

# **STANDARDS FOR LIFESTYLE MODIFICATION PROGRAMS FOR PEOPLE AT RISK OF TYPE 2 DIABETES**

## **BACKGROUND**

These Standards have been developed by the COAG Diabetes Management Committee to provide guidelines for the content and presentation of lifestyle modification programs to reduce the risk of type 2 diabetes among adults already identified as being at risk of the disease.

In finalising these guidelines, the Management Committee has been supported by the Expert Advisory Group which was established by COAG to provide advice on the development of these standards and associated accreditation arrangements, and on the development of an Australian type 2 diabetes risk tool. This work has been assisted by work commissioned from the Institute of Obesity, Nutrition and Exercise on standards for lifestyle modification programs to reduce the risk of diabetes.

These core standards have been developed to guide type 2 diabetes prevention programs being implemented as part of a \$200 million cost shared program announced by COAG in 2007 as part of its National Reform Agenda.

The standards relate to program content and are available for jurisdictions to draw from in developing lifestyle modification programs and suitable program accreditation arrangements.

## **JURISDICTIONAL RESPONSIBILITIES**

In applying these standards to program development and the design of accreditation processes, jurisdictions will ensure that:

- Eligibility and the scope and content of the particular lifestyle modification programs are clearly defined and communicated to referrers and program providers to facilitate appropriate referrals;
- The Australian type 2 diabetes risk assessment tool is used as the basis for identifying those at risk and is available as part of the formal referral process to lifestyle modification programs;
- The referral information provided to the Lifestyle Modification Program Provider supports safe program provision. It will include medical practitioner advice that existing type 2 diabetes has been excluded and that the client is able to safely participate in the program. There will also be an opportunity for the medical practitioner to:
  - identify any limitations that may apply because of current medical conditions and their management, physical limitations or other considerations; and
  - provide an opportunity for the medical practitioner to reiterate any advice provided to the client in relation to possible interactions of lifestyle change on his/her medical conditions or medication regime.

- Administrative requirements are in place to ensure that participants in lifestyle modification programs are protected by appropriate public and professional indemnity insurance arrangements in the event of adverse events for which providers may be found liable.

## **STANDARDS FOR LIFESTYLE MODIFICATION PROGRAMS**

The following nationally agreed standards for lifestyle modification programs (programs) will inform Commonwealth, state and territory accredited programs under the COAG National Reform Agenda type 2 diabetes initiative.

### **CORE COMPETENCIES FOR LIFESTYLE MODIFICATION PROGRAM FACILITATORS**

Facilitators will have a demonstrated current capacity to deliver the program (or specific program components within the program) and can do so in a way that increases the capacity of participants to make and sustain positive lifestyle changes. This includes understanding and sensitivity to the issues for individuals trying to make and sustain significant lifestyle changes.

At each program session, a person with a current first aid certificate, or the capacity to provide assistance to at least first aid standard, will be available to provide assistance if needed.

Facilitators will base program delivery on explicit written resources that reflect programs standards and set out the goals and content of each session within the program, including the resources that will be provided to participants.

Services may be provided by more than one health professional or facilitator as part of a multidisciplinary team.

### **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.

### **GENERAL CONTENT AND FORMAT OF MATERIALS**

Content of a program will include:

- 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.

These components will be presented in a series of sessions, with staging of information provision, homework and feedback to optimise behavioural 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.

## **SPECIFIC CONTENT - WEIGHT LOSS**

Program content will be consistent with the following recommendations regarding weight loss for diabetes prevention:

- 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.

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

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.

## **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**

Program content will be consistent with the following recommendations regarding physical activity for diabetes prevention:

- 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 in a supervised setting.

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

A program may include supervised exercise.

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

## **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.

## **INTEGRATION OF BEHAVIOURAL CHANGE STRATEGIES**

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.

Facilitators will be able to refer clients where applicable to specific smoking cessation and alcohol reduction programs.

## **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 SETTING AND GROUP SIZE**

Group size in a program will not exceed 15 clients.

Any venue agreeable to the program facilitator and client and suitable for the nature of the activities to be undertaken can be used for group programs.