MenoPeer Logic model

Program Goal

To improve the quality of life for women aged 45–55 experiencing the menopausal transition by reducing knowledge gaps, mitigating psychosocial distress, and increasing proactive health-seeking behavior.

Timeline

May 2026 – August 2027

Situation

Lack of knowledge about menopause, combined with societal stigma, leads to the normalization of symptoms, under-recognition, and delays in seeking care. Deficiencies in healthcare, such as inadequate professional education and dismissive attitudes, worsen these challenges and maintain health disparities, especially for vulnerable populations.

Many women are left unprepared and unsupported during this transition.

Inputs

- Program funding
- Trained peer support facilitators
- Staff
- High-quality, non-commercial educational materials
- Evidence-based strategies (e.g., group education, person-centered support)
- Community partnerships
- Accessible, meeting spaces

Activities

- Program promotion and outreach
- Participant recruitment and screening
- Orientation and baseline assessment
- Peer facilitator training
- Weekly peer support sessions
- Educational modules
- Guest speaker or expert Q&A sessions
- Ongoing facilitator check-ins and mentoring
- Post-program evaluation and feedback collection
- Follow-up peer networking support

Audience

PRIMARY: Canadian women aged 45 to 55 years who are actively participating in the peer support groups, representing the age range for the menopausal transition.

SECONDARY: Family members, partners, and the health agency/organization serving the women

Process Objectives

- Recruit 20–30 women aged 45–55; ensure ≥80% attend at least 8 of 12 sessions.
- Train all peer facilitators in trauma-informed, culturally safe, and inclusive practices; hold monthly refreshers.
- Deliver 12 weekly sessions using the structured curriculum.
- Develop and review educational and self-care materials for quality; use time, materials, and speakers as planned.
- Track attendance and participation; collect mid-program feedback
- Administer baseline and post-program surveys.

Outcomes

SHORT:
- Participants gain confidence to discuss symptoms and reject the idea that menopause must be endured silently. Families and partners provide more support.
- Participants have less stress and guilt, and better quality of life from self-care.
- Participants improve menopause knowledge and health literacy. Peer support becomes more available and accessible.

MED:
- Within 12 months, 80% discuss symptoms with healthcare providers.
- Peer support networks grow by 20%, normalizing menopause conversations and reducing stigma and isolation.

LONG:
- MENQOL scores drop by 20% and stay improved at 12 months.
- Participants have less psychological distress, anxiety, and isolation.
- Women from vulnerable groups are more empowered, with reduced health disparities.

Assumptions

- Canadian women aged 45–55 will have the interest, capacity, and availability to engage consistently in the three-month structured peer support program. Peer support is an effective mechanism for fostering empowerment and self-determination, thereby contributing to measurable reductions in psychosocial distress.
- Increased knowledge and health literacy (short-term outcomes) are necessary precursors for initiating and sustaining behavioral change related to menopause self-management.
- Participants' social and cultural environments will support their efforts to prioritize self-care and seek help.
- The content, structure, and delivery of the program will be of high quality, culturally sensitive, and flexible to meet diverse participant needs in place to support consultation / strategic buy-in / resource allocated for delivery.

External Factors

- Persistent taboos and gendered ageism around menopause and aging may limit open discussion and self-care. Cultural change is slow and largely beyond program control.
- Competing work and caregiving demands, limited employer support, and funding fluctuations may affect participation, sustainability, and reach.