



# **Life! Program Evaluation Overview 2020-21**



The Life! program is supported by the Victorian Government

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

Available at [lifeprogram.org.au](http://lifeprogram.org.au)

**The *Life!* program is a lifestyle modification program that aims to reduce the effect of risk factors, and contributes to decreasing the incidence of type 2 diabetes and cardiovascular disease (CVD).**

### **The program comprises of the following sub-programs:**

- Group-based in-person interventions:
  - *Life!* Mainstream Group Course
  - Culturally and Linguistically Diverse (CALD) *Life!*
  - Road to Good Health (RTGH) *Life!*
- Individual Telephone Health Coaching services (THC)

All sub-programs consist of seven sessions over 12 months, except the RTGH program that includes six sessions over 6 months.

Due to the COVID-19 pandemic and related restrictions in Victoria, all in-person face-to-face group sessions were delivered online throughout 2020–2021.

## **Evaluation purpose and scope**

The 2020–2021 *Life!* program evaluation was designed as an impact evaluation. The purpose of the evaluation was to assess the effects of the program on participant related outcomes. The evaluation addressed the following key questions to determine effectiveness of the program:

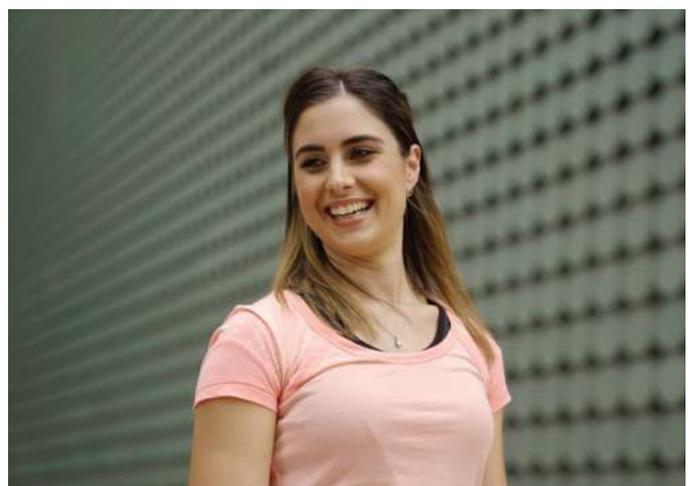
- To what extent was the *Life!* program effective in improving participants' behavioural (diet, physical activity and sitting behaviours), physical (weight and waist circumference), and biomedical (systolic and diastolic blood pressure) outcomes?
- To what extent did participants achieve the program goals?

- To what extent did participants increase knowledge of risk factors for developing type 2 diabetes and CVD?
- To what extent did participants increase skills in healthy eating and doing physical activity?
- To what extent did participants make positive changes to diet and physical activity?
- To what extent were participants satisfied with the *Life!* program?

The 2020–2021 cohort consisted of 3918 participants completing Introductory Session (baseline) between 1 July 2020 and 30 June 2021. These participants attended Group Course, CALD, RTGH and THC programs (hereafter Group Course, CALD, RTGH and THC participants).

## **Evaluation methodology**

A mixed-methods approach was employed. Quantitative and qualitative data included participants' socio-demographic information; behavioural, physical and biomedical outcomes; achievement of program goals; and feedback on the *Life!* program. Statistical tests were conducted to examine changes in outcome measures over six months (from baseline to Session 5/Follow-up Call 4) and where appropriate over 12 months (across baseline, Session 5/Follow-up Call 4 and the 12-month Session/Call). Two-tailed p-value <0.05 was accepted as statistically significant.



1. Healthy eating goals: 1) decrease fat consumption – no more than 30% of energy; 2) decrease saturated fat consumption – no more than 10% of energy; 3) increase fibre consumption – at least 30 g every day; and 4) decrease sodium consumption – no more than 2000 mg per day (5 g salt per day). Physical activity goal: at least 30 minutes moderate activity per day. Weight loss goal: decrease weight by at least 5%.

# Evaluation findings

## Program reach and retention

The 2020–2021 cohort (excluding RTGH participants) consisted of 3845 participants who had valid data and completed Introductory Session between 1 July 2020 and 30 June 2021. These included 2588 Group Course, 456 CALD, and 801 THC participants. There is a shortfall of 35.2% for the program uptake against the annual target which was in total 5935 Group Course, CALD and THC participants completing Introductory Session in the financial year. The low program uptake was largely because of the difficulty in generating program referrals and some Facilitators and participants feeling uncomfortable or unable to engage in online delivery during the COVID-19 pandemic.

Among Group Course, CALD and THC participants (n=3845) during 2020–2021, the mean (SD) age was 52.3 (13.9) years old and 71.5% (n=2748) were women. These participants were from:

- 71 Victorian Local Government Areas (LGAs)
- Disadvantaged/hotspot LGAs (n=1529; 39.8%)
- Non-English-speaking (NES) countries (n=1211; 31.5%)
- Low socio-economic LGAs (n=1124; 29.2%)
- Rural/regional areas (n=834; 21.7%)
- Aboriginal backgrounds (n=40; 1.0%)

In addition, 22.1% (n=738)<sup>2</sup> of these participants had high risk for developing type 2 diabetes measured by the Australian Type 2 Diabetes Risk Assessment (AUSDRISK) score >20.

Retention rates<sup>3</sup> varied across the four sub-programs. At Session 5/Follow-up Call 4, the retention rates were 59.3% for Group Course, 86.9% for CALD, 95.8% for RTGH and 73.8% for THC programs. Compared with 2019–2020, these retention rates increased by 1.7% for Group Course, 54.7% for CALD and 9.2% for THC programs respectively.

2. Only 3339 participants had the AUSDRISK score.

3. Session retention rate = completed cases / (completed cases + withdrawn cases between session 1/Initial Call and the session examined).

4. Findings about the RTGH program are not presented in the Executive Summary due to the inadequate sample size.

The improved program retention could be associated with the following according to the *Life!* team’s observation and evaluations:

- Implementation of the *Life!* Incentive Scheme project
- External workforce’s improved compliance with delivering program sessions and entering the data in a timely manner
- Facilitators’ improved confidence and skills in delivering program sessions online
- Participants’ improved confidence and skills in attending online sessions
- Provision of one-on-one catch-up session for participants missing a session/call

## Program effectiveness

As of 1 August 2021, when the data were collected, 819 Group Course, 192 CALD and 349 THC participants<sup>4</sup> in the 2020–2021 cohort had completed Session 5/Follow-up Call 4.

### Improvements in participant outcomes over six months

Changes in participant outcomes over six months are presented in Tables 1–4.

**Table 1: Behavioural outcomes: diet, physical activity and sedentary behaviours**

Measure	Group Course	CALD	THC
Statistically significant improvement in the outcome (unless otherwise specified) (Session 5/Follow-up Call 4 vs. baseline)			
Mean fat/fibre score	3.46 vs. 3.09; p<0.001	3.56 vs. 3.10; p<0.001	3.74 vs. 3.08; p<0.001
Total physical activity minutes/ day	40.8 vs. 33.3; p<0.001	79.0 vs. 90.9; p<0.001 (Significant decrease)	53.5 vs. 38.2; p<0.001
Sitting hours/ weekday	7.7 vs. 9.0; p<0.001	4.9 vs. 5.1; p=0.116 (Non-significant change)	5.9 vs. 7.0; p<0.001

Note: A p-value <0.05 means statistically significant (applying to all tables below).

**Table 2: Physical outcomes: weight and waist circumference**

Measure	Group Course	CALD	THC
Statistically significant improvement in the outcome (Session 5/Follow-up Call 4 vs. baseline)			
Weight (kg)	84.3 vs. 86.7; weight loss 2.4 kg; p<0.001	65.2 vs. 66.3; weight loss 1.1 kg; p<0.001	86.8 vs. 91.0; weight loss 4.2 kg; p<0.001
Waist (cm)	100.1 vs. 103.9; waist reduction 3.8 cm; p<0.001	84.8 vs. 86.2; waist reduction 1.4 cm; p<0.001	100.4 vs. 105.5; waist reduction 5.1 cm; p<0.001

**Table 3: Biomedical outcomes: blood pressure measures**

Measure	Group Course	THC
Statistically significant improvement in the outcome (Session 5/Follow-up Call 4 vs. baseline)		
Systolic blood pressure (SBP) (mmHg)	125.2 vs. 126.0; p=0.592	126.3 vs. 126.9; p=0.440
Diastolic blood pressure (DBP) (mmHg)	78.4 vs. 77.5; p=0.403	78.7 vs. 79.8; p=0.104

Note: It is not possible to examine CALD participants due to not having adequate data.

**Table 4: Achievement of program goals**

Measure	Group Course	CALD	THC
Statistically significant improvement in the outcome (Session 5/Follow-up Call 4 vs. baseline)			
Healthy eating goal (n (%))	241 (29.4) vs. 82 (10.0); p<0.001	71 (37.0) vs. 10 (5.2); p<0.001	205 (58.7) vs. 43 (12.3); p<0.001
Physical activity goal (n (%))	237 (28.9) vs. 129 (15.8); p<0.001	67 (34.9) vs. 29 (15.1); p<0.001	119 (34.1) vs. 57 (16.3); p<0.001
At Session 5/ Follow-up Call 4			
Weight loss goal (n (%))	132 (21.8)	14 (9.7)	120 (41.4)

### Participant outcome trends over 12 months

As of 1 August 2021, at the time of data collection, most participants in the 2020–2021 cohort had not yet reached the 12-month Session. Therefore, the 2019–2020 cohort were analysed to examine trends in some participant outcomes. In this cohort, 1482 Group Course, 86 CALD and 413 THC participants completed the 12-month Session/Call.

Repeated measures analyses and post hoc pairwise comparison determined that THC and CALD participants had a continuing improvement in fat/fibre score and Group Course participants had a continuing improvement in weight across Introductory Session, Session 5/Follow-up Call 4 and the 12-month Session. All three groups of participants had statistically significant improvements in the waist measure and total physical activity minutes/day over six months. However, there were no statistically significant change in these outcomes from six months to 12 months. While THC participants improved SBP and DBP after six months, Group Course participants witnessed an improvement in both measures after 12 months.

### Participants' feedback on the *Life!* program at Session 5/Follow-up Call 4

Among Group Course, CALD and THC participants in the 2020–2021 cohort providing feedback on the *Life!* program, the findings were that:

- 98.3% (n=1076) reported increasing knowledge of risk factors for developing type 2 diabetes and CVD
- 96.8% (n=1059) reported increasing skills in healthy eating
- 94.9% (n=1038) reported increasing skills in doing physical activity
- 95.6% (n=1045) reported making positive changes to diet
- 93.1% (n=1018) reported making positive changes to physical activity
- 96.7% (n=1091) rated the program as “very good” or “excellent”
- 97.1% (n=1096) would like to recommend the *Life!* program to others



program and would like to recommend the program to others.

Since this evaluation examined the program delivery and outcomes during the COVID-19 pandemic, the impacts of the pandemic on the evaluation outcomes are worth noting. While this evaluation did not directly investigate this issue, a few other evaluations<sup>5 6 7 8</sup> suggested the negative impacts of the pandemic on program reach and retention, and some participant outcomes, such as participants' undertaking physical activity."

## Discussion and Conclusions

The evaluation findings demonstrate that the *Life!* program is effective in improving behavioural outcomes (diet, physical activity and sitting behaviours) and physical outcomes (weight and waist circumference) in both Group Course and THC participants over six months. The program is also effective in improving the diet behavioural outcome and both physical outcomes in CALD participants. However, there is limited evidence to demonstrate that CALD participants improved their physical activity or sitting behaviours. This may be partially associated with them having a high level of physical activity (90.9 minutes/day) and low level of sitting hours (5.1 hours/weekday) at baseline. In addition, there is no evidence showing improvements in blood pressure measures in *Life!* participants; however, the small sample size may not be adequate to detect the true program effects.

Trend analyses confirm that over 12 months CALD and THC participants continue to improve diet while Group Course participants continue to improve weight. These findings suggest the great potential of different sub-programs for sustaining some outcomes in the longer term.

*Life!* participants overall are positive about the program enabling them to increase knowledge of risk factors for developing type 2 diabetes and CVD, increase skills in healthy eating and doing physical activity and make positive changes to diet and physical activity behaviours. Moreover, the participants are satisfied with the *Life!*

## Recommendations

Based on the evaluation findings, the following recommendations are proposed:

- Work towards achieving program target in 2021-2022 through implementing primary care engagement, rural/regional face-to-face delivery, workplace engagement and CALD strategies
- Improve program reach for priority populations, including those from rural/regional areas, from Aboriginal and Torres Strait Islander people and having high risk measured by the AUSDRISK score >20
- Provide ongoing support for the workforce to improve online delivery, such as adapting program resources to support the online delivery and providing the workforce with ongoing training using the new Learning Management System (LMS)
- Develop strategies to improve physical activity outcomes, such as using self-compassion and self-regulatory techniques, and exploring ways to address multi-level barriers to physical activity
- Continue to improve data quality which will require the workforce to review the self-reported data of their participants and provide guidance for their participants to provide accurate data

**For more information about the *Life!* program evaluation overview please contact**

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5. Diabetes Victoria (2020). *Life!* alternative delivery options review. Diabetes Victoria: Melbourne Australia.

6. Diabetes Victoria (2021). 2019-2020 *Life!* program evaluation report. Diabetes Victoria: Melbourne Australia.

7. Diabetes Victoria (2021). Online group delivery: An evaluation of improvements and key challenges or barriers. Diabetes Victoria: Melbourne Australia.

8. Diabetes Victoria (2021). Report on *Life!* participants' feedback on alternate delivery options. Diabetes Victoria: Melbourne Australia.

## Case studies



**Life! Champion – Soheil**

**“The *Life!* program has completely changed what is in my shopping basket.”**

When Soheil turned 46 he received a text message that he was eligible for a free medical check-up. The trip to the GP that followed indicated that he had high blood pressure and high cholesterol. With a family history of type 2 diabetes, his GP quickly confirmed that Soheil was eligible for the *Life!* program.

Soheil was already doing regular exercise but needed to work on improving his eating habits.

**“The *Life!* program has really opened my eyes to the type of food I’m eating and how I look at labels in the supermarket. It has completely changed how I do my shopping”, he says.**

By the end of the program Soheil lost 14 kg and his blood readings returned to a healthy level. It hasn’t all been about his physical health though, the *Life!* program has given him a great mental boost as well.

**“As part of my academic work I have to apply for a lot of grants and deal with many knock backs and disappointments. The *Life!* program has given me the opportunity to really take charge of my health and succeed in other areas of life. This year I completed two half marathons and a triathlon.”**

It doesn’t stop here for Soheil though, as he is now determined to be a positive role model for his family and friends.

**“In my kids’ school there is a lot of emphasis on healthy food and eating habits. What they learn at school and what they see at home is no longer different because of the *Life!* program. Our whole family is so much happier and healthier now.”**



**Life! Champion – Hoa**

Before commencing the *Life!* program, Hoa was overweight, suffered from extreme tiredness and high stress. Further, Hoa’s family history of type 2 diabetes meant that he had an increased risk of developing the condition. Hoa had multiple reasons to enrol in the program, and he decided it was finally the time to reach his health goals.

As a vegetarian, Hoa was already consuming a diet high in fruits and vegetables, however, he was unaware that many of his meals contained high levels of saturated fat, sodium and sugar.

**“Before starting the program, I didn’t spend enough time doing moderate or vigorous exercise and was often stressed out about work and family”, Hoa says.**

The *Life!* program changed that.

**“I have learned how to cook my favourite meals in a healthier way. I have also changed the way I exercise. I now spend more time running and make sure I strike a balance between light, moderate and vigorous exercise. I have also learned how to better control my worries by sharing my thoughts and feelings more often with family and friends.”**

**“What I liked most about the program is its holistic approach. I not only learned how to improve my eating habits, physical activity and stress management; the program also taught me how to measure my success and the importance of regularly reviewing my goals and commitments.”**

When asked whether he would recommend *Life!* to others Hoa’s answer is clear:

**“Yes, absolutely and if you had a rating system, I would give it five stars.”**

Hoa has lost 8 kg by participating in the *Life!* program so far and feels much more confident about what to eat and how to exercise. He says that:

**“Sometimes I still make the wrong choices, but importantly I know how to get back on the right track.”**

## Case study



### Nutritionist & *Life!* Facilitator – Katie

**Katie is a registered nutritionist living in regional Shepparton. Katie has recently joined the *Life!* program as both a Provider and Facilitator through her business RDI Nutrition. Following Katie's recent Facilitator training in March 21, she has delivered two *Life!* online groups and supported 19 *Life!* participants on their journey to better health.**

#### **What motivated you to become a *Life!* Facilitator?**

After conducting some research, I understood how effective this program could be for my clients and for the Greater Shepparton region. There were no active *Life!* Providers in this region so when the opportunity presented itself, I grabbed it with both hands. Having access to a prevention program is paramount in regional areas where there are not the same opportunities as metro locations. I am proud to be the sole *Life!* Provider for the Greater Shepparton area. I look forward to introducing the local community to the benefits of this program.

#### **What successes have you observed within your online group sessions?**

Delivering the program virtually has been great for participants – it's removed a lot of barriers around travel commitments which has enabled them to participate in the *Life!* program from the comfort of their own home. I have found it very rewarding to observe participants who have achieved improvements in anthropometric results and in their physical activity levels. I help my participants to understand that small, simple changes can be the most sustainable.

#### **Are you able to provide some recruitment strategies to support other new *Life!* Facilitators?**

Initially I applied my efforts to strengthening local networks. I have reached out to many local GP clinics to introduce myself and the benefits of the *Life!* program, and I devoted time to researching preferred GP practices and practice managers to support this process. I also see the value in building relationships with the *Life!* team at Diabetes Victoria. I have gained traction by setting up a *Life!* specific 'Facebook Group' to support positive conversations for participants between group sessions.

#### **How have you managed to deliver the program online during the COVID-19 pandemic?**

I have tried to connect with my participants on a regular basis between group sessions. It's easy for participants to feel disengaged, so keeping them accountable and reinforcing the feeling of connection is key to program retention. After each session, I send an email covering the main points discussed. I schedule online sessions at a time convenient to most and adhere to the timeframe, so no one is watching the clock awaiting the session to finish. The current COVID-19 climate has impacted GP engagement considerably. Many GP clinics currently don't have capacity to take on new health initiatives such as the *Life!* program and this can impact referral pathways.

#### **What have you planned for the delivery of the *Life!* program over the next 6-month period?**

I really look forward to introducing the *Life!* program to larger workplaces which provide an ideal setting to promote health and wellbeing. The *Life!* program will appeal to workplace employers as it is free for all Victorians.

## Spotlight on *Life!* Facilitators



### *Life!* Facilitator – Amanda

“My favourite moment of the *Life!* program occurred when a participant who lost 23 kg and made long term healthy eating changes, messaged me to say he has now walked 424 consecutive days for more than 60 minutes each day... despite getting caught in the rain for most days!”



### *Life!* Facilitator – Paul

#### Provider – Kieser Caulfield

“Transitioning to *Life!* online delivery over the last 12 months has been highly rewarding for me as a Facilitator. It has enabled me to engage with participants throughout the various lockdowns. I've been able to continue having supportive and positive interactions with my participants during these otherwise challenging times.”



### *Life!* Facilitator – Kim

#### Provider – Let's Talk Life

“I absolutely love all of the *Life!* program, but I guess my favourite moments are seeing people empowered with new knowledge and applying long term health behaviour changes and then transferring this information to family and friends. Online delivery has enabled *Life!* participants to engage in program delivery from their loungeroom and support personal interconnections and improved health through difficult COVID times.”



### *Life!* Facilitator – Steve

#### Provider – Sure Health

“My experience with the *Life!* program has been fantastic! It is so rewarding being able to collaborate in a group environment and support participants to actively take ownership over their health, and work through strategies to improve health outcomes.

My favourite moment by far involves a participant who volunteered to catch up with the other members of his group beyond group completion, so they could continue to support each other on their health journey.”

## Case studies



### Exercise Physiologist & *Life!* Facilitator – Adam

Adam has helped 86 people take charge of their health since he started delivering the *Life!* program in 2016.

**“I love helping people who are inspired to change their lifestyle but are not sure where to start. Through facilitating the program, I have been able to witness firsthand the changes people are capable of making during their 12-month journey with the *Life!* program.” Adam explains.**

He believes that the tools the program provides to help participants embed their newly gained knowledge into their daily routine is key to its success.

Delivering the program to a vast number of participants, often leaves *Life!* Facilitators like Adam with moments they will always remember.

**“I will never forget my very first group. The participants truly got behind one another and supported each other to not only complete the program – but complete it with their own version of success. The level of support shown was so enjoyable to be a part of, that experience is really unforgettable.”**



### Workplace Engagement – GMHBA Geelong

GMHBA is an Australian not for profit health insurance and care company. It is one of Australia’s leading regionally based private health insurers and has been serving the community since 1934. In 2020, the *Life!* program was delivered to employees at GMHBA Geelong, who completed the program sessions during their work time.

The program rollout and positive outcomes achieved are shown on pages 9 and 10.



### Nurse & Diabetes Educator, RTGH Facilitator – Jade Kelly

The Road to Good Health program is funded by the Victorian Government and coordinated by Diabetes Victoria to support Aboriginal health professionals to promote healthy lifestyles and encourage individuals, families and community groups to make healthy lifestyle choices.

Case study shown on pages 11 and 12.

Research shows that regional and rural communities experience poorer health outcomes than metropolitan areas, including higher rates of chronic conditions such as type 2 diabetes and cardiovascular disease<sup>1</sup>. To address this, the *Life!* program has prioritised engagement with Victoria's rural and regional communities with the view to grow enrolments from these areas and help more people improve their health.

### Improving staff health and wellbeing at GMHBA in Geelong

GMHBA is an Australian not for profit health insurance and care company. Having served the community since 1934, they are one of Australia's leading regionally based private health insurers.

Community is at the centre of everything GMHBA does, using an approach that is guided by the philosophy, Healthier Together. GMHBA are active contributors in building the health and wellbeing of communities and understand the importance of supporting communities nutritional, physical and mental health. GMHBA also understands that to take care of the community, they first need to take care of their employees. This is where the *Life!* program comes in.

In 2020, Nutritionist and *Life!* program facilitator, Melinda, delivered the *Life!* program to employees at GMHBA. The program was tailored to suit the needs of GMHBA employees with ten 45-minute online group sessions delivered over 12 months. Employees were able to complete sessions during work time which is a reflection of GMHBA's commitment to the *Life!* program and general health and wellbeing of their staff.



Feedback from staff that participated in the program was extremely positive. The food and nutrition session was highlighted as a participant favourite, enjoying the various recipe ideas or food products to look out for in the supermarket.

Participants also really like the food label-reading wallet card they received and found it useful to have on hand at the supermarket. Many of them found that this changed the way they shopped.

### Program rollout at GMHBA

#### Health Checks

GMHBA employees were introduced to the *Life!* program during their annual staff health checks.

Employees completed the *Life!* program AUSDRISK questionnaire to determine their eligibility for the program.



#### Healthy Living Session

Two healthy living sessions were delivered to employees. Employees enjoyed a healthy morning tea provided by GMHBA.

These healthy living session provided employees with an opportunity to complete the AUSDRISK questionnaire. Attendees were also provided with an overview of the *Life!* program and tips on healthy eating, physical activity, and sleep.



#### Online Program Delivery

Eligible employees attended ten online group sessions over Zoom. Sessions covered healthy eating habits, physical activity and stress management.

1. <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>

Results show that GMHBA has helped reduce their employees' risk of developing type 2 diabetes, heart disease and stroke by 36.8% with the *Life!* program.



### Healthier Eating

50% achieved their health eating goal by the end of the course.



### Physical Activity Increased

33.3% achieved the goal of doing 30 minutes moderate physical activity per day.



### Healthier Weight

Employees' average weight reduced by 2.3kg.



### Program Satisfaction

91.7% of employees rated the *Life!* program as excellent or very good.

\*These results are based on 14 GMHBA employees who have completed the program up to session 5.

“Other workplaces would certainly benefit from the *Life!* program. It's a great, evidence-based addition to a workplace health program – and it's free. Healthy, happy and connected employees are more likely to be productive.

Also, if management support the program by allowing staff to do it in work time, it shows that the company values their employees' wellbeing. I know that the GMHBA employees appreciated that.”

– Mel, *Life!* program facilitator

“It's great info, especially for those who don't already know this information, how to make lifelong health changes slowly over time, understanding how to fuel your body effectively from the inside out.”

– GMHBA employee and *Life!* participant

### About the *Life!* program

The *Life!* program is free for eligible participants, funded by the Victorian Government and coordinated by Diabetes Victoria. With a state-wide workforce, the *Life!* program can be delivered in any Victorian workplace and tailored to your organisation's needs. *Life!* provides a qualified health professional, tools, resources, workbooks – everything needed to run practical and engaging sessions.

Metro Trains, Kmart and Victorian local councils are just some of the organisations *Life!* has successfully worked with.

Learn more about our workplace health & wellbeing services today.

Contact *Life!* at [life@diabetesvic.org.au](mailto:life@diabetesvic.org.au) or 13 RISK (13 74 75)

## About the Road to Good Health program

The Road to Good Health program is funded by the Victorian Government and coordinated by Diabetes Victoria to support Aboriginal health professionals to promote healthy lifestyles and encourage individuals, families and community groups to make healthy lifestyle choices.

The free six-month program offers a supportive and flexible environment for Aboriginal and Torres Strait Islander people to learn how to improve their diet, physical activity and stress management.

### Meet Jade Kelly – Road to Good Health Facilitator

Jade Kelly is a Mutthi Mutthi Wemba Wemba woman located in north-west Victoria. She is a registered nurse and credentialed diabetes educator who has worked in Aboriginal health for more than 10 years.

After identifying gaps in health education and health outcomes within her community, Jade decided to become a facilitator at the Road to Good Health program.

“It is so important for me to raise awareness that from 18 years old you can receive support to develop healthy lifestyle changes,” explained Jade.

Through the program, Jade helps participants foster the skills needed to support a healthy lifestyle and offers additional nutrition education, budgeting strategies, recipes, exercises and health challenges, which are all met with enthusiasm.

During 2020, the Road to Good Health program was put on hold due to COVID-19. When Jade announced that she would be offering the program online later that year, her community was excited. This response is a testament to the positive impact that Jade and the Road to Good Health program have had on local Aboriginal communities.

The new online structure saw Jade adopting the use of private Facebook groups, where she could share a range of live and pre-recorded resources and interact with and actively involve all participants in online health activities.

Jade enjoys the flexibility of the online program because it allows her to design sessions that fit into her participants busy lifestyles and ensures that the topics delivered reflect what her participants are most interested in.

“Through tailoring the sessions to meet the needs of my participants, they are more likely to walk away from the program with education that is relevant to them, their culture and their unique situations,” said Jade.



**Are you Aboriginal and/  
or Torres Strait Islander  
and looking for a flexible  
program that will  
improve your health?**

Check your eligibility for the Road to Good Health program today by taking our Risk Test or by emailing us at [rtgh@diabetesvic.org.au](mailto:rtgh@diabetesvic.org.au) or calling 13 RISK (13 74 75).

**17 out of the 19 participants** who have completed the Road to Good Health program with Jade rated their experience as either **'very good'** or **'excellent'**.



“ I struggled with weight loss but since joining the Road to Good Health program with our local Aboriginal diabetes educator Jade, I have been supported, guided and directed to make diet and lifestyle changes.

I shocked myself when I jumped on the scales with the weight loss. Having the flexible program delivery certainly helped, Jade is always posting inspirational quotes, easy recipes and motivating me to get up and go for a walk and stay active. ”

– Malinda, Road to Good Health participant





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