

Lifestyle Modification Program Application

This form assesses the content and delivery of lifestyle modification programs. Information provided in this form will be used to determine whether a lifestyle modification program is eligible for accreditation.

NB: Application must be accompanied by hard copies of the facilitator manual, participant manual and any resources that will enhance the program and/or provided to participants.

Name of Lifestyle Modification Program: _____

PROGRAM DELIVERY

Program Setting and Group Size

The group size in a program will not exceed 15 clients. The venue is to be suitable for the nature of the activities to be undertaken can be used for group programs.

1. Provide a brief description of the intended program venue and group size, indicating the intended time of day the program will be offered.

Example: *The program will be run in the evening, at a local community centre. The room has seats and tables, but also an open area to allow for participants to take part in group activities and exercises. The facility has toilets and disabled access; there is also a private area for weighing participants and measuring waist circumference.*

The anticipated group size will be 10-15 participants. Participants are able to bring a family member, especially if this family member has a primary role in cooking and shopping for the household. The attendance of family members may increase the amount of people present; however the number of participants will not exceed 15 people per group.

Program Audience

2. Does your program cater to certain population groups?

- Yes (explain below how the program meets the needs of the target group)
- No

Example: *The program will cater for people from Italian communities. The diet and physical activity guidelines have been adapted to be relevant to people from this background. Resources will be available in both English and Italian.*

OR

The program is catered to women who have families. The program will be delivered in the evening to avoid clashes with work commitments and at a venue with near-by child minding facilities. Information provided during the program will be relevant to the family setting, such as family meals.

Program Duration and Intensity

Programs will provide a minimum of 8 hours of contact time and will comprise an initial intensive phase of at least 4 months duration with a subsequent end program follow-up session at least 6 months after the commencement of the program.

3. Please explain how the program will be delivered to meet the minimum of 8 hours contact time, indicating the duration of the intensive phase and the entire program.

Example: *Please note, responses can be in written, or diagram form.*

<i>Month</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
<i>Contact Time</i>	<i>1.5 hr session</i>	<i>1.5 hr session</i>	<i>1.5 hr session</i>	<i>1.5 hr session</i>	<i>1 hr session</i>	<i>1 hr session</i>
<i>Phase</i>	<i>Intensive Phase</i>					<i>End program follow up</i>

Response	
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Patient Co-Contribution

Accredited lifestyle modification programs may collect a patient co-contribution (unless the patient is a concession card holder) of up to \$50.

4. Will patients be asked for a co-contribution

- Yes. Amount \$ _____
- No

NB: Further site information for each program is to be provided on the site form.

PROGRAM CONTENT

Program Assessment

5. Please provide evidence that the lifestyle modification program applying for accreditation meets includes all of the necessary content outlined below by submitting a copy of the participant manual and any other resources that will be used during the lifestyle modification program such as presentation slides or DVDs.

NB: Any information that has been translated into other languages **must** also be provided in English.

Information delivered in the program must be updated to reflect any revisions to the following guidelines:

- The National Health and Medical Research Council's *Dietary Guidelines for Australian Adults*
- The National Health and Medical Research Council's *Australian Alcohol Guidelines: Health Risks and Benefits*
- The Department of Health and Ageing's *National Physical Activity Guidelines for Adults*

Content Delivery

Lifestyle modification programs will be presented in a series of sessions, with staging of information provision, homework and feedback to optimise behavioral change.

To support learning and lifestyle modification, appropriate written materials will be provided to all participants. Written materials may be supplemented by multi-media materials including electronic, DVD and web-based materials.

Programs will include education in self-management strategies to enhance self-efficacy and motivation regarding the ability to make and sustain lifestyle change including identification of barriers to adherence, relapse prevention strategies, and setting and evaluating goals. This may be provided as a specific component and/or integrated in the specific segments on nutrition and physical activity.

General Content

- Risks of diabetes and their relationship to lifestyle factors;
- Importance of regular diabetes screening;
- Nutrition advice and education;
- Physical activity advice;
- Behavioural strategies to support the adoption and maintenance of lifestyle changes;
- Smoking cessation and alcohol reduction advice or referral, if required; and
- Information about community resources relevant to sustaining lifestyle change.

Specific Content - Weight Loss

Programs will provide information on behavioural strategies to sustain progressive weight loss and to maintain healthy weight in the longer term.

- Goal setting for weight loss: a goal of decreased energy intake and increased energy expenditure consistent with a loss of at least 5% of body weight over 12 months.
- Energy balance: a change in energy balance (decreased energy intake/increased energy expenditure) such that a deficit of approximately 500-700 kcal/day (2100-2800 kJ) is the goal, resulting in a modest weight loss of no more than 0.5 kg/wk.

Specific Content - Nutrition

Program content will be consistent with the National Health and Medical Research Council's *Dietary Guidelines for Australian Adults* and will support achievement of the following dietary goals regarding nutrition for diabetes prevention:

- Reduction in total energy intake to be achieved by, for example:
 - reductions in fat intake,
 - reductions in alcohol intake if appropriate,
 - decrease in energy density of diet,
 - reductions in high GI foods with high concentration of simple sugars (e.g. soft drinks, juices, confectionery items), and
 - portion control.
- Reduction in total fat intake to 30% or less of total energy intake
- Reduction in saturated fat intake to 30% or less of total fat intake (or less than 10% of total energy intake)
- Increase in total fibre intake to minimum of 15g/1000Kcal (4.2MJ) with a focus on promotion of fibre intake by increased vegetable, legume and fruit intake and increase in wholegrain cereals.

Programs will provide information on strategies to support changes in nutritional intake patterns. These may include, for example:

- Making realistic incremental changes to diet,
- Education and practice reading food labels,
- Recipe sharing,
- Provision of fat and fibre guides,
- Cooking demonstrations,
- Shopping trips,
- Maintenance of dietary intake log to track fat, fibre and alcohol intake,
- Feedback on dietary logs by the program facilitator,
- Identification of personal barriers to change and personal triggers for relapse,
- Problem solving regarding barriers and triggers,
- Relapse prevention strategies,
- Enhancement of self-efficacy regarding ability to change dietary patterns.

Specific Content - Physical Activity

- Physical Activity Goals - Volume: progressive increase up to a minimum of 210 minutes per week combining aerobic and resistance (muscle strengthening) activity counting incidental activity, occupational activity, sports/recreational activity, and supervised or unsupervised exercise sessions. Each session of aerobic exercise must be at least 10 minutes duration to accumulate towards the total volume required.

- Physical Activity Goals – Frequency: frequency of physical activity to increase to at least every 72 hours; 3 days per week for both aerobic and resistance training. Aerobic training may be done as frequently as every day.
- Physical Activity Goals – Intensity: moderate to vigorous intensity, as tolerated with progression in both volume and intensity until goals achieved or exceeded.

The benefits of structured resistance exercise (muscle strengthening exercise) should be emphasised, including how it can be achieved in either a home-based or supervised setting. A program may include supervised exercise.

Programs will include advice about community resources that provide support for healthy physical activity.

Data collection and self monitoring of progress

Programs will encourage and support clients to self-monitor their progress throughout the program and after program completion, including changes in dietary habits, weight, waist circumference, and physical activity levels.

Diet and Weight loss

Self-monitoring of weight and waist circumference on a regular (at least monthly) basis will be encouraged throughout the program with feedback on progress towards goals. Participants will be taught during the program how to measure waist circumference correctly.

Physical Activity

Self-monitoring of progress at least monthly during the intensive phase of the program using, for example, exercise logs, pedometers and feedback.

6. Explain how the program encourages and supports participants to self monitor their progress in achieving physical activity, weight loss and dietary goals. Submit copies of any written materials provided to participants to assist with self monitoring.

Example: *At the first session, participants will be instructed on the correct procedure to measure their waist circumference. The participants will be provided with a log book in which they can record their weight and waist circumference and are encouraged to record these measures every fortnight.*

The log book provided to participants also has provision to record dietary intake and physical activity levels through the use of food diaries, and a physical activity log. Please refer to the copy of the log book provided. The log book is small and portable so that participants can carry it around with them.

End program assessment of progress and feedback to the client and medical practitioner.

End program assessment will assess progress in achieving goals in relation to diet and physical activity and measure the physical indicators of weight and waist circumference and measure satisfaction with the program.

On completion of the program, the program facilitator or manager will provide a written report back to the participant’s medical practitioner including the above information, and information on program attendance. Where a participant does not complete the program, a report will be provided to their medical practitioner including as much of the above information as is available and identifying reasons for non-completion, if known. A copy of the report may be provided, if requested, to the participant.

Program material submitted in your accreditation application will be reviewed to ensure that this component is included in the program.

- 7. Please provide an example letter that will be sent to the participant’s medical practitioner at the end of the program which includes all of the necessary information.

CONTINUOUS IMPROVEMENT

To maintain accreditation, an accredited program provider will be required to demonstrate commitment to continuous improvement through the use of accepted quality improvement mechanisms.

- 8. Please explain how you will demonstrate commitment to continuous quality improvement?

Example: *Client feedback is assessed at the end of the program. Any suggestions for changes to the program will be considered and implemented if they will assist to improve the program.*

Our staff meet fortnightly to discuss new evidence relating to nutrition, physical activity or behavior modification and consider how they can incorporate this evidence into their practice.
