

## Instructional Plan Outline: Women's Health

### I. Identification

- A. Names of presenters: Kellie Henderson and Jennifer Looney, Graduate Senior Coordinated Dietetics students at Framingham State University  
Date: December 8, 2010
- B. **Name of Organizations:** Framingham State University, Coordinated Program in Dietetics, Community Nutrition rotation  
**Contact:** Jennifer Looney e-mail [jenlooney@comcast.net](mailto:jenlooney@comcast.net), Kellie Henderson e-mail [smee4533@aol.com](mailto:smee4533@aol.com) or Dr. Mike Crosier e-mail [mcrosier@framingham.edu](mailto:mcrosier@framingham.edu).
- C. **Goal Statement:** To improve women's health by providing information that will help reduce the risk of life threatening diseases through nutrition and exercise so that women can stay healthy, live longer, and enjoy life to the fullest.
- D. **Presentation Title:** "Women's Health"
- E. **Audience:**
- Majority will be women.
  - Age will vary from 18-70.
  - Framingham State University (FSU) students; undergraduates (ages 18-22) and graduate (ages 23-40).
  - FSU faculty and staff (ages 28-60).
  - Community members (ages 25-70).
  - English is their first language.
  - Majority of women are Caucasian American.
  - Education will vary however, most will have a high school degree or higher.

#### **Assumptions:**

- Average 6<sup>th</sup> grade reading level.
- Able to read and comprehend slides and information presented.
- High interest in health, nutrition, and wellness.
- Have a basic understanding of topics discussed.
- Topics are personal to them.
- Knowledgeable of nutrients of concern for women.
- Are not aware of all prevention actions for certain diseases that are a concern for women.
- Many are physically active and concerned with their health.
- May be taking a multivitamin and/or certain supplementation important for women's health.

#### **Physical description of setting:**

- Located on FUS campus, in Hemmingway Hall, on first floor, room 101B.
- Room holds about 24 people.
- 6 long tables that sit 3-4 people.
- 3-4 comfortable chairs on wheels at every table.

- Computer and overhead projector.
- Screen in front of class room.
- Quite.
- Number participants expected are 10-15.

F. **Time Allotted:** One hour

## II. **Objectives: Learning and Performance**

### **Learning Objectives:**

After attending the presentation “Women’s Health” participants will learn:

- 1) What osteoporosis is and risk factors associated with this disease.
- 2) Common myths of osteoporosis and the truth to common misconceptions of this disease.
- 3) Important nutrients for bone health and for prevention of osteoporosis.
- 4) Recommended intake of calcium and vitamin D.
- 5) Foods that are good sources of calcium
- 6) Foods that are a good source of vitamin D and other sources of this nutrients.
- 7) Important information to consider when choosing a calcium supplement.
- 8) Steps to prevent osteoporosis.
- 9) Weight bearing exercises that may help prevent osteoporosis.
- 10) What are cardiovascular disease and atherosclerosis and how to prevent atherosclerosis.
- 11) What are saturated fat, cholesterol, and examples of high saturated fat and cholesterol foods and low saturated fat foods.
- 12) A healthy meal plan for menopause to prevent weight gain, cope with hot flashes and protect bones.
- 13) Healthy eating basics for weight loss.

### **Performance Objectives:**

1. After participating in the “Women’s Health” presentations and given a multiple choice question, 85% of participants will be able to identify the correct foods that are both high in calcium.
2. After participating in the “Women’s Health” presentation and given a multiple choice question, 85% of participants will be able to identify the correct food that is low in saturated fat.
3. After participating in the “Women’s Health” presentation and given a true or false question, 85% of participants will be able to identify that the statement on osteoporosis is false.

### III. Content, Sequence, and Learning Activities

#### A. Introduction:

- To welcome the participants and capture their attention the presenters will stress the importance of taking care of your body through eating healthy and physical activity in order to prevent life treating diseases such as osteoporosis and cardiovascular disease.
- The presenter will do this by saying: “Welcome and thank you for coming. It’s very important that we as women take care of our bodies at every age we are. Eating healthy and being physically active helps lower your risk of developing disease like type II diabetes, osteoporosis, and cardiovascular disease such as hypertension and heart disease. A healthily diet and exercise helps maintain proper weight and makes you feel good about your body!”
- The beginning slide will also welcome the participants and provided an outline of topics to be discussed in the presentation.

#### B. Pre-Assessment:

- Activity one, Osteoporosis Myth or Truth? will be used to informally assess participant’s knowledge of osteoporosis.
- There will be certain pre-assessment questions asked throughout the presentations such as:
  - What are calcium rich foods?
  - How many of you take a calcium supplement?
  - Who incorporates weight baring activities such as weight lifting into their workout?
  - What are foods high in saturated fat and cholesterol and foods that are low in saturated fats?
  - What tips would you give a friend to help them loss weight?

#### C. Key Learning Activities:

##### 1. Activity One: *Osteoporosis Myth or Truth?*

**Description:** This interactive learning activity will provide the participants with common myths and truths of osteoporosis. Participants will learn the real truths about common misconceptions of osteoporosis.

##### **Directions:**

1. On the fourth slide titled Myth or Truth? is a statement about osteoporosis.
2. Read the statement out loud to the participants.
3. Ask them if they believe if the statement is a myth or truth.
4. Give them time to shout out their guesses.
5. Tell them if the statement is a myth or truth and explain the statement.
6. Repeat these actions for the remaining three statements.
7. Ask if there are any questions.
8. Continue with power point presentation until the next activity is reached.

## Answers & Talking Points:

### 1. Osteoporosis only affects the elderly.

- **Myth**
- **Talking Points:** Osteoporosis can happen at any age. It is more common in women after menopause but women as young as 25 can develop osteoporosis. This is usually due to eating disorders, low body mass or if a young woman has stopped menstruating. It is important that we keep our bones strong throughout our entire life to help prevent this disease.

### 2. I drink lots of milk, so I won't get osteoporosis.

- **Myth**
- **Talking Points:** Just because you drink a lot of milk does not mean you will not develop osteoporosis. It's a great source of calcium but there are about 17 other nutrients that are also important in bone health and preventing osteoporosis such as like vitamin D, magnesium, phosphorus, zinc, fiber, and protein.
- Also regular exercise and quitting smoking will help prevent this disease.

### 3. I'll know when I have osteoporosis, and then I can do something about it.

- **Myth**
- **Talking Points:** This disease often develops unnoticed over many years, with no symptoms or discomfort until a fracture occurs
- This is why it is called the silent killer.
- In many cases, it is not until something serious happens, like a broken hip or spine that the problem is discovered. If your bones become so fragile that they break, the damage is quite advanced. You may not know it until it's too late.
- 1 in 5 people with a hip fracture end up in a nursing home within a year and some people never walk again.

### 4. Osteoporosis is very common, serious, and deadly

- **Truth**
- **Talking Points:** Osteoporosis is a major health problem, affecting 28 million Americans and contributing to an estimated 1.5 million bone fractures per year.
- It is the most common bone disease
- 1 in 3 women over 60 will experience osteoporotic fractures.
- Many hip fracture patients over the age 60 die in the year following their fracture or require long-term care after their injury.
- Osteoporosis is defiantly something to take seriously.

## 2. Activity Two: *Identify High Calcium Foods*

**Description:** Through this activity participants will be able to identify foods that are a high source of calcium.

### **Directions:**

1. Hand out calcium food worksheet.
2. Tell participants to circle the 9 (out of 16) foods they believe are high in calcium.
3. Ask participants if they need pencils and handout them if appropriate.
4. Allow participants 5 minutes to identify the high calcium foods.
5. After the majority of participants have completed the worksheet, start with the first picture in the top right corner of the worksheet (spinach) and ask participants “who circled Spanish?”
6. Allow participants to raise their hands.
7. Let them know if the food is high in calcium and tell them how much calcium is in one serving of that food (use slide 10 to show participants answers and serving sizes).
8. If the food is not high in calcium tell participants that it is not and continue to the next food picture.
9. Repeat these actions until all foods on the worksheet have been discussed.
10. Ask if there are any questions.
11. Continue with power point presentation until the next activity is reached.

### **Answers and Talking Points:**

- Spinach: frozen, chopped or leaf, cooked, boiled, drained, without salt  
1 cup = 291 mg
- Almonds 1 oz (23 nuts) = 75 mg
- Ice cream 1/2 cup = 85-100mg (will vary with brands and flavors)
- 2 cups of boiled broccoli = 124 mg.
- Total is fortified with calcium 1 cup = 300 mg
- Swiss cheese 1oz = 272mg
- Sardine, Atlantic, canned in oil, drained solids with bone 3 oz = 325mg
- Yogurt 6 oz = 350mg (will vary with brands and flavors)
- Canned salmon with bones 3 oz = 181mg
- It is recommended to consume 3-4 high in calcium foods a day.
- Consuming this amount will improve bone health and help prevent osteoporosis
- Supplementation may be recommended if you are not consuming enough high calcium foods daily.

### 3. Activity Three: *Sorting High Saturated Fat & Cholesterol Foods from Low Saturated Fat Foods.*

**Description:** Through this sorting activity participants will be able to identify foods that are high in saturated fats and cholesterol and foods that are low in saturated fats.

#### **Directions:**

1. Put participants into groups of 2 or 3.
2. Handout laminated pictures of high saturated fat and cholesterol foods and low saturated fat foods. (There are a total of 18 food pictures that need to be printed and laminated.)
3. Tell participants to sort the high saturated fat and cholesterol foods from the low saturated fat foods.
4. Allow participants 5 minutes to complete the activity.
5. When the majority of participants are done with the activity move to the next slide to review and discuss the answers.
6. Ask if there are any questions.
7. Continue with power point presentation.

#### **Answers:**

High saturated fat and cholesterol foods:

- Butter
- Chicken with skin or any fatty cuts of meat
- Sausage
- Double cheeseburger, the meat, the cheese, and the bacon
- Eggs
- Whole milk
- Sour cream
- Muffins

High saturated fat but not high in cholesterol foods:

- Coconut
- Crisco

Low saturated fat foods:

- White bread
- Pears
- Olive oil
- Canola oil
- Walnuts
- Salmon
- Broccoli
- Lettuce

#### **Talking Points:**

- **Butter, lard, and shortening** are all solid fats high in saturated fat and total fat and should be consumed sparingly. Margarine is also high in total fat

and should also be used sparingly. Some margarine may contain trans fat, which will increase your LDL, which is your lousy cholesterol and lower your HDL, which is your good cholesterol.

- **Fatty cuts of meat** – Poultry is generally leaner than beef and removing the skin and cutting off excess fat can help cut back on the saturated fat. Bacon, sausage, and processed meats, are higher in saturated fats. Using grilling, baking, or broiling is recommended to keep meats heart-healthy.
- **Eggs**- are high in cholesterol in the yolk, with 200 mg per egg. However, eaten in moderation (3-4 times a week) eggs are healthy food, low in calories, and high in protein. The American Heart Association recommends no more than 4 eggs per week if you already have high LDL and cholesterol.
- **Whole milk**, as well as half-and-half, cream, and other whole-milk dairy products, such as cheese, ice cream, and sour cream are high in cholesterol and saturated fat.
- **Muffins**- processed grain products, such as cookies, cakes, muffins, and pastries, contain fats like butter and usually eggs, and therefore will be high in fat, saturated fat, and cholesterol as well.
- **Crisco** is made of vegetable oil, and therefore not an animal product, so it will not be high in cholesterol. It goes through a process called hydrogenation, which make it firm but this causes it to contain trans fats, which are unhealthy fats. 1 tbsp has 3 grams saturated fat. The American Heart Association recommends you limit you intake of trans fat to less than 2 grams of trans fats a day.
- **Coconut**- coconut oil, palm oil, and palm kernel oil are all high in saturated fat but not cholesterol.
- So what does this mean? We can never eat these foods? No, not necessarily, we just need to limit to a weekly consumption (2-3 times a week) instead of on a daily bases especially if you already have high LDL or cholesterol.
- Foods high in good fats known as monounsaturated and polyunsaturated include fish, nuts, seeds, and oils from plants. Other foods that contain these fats include salmon, trout, herring, avocados, olives, walnuts, and liquid vegetable oils such as soybean, corn, safflower, canola, olive, and sunflower.
- Fruits, and vegetables, except for a few exceptions, will not have any fat and therefore they won't have saturated fat either.

- Grains- regular white bread and wheat bread will be low in saturated fat and cholesterol. Whole wheat grains are recommended over white grains.

**Notes:**

- Healthy snacks that are low in calories and fat and high in calcium should be prepared for the presentation.
- Provided copies recipes to participants.
- Encourage participants to ask questions, share comments, and participate in the presentation.

**D. Conclusion:** After the presentation has concluded ask participants if they have any questions. Thank the participants for coming and give them the take home message; “It is important, no matter what age we are that we take care of our bodies. We can do this through making healthy food choices, physical activity, and supplementations if necessary. These actions are important to take in order to prevent life threatening disease such as osteoporosis and cardiovascular diseases and can help us deal with our changing bodies. Let’s keep our bodies healthy so we can live a longer and fuller life.” Give participants the evaluation form and ask them to take a minute to fill it out. Collect completed forms. Encourage them to take the brochure and recipes and thank them for coming.

#### IV. Resources and Materials

##### A. Research for Instructional Plan:

1. American Heart Association. Available at <http://www.heart.org/HEARTORG/>. Assessed on 12/3/10.
2. Helpguide. “Calcium and Your Bones.” Available at [http://helpguide.org/life/healthy\\_diet\\_osteoporosis.htm](http://helpguide.org/life/healthy_diet_osteoporosis.htm). Assessed on 12/5/10.
3. Healthy Women. Informed. Empowered. Available at <http://www.healthywomen.org/>. Assessed on 12/3/10.
4. International Osteoporosis Foundation. Available at <http://www.iofbonehealth.org/home.html>. Assessed on 12/4/10.
5. Mahan, L. K., & Escott-Stump, S. (2008). Medical Nutrition Therapy for Cardiovascular Disease. *Krause’s Food and Nutrition Therapy* (12th ed., pp. 833-859). St Louis, Missouri: Saunders Elsevier.
6. HealthCastle. “Menopause and Nutrition: Diet for Hot Flashes”. Available at <http://www.healthcastle.com/menopause-nutrition.shtml>. Assessed on 12/5/10.
7. Faq’s. “Nutrition and Well-Being A to Z”. Available at <http://www.faqs.org/nutrition/Kwa-Men/Menopause.html>. Assessed on 12/6/10.
8. The National Women’s Health Information Center. “Heart Healthy Eating.” Available

at <http://womenshealth.gov/faq/heart-healthy-eating.cfm>. Assessed on 12/6/10.

9. U.S. Department of Health & Human Services. "Menopause." Available at <http://www.fda.gov/ForConsumers/ByAudience/ForWomen/WomensHealthTopics/ucm117978.htm>. Assessed on 12/6/10.

10. USDA. "Weight Management." Available at [http://fnic.nal.usda.gov/nal\\_display/index.php?info\\_center=4&tax\\_level=3&tax\\_subject=358&topic\\_id=1611&level3\\_id=5983&level4\\_id=0&level5\\_id=0&placement\\_default=0](http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=3&tax_subject=358&topic_id=1611&level3_id=5983&level4_id=0&level5_id=0&placement_default=0). Assessed on 12/4/10.

B. Material needed for presenters:

- Women Health slides (on flash drive, disk, or computer)
- Pencils
- Healthy low fat, low calories, high calcium snacks
- 24 small bottled water
- Paper plates and napkins
- Food signs for snacks identifying amount of calories, fat, and calcium per serving
- 25 copies of High Calcium Food worksheet
- Serving utensils for food
- Laminated pictures of high saturated fat and cholesterol foods as well as low saturated fat foods.
- Poster with a diagram of an artery to describe atherosclerosis
- Computer
- Overhead projector
- Screen where slides can be projected on
- Evaluation forms
- 10 or 5 pound weights
- 20 copies of brochure
- 20 copies of each recipe

V. Evaluation

A. Performance Evaluation

**Formal evaluative tools:** Evaluation forms will be accessed to formally evaluate how well the participants fulfilled objectives. The results will determine if the following objectives were met:

1. 85% of participants were able to correctly identify both foods that are high in calcium on the evaluation form.
2. 85% of participants were able to correctly identify the food that is low in saturated fat on the evaluation form.
3. 85% of participants were able to identify that the statement about osteoporosis was false on the evaluation form.

Evaluation Form:

# Women's Health

Please take a minute to answer the following questions. Circle the right answer.

1. What foods are BOTH high in calcium?
  - A. Carrots & Bananas
  - B. Broccoli & Almonds
  - C. Strawberries & Swiss Cheese
  - D. Spinach & Raspberries
  
2. Which of these foods is LOW in saturated fat?
  - A. Crisco
  - B. Butter
  - C. Avocados
  - D. Walnuts
  - E. Muffins
  
3. I will know when I get osteoporosis and then I will do something about it.
  - A. True
  - B. False
  
4. Where the presenters knowledgeable about the subject?    Yes    No    Somewhat
  
5. Did the presenters speak clearly?    Yes    No    Somewhat

*Thank-you for your participation!*

**Answers:** (not shown on form)

1. B. Broccoli and Almonds
2. C. Avocados
3. B. False

**Informal evaluation tools:**

To informally evaluate how well the participants met objectives the presenters will observe and analyze the following actions during the presentation:

- Note any questions participants ask and the number of questioned asked.
- Evaluate how interested the participants seem and their degree of interaction.
- Assess facial expressions for understanding or confusion.

## B. Instructional Strengths and Weaknesses

### Formal evaluative tool:

To formally evaluate instructional plan strengths and weaknesses the following questions will be asked on the evaluation form:

1. Where the presenters knowledgeable about the subject?
2. Did the presenters speak clearly?

The answers of “Yes”, “No”, “Somewhat” will be tallied to asses overall strengths and weaknesses.

### Informal evaluation tools:

Facial expressions, body language, and level of interaction will be used to access instructional plan’s strengths and weaknesses. The following questions will be answered after these observations are made:

1. Did participants show interest in the information given, by staying to listen to the presentation and interacting with presenters, indicating they felt the presenters were knowledgeable of the topics?
2. Did the participant’s facial expressions and enthusiasm indicate that they enjoyed the activities?

## C. Recommended Changes Overall

Presenters created the following questions prior to presentation to reflect upon after conclusion of presentation:

1. What changes would be made if this was presented again?
2. Were the questions on the evaluation from too difficult for participants?
3. Was the information presented at the right education level? Or was it too in depth or too simple for the participants?

## D. Evaluation Write-Up

### A. Performance Evaluation:

#### Formal:

After the presentation the results of the evaluation form were tallied. A total of eight participants filled out the evaluation forms.

#### Objective One:

- Question one on the evaluation form correlates with learning objectives number five:
  - Foods that are good sources of calcium .
- Question one also correlates with performance objective one:
  - After participating in the “Women’s Health” presentations and given a multiple choice question, 85% of participants will be able to identify the correct foods that are both high in calcium.

- Results show that 7 out of 8 or 86% of the participants answered the question one correctly. This meets our goal of 85%. One participant answered incorrectly and chose an answer that contained only one high calcium food (they answered: Strawberries and Swiss cheese). It is possible that they may have not seen the word “BOTH” in the question.
- There were only eight participants that filled out an evaluation form because some left early. The low amount of participants who completed evaluation forms negatively affects our results. A larger number of completed evaluation forms would have given us more data and would have given us a better picture of the groups understanding of the presentation.
- We believe this question was fair and that the information was given and discussed in the presentation.

### Objective Two:

- Question two on the evaluation form correlates with learning objective eleven:
  - What are saturated fat, cholesterol, and examples of high saturated fat and cholesterol foods and low saturated fat foods.
- Question two also correlates with performance objective two:
  - After participating in the “Women’s Health” presentation and given a multiple choice question, 85% of participants will be able to identify the correct food that is low in saturated fat.
- Results show that 6 out of the 8 participants or 75% answered this question correctly.
- Two participants responded incorrectly to this question, both answered “Avocados”.
- The goal that 85% of the participants would answer this question correctly was not met.
- This was due to some mistakes made during the presentation. The presenters forgot to include avocados in the *Sorting high saturated fat and cholesterol foods from low saturated fat foods* activity. Because this food was left out and not discussed during the presentation the participants did not have enough information to correctly answer this question.
- However, 6 participants did answer this question correctly which may have been due to a process of elimination (eliminating the other answers because they knew they were high in saturated fat) or prior knowledge.

- We believe if avocados were included in the activity and discussed in the presentation more participants would have answered this question correctly and our goal of 85% would have been met.

### **Objective Three:**

- Question three on the evaluation form correlates with learning objective two:
  - Common myths and the truth to common misconceptions of this disease
- Question three on the evaluation form also correlates with performance objective three:
  - After participating in the “Women’s Health” presentation and given a true or false question, 85% of participants will be able to identify that the statement on osteoporosis is false.
- Results show that 7 out of 8 participants or 86% correctly answered question three on the evaluation form.
- Our goal that 85% of participants would answer the question correctly was met.
- One participant chose the incorrect answer (they circled true). This was the same participant who incorrectly answered question number one. This may indicate that this participant was confused during the presentation, uninterested, or not paying attention.
- We believe this question was fair and that the information was given and discussed in the presentation.

### **Informal:**

One method we used to informally evaluate how participants met the objectives was by noting any questions participants asked and the number of questions asked. We found that there were a few questions asked (about 6 questions were asked) throughout the presentations and some participants shared their own knowledge about certain topics or personal experiences. This showed there was moderate interest in certain topics presented in the presentation. The fair amount of questions may be due to that fact the presenters did a lot of talking and presented a large amount of information. Possible questions may have been answered so there was no need to ask questions. Another explanation for the lack of questions is that the participants felt overwhelmed with all the information beginning presented and did not know what to ask.

A second informal method we used to evaluate how participants met the objectives was to evaluate how interested the participants seemed and their degree of interaction. During the activities participants were involved and showed a high interested level. They did this by shouting out answers for the osteoporoses myth or truth activity. They also showed much interested in

identifying high calcium foods activity. When participants were deciding which foods were a good source of calcium there was much talk among the group. Many participants chatted with the person next to them to see if they were circling the same foods. The participants also showed a high level of interest during the sorting of high saturated fats and cholesterol foods from low saturated fat foods activity. They were speaking to their group members, asking if they thought a certain food item was high or low in saturated fat, and some participants were smiling and laughing. Participants seemed to enjoy all activities which indicate that they were interested in the topics being presented.

Participant's facial expressions were assessed during the presentations. Throughout the presentations there were many smiles, nods, wide eyes, and participants were looking at the slides. There were some confused faces and squinting of the eyes which indicated participants were confused or could not read the slides. At these points in the presentation, presenters did their best to ask participants if they had any questions.

## **B. Instructional Strengths and Weaknesses**

### **Formal:**

To formally evaluate the instructional plan and instructor's performance two questions were asked on the evaluation form:

1. Where the presenters knowledgeable about the subject?
  2. Did the presenters speak clearly?
- Seven out of the eight participants that completed the evaluation forms answered "yes" to question one, "Where the presenters knowledgeable about the subject?" One participant answered "somewhat".
  - This is positive feedback which indicates that the majority of participants thought the presenters know what they were talking about and were knowledgeable of the topics being discussed.
  - The participant that answered "somewhat" may have felt this way because the presenters could not confidently answer all the participant's questions such as, when we were asked about fermented soy, and gave some incorrect information, such as vitamin D recommended levels
  - All participants answered "yes" to the question, "Did the presenters speak clearly?"
  - This indicates that all participants thought the presenters spoke clearly and explained information in an effective manner.

### **Informal:**

To informally evaluate our instructional plan strengths and weaknesses, we observed participants interest level in the information given and during the activities. Also we noted the level of interaction with the presenters.

- Participants seemed fairly interested in the presentation and showed this by asking questions and participating in the activities. We felt this indicated we were giving participants information that they were interested in and in a clear and informative manner. We also observed if the participants enjoyed the presentation as a whole and we received much positive feedback when the participants were leaving, such as “nice job,” and “this was very interesting.” We also received positive feedback on the evaluations forms. Some participants left additional comments sharing how much they learned and enjoyed the snacks.
- There were times where the participants did not ask questions and looked slightly concussed. We attribute this to the large amount of material we covered and the lack of time that was given for them to process the information.

### C. Recommendations for Changes Overall

The following questions were created before the presentation to reflect upon when the presentation was concluded.

#### 1. What changes would be made if this was presented again?

- The first change that should be made is to cut back on the amount of information presented. This can be done by limiting some information discussed, eliminating a topic, or removing an activity. We had too much to talk about and actually ran out of time and could not cover everything we prepared. This told us that we had too much. Confused faces indicated that some participants did not understand the information. We believe that we covered too much and rushed through some parts which may have confused the participants further.
- Another change that should be made is to demonstrate fewer weight-bearing exercises. This took up a lot of time and only showing three exercises would have been sufficient. Also demonstrating more total body exercises that targeted common osteoporosis fractures such as the hip and spine would have been more appropriate.
- Some of the slides had incorrect information on them. The vitamin D levels were just changed and the presenters told the participants the old recommended intake. This needs to be changed to the correct recommended intake of vitamin D as of December 2010.
- Some participants, especially in the back row, had a difficult time reading some slides. Turning off the lights would make the slides more clear. Also some formatting needs to be made to some slides such as adding bullets where paragraphs were used and larger font.

**2. Were the evaluation questions on the raffle too difficult for participants?**

- We were nervous that the questions on the evaluation form were too difficult for the participants due to the large amount of material that was covered in the presentation. We were afraid participants would forget the information at the end of the presentation. The results from the evaluation forms indicated that the questions were not too difficult, with objective one and three being met. Question two was difficult due to the mistake made by the presenters. If the correct information was shared with the participants we believe that more participants would have answered this question correctly and objective two would have been met. Overall we feel that evaluation questions one and three were fair and appropriate and question two was not, due to the mistake made by the presenters.

**3. Was the information presented at the right education level? Or was it too in depth or too simple for the participants?**

- We believe the information presented was at an appropriate education level for the participant however, the extent of information presented was too in depth. Important points and critical information should have only been discussed leaving out unnecessary or “nice to know” information. This would have helped cut back on the length of the presentation. We believe we tried to cover too many topics and if less information was presented it would have made it simpler and possibly easier for the participants to comprehend.
- We also felt there was a bit too much background information on some of the topics. Some participants seemed a little bored because they already had basic knowledge of these topics (some were nutrition majors). For example, the overview of osteoporosis was not needed. The ‘hot topics” like supplementation was successful and we should have covered some supplementation on phytosterols (in products like benecol) for CVD.