

Health promotion strategies

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Editorial—diabetes prevention

I am pleased to welcome you for the first time since I have formally been Director, Public Health, to this issue of *Health Promotion Strategies* focusing on diabetes prevention.

Tackling the epidemic of preventable chronic disease, such as diabetes, is high on our new Premier's agenda.

This will build on the Victorian Government's commitment under the National Reform Agenda (NRA), agreed by the Council of Australian Governments (COAG), to focus health policy on the burden of disease with an increased emphasis on health promotion and chronic disease prevention.

Under the NRA, the Brumby Government has committed more than \$20.5 million from 2007–08 to 2010–11 to a range of programs to improve support for people at risk of developing type 2 diabetes.

One of the programs is the Life! initiative, which will deliver an intensive community-based lifestyle behaviour change program for people aged 50 and over and for Aboriginal Victorians of all ages at high risk of developing type 2 diabetes

Similarly, the 'Go for your life' Diabetes Prevention Program (DPP) was developed to trial a community-based intervention to prevent type 2 diabetes. The main objectives are to improve detection of pre-diabetes and provide an evidence-based intervention—a healthy living course—for people with pre-diabetes in the pilot catchments.

As well, the Department of Human Services, in partnership with VicHealth, has established seven health promotion priorities for 2007–12. Reducing the burden of diabetes and other preventable chronic diseases is a key component of these priorities. In fact two of the seven priorities: 'Promoting physical activity and active communities' and 'Promoting accessible and nutritious food', address risk factors for developing type 2 diabetes.

It's important that as health promotion practitioners you continue your work in increasing awareness on this issue and on changing behaviours.

This bulletin provides some good examples of projects and partnerships that have applied health-promotion approaches to diabetes prevention. I urge you to identify further opportunities to continue this work.



DR JIM HYDE
Director, Public Health

Life!—Taking Action on Diabetes

Life! is a new, community-based lifestyle behaviour change program for Victorians 50 years and over, and Aboriginal Victorians of all ages who are identified as at high risk of developing type 2 diabetes.

In line with the National Reform Agenda emphasis on chronic disease prevention, the Department of Human Services has engaged Diabetes Australia–Victoria to assist in the development and coordination of Life!

The Life! program will be based on approximately six group sessions of around 90 minutes. It will be modelled on similar successful programs trialled both in Australia and other countries^{1,2,3}. Life! will support participants to work towards five key goals:

1. No more than 30% energy from fat
2. No more than 10% energy from saturated fat
3. At least 15g/1000kcal fibre per day
4. 30 minutes/day moderate intensity physical activity
5. 5% reduction in body weight

Life! will be delivered through a mix of public, not-for-profit and private providers and an accreditation process will ensure ongoing program quality.

Level of risk will be measured with an evidence based risk assessment tool developed in Finland^{4,5}

(www.goforyourlife.vic.gov.au) and adapted for use in the Australian context. The risk assessment tool will be widely available and can be self-administered, or assistance sought from a dedicated Life! telephone helpline or general practitioners if required.

Individuals within the target group that complete the risk assessment tool and are at high risk of type 2 diabetes will be eligible to enter the Life! program once a diagnosis of type 2 diabetes has been excluded. As per best practice guidelines, if type 2 diabetes has been excluded within the previous 12 months there is no need for additional testing.

For scores of 7 to 11 on the risk assessment tool, approximately one person in every 25 develops type 2 diabetes and for scores of 12 to 14 one person in every six.

For scores of 15 to 20, one person in every three develops type 2 diabetes and for scores of 20 or more, one person in every two develops type 2 diabetes.

Implementation will be phased, targeting areas of high need as a priority with statewide coverage within four years. The North and West Metropolitan, Barwon–South Western and Gippsland regions will be targeted in the first instance.

The Victorian Government will subsidise the program, with participants to contribute a co-payment. Co-payment exemptions will be applied to disadvantaged persons.

A social marketing campaign will encourage risk assessment and recruitment within the targeted populations and promote awareness across the State of the risk and seriousness of type 2 diabetes.

Further information

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The Cancer Council Victoria—leading by example

The Cancer Council Victoria (CCV) is committed to working in the area of obesity prevention and has formed a partnership with Diabetes Australia–Vic, due to some cancers sharing common lifestyle risk factors with diabetes, such as overweight and obesity, smoking, poor nutrition, harmful and hazardous alcohol use and insufficient levels of physical activity.

A range of activities were introduced including: sale of fresh fruit in staff rooms, lunchtime physical activity sessions for staff (yoga, walking groups, personal training), as well as showers, locker facilities and bike storage to encourage active transport to and from work. These initial activities prompted discussion around the need to develop a Cancer Council policy to frame organisational practice, both internal and external, to support and promote physical activity and healthy eating.

In March 2007, CCV established a working group to research and draft policy recommendations for making sustainable organisational change to support healthy eating and physical activity. Policy development had to consider how this could be achieved at a number of levels—such as ensuring healthy catering at all Cancer Council events, including fundraising activities such as Relay for Life where the Cancer Council has a major presence within the wider community.

The Nutrition and Physical Activity Policy was endorsed in August 2007, and has helped to create an organisational culture of 'leading by example' in relation to nutrition and being active. Its development involved significant consultation with staff and as a result has been embraced across the organisation.

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The Greater Green Triangle (GGT) Diabetes Prevention Project

The risk factors associated with type 2 diabetes onset are to a large degree, preventable. Lifestyle modification, particularly weight loss and physical activity, can significantly reduce the risk¹. This project was established to determine whether lifestyle modification programs are feasible and effective in Australian primary health care settings. Funded through the Australian Government Department of Health and Ageing, the

program was implemented in the Greater Green Triangle of south-west Victoria and south-east South Australia in 2004–2006. Patients presenting at local general practices were screened by study nurses in reception and waiting areas.

The Diabetes Risk Score tool² was used to identify patients at risk of developing type 2 diabetes. A total of 311 subjects were identified and invited to participate in a series of six structured group-

counselling sessions over an eight-month period. Clinical testing was performed at three points throughout the study: prior to intervention, three months after commencement of intervention and at 12 months.

Of the 311 who started, 237 (76.2 per cent) completed the program. Between baseline and 12 months, statistically significant improvements were observed in participants' mean clinical indicators, except systolic blood pressure. The greatest improvement (8.6 per cent) was seen in plasma glucose after a 2-hour oral glucose tolerance test. Total cholesterol declined 5.1 per cent, LDL cholesterol 7.3 per cent and triglycerides 7.6 per cent, while HDL cholesterol increased 4.4 per cent. Waist, weight and diastolic blood pressure declined 4.0, 2.7 and 2.6 per cent, respectively.

Based on these improvements, particularly reduction in waist circumference, it can be imputed from extrapolated results of clinical trials that the risk of developing type 2 diabetes was reduced by up to 40 per cent. This study provides evidence that a type 2 diabetes prevention program using lifestyle intervention is feasible in primary health care settings, with reductions in risk factors approaching those observed in clinical trials.

The final project and evaluation reports are available at: www.greaterhealth.org/research/public-health/45/

Diabetes Prevention—'Go for your life' Program

The Diabetes Prevention Program (DPP) is one component of the 'Go for your life' campaign and was established as a randomised controlled trial to evaluate the effectiveness of a lifestyle behaviour change intervention, the Healthy Living Course (HLC) in community-based settings.

The intervention is based on the Finnish and American diabetes prevention trials that showed programs that actively support behavioural change (healthy eating and physical activity) in people with pre-diabetes can prevent up to 58 per cent of the expected progression to type 2 diabetes¹. These studies suggested an investment in behaviour change interventions are likely to significantly reduce the burden and the rate of increase of costs associated with type 2 diabetes.

The aim of the DPP is to identify people with pre-diabetes [impaired glucose tolerance and impaired fasting glucose] and provide an intervention (HLC) to support lifestyle changes to reduce the risk of progression to type 2 diabetes.

The program's main objectives are to:

- improve detection of pre-diabetes. The detection phase utilises and fosters links between local health agencies and GPs for the detection of, and early action for people with pre-diabetes.
- provide an evidence-based intervention (HLC) for people with pre-diabetes in the pilot sites. The HLC comprises one

individual and six group sessions over six months, with further follow-up sessions at nine and 12 months. The course provides participants with information and support to adopt specific healthy lifestyle choices.

The recruitment phase of the DPP was completed at the end of June 2007 and the RCT will finish at the end of 2007. In total, 320 people (129 males and 191 females) participated in the study, 40 of whom are from a Chinese cultural background (17 males, 23 females). Participants were recruited predominantly through GP referral of new or known cases of people with pre-diabetes and pre-diabetes status was confirmed with an oral glucose tolerance test.

The interim findings from the evaluation of this program will be available at the end of 2007 and a final report will follow.

Learnings from the program are informing planning for the Victorian Government's diabetes prevention program, Life! *Taking Action on Diabetes*, launched in August 2007.

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Ballarat Diabetes Prevention Pilot Initiative

The Ballarat Diabetes Prevention Pilot Initiative (BDPPI) was a two-year research project conducted throughout 2005–2006, involving 126 participants (98 females and 28 males). Ballarat Health Services led the BDPPI in partnership with the University of Ballarat. The BDPPI was selected as one of the key sites to test the efficacy and effectiveness of diabetes prevention programs in preventing or delaying the development of type 2 diabetes in those at moderate to high risk. The BDPPI was based on the NHMRC endorsed *National Evidence*

Based Guidelines for the Management of Type 2 Diabetes Mellitus.

The goals were for participants to lose greater than five per cent of current body weight through healthy eating and increased levels of physical activity. The dietary goals were to reduce fat content to less than 30 per cent of total energy intake, saturated fat to less than 10 per cent of total energy intake and consume a diet of low energy density containing a wide range of carbohydrate foods that were rich in dietary fibre and of low glycaemic index. The physical activity

goals were to undertake moderate intensity physical activity for at least 150 minutes per week (at least 30 minutes per day on five days per week).

The BDPPI consisted of three phases: a six week education self-management program, a 12 week gymnasium-based or home-based resistance training program (in addition to the aerobic physical activity recommendation) and a 12 month maintenance program that included four face-to-face group sessions and four newsletters. Key features of the program design included a multidisciplinary approach, a focus on diet, physical activity and self-management, and a group format.

The health professionals involved in designing and implementing the BDPPI included a dietitian, psychologist and exercise therapist. Each health professional participated in every aspect of the BDPPI and, as such, were powerful role models.

The group format was used to facilitate social learning and modelling is likely to be adopted by other agencies in future programs.

A self-management approach that incorporated cognitive/behavioural strategies underpinned the philosophy of the BDPPI. This approach was designed to assist participants to adopt positive strategies towards ‘Looking after Yourself’, thereby achieving their self-defined dietary and physical activity goals.

The outcomes of the BDPPI are currently being prepared for publication, though early indications show that the program has been very well received.

Keeping it all in focus—the eyes have it

Regular physical activity and healthy eating are recognised lifestyle factors that contribute to good blood glucose control in people with diabetes: important for helping to maintain good vision. Many people are unaware of the serious damage that long-term elevated blood glucose levels can cause to their eyes. Diabetes related eye damage is common and if untreated can result in poor vision and blindness. Many people with diabetes don’t notice changes in their vision until the condition is very serious. In fact, on occasion optometrists and ophthalmologists are the first to pick up type 2 diabetes by seeing changes in the patient’s retina.

It is important to reduce the risk of diabetes related eye disease by having good blood glucose control, good blood pressure control and by not smoking. With regular eye examinations and early treatment, 98 per cent of serious vision loss from diabetes can be prevented. The earlier the treatment, the better the result. All people with diabetes should have their eyes examined at diagnosis and at least every two years, or more often if the person or a health professional notices problems.

The Vision Initiative is a coordinated public health program, funded by the Department of Human Services and managed by Vision 2020 Australia. It aims

to raise awareness of the importance of eye health and vision care among health and other professional sectors and the general community in Victoria.

The Save Your Sight message of The Vision Initiative is early intervention—

Get Tested. Visit your optometrist or ophthalmologist or speak to your doctor.

The Vision Initiative brings together a wide range of organisations involved in eye health and vision care in Victoria, including Diabetes Australia–Victoria. Vision 2020 Australia is working with Diabetes Australia–Victoria to produce a Diabetes Australia information sheet—*Diabetes and your eyes*—which will be available soon. The Vision Initiative runs professional and public education and awareness programs for pharmacists, practice nurses and now with primary and community health works through collaboration with Primary Care Partnerships.

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'Go for your life'

Governments and organisations across the globe are grappling with the issues associated with unhealthy lifestyles, specifically the relationship between overweight and obesity, diabetes and chronic disease.

The Victorian Government is committed to turning the tide against the looming epidemic of diabetes and obesity, and to promoting healthy and active living for all Victorians. The recent State Budget delivered \$132.4 million to boost the expansion of the 'Go for your life' initiative to tackle some of these key issues.

- Obesity is ranked second as a cause of premature death and disability in Victoria, contributing to eight per cent of the overall burden of disease.
- Only seven per cent of Victorians over 18 eat the recommended five or more serves of vegetables each day.
- Nearly one half of all Victorians fail to meet national guidelines for physical activity.
- Around 3.3 million Australians are obese and a further 5.6 million are overweight.
- Between 1980 and 2000, rates of obesity or overweight among Victorian men aged 25 to 64 increased from 47.3 to 65.7 per cent. Among women, the rate increased from 27.2 to 46.5 per cent.
- On conservative estimates, around 23 per cent of Australian children are overweight or obese.
- The number of overweight children has almost doubled during the last decade, while levels of obesity have more than tripled.
- The number of children walking or riding to school has dropped dramatically. In the 1970s, 80 per cent of children walked or rode to school compared to 20 per cent today.

'Go for your life' is a multi-faceted initiative aimed wholly at making healthy eating and physical activity achievable for all

Victorians. The main aim of 'Go for your life' is to be positive and supportive, encouraging Victorians to feel motivated by how healthy living makes them feel. A communication and community education program, which includes a website, information line and mobile education centre, is helping to position healthy eating and physical activity as fun, affordable and, most importantly, easy for all Victorians to integrate into their daily lives.

In addition, the initiative consists of a range of targeted programs to address specific problems or target audiences.

Victoria is leading the way with the Kids—'Go for your life' program, which is supporting Victorian schools to become much healthier places. Schools from across the State are striving for Kids—'Go for your life' accreditation, similar to the successful SunSmart in schools program.

Other 'Go for your life' initiatives include:

- *Healthy Canteens*, supporting students to make healthier choices at school and in life, as well as introducing bans on soft drinks and confectionery in school canteens
- *Free Fruit Friday*, making fruit available to children in prep to grade two every Friday to help them establish healthier eating habits for life
- *Kitchen Gardens*, where children are introduced to the experience of planting and growing food, harvesting the ripe crop, preparing and cooking it, and then sharing and enjoying it with their classmates and teachers
- *Life! Taking Action on Diabetes*, a community-based lifestyle behaviour change program.

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Eating for a happy mind and body

The 'Eating for a happy mind and body' program is a positive living program that fosters healthy lifestyle habits conducive to successful weight management, Type 2 diabetes prevention and improved body image. Implemented in Bright and Myrtleford, the program is due to commence in Mount Beauty in the near future.

Developed and delivered by accredited practising dietitian and diabetes educator, Lucien Deane-Johns, of Alpine Health, the program provides a practical example of health promotion using environmental, behavioural and educational approaches. Alpine Health's Community Health Advisory Group (CHAG) assisted with program development and were closely supported by community members. The program was developed in consultation with evidence-based best practice including National Health and Medical Research Council (NHMRC) guidelines^{1,2}. Health promotion staff from Alpine Health and Ovens and King Community Health Service were engaged to assist with program delivery.

Community consultation and local health statistics identified weight management and lifestyle disease prevention as priority health promotion targets. Data from the AusDiab study was cited as evidence for implementing an initiative that targeted overweight as a risk factor for lifestyle disease development. AusDiab data estimates the prevalence of type 2 diabetes increases from 3.9 per cent in those not overweight (BMI <25) to 16 per cent among those who are obese (BMI 30+)³. The program therefore targeted overweight/obese and inactive community members, particularly those over 45 years of age with clinical risk markers. Community consultation emphasised the need for an interactive group program and an emphasis on improving body image.

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New health promotion framework to guide Victorian response to chronic disease risk factors

Victoria has established seven health promotion priorities for the period 2007–2012, with an aim to improve overall health and reduce health inequalities.

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Creating safe environments to prevent unintentional injury
7. Promoting sexual and reproductive health

Establishment of the priorities will contribute to reducing the burden of diabetes and other preventable chronic disease through the development of more comprehensive approaches to addressing key risk factors for such conditions. The Department of Human Services, in partnership with VicHealth, is currently producing a new framework to guide this work.

The new framework for promoting health and wellbeing in Victoria will guide action on the statewide health promotion priorities. Bringing together existing frameworks and guidelines for promoting health in various sectors, the framework supports the development of partnerships within and beyond the health sector. Such partnerships underpin efforts to create healthy environments and effect behaviour change in relation to key risk factors for diabetes and other chronic disease.

Taking action on the priorities of physical activity and nutritious food

Action on the priorities of physical activity and nutritious food will be guided by the *'Go for your life' Strategic Plan 2006–2010*, which outlines a whole of government vision for healthy and active communities, prioritising key settings and population

groups for targeted activities.

Building on the strategic plan, more detailed resources are being developed to further strengthen action on healthy eating and physical activity.

Determinants frameworks are being developed modelled on the existing VicHealth Mental Health Promotion Framework (2005–2007) and will outline the key factors that influence physical activity or healthy eating (the 'determinants'). Linked to these frameworks will be evidence-based resources that summarise the evidence related to the priority issue and provide best-practice examples for community based health promotion and disease prevention strategies.

PDF Management Services has been engaged to develop the determinants framework and evidence-based resource for physical activity and active communities, while Deakin University is developing the products related to the nutritious food priority. Both processes are currently underway and will involve consultation with the broad health promotion sector over the coming months. If you are interested in contributing to this process or finding out more information regarding the priorities email your enquiry to health.promotion@dhs.vic.gov.au

Once complete in early 2008, the determinants frameworks and evidence-based resources will be used to develop statewide action plans to 'promote physical activity and active communities' as well as 'promote accessible and nutritious food'. These plans will provide more detailed information regarding mechanisms that further support the 'Go for your life' initiative. The action plans will be based on the new framework for promoting health and wellbeing and will co-ordinate efforts in health promotion to reduce the prevalence of risk factors for chronic disease.

Visit <http://www.health.vic.gov.au/healthpromotion/role/index.htm> for more information on the health promotion priorities and the new framework.

Eating for a happy mind and body—Continued from page 5

The 'Eating for a happy mind and body' program consisted of nine two-hour sessions held both on and off site. Program content focused on empowering people to incorporate life-long lifestyle habits conducive to improved body image, physical activity habits and weight management. Education regarding the dangers of dieting⁴ (both physical and psychological), environmental influences on weight management, healthy eating principles, Glycaemic Index, activity sessions, non-hungry eating and body image were all included. More practical components included goal setting, behavioural techniques, supermarket tours and identifying micro-environment obstacles through a home audit. Both qualitative and quantitative program evaluation was completed.

Quantitative evaluation methods included survey responses ranking program effectiveness in achieving objectives, clarity and quality of presentations, and success of interactive group teaching approaches. Another quantitative evaluation method used was the 'Shifting the Weight Scale'⁵ self-evaluation survey tool. This was used with permission from the Whole Women Workshops group program. Categories included body image satisfaction and self-image in relation to external media images. Compared with baseline data, post program self-image satisfaction scores rose 16.5 per cent on average.

The 'Eating for a happy mind and body' program addresses some of the preventable risk factors for Type 2 Diabetes development: overweight, physical inactivity and nutritional factors⁶.

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From simple beginnings to consistent outcomes—improving health through collaboration

South East Healthy Communities Partnership (SE HCP) covers three local government areas (LGAs)—the Cities of Greater Dandenong and Casey, and the Shire of Cardinia—and collectively represents some 415,613 residents. With high levels of cultural and linguistic diversity (CALD), burden of disease and socio-economic disadvantage the challenge remains how to best address the needs of people living across the PCP catchment.

Over the past seven years however, the SE HCP's member agencies that include Southern Health—Greater Dandenong and Casey Cardinia community health services, three Divisions of General Practice, three local governments, Royal District Nursing Service (RDNS) and other primary health and community services have focused on implementing a range of new services and enhancing a range of existing services to meet local needs.

In particular, a great deal of effort has focused on lessening the impact of diabetes. The various projects and programs implemented represent a concerted effort to create effective collaborations and partnerships that maximise both the impact and reach of services and have involved both service innovation and realignment. Access has been enhanced by assertive outreach into settings where populations that do not ordinarily access mainstream health

services reside or congregate. This includes Aboriginal services and pension-only supported residential services. Alongside this work a focus on service integration and development has been consolidated through the Chronic and Complex Conditions Strategic and Operational Alliances.

Currently, diabetes-related services are being delivered across the four levels of health need articulated in the Department of Human Services' Chronic and Complex Care pyramid. Programs include:

- 'Go for your life' Diabetes Prevention Program—a pre-condition program delivered by Community Health
- Living Well—an early intervention program again delivered by Community Health in partnership with the RDNS Homeless Persons Program
- HARP Diabetes Cardiovascular Risk Management stream delivered by a range of agencies.

Additionally, a range of health promotion initiatives including the 'Go for your life' Be Active, Eat Well project, South East Active Living and Strong Active Seniors are being delivered to improve the health and wellbeing of residents across the SE HCP catchment.

Other projects to address the health inequalities that prevent local residents from accessing programs effectively are also underway. The SE HCP is facilitating

the local mapping of self-management services, undertaking a project to articulate local 'best practice' in self management, and using evidence and local experience to develop a strategic approach to the planning, delivery and staffing of self-management programs. Implicit in this work is revisiting the nexus between service integration, health promotion, and chronic and complex conditions so that the local service system is able to deliver self-management in a way that is both smart and effective.

Many challenges remain and the SE HCP aims to provide the support and resourcing necessary to close the gap between poor and good health and to promote better future health outcomes.

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Eating for a happy mind and body—Continued from page 6

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Resistance exercise: joining the fight against diabetes

Getting older is associated with many metabolic and physical changes that can increase the risk of several chronic diseases. An important concern for the older adult is that muscle wasting and reduced muscle quality associated with ageing (sarcopenia) can severely affect physical function and impact on quality of life and functional independence.

In recognition of the problems associated with sarcopenia, leading health agencies now recommend resistance training or strength training as an important form of exercise for general fitness and wellbeing¹. This is because resistance training has unique health and fitness benefits (namely increased muscle strength and muscle size) that cannot be achieved with aerobic/endurance exercise activity such as walking.

Evidence from studies conducted by the International Diabetes Institute here in Victoria have shown that resistance training in middle-aged and older adults with type 2 diabetes, can lead to considerable improvements in blood glucose control (reduction in HbA_{1c} by 1.2 percentage points), increases in muscle strength, and increased lean body mass^{2,3}.

The Institute is now translating its research into practice, offering people with diabetes or at risk of developing it with a structured, evidence-based strength training program to improve their health and quality of life. The Lift for Life program was launched earlier this year and now 30 health and fitness centres are licensed to deliver Lift for Life, and more than 50 professionals trained to deliver the program in Victoria. Over the next two

years it is envisaged that Lift for Life will be available in all states so more and more Australians can benefit from the program.

The value of regular resistance training for type 2 diabetes prevention was recognised in the Finnish Diabetes Prevention study, whereby individuals were provided with supervised, progressive, individually tailored resistance-training sessions within a local fitness centre on an ongoing basis⁴.

The importance of providing access to ongoing physical activity programs in the community for people with elevated risk of type 2 diabetes was also underscored in a recent study published in *Diabetes Care*⁵. Researchers from Finland reported that their GOAL program (a program using a similar approach to the Victorian Greater Green Triangle model) was comparable to many findings observed in the benchmark Finnish Diabetes Prevention study after one year, except for the attainment of physical activity and weight loss goals. A key difference of the GOAL approach is less emphasis on providing an ongoing physical activity program.

For information or to register your interest in delivering Lift for Life in the future, please visit www.liftforlife.com.au or call 1300 173 143.

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About this Publication

Editorial Committee

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The **December 2007** edition will focus on Tobacco Reforms—minimising tobacco related harm. The deadline for submissions is 23 November 2007.

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