Final report for

Diabetes Queensland

on

My health for life

-Caboolture Concept Proof

Final Report
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Rationale

The primary aim of this study was to assist Diabetes Queensland in the development of a program which aims to have 10,000 people complete the *My health for life* program. *My health for life* was trialled in Caboolture in October 2016. As an outcome, this study aimed to obtain actionable insights to assist in the further development and refinement of a program that will effectively engage 40,000 Queenslanders with the aim of 10, 000 completing the program. This study aimed to generate insights to assist Diabetes Queensland to understand how *My health for life* can be optimised for the target groups to improve program uptake and to more effectively engage participants over the duration of the program.

Outcome Sought

Study Aim

The *My health for life* alliance had a strong desire to ensure the program reflected the needs and wants of consumers or participants and was positioned well in the crowded health marketplace. Prior to commencement of the initial *My health for life* (*MHFL*) concept proof six co-design groups were conducted in a community setting to gain insights into a program that would be desired by the target audience. Participants from target groups were recruited including retirees, general, and Gestation Diabetes Mellitus (GDM). The co-design study ensured that the needs and wants of the target audience were gained prior to any experience of the *MHFL* concept proof.

At least one Social Marketing @ Griffith researcher was present to observe each *MHFL* Caboolture concept proof session delivered in October and November 2016. Finally, focus group participants provided feedback on the Caboolture concept proof sessions and were then presented with *MHFL* program prototypes for Fraser Coast to gain feedback.

Consumer Insights

The following themes emerged from discussions prior to the co-design session, observations of the *MHFL* Caboolture concept proof sessions and the final focus groups where the *MHFL* prototype was presented to participants. The insights gained across the program of research activities underpin the recommendations for further development of the *MHFL* program for delivery in the Fraser Coast in 2017. The insights presented are not in order of priority and can be considered equally important for future program planning. For details on participant numbers at co-design sessions and *MHFL* Caboolture concept proof sessions please see appendices 1 and 2.

Social support

Social support was an important theme to emerge from the co-design sessions, the Caboolture concept proof sessions and the final focus groups. Social support was identified as a clear mechanism to encourage *MHFL* program participants to complete the program. Several subthemes emerged from within the general theme of social support. Social support took on different meanings for each participant with some needing support outside of their home while for others it was more about being listened to and encouraged.

Need for social connections

Through observations of the Caboolture concept proof sessions it was evident that social bonding where participants were becoming more open and supportive of each other emerged by the third session. The need for fortnightly sessions to create an intensive phase and increase social cohesiveness and connections was highlighted as the sessions progressed.

The need for social connections at varying levels was a recurring theme expressed by participants at all stages during this program of research. The desire for small face-to-face groups was expressed by focus group participants and observed in *MHFL* concept proof sessions. This aspect of the *MHFL* concept proof was most positively viewed by focus group participants who referred to the importance of hearing other people's stories to put their own issues into perspective and the role that group interactions had on their own learning. When questioned about their ideal group size focus groups participants indicated they liked the small group sessions and that between 6 and 10 people would be the ideal size.

> "*Basically, just to learn new information or it's good to talk in a group, get everybody else's point of view as well which is good."*
>
> "*I think to summarise, it would be what you learn from around the table like this, you can put into action and make a difference to yourself."*
>
> *"I think it has to be reasonably small because people – everyone has a chance to talk and think people feel more comfortable – well, I feel more comfortable talking in a smaller group. So, probably half a dozen. You know, 12's probably – might be too many to – for everyone to talk with what was happening in the sessions. It helps you understand why we're here. Otherwise, it's easy to be quiet."*

"Eight people probably"

Several participants expressed the need for support in the form of group and community support to help them through their journey. Furthermore, being part of a group motivated and/or encouraged them to come back to the next session and/or complete the program.

Participants felt that a lack of social support often contributed to their inability to achieve their health and lifestyle goals and that group or community support would help them to grow.

> *"I think that's a lot of downfall on a lot of people. They don't get the support and things like that."*

> *"If family become negative, 'Don't be silly,' and all that you're going to stay negative aren't you."*

Conversely participants recognised that continued connection with the group would allow them to come together to share their ups and downs.

> "*Somebody walking through a door, supporting each other. I think that's – that's great."*

> *"Once a month or once every couple of months sit around a table and have a chat and talk about this and talk about that. I think diabetes could not only be caused from eating the wrong thing. It's caused from a lot of things. Boredom. Boredom is one. Over Easter I was that depressed. I don't know why but I was that depressed that I sat on the lounge for five days straight and I ate and I ate and I ate and I ate. Maybe that's where the ten kilos came from."*

A lack of social support outside of the *MHFL* Caboolture concept proof sessions was clearly evident for some participants in sessions observed and group sessions offered a source of social support. For example, one participant stated "*I wanted to write this group"* in response to an activity asking participants to reflect on their support person. The lack of social connections emerged as an important theme across the *MHFL* Caboolture concept proof sessions and in the final focus groups. Observations of participant interactions, body language and stories revealed many participants need positive affirmations, to be supported and listened to. This was consistent across all groups. Some participants indicated in the co-design sessions that support would be useful for their journey to a healthier life. Across the *MHFL* Caboolture concept proof sessions participants actively engaged in listening and supporting their fellow group members.

Finally, in the focus groups participants discussed how important the group support had become for them. While personalised support had initially been desired, the participants recognised the value of the support given and received during the group sessions. Participants identified that the group level and peer support was more of a priority than one-on-one support. Observations of the sessions also revealed some unusual or unlikely support relationships. This rapport appeared to emerge from the sharing of personal stories with each other and the development of empathy which came with the accumulation of attendance at each session.

Acknowledging life experience

For this group of participants it was important for them to have their age acknowledged and that they had lived full and worthwhile lives. Many still live very busy lives and this often gets in the way of a "healthy lifestyle". The emergence of shared life experience where participants listened to each other, offered advice and encouragement was evident across *MHFL* Caboolture concept proof sessions observed.

> *"I think to summarise, it would be what you learn from around the table like this, you can put into action and make a difference to yourself."*

Power of storytelling

Focus group participants noted the importance of listening to others stories to learn from each other. This shared learning assisted them to learn about themselves and get hints and tips on other approaches to make improvements to their own lifestyle. This was an important source of social value for the majority of participants. Shared learning was also identified in the co-design sessions as an important inclusion in a lifestyle program. Co-design and focus group participants seek sources they can identify with suggesting that messages delivered by people who are most like them will resonate most strongly.

> *"So, I think other people always get you when you least expect it and they don't know either that they're doing it. And, you can take it on board without having to make any declarations. It's just there and it's very helpful. And, you go home and think, 'Gee, the frightening thing is I had never heard of that' and they have no idea that they have probably turned you right around. You know, we're a bit dishonest, I think, all of us, you know, or me. I don't ever like to think that – that I've got to deal with so many things. Hearing it from somebody else is very helpful."*

Participants and facilitators allowed group members time to share their stories and avoided interrupting. For many participants, telling their stories was an emotional experience. Story telling also allowed participants to make sense of their own journeys and understand how they have come to be in their current place in life. The shared experiences also allowed participants to acknowledge they are not the only ones in the same situation and this shared knowledge provided encouragement and motivation to assist them to make some of the changes they required to reduce their risk factors for chronic disease. Furthermore, the stories also allowed feedback from their peers which then assisted them to form new strategies to overcome some of their difficulties.

> *"Other people sharing, definitely. They say things that impact you in – well, you couldn't imagine. Their answers, the way they see things that you haven't thought of, an opportunity for people to say something that you can glean from it."*

> *"I think to summarise, it would be what you learn from around the table like this, you can put into action and make a difference to yourself."*

Need for motivation

Participants indicated they needed to be personally motivated to change their lifestyle; and if they are to make any lasting changes their efforts also needed to be recognised and rewarded.

> *"I think having some goals that you're working towards. I think that in life that's personal and professional goals because I think when you know you're working towards something that encourages me to have a more positive approach to all things in my life."*

> *"it made me more focused, otherwise you just drift along"*

> *"get – make goals and try to stay with them but if you can't then just turn it around and go back and come back on track again."*

Participants indicated they need motivation to do what they know they should, along with help to make plans to get back on track and then encouragement to keep on track. This was identified in the co-design sessions and again in the focus groups. Observations of the Caboolture concept proof sessions revealed that more time was needed to capture the learning on the topic of motivation to enable more feedback for participants as the program rolls out.

Need for personalised program

During the co-design sessions, participants expressed the need for any lifestyle program offered to be tailored to suit their personal needs and circumstances. Participants who had participated in other weight loss and lifestyle programs found that the programs were rarely personalised and consequently did not suit their lifestyle.

> *"I wasn't impressed. It was too generalised, I felt. And, my neighbour was going as well, and we're totally different people and sizes and they just did with her what they did with me. And, I thought "this is stupid". I felt, perhaps, I needed a bit more concentration. I certainly had to lose weight, whereas she's a lot thinner than me.*

While participants identified the need for personalised programs in the co-design sessions, through the delivery of the Caboolture concept proof they found they were able to personalise their own program as they set their own intentions and goals and shared their own stories. Moreover, supporting communications such as SMS offered an additional means to delivering personalised messages and were viewed very favourably by focus group participants. Participants also valued the SMS reminder messages which prompted them to attend each session.

Need for a shift in mindset

The co-design sessions highlighted the need for a change in mindset and participants indicated they need assistance with this. Several participants recognised that a change in mindset was necessary in order for them to adopt and maintain a lifestyle program. Participants talked freely about their various struggles - from sugar addictions to grazing to feelings of isolation to a lack of social support or willpower.

> *"general re-think about what you should be doing"*

"So, the program's aim has got to be to make those people change their way of thinking. There's a trigger somewhere. I know what my trigger is. But, there is a trigger for everybody. If you can find that trigger, and they start thinking right, I do believe you can improve your health."

Overall, participants were aware of the need to change their mindset but did not feel they had the tools to shift. The use of the behaviour change model throughout the *MHFL* Caboolture concept proof offered small steps to program participants which were reported by some participants in sessions.

Nutrition and health knowledge

In the co-design sessions participants indicated they wanted education and information on nutrition. Several participants felt that it was important to be educated on how to make 'easy to cook' recipes using available ingredients. Participants felt that the problem with existing programs was that their recipes were often complicated and required sourcing ingredients that were not readily available or affordable.

"I have been on a self-planned thing through the doctor's office. The dietician sits down and explains to have this and that and gives you circular diagram and work it out yourself. It's not that easy, and what I would like to see in the beginning, especially if you're starting a new programme, a recipe for one or two people."

"And, I've got to be able to get the ingredients, 'cause I've seen some recipes and they're really healthy but you can't get some of the stuff in the shops."

"*learnt a lot more than I did at Weight Watchers"…"Presenter has to know what they are doing*"

Furthermore, participants wanted guidance on nutrition labels, portion sizes and an understanding of the health implications of consuming certain foods. Several participants admitted to not understanding why certain food choices were ill-advised and that education around what constitutes a good diet and nutrition and why, would enable them to make better food choices.

"Another – informed shopping is really good but when you look at your packaged goods and your canned goods and everything and you try and read the important information it's so ambiguous. You know? You've got your portion size and your 100 grams of this and it means absolutely nothing. You know? What you want to know is how much sugar is in the tin but they don't really tell you that. They tell you how much is in 100 grams and it's a kilo tin."

"Probably the more technical side of things of why this is bad and that's good. I know meat backwards of course. I know why it's good and why it's bad. But, with a lot of other every day stuff I think the average Joe Blow wouldn't know the ins and out of it all."

Throughout the Caboolture concept proof sessions it became apparent that considerable nutrition and health knowledge exists and in spite of knowledge of recommendations respondents reported many cases of not adhering to guidelines. For example, in *MHFL* session two respondents could answer daily physical activity recommendations of 30

minutes per day. Participants reported having a lot of knowledge around good nutrition, however, they were unsure of how to apply this knowledge to themselves. Participants indicated they need strategies to assist them to apply their knowledge to make it work for them.

There were also diverse needs across participants, making any personalised nutrition or physical activity advice within the group setting difficult. A more suitable approach would be to have some resources available in their workbook and/or links to websites and online resources available.

Need for maintenance program and monitoring

Another form of support that participants expressed a need for was ongoing support and monitoring to maintain a healthy lifestyle. Participants felt that messages (e.g. *MHFL* healthy prompt SMS) and regular check-ins or follow ups with their support group, or facilitator would assist them to stay on track. Participants indicated strongly that they would like to stay connected beyond the life of the program.

> *"If somebody could talk to me after it's all over and just say, 'How are you going?' or, 'You should have a follow-up with your doctor and explain to them what's going on just in case you need anything'.*

> *"I think your maintenance programmes are pretty important because it's all very well to do something for six or eight weeks and forget to do it after that. You need to have some sort of a maintenance programme somewhere along every so many months or something.*

There was widespread agreement in the focus groups that ongoing messages or contact with the group or facilitator would assist participants. This was closely linked with the social connectedness and accountability of attending group sessions as mentioned previously. Many participants preferred any ongoing contact to be face-to-face rather than online. Participants indicated overwhelmingly in the focus groups that any follow-up sessions should be group sessions rather than one-on-one sessions.

> *"We can get back together as a group and share your experiences. What's happening? We've been doing this. We're doing this, whatever, get together and just share, report back if you like. If there's any improvements that can be made in your system …Encourage each other."*

Online strategies appeared to be a significant barrier to participation for this group and were discussed in both co-design sessions and focus groups.

> *"Well, with me with a computer it's probably negative in my thoughts."*

Participants found the SMS text messages across the *MHFL* Caboolture concept proof period to be supportive, non-invasive and assisted them to feel connected to the program.

MHFL Refinement Recommendations

Following our analysis of data from the *MHFL* Caboolture concept proof sessions, insights gained in discussions prior to the conduct of co-design sessions and the focus groups conducted to gain feedback on the *MHFL* concept proof Social Marketing @ Griffith makes the following recommendations for implementation in Fraser Coast *MHFL* in 2017. Key recommendations are outlined in turn.

Group configuration

Groups are critical for the formation of social connections and were the preferred mode of *MHFL* delivery for the majority of focus group participants.

MHFL sessions observed were facilitator led and large group based discussion and written activity dominated. To a lesser extent break out activities involving pair discussions were observed. With this configuration many participants formed a social connection with the facilitator in early sessions and subsequently they went on to build connections with other group participants as the program progressed.

Further refinement of group configurations are recommended to further increase social connections earlier in the program. The overall aim is to deliver a "guide on the side" or coach rather than an instructor. By delivering a group configuration that is not facilitator centred *MHFL* ensures that social connections between group members are established early in the program, which in turn reduces reliance on a health facilitator upon program completion. Additionally, this mode of delivery optimises the time group members speak between themselves and promotes shared learning.

Use of peer to peer activities is recommended to orient group dynamics from the outset of the program. For example, rather than providing a written task the facilitator could provide a question or series of questions that participants discuss and share learnings. In doing so, participants start to get to know each other and reading and writing skills are less important. In the first group session the ice breaker activity could involve an activity requiring a person to introduce their peer to the larger group using a guided series of questions provided. The facilitator's role here would be to time the activity and keep each component on time and provide gentle guidance if necessary. By orienting discussions with the facilitator as guide on the side or coach, opportunities for each and every group participant to speak are made available ensuring participant stories emerge, which is important given focus group feedback indicating that participants learned most from each other. Careful construction of activities ensures that content can be covered through a carefully designed series of activities that are peer to peer delivered.

To assist social connection formation across group members, the series of activities needs to implement tactics to avoid early cliques forming. Configuring activities towards a decentralised model of delivery ensures that all participants are given enough opportunities to speak, to learn from each other and importantly ensures that social connections are formed amongst the whole group.

Sessions

By the third session, participants were really starting to open up and were starting to apply the strategies they were learning to their everyday life. Going forward into full program delivery, having five or six sessions two weeks apart would be the minimum number required to start making changes with further follow up sessions over time, budget permitting. Program participants who regularly attended group sessions still require reassurance and support after three sessions and support to attend further sessions was strongly indicated in the focus groups. The number of groups to be offered needs to ensure sufficient time for *MHFL* content coverage noting that group reconfiguration to support peer to peer activities is recommended.

Having an intense period at the start of the program where participants attended every fortnight assisted in group cohesiveness and allowed participants to put into practice the new strategies they were learning including when they needed to refocus. They were able to share their experiences and receive feedback from both the facilitator and the group and make adjustments to their strategies.

Participants who missed a session were offered catch-up sessions with their facilitator over the telephone. While these sessions were in the form of a brief phone call, they kept participants engaged in the program and ensured they returned to the next session. This type of strategy is important as it assists participants to complete the program rather than drop out because they have missed a session.

Understandable language

Many participants could not remember the acronyms used in the *MHFL* concept proof delivery. For example, the term SMART was confusing and not easy to recall and as such the term required considerable explanation on repeated occasions. Simple, friendly language is recommended for *MHFL.* Confusion for terms used in *MHFL* Caboolture concept proof delivery were not restricted to SMART, concepts such as barriers were difficult for the participants to grasp and can be simplified further. For example, a simpler option would be to ask “what makes it hard for you to do X?” or “what stops you from doing X?” “High risk situation” was another term the participants found difficult to grasp. The use of professional jargon and complex concepts for example, cognitive therapy, should be avoided so as not to alienate the participants. This is particularly important to keep participants engaged in the program and assist in ensuring they return for the remaining sessions. Checking in that people are following the language and everyone is on the same page.

Ongoing communication as support

Participants frequently referred to not “sticking with their plan.” However, they felt that receiving the SMS text messages or attending the group sessions made them think about their actions even if they did no stick to it. The SMS text messages were well received by participants and the majority indicated they liked SMS text messages and would like to be able to opt in to receive them, thereby over coming privacy concerns. Focus group respondents felt that tailored SMS messages based on some information they have given would be most appropriate ensuring only relevant messages are sent for example,

messages relating to alcohol are not sent to people who do not drink alcohol. The SMS text messages are a key tool of a multilayered approach.

Program materials

Many concepts delivered in the *MHFL* concept proof delivery were new concepts for program participants. Importantly, the concepts were well received assisting program participants to understand they needed to take control if they were to achieve behaviour change. Program materials need to be formulated in a way that prompts can be delivered between group sessions. For example, most program participants carried paper diaries indicating that Fraser Coast participants could be offered a 2017 or 'program' diary. The diary could deliver messages (or hints and tips) on days using infographics (e.g. no more than 2 standard drinks of alcohol today, remember to drink water). Further, the diary could contain a food journal, space to record thoughts, key information sheets, recipes, in addition to contact details for local organisations and support services. Recipes must be based on produce and products that are readily available and familiar to the target audience. Additionally, support materials (e.g. fridge magnets, key rings, tea towels, reusable shopping bags, water bottles, stickers, shopping lists) should be provided to deliver reminders and encouragement for participants.

Stimulating ongoing support

Participants indicated they need an exit strategy for ongoing maintenance after the group sessions finish. Referral to other local community groups (e.g. social, nutrition and physical activity) will be required. Setting up continuing social support groups both online and offline will also be helpful to maintain the connection and accountability of group members. It is important to note that any effects observed are expected to be within the life of the sessions given the sessions themselves keep people accountable and that they are deviating away from session.

Many participants were not aware of the diverse range of community services that were currently in place in Caboolture. Awareness of the wide range of services available increased during *MHFL* program participation. To assist program participants to maintain their lifestyle, practical support and peer support groups are needed in the longer term and *MHFL* can play an important role in ensuring program participants are aware of the wide array of services available in their local community and potentially can provide a link to these community groups and services. Providing already available resources are recommended to assist in this process for example, providing the Moreton Bay Regional Council "i Move 2016/17 Directory" which includes sport and fitness activities, recreation facilities, outdoor recreation and recreation programs in the Moreton Bay region.

Participants expressed concern about who would support them and how they would be supported once they completed the program. Participants also indicated their need for ongoing support after completion of the program and many were anxious about this.

Communication channels

A range of communication channels were recommended for raising awareness of and recruiting participants into the program outside of mainstream media channels. These

included community noticeboards at shopping centres, bus stations and libraries, manned booths at shopping centres, brochures and posters at doctors surgeries and pharmacies, and presentations at community groups, service organisation and schools, , …

> "*So, the Men's Shed is always where you'll find all the men and the men can go home and tell their wives. Then down at the weight club we've got all these ladies. Like, we have about 40 there every Wednesday."*

> "*You've got the shopping centre where you've got all that traffic going through all the time*."

Participants overwhelmingly wanted to hear from program 'champions' about their experiences with the program.

> *"I think it would be good for – to add to what is happening is that people who have been cured, set free or improved from having incorporated what they've learned at this session and they've seen significant improvements in their health, their testimonies or at least somehow that they would be able to communicate with people the good results that they've had."*

> *"I think once you get some of the positive feedback from people that have done the course and you learn a lot to improve the efforts."*

Perceptions of the perfect lifestyle program

The co-design sessions highlighted a range of important elements to be included in a lifestyle program for this target audience. (See appendix 3 for examples)

- Social support and face-to-face groups were the most important themes to emerge from the co-design sessions.
- Social and group sharing where participants can learn from each other. It was also important for many to keep the same group.
- Accountability was also identified as important with ongoing monitoring as part of the program.
- Participants wanted a non-judgemental environment where people are kind to each other.
- Participants want to be encouraged, not told what to do, they would rather have a tutor or coach than an instructor.
- Participants also wanted an age appropriate program, one which accounts for their lifestyle, injuries and other limitations.
- Relaxation techniques and strategies to manage stress were also important program elements participants would like to have included.
- Information on healthy eating choices and label reading, simple recipes
- A low cost program

Risk assessment

Participants revealed that a major life event was a reason for them to undertake a risk assessment. There were mixed reactions on where was the best place to have a risk assessment with a variety of suggestions. Shopping centres, schools, and community organisations where someone could give a talk on the program and undertake risk assessments were all locations recommended by focus group participants. Several participants undertook their risk assessments at community groups where a presentation had been given. While others undertook their risk assessment at a shopping centre booth. Participants also indicated that being referred into the program by their GP or medical centre nurse or local pharmacist was also acceptable. Participants also wanted to be made aware of what the program entailed before they attended any sessions.

Prior to participant recruitment clear expectations and language about what the risk assessment is and is not should be set. Participants need to understand why they need to do a risk assessment and how it fits into the *MHFL* program.

Limitations

Insights are limited to participants who completed group sessions and to people recruited into initial co-design groups. To understand what stopped some participants from continuing in the *MHFL* Caboolture concept proof sessions further research is required.

DQ facilitators and SM@G observers present in the focus groups potentially will have biased the feedback received.

Five key takeaways

Support is key: Support provides encouragement and skills to adopt and sustain healthy lifestyle choices

Social connections: Assist participants to connect with similar others ensuring that changes may potentially be achieved over time

Engagement: Keep warm strategies (e.g. SMS) to stay in touch in between sessions

Coach: Facilitator as coach rather than instructor

Ongoing support: Participants want to continue their health and wellness journey but ongoing support remains critical to maintaining a healthy lifestyle over time.

Appendices

Appendix 1 Co-design workshops participant numbers

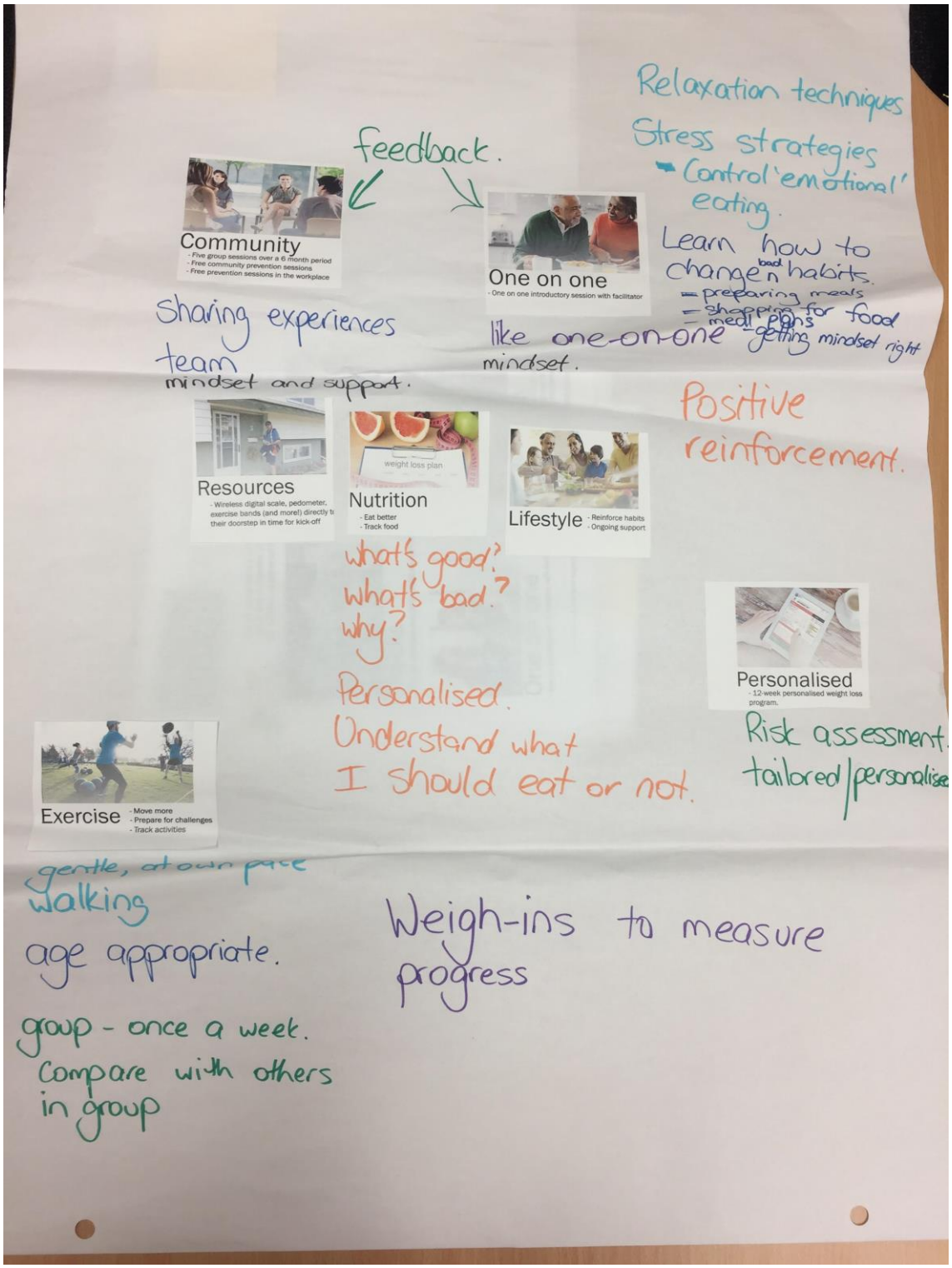
Group	Day	Time	Confirmed numbers	Attended numbers
Group 1	Tuesday	10:00am-12:00pm	n=4	N=1
Group 2	Tuesday	1:00-3:00pm	n=24	N=5 + 1 support person
Group 3	Wednesday	10:00am-12:00pm	n=15	N=8 + 3 support people
Group 4	Wednesday	5:00-7:00pm	n=10	N=1
Group 5	Thursday	10:00am-12:00pm	N=11	N=6 + 2 support people
Group 6	Thursday	2:30-4:30pm	n=17	N=5
		Total	**N=81**	**N=26**

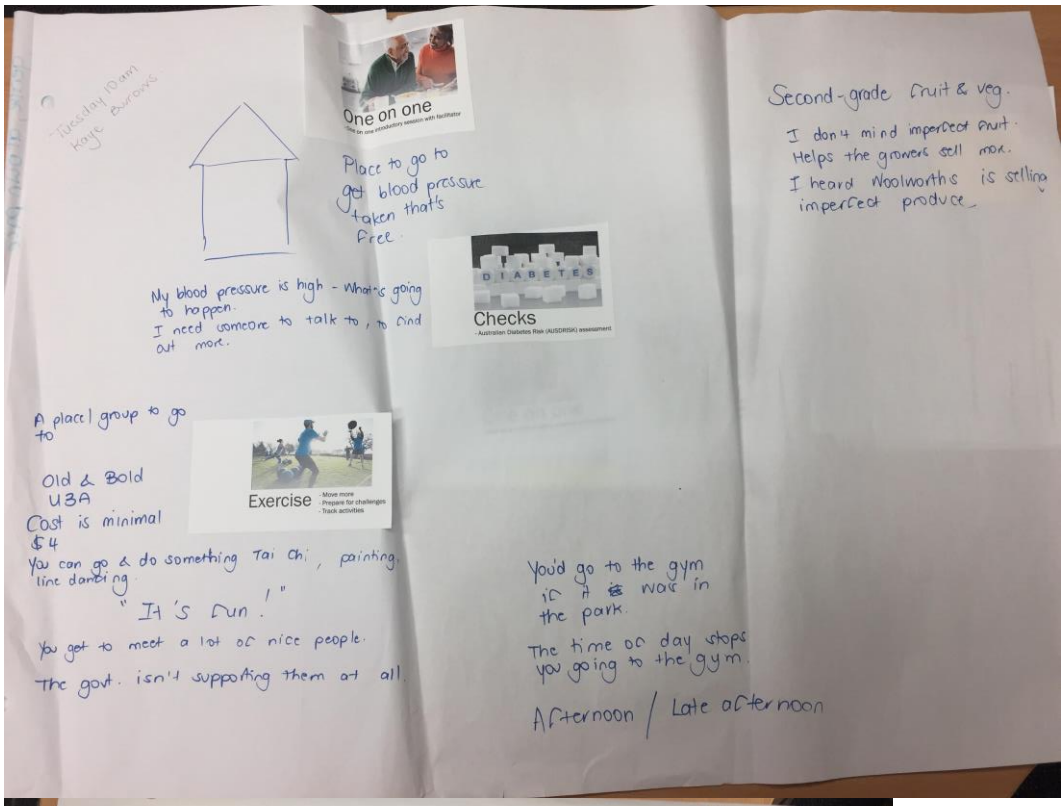
Participant numbers – confirmed vs attended

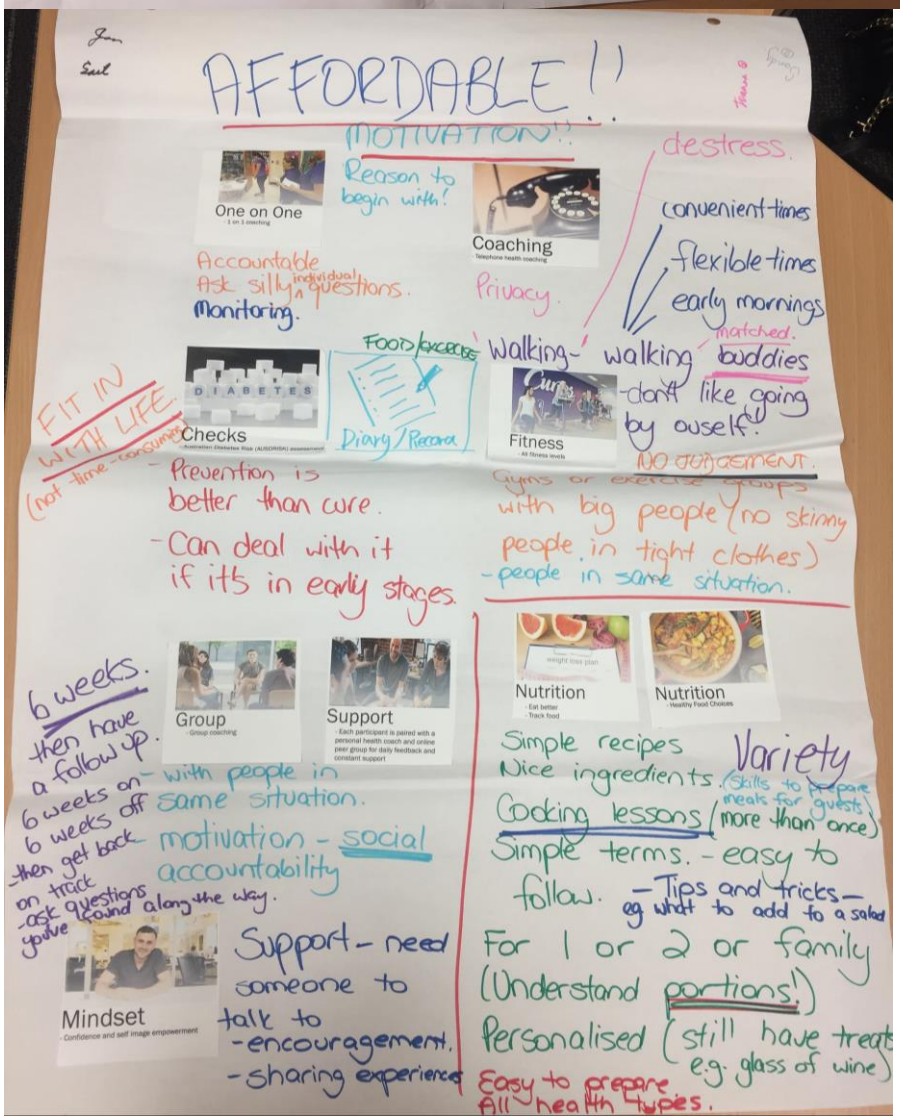
Appendix 2 Session dates and participant numbers

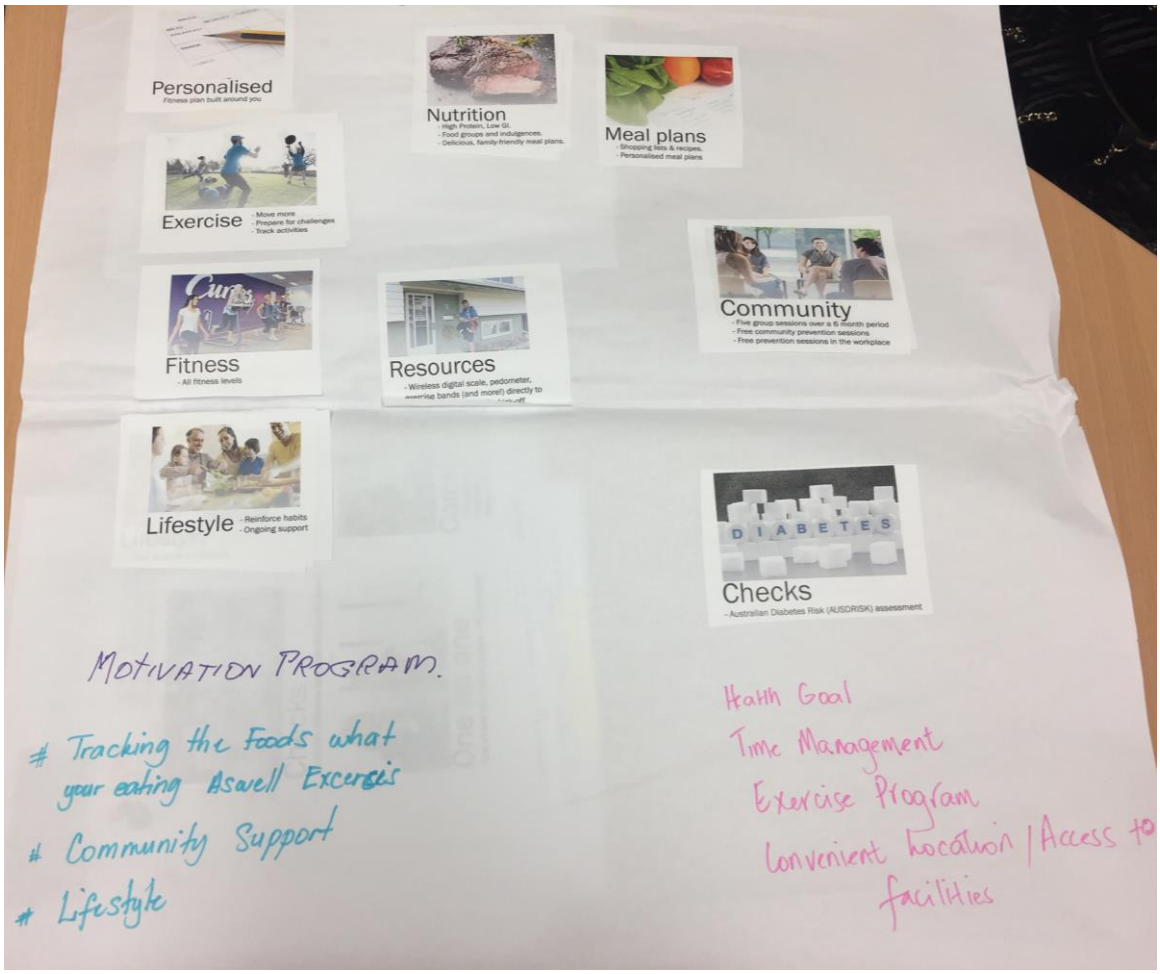
Session	Date	Time	# of Participants
2	Tuesday 18 October	1pm-3pm	11
	Wednesday 19 October	10am-12pm	7
	Thursday 20 October	2pm-4pm	5
3	Tuesday 1 November	1pm-3pm	4
	Wednesday 2 November	10am-12pm	4
	Thursday 3 November	2pm-4pm	5
4	Tuesday 15 November	1pm-3pm	6
	Wednesday 16 November	10am-12pm	5
	Thursday 17 November	2pm-4pm	2
5	Tuesday 29 November	1pm-3pm	7
	Wednesday 30 November	10am-12pm	8
		Total	**N= 64**

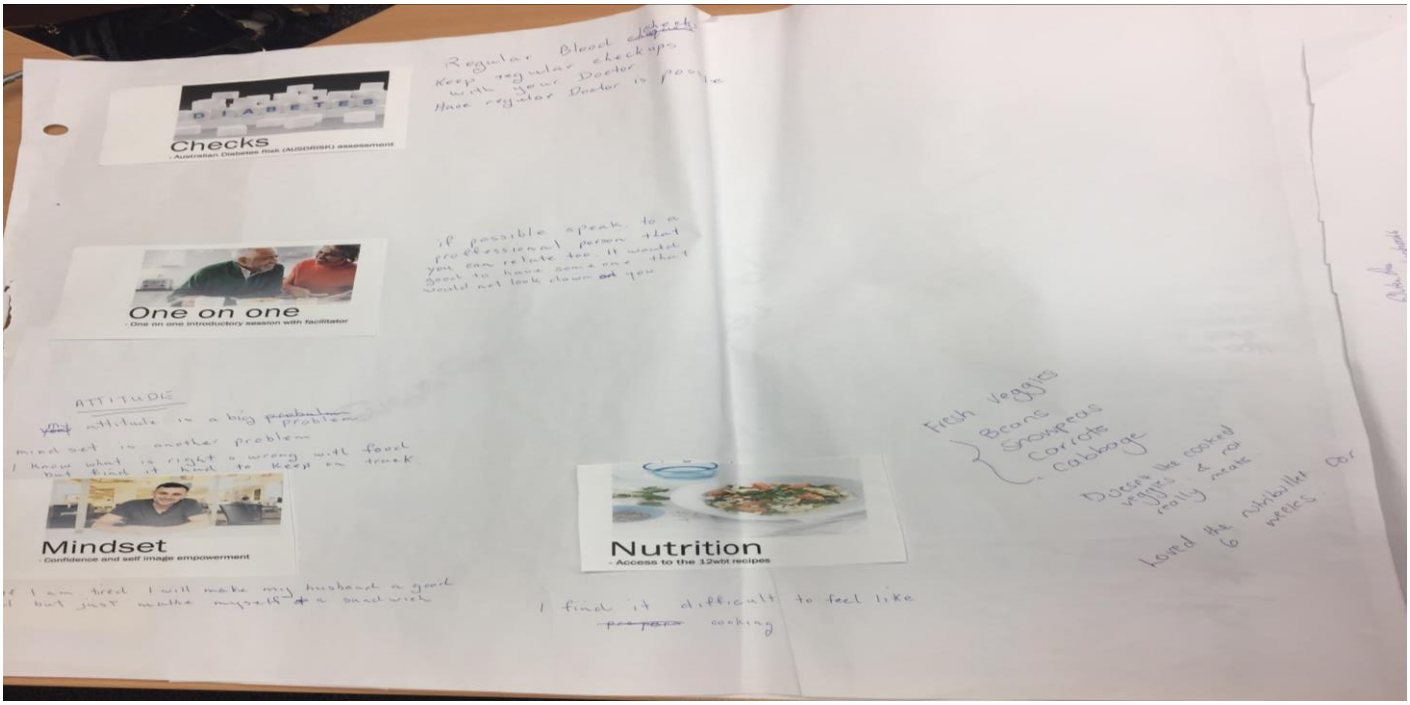
Appendix 3 Co-design perfect programs

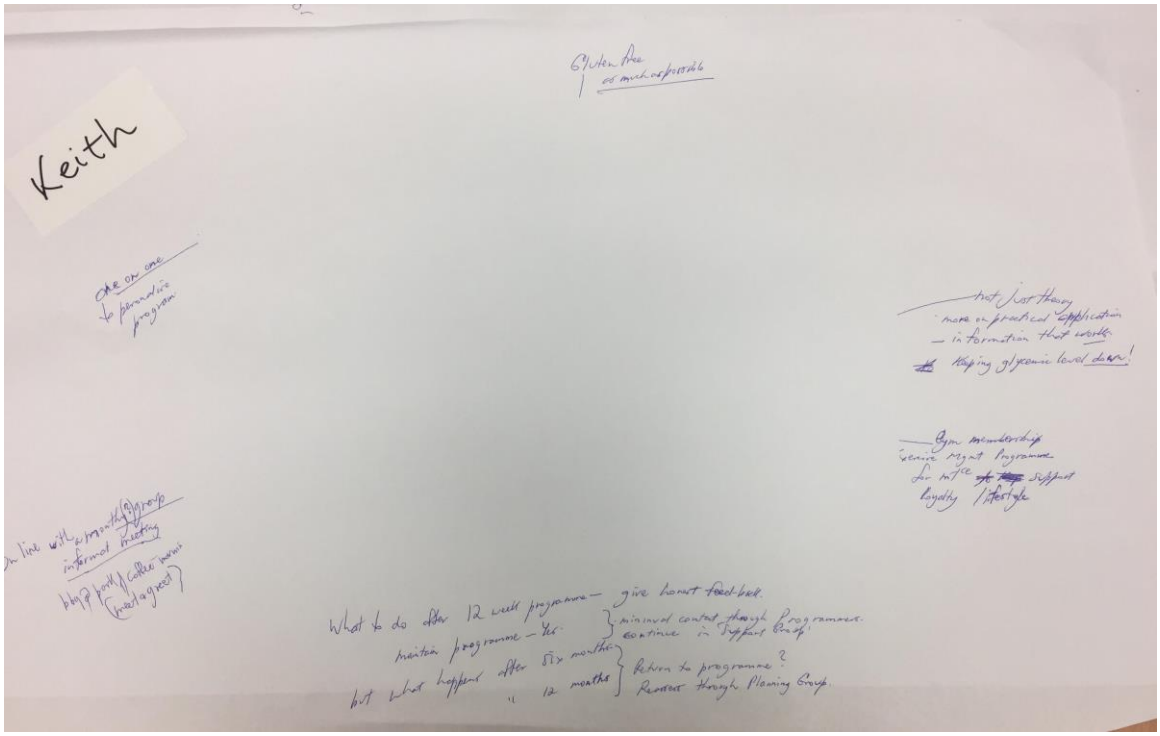


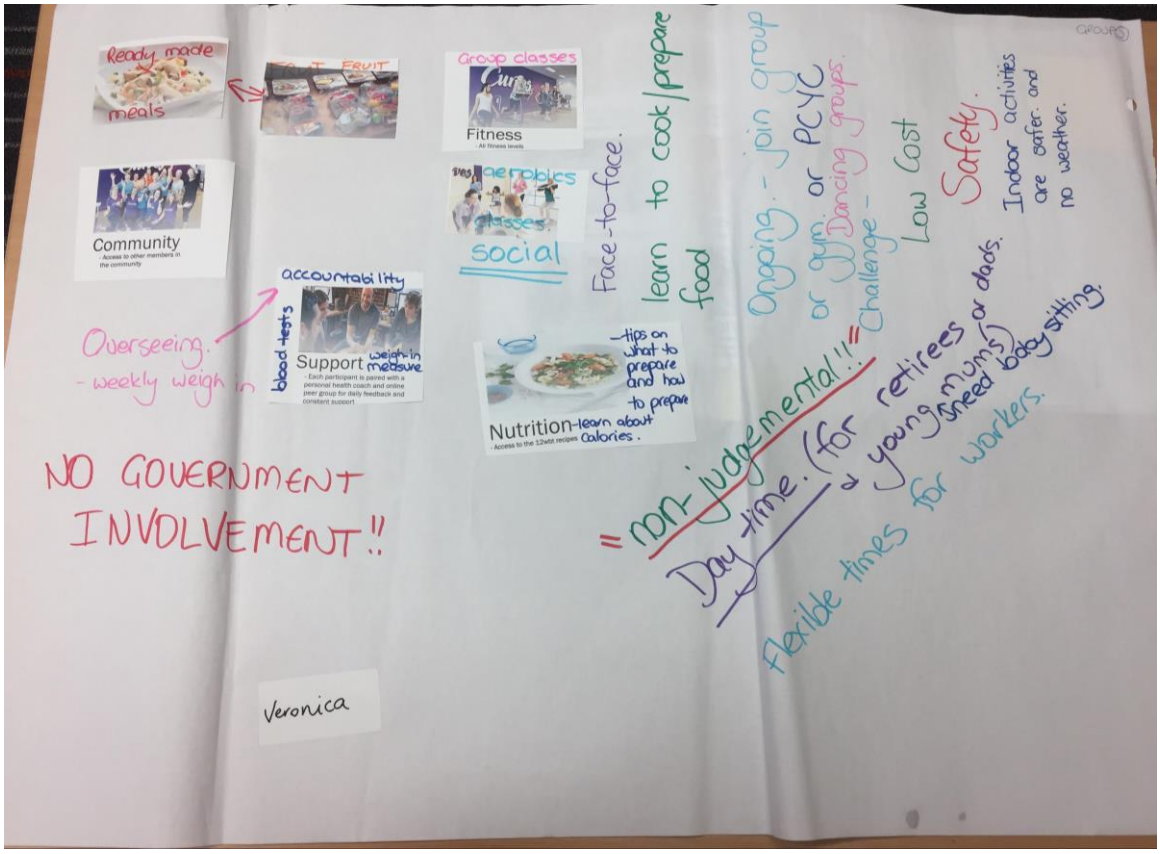

Tuesday 10am
Kaye Burrows
One on one
Place to go to get blood pressure taken that's free.
My blood pressure is high - What is going to happen.
I need someone to talk to, to find out more.
DIABETES
Checks
- Australian Diabetes Risk (AUSDRISK) assessment
Second-grade fruit & veg.
I don't mind imperfect fruit.
Helps the growers sell more.
I heard Woolworths is selling imperfect produce.
A place/group to go to
Old & Bold
U3A
Cost is minimal
$4
You can go & do something Tai Chi, painting, line dancing.
"It's fun!"
You get to meet a lot of nice people.
The govt. isn't supporting them at all.
Exercise
- Move more
- Prepare for challenges
- Track activities
You'd go to the gym if it was in the park.
The time of day stops you going to the gym.
Afternoon / Late afternoon

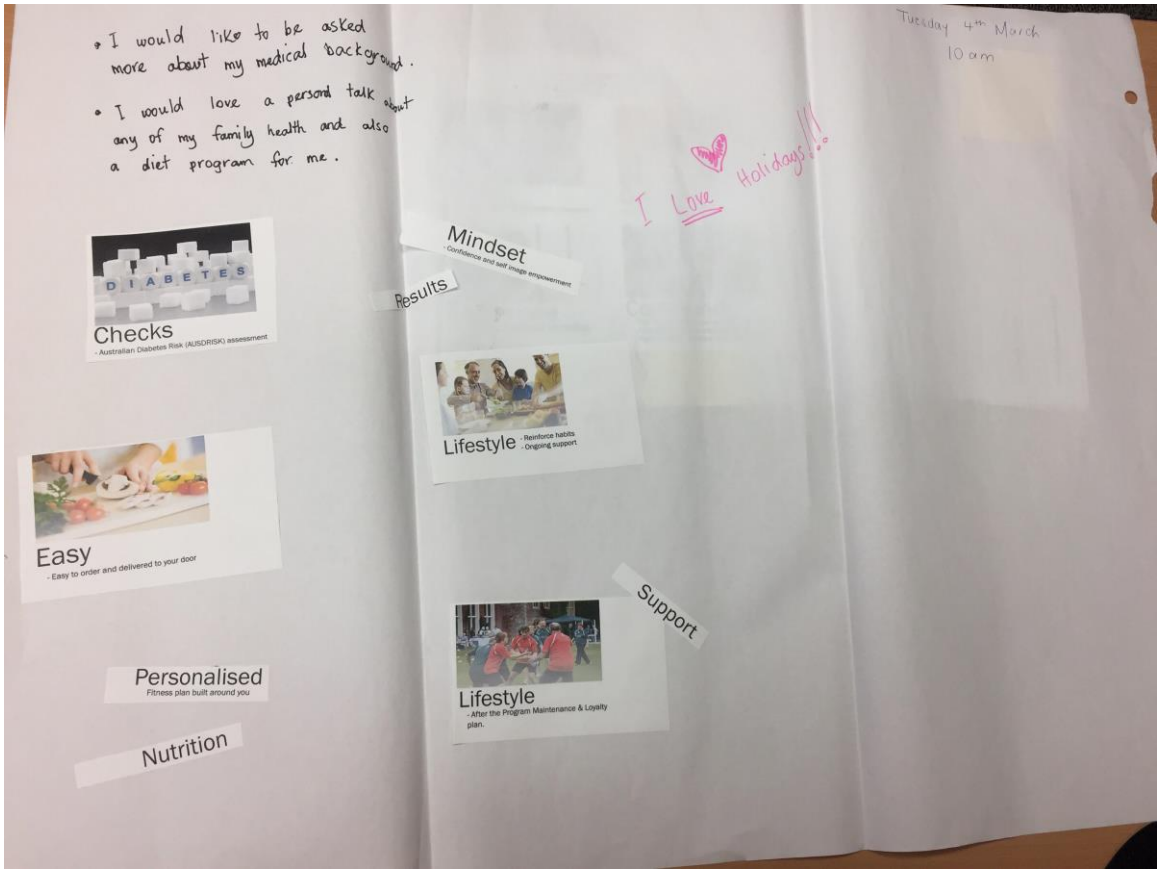

AFFORDABLE!!
MOTIVATION!!
destress.
One on One
Reason to begin with!
Coaching
convenient times
flexible times
early mornings
Accountable
Ask silly individual questions.
Monitoring.
Privacy.
Food/exercise Diary/Record
Walking - walking buddies matched.
don't like going by ouself!
FIT IN WITH LIFE
(not time-consuming)
DIABETES
Checks
Fitness
NO JUDGEMENT.
Gyms or exercise groups with big people (no skinny people in tight clothes)
- people in same situation.
- Prevention is better than cure.
- Can deal with it if it's in early stages.
6 weeks.
then have a follow up.
6 weeks on
6 weeks off
then get back on track
- ask questions you've found along the way.
Group
Support
- with people in same situation.
motivation - social accountability
Nutrition
Nutrition
Simple recipes
Nice ingredients.
Variety
(Skills to prepare meals for guests more than once)
Cooking lessons
Simple terms. - easy to follow.
- Tips and tricks - eg what to add to a salad
Mindset
Support - need someone to talk to
- encouragement.
- sharing experience
For 1 or 2 or family
(Understand portions!)
Personalised (still have treats e.g. glass of wine)
Easy to prepare
All health types.

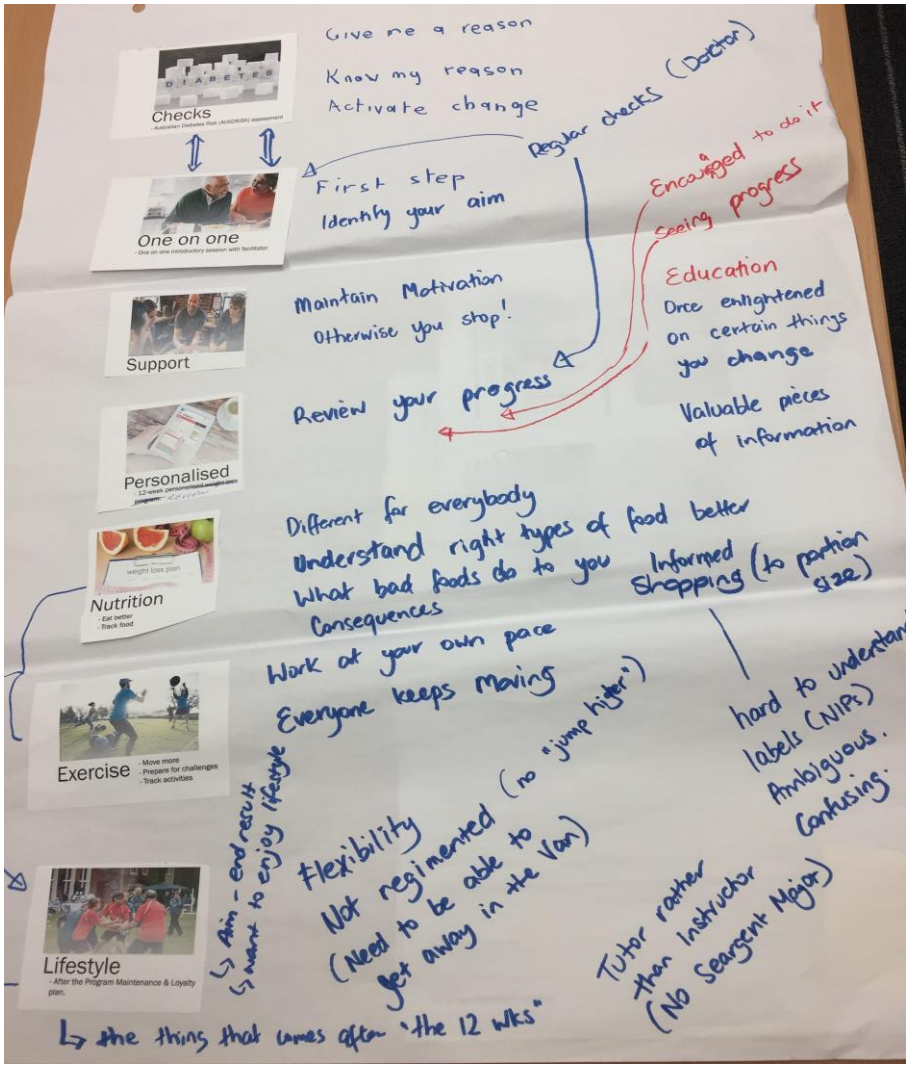

Personalised
Fitness plan built around you
Nutrition
- High Protein, Low GI.
- Food groups and indulgences.
- Delicious, family-friendly meal plans.
Meal plans
- Shopping lists & recipes.
- Personalised meal plans
Exercise
- Move more
- Prepare for challenges
- Track activities
Community
- Five group sessions over a 6 month period
- Free community prevention sessions
- Free prevention sessions in the workplace
Fitness
- All fitness levels
Resources
- Wireless digital scale, pedometer,
Lifestyle
- Reinforce habits
- Ongoing support
DIABETES
Checks
- Australian Diabetes Risk (AUSDRISK) assessment
MOTIVATION PROGRAM.
Tracking the Foods what your eating Asawell Excercis
Community Support
Lifestyle
Hrath Goal
Time Management
Exercise Program
Convenient location / Access to facilities


DIABETES
Checks
- Australian Diabetes Risk (AUSDRISK) assessment
Regular Blood sugar
Keep regular checkups
with your Doctor
Have regular Doctor is possible
One on one
- One on one introductory session with facilitator
if possible speak to a professional person that you can relate too. It would be best to have someone that would not look down on you
ATTITUDE
attitude is a big problem
mind set is another problem
I know what is right & wrong with food but find it hard to keep on track
Mindset
- Confidence and self image empowerment
Nutrition
- Access to the 12wbt recipes
I find it difficult to feel like cooking
Fresh veggies
Beans
Snowpeas
Carrots
Cabbage
Doesn't like cooked veggies & or really meat
Loved the nutritional info & recipes


Keith
What to do after 12 week programme — give honest feed-back.
maintain programme — 4x
but what happen after six months
12 months
Return to programme ?
Remain through Planing Group.


Ready made meals
Group classes
Fitness
Community
aerobics classes
social
accountability
Support
weigh-in measure
blood tests
Overseeing.
- weekly weigh in
Nutrition
tips on what to prepare and how to prepare
learn about calories.
Face-to-face.
learn to cook/prepare food
Ongoing - join group or gym or PCYC
Dancing groups.
Challenge -
Low cost
Safety.
Indoor activities are safer. and no weather.
NO GOVERNMENT INVOLVEMENT!!
= non-judgemental!!
Day-time. (for retirees & young mums need baby sitting.
flexible times for workers.
Veronica


I would like to be asked more about my medical background.
I would love a personal talk about any of my family health and also a diet program for me.
Tuesday 4th March
10 am
I Love Holidays!!!
Mindset
Confidence and self image empowerment
Results
Checks
Australian Diabetes Risk (AUSDRISK) assessment
Lifestyle
Reinforce habits
Ongoing support
Easy
Easy to order and delivered to your door
Support
Lifestyle
After the Program Maintenance & Loyalty plan.
Personalised
Fitness plan built around you
Nutrition


Checks
Give me a reason
Know my reason
Activate change
Regular checks (Doctor)
One on one
First step
Identify your aim
Encouraged to do it
Seeing progress
Support
Maintain Motivation
Otherwise you stop!
Education
Once enlightened on certain things you change
Review your progress
Valuable pieces of information
Personalised
Different for everybody
Understand right types of food better
What bad foods do to you
Consequences
Informed Shopping (to portion size)
Nutrition
Work at your own pace
Everyone keeps moving
Exercise
Aim - end result
want to enjoy lifestyle
Flexibility
Not regimented
(Need to be able to get away in the Van)
(no "jump higher")
hard to understand
labels (NIPS)
Ambiguous.
Confusing.
Lifestyle
Tutor rather than Instructor
(No Seargent Major)
the thing that comes after "the 12 wks"

lifestyle

Worthwhile goal being inspired seeing results.

long enough to create habits

overcome addictions.

ongoing reminders - call you up to book a catch up / check on you

- group catch up (-12 months / -3 months)

daily exercise

age appropriate exercise

walking groups

tailored to personal needs and limitations

share - improvements encouragement in group

~~online~~

Checks
- Australian Diabetes Risk (AUSDRISK) assessment


Personalised

personalised.

face-to-face.

follow up

acknowledging things we can't change

e.g physical capability

lessons

labelling - food.

sugar content etc.

Grids.

Sports drinks. (energy)

Recipes

eat seasonally


Community

looking at 'modern' challenges. Changes in environment / food.

Social

sharing - learning from others

no GPs.

expertise eg nutritionist telling you/ helping you with food choice

Cost

- needs to be affordable

- subsidised gym membership (be accountable).

Be encouraged not told what to do!!

Constant measuring

- fix the control not manage it (not too hard)

good relationship with leader / facilitator

- Strategies to overcome hardwiring

need to like the person

on same page as you

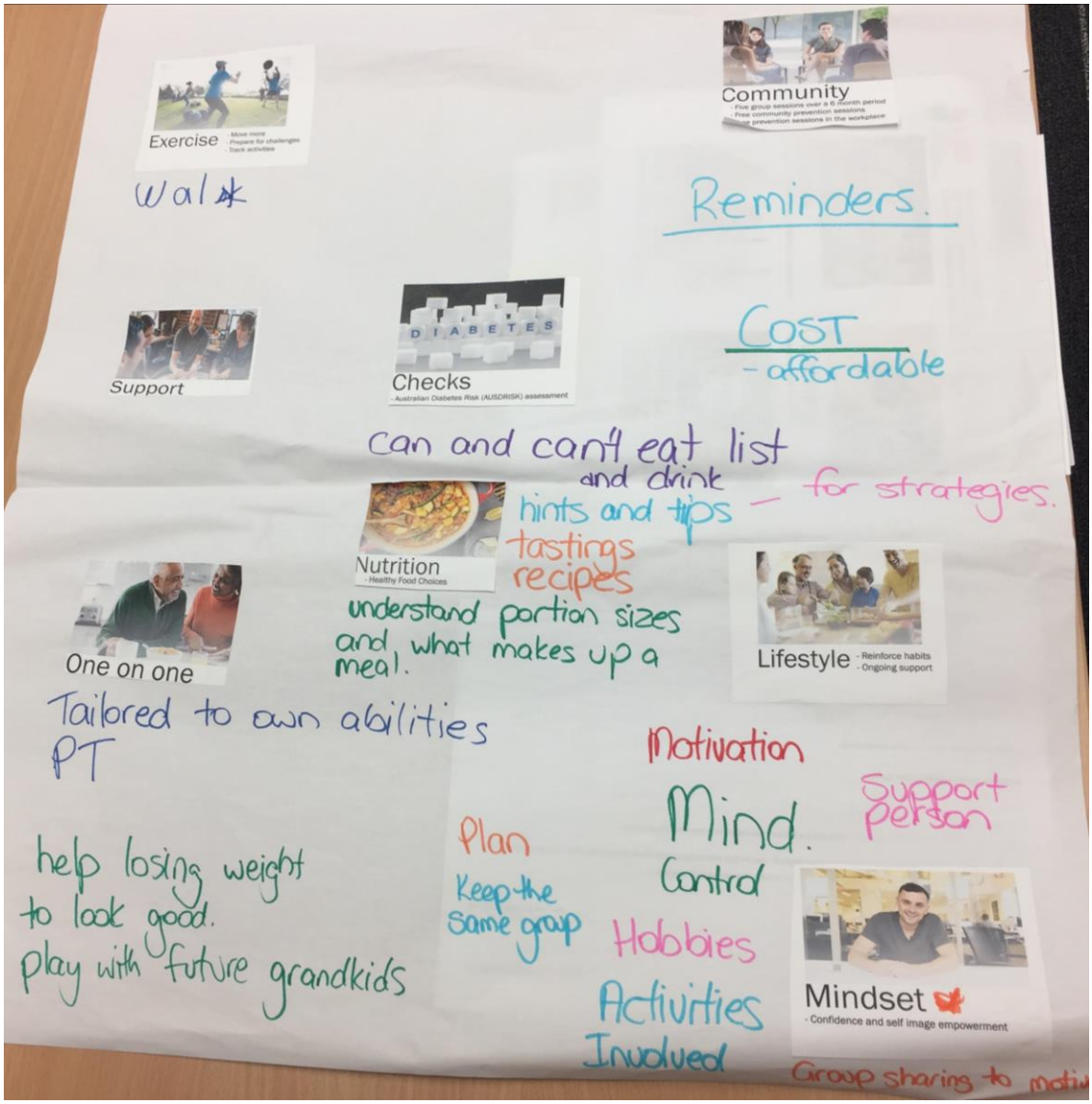
talks to you, not at you.

Need to talk to them.

- Strategies for bad days - how to get back on track

Someone who has their heart in it

- inspire you to do what they are encouraging you to do.


Exercise
Community
Walk
Reminders.
Support
DIABETES
Checks
Australian Diabetes Risk (AUSDRISK) assessment
Cost
- affordable
Can and can't eat list
and drink
hints and tips
for strategies.
Nutrition
Healthy Food Choices
tastings
recipes
understand portion sizes
and what makes up a
meal.
Lifestyle
Reinforce habits
Ongoing support
One on one
Tailored to own abilities
PT
Motivation
Support
person
Mind.
Plan
Keep the
same group
Control
help losing weight
to look good.
play with future grandkids
Hobbies
Activities
Involved
Mindset
Confidence and self image empowerment
Group sharing to