reproduction Mindfulness Meditation Survey questions created by the project team Orientation Process Survey Transition Plan

Appendix E: Evaluation Plan

Outcome Evaluation:	The evaluation plan will be based on impact monitoring and evaluation. The founder of Nursing Speaks Inc. will utilize the data obtain from monitoring the groups to initiate changes if needed. Impact evaluation will provide valuable data such as what happened because of the project versus what would have happened without the project.
Goal:	The goals will consist of short-term and long-term evaluation. The short-term goal will measure and compare the groups' weight and BMI every 6 months for 2 years. The long-term goal will measure and compare the groups' weight and BMI after 2 years.
Project's Outcome:	The group will have their weight and BMI taken every 6 months for 2 years and after 2 years by a team member. These measurements should demonstrate the validity of the project.
Data Collection:	The data will be provided by the founder of Nursing Speaks Inc. from an electronic database. The data will consist of the groups' pre-program weight, weight and BMI taken every 6 months and after 2 years.
Data Analysis:	The short-term goal will consist of comparing the participants' pre-program weight/BMI to their 6 month/BMI weight using a t-test for dependent samples. The long-term goal will consist of comparison of the participants' weight/ BMI after 2 years using a t-test for dependent samples.

Appendix F: Formal Evaluation

Chronic Disease Management Participants' Quantifiable Characteristics
Level 1-5
(8 weekly sessions)
Goal: To gain control of chronic illness utilizing weight management strategies based on evidence

Formal Evaluations to be completed at the end of week 4, 6, & 8

Participant Name_____ Session Week_____

Staff Member Name_____ Date_____

Characteristics	**Level**	**Comments**
Body and Breath Meditation		
Body Scan Meditation		
Yoga Based Mindfulness Meditation		
Sound & Thought Meditation		
Exploring Difficulty		
Befriending Meditation		
Meditation for Making Skillful Choices		
Weaving Meditation Into Daily Rituals		
Reading Food Labels		
Exercising for 30 to 40 Minutes Daily		
Habit Releasers/Routine Activities That Are Missed		

_____ _____ _____

Participant Signature Staff Member Signature Manager Signature

Appendix G: IRB Approval Number
08-31-16-0188935