



# Life! Program Evaluation Overview 2022–2023



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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)

## Executive summary and case studies

**The *Life!* program is the leading evidence-based prevention program of its kind in Australia. The aim of the program is to reduce risk factors and incidence of type 2 diabetes and cardiovascular disease. The program combines educational content about diet, exercise, and other health promoting behaviours with behaviour change techniques and peer support.**

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

- Group based programs:
  - Group Course
  - Culturally and Linguistically Diverse (CALD)
  - Road to Good Health (RTGH)
- Individual Telephone Health Coaching service (THC)

All subprograms are delivered over 12 months and include seven sessions except for the RTGH program which is delivered in six months across six sessions.

In 2022-2023 face to face delivery was in place, however, the majority of sessions continued to be delivered online.

## Evaluation purpose and scope

The purpose of this evaluation is to determine the effectiveness of the *Life!* program over the short term (six months) and longer term (12 months) using a range of outcome measures. This evaluation does not compare outcomes between subgroups as the socio-demographic factors differ greatly.

## Evaluation methodology

This evaluation used a mixed-methods approach to collecting and analysing both qualitative and quantitative data. The measures used to determine program effectiveness included lifestyle behavioural outcomes, physical outcomes, biomedical outcomes, achievement of the program goals, self-perceived positive impact of the program and satisfaction with the program. Statistical tests were conducted to compare results at introductory session with six months (session 5/follow up call 4) as well as across 12 months for longer term impact. A p value of <.005 was accepted as statistically significant.



Peter – *Life!* Participant and Jordan – *Life!* Facilitator

## Evaluation findings

### Program reach and retention

The 2022-2023 cohort included 4617 participants completing Introductory Session between 1 July 2022 and 30 June 2023. These included 3218 Group Course, 816 CALD, and 583 THC participants. This represented a shortfall against the overall program uptake target (5935) of 22.21% (n=1318). This is an improvement compared with the previous FY target shortfall of 29.4%

The average (mean) age of participants was 55 years old, and the majority of participants were female (77.49%).

### These participants were:

- From hotspot LGAs 34.5% – slightly below the target of 35%
- From Non-English Speaking countries 34.10% – well above the target of 20%
- From regional or rural locations 24.8% – below the target of 40%
- At very high risk of developing type 2 diabetes 26.8% – below the target of 30%
- Aboriginal and/or Torres Strait Islander 0.9% – below the target of 3%

Retention rates at session 5/follow up call 4 varied across the *Life!* subprograms including 51.13% for Group Course, 73.99% for CALD, and 66.31% for THC. These rates all exceed the target specified in the *Life!* Service Delivery Requirements except for Group Course, which did not meet the target (60% for Group Course, 50% for CALD, and 65% for THC). It should be noted that these retention rates may change with time. This is because at the time of this evaluation, there were participants active at or before session 5/follow up call 4, who were not included in the calculation of retention rates.



Linda, Anne and Anne – *Life!* Participants

### Program effectiveness in the short term (six months)

At the time of this evaluation, 991 Group Course, 384 CALD and 252 THC participants in the 2022–2023 cohort completed session 5/follow up call 4. These participants were included in the analysis of the outcome measures to determine short term program effectiveness.

### Change in participant outcomes over six months (Tables 1–4).

Table 1: Lifestyle behavioural outcomes

Lifestyle Behavioural Outcomes	Group Course	CALD	THC
All three groups of participants made a statistically significant improvement in these lifestyle behavioural outcomes (p<0.001)			
	Session 5/follow up call 4 vs. Baseline		
Fat/fibre score (Mean)	3.50 vs. 3.09; p<0.001	3.42 vs. 3.11; p<0.001	3.63 vs. 3.04; p<0.001
Total physical activity minutes/day (Mean)	46.76 vs. 32.47; p<0.001	*	44.40 vs. 30.28; p<0.001
Sitting hours/weekday (Mean)	6.64 vs. 7.75; p<0.001	4.44 vs. 5.32; p<0.001	5.97 vs. 7.27; p<0.001

Note: 1) p-value < 0.05 means statistically significant (applying to all tables below). 2) A higher fat/fibre score indicates a healthier diet.

\* There is no physical activity data for CALD participants due to an unforeseeable error in the CRM updates.

Physical outcomes	Group Course	CALD	THC
All three groups of participants made a statistically significant improvement in both physical outcomes (p<0.001)			
	Session 5/follow up call 4 vs. Baseline		
Weight (kg) (Mean)	84.72 vs. 87.09; weight loss 2.37 kg; p<0.001	65.84 vs. 67.03; weight loss 1.19 kg; p<0.001	87.21 vs. 90.85; weight loss 3.64 kg; p<0.001
Waist (cm) (Mean)	99.83 vs. 102.73; waist reduction 2.90 cm; p<0.001	85.46 vs. 86.21; waist reduction 0.75 cm; p<0.001	101.3 vs. 105.4; waist reduction 4.13 cm; p<0.001

**Table 3: Biomedical outcomes**

Biomedical outcomes	Group Course	THC
Only THC participants made a statistically significant improvement in Systolic Blood Pressure measures ( $p < 0.05$ )		
Session 5/follow up call 4 vs. Baseline		
Systolic blood pressure (SBP) (mmHg) (Mean)	128.02 vs. 128.08; $p = 0.841$	127.90 vs. 131.62; $p = < .001$
Diastolic blood pressure (DBP) (mmHg) (Mean)	80.85 vs. 81.12; $p = 0.866$	80.85 vs. 80.51; $p = .086$

Note: CALD participants were not examined due to inadequate data.

**Table 4: Numbers and proportions of participants achieving program goals**

Goal Achievement	Group Course	CALD	THC
All three groups of participants made a statistically significant improvement in achieving both healthy eating and physical activity goals ( $p < 0.001$ )			
Session 5/follow up call 4 vs. Baseline			
Healthy eating goal N (%)	253 (25.60) vs. 61 (6.20); $p < 0.001$	76 (20.50) vs. 39 (10.60); $p < 0.001$	85 (35.90) vs. 1 (1.40); $p < 0.001$
Physical activity goal N (%)	594 (59.90) vs. 383 (38.70); $p < 0.001$	*	147 (62.00) vs. 82 (34.60); $p < 0.001$
At session 5/follow up call 4			
Weight loss goal N (%)	170 (20); $p < 0.001$	30 (9.70); $p < 0.001$	69 (32.40); $p < 0.001$

\* There is no physical activity data for CALD participants due to an unforeseeable error in the CRM updates.

### Participants’ perceived impact of and satisfaction with the program

At the time of this evaluation 825 Group course, 316 CALD, and 22 THC participants completed the session 5/follow up call 4 evaluation survey. All groups showed over 90% satisfaction with the program and would recommend it to others. Across the program over 70% of participants agreed that they had gained knowledge of risk

factors, as well as increasing skills in healthy eating and physical activity. In addition, over 75% of participants agreed that they had made positive changes to their diet and exercise habits.

### Program effectiveness in the longer term (12 months)

At the time of this evaluation most participants in the 2022–2023 cohort had not yet reached the 12 month session, therefore participants from the previous year’s cohort 2021–2022 have been examined to determine program effectiveness in the longer term. Related samples Friedmans analysis was used to measure the lifestyle behavioural outcomes over 12 months. All program types continued to at least maintain their improvements in fat/fibre score and physical activity compared with introductory session. These trends were also evident across weight and waist measurement with all program types showing improvement at 12 months compared to introductory session. Blood pressure measures were less clear with only the THC program showing improvement at 12 months.



Tuyet and Chau – *Life!* Participants

## Conclusions

The evaluation findings demonstrate that all program types have achieved positive improvements in the short term across the lifestyle behavioural outcomes (diet and exercise), physical outcomes (weight and waist measurements), and achievement of healthy eating and physical activity program goals. Trends examined in the previous year's cohort across 12 months indicate that these achievements at 6 months are maintained and, in some cases, improved upon at the 12-month mark. It is uncertain whether the *Life!* program contributes to improvements in blood pressure measures due to the limited data available.

Participants continue to report high satisfaction with the program and would recommend it to others with over 90% of participants in all program types rating it as very good or excellent. A majority of participants continue to indicate through self-reporting their improvement in knowledge and skills around healthy eating and physical activity, as well as improving their knowledge of risk factors for type 2 diabetes and cardiovascular disease.

## Recommendations

Based on the evaluation findings, the following recommendations are proposed, these include a selection of recommendations made in the previous evaluation report which are still actively being worked on. The recommendations below aim to culminate in the achievement of program targets and improvements in participant outcomes.

- Continue to improve the data quality and availability, and quality assurance practices of the *Life!* program.
- Implement multiple measures to support achievement of program uptake target in 2023–2024.
- Complete program content review and update including program goals.
- Evaluate four key projects to ensure they achieve the intended goals: *Life!* flex pilot, GDM pilots, Chinese THC and *Life!* Online.
- Implement targeted measures for priority populations to expand program reach and referral pathways with a focus on regional and hotspot locations.
- Continue to support Facilitators through updated training and professional development.

**For more information about the *Life!* program evaluation overview please contact Carli Leishman (Evaluation and Quality Lead) at [cleishman@diabetesvic.org.au](mailto:cleishman@diabetesvic.org.au)**

# Case studies – *Life!* Participant Stories

## Linda – *Life!* graduate – Mainstream program

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Linda joined the *Life!* program in June of 2022 alongside her close friend Anne, who initially suggested the program to Linda. Whilst they were part of different program groups, the two helped each other by exchanging tips and supporting each other to keep up their habits and learnings.

### Tell us a little about your experience in the *Life!* program?

At first, I was hesitant to start the program as it was delivered via Zoom. My Facilitator Stephanie was so helpful and encouraged me to persist with the online technology. I am so grateful that she did, as I have learnt so much about achieving a healthier lifestyle.

I found the ongoing support through emails very helpful as well. It taught me that I don't need to go on crazy diets (which don't work in the long term), but to just eat correctly and more mindfully. I also learnt that if I do stray from my habits from time to time, that it's ok, and to just focus on getting back on track.

### What advice would you give to someone who might be considering taking part in the program?

Do it! I absolutely loved the program. Ever since I joined, I've been trying to encourage others to do the same.

I'd love to say a big thank you to everyone involved in making the *Life!* program what it is. It was lovely to have amazing support and friendly staff and I really couldn't have asked for more.

## Roger – *Life!* graduate – Mainstream program

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***Life!* graduate Roger completed the program in 2023 with the help of his facilitator Alex from SportsFit Physio and Health.**

**After being diagnosed with pre-diabetes, Roger's GP recommended him to enrol in the *Life!* program to reduce his risk of developing type 2 diabetes. He started his journey to better health not long after that.**

**The best part of the *Life!* program for Roger was that it was easy to follow.**

It became quite easy to participate in the program and grow my understanding of the many factors that contribute to my health.

**Looking back at his time in the program, Roger has had many learning experiences that have now become a mainstay in his attitude towards his health.**

As someone concerned about keeping healthy as I get older, this course was extremely helpful and motivating. My group was run by our excellent presenter Alex, a dietitian, who was very knowledgeable, caring, supportive, and encouraging.

**Roger says that he would strongly recommend this course to anyone in a similar situation interested in improving their health.**

Everyone I met while participating in the *Life!* program has been very pleasant and positive and have made me feel very welcome and encouraged. I am so pleased that I decided to do this program.



## Kim – Life! Group Course Facilitator – Diabetes Educator and Health Coach



Kim is a Registered Critical Care Nurse, Credentialed Diabetes Educator and Health Coach, and is Managing Director of Life! Provider 'Let's Talk Life!'.

**Kim joined Life! as a Facilitator 15 years ago and was one of the first Facilitators trained to deliver the program. Since then, Kim has delivered the program to over 186 groups of participants, and she is dedicated to preventive care to empower people's approach to their health.**

Interacting with participants and supporting them to come up with practical ideas that are achievable to improve their health is definitely the best part of being a program Facilitator. Seeing their changes over time is inspiring, and I have also noticed how the positive benefits often flow on to their family and friends.

**Having worked in primary health care for over a decade Kim cites her experience in acute care as her key motivator to create strong referral pathways in the primary care space.**

I spent many years in acute care – Emergency, ICU – reacting to a lot of chronic disease. This experience has fueled my growing interest and commitment to the importance of preventive health care.

Kim recently had the opportunity to present an Australian Primary Health Care Nurses Association (APNA) webinar together with Diabetes Victoria's Primary Care Engagement Lead. Creating strong connections within the primary care space is an important focus for the Life! program.

**Nurses in General Practice, also known as Practice Nurses, play a critical role in providing patients with proactive and preventive health care and play a key role in the referral opportunities for the Life! program. Practice Nurses work collaboratively with all members of an interdisciplinary team to provide the direct procedural care that follows a GP consultation. They generally provide the follow up support for patients including recall and reporting results.**

I have worked with many Practice Nurses over the years, and they are an integral part of preventive health care; so being able to present via APNA was wonderful. In the webinar, I discussed among other things, the potential for clinics to increase their income by completing preventive health checks and bill these to Medicare using the relevant MBS item numbers.

**Kim emphasizes that Practice Nurses love the idea of doing more prevention work in their clinics, but often find it difficult to commit to this due to limited time and resources available.**

Being able to look at options for these clinics to increase their income can help them to justify their time to run specific prevention clinics and give many more people access to early care and prevention of chronic disease. Once the clinic starts seeing their patients engaging with their own health, referrals start flowing as staff are motivated to look at prevention at different points of care. I have worked with many Practice Nurses over the years, and they are an integral part of preventative health care; so being able to present via APNA was wonderful.

## Wei (CNE) – Life! Chinese Facilitator



Wei is a *Life!* program Facilitator and Clinical Nurse Educator (CNE) based in Melbourne.

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

I learned about the *Life!* program from my wife, a diabetes nurse educator who did a placement at Diabetes Victoria. Raising awareness in communities and empowering people to live a healthy life are imperative to prevent or delay the development of type 2 diabetes and cardiovascular diseases. The *Life!* program is a great lifestyle modification program that works in both mainstream and CALD communities, because facilitators can deliver the content in participants' own language and know their diet and culture.

### What do you enjoy most about running the program?

I feel really proud when participants tell me how much weight they lost and how much more exercise they did after a few sessions, especially when I see them starting to have trust in us and recommend *Life!* to other family members and friends. You can imagine how difficult it is for them to give us their personal information willingly, without seeing us in person through COVID.

### What has been your biggest learning experience?

I found we all can learn something good from each other and build our own perception of health. Working closely with dietitians and physiotherapists helped me gain some new knowledge each time. Participants also have their vast experience to share. For example, sometimes they teach or show us how to do Baduanjin qigong, or Tai chi exercise that I never knew before.

### What is something surprising that a participant has taught you while delivering the program?

Through the *Life!* program, I get to know a lot of people and organisations. They sometimes invite me to their social activities and events. They show me different way of cooking (easy level) and they do outdoor group activities together such as walking and hiking. All of these are quite inspiring and motivating. To some people like me, support and encouragement is the key to overcome the barriers.

### How important has it been for you to be able to deliver the *Life!* program to the Chinese community?

Australia is a multicultural country, but customised health education and support for CALD communities is quite limited. Evidence also shows immigrants from Asia have a higher risk of developing diabetes. So, to successfully promote and modify people's lifestyle, it is very important that the *Life!* program and its facilitators can engage and deliver health information to the participants in their own language and culture.

### Favourite moment/memory from your time as a *Life!* Facilitator?

Just to name one of my favourite moments here as there are quite a few since I became a *Life!* Facilitator. There is one time I was invited to a community group's one year celebration. I was running the program among their members when they just set up the group and registered it at the council. I had not met most of the participants in person as it was online delivery, but when I introduced myself on that day, they were all quite excited to see me and talk to me. I felt I did something good and helped them in some way, and it should be like this, because *Life!* is free, non-commercial, and we can engage them with no language barrier.

### What advice would you give someone considering participating in the *Life!* program?

Join now, receive the health information from expert facilitators, enjoy being a part of the supportive and encouraging group, live a healthy life and share your story with others.

### Anything else you would like to add?

Thanks for the support and training from the *Life!* program. I am really glad to be a part of this.

## Sharyn and Eddie – RTGH Facilitators

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### What motivated you to become a Road To Good Health *Life!* Facilitator?

**Sharyn and Eddie:** Preventative health- Motivation for Indigenous people to take health in their own hands, giving them a toolbox to work with to enable them to make better choices.

### What do you enjoy most about running the program?

**Sharyn:** Building relationships with the participants, having a yarn and getting to know their stories. The social interaction with community and the support they offered each other was fantastic to see. Also, participants reaching their goals and having some fun.

### What has been your biggest learning experience?

**Eddie:** Practical components including reading food labels. Understanding that everyone has different needs and goals. Everyone has their own journey and path to take.

### What is something surprising that a participant has taught you while delivering the program?

**Eddie:** How far someone can come in a short period of time.

### How important has it been for you to be able to deliver the Road To Good Health *Life!* program to your community?

**Sharyn:** Very important to share information about health and healthy options that can be shared not just within the group, but to their families and to the community.

### What is your favourite moment/memory from your time as a Road To Good Health *Life!* Facilitator?

**Eddie and Sharyn:** Exercise as a group, having a laugh and dancing.

### What advice would you give someone considering participating in the *Life!* program?

**Sharyn and Eddie:** Give it a go! If you take home one thing then it is worthwhile.



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