



# The Optimal Health Program



## Key Terms

### OHP

*The Optimal Health Dietary and Lifestyle Telephone Support Program*

### Greater Metro South Brisbane Medicare Local

*A state- and federally-funded organisation that provides support to primary medical care practices within the Logan, QLD area*



## BACKGROUND

The Optimal Health Dietary and Lifestyle Telephone Support Program (OHP) is based on the Logan Healthy Living Program; an evidence-based 12-month telephone delivered program targeting physical activity and dietary behaviour change in primary care patients, conducted by researchers at the Cancer Prevention Research Centre, School of Public Health, The University of Queensland.

With dedicated State funding and significant support from researchers, the Greater Metro South Brisbane Medicare Local committed to adopting, delivering and evaluating the OHP to overweight/ obese primary care patients within the Logan area, an ethnically diverse community characterised by high levels of social disadvantage compared to the rest of Brisbane, QLD.

The OHP is one of the **first evaluations of a telephone-delivered intervention targeting physical activity, healthy eating and weight loss in community dissemination context.**

## The OHP Intervention

The OHP involved delivery of a total of 18 intervention calls over 12 months, following a tapered call schedule, with calls lasting between 20-30 minutes.

Diet and physical activity targets were set consistent with national guidelines. Also, consistent with the evidence on weight loss for chronic disease prevention, participants were encouraged to lose 5-10% of their body weight over the 12-month program.



## WHAT WE DID

We evaluated the adoption, reach and effectiveness of the OHP via a dissemination study using a pre-post, snap-shot design at 6-(mid-program; n=166) and 12-months (end-of-program; n=88).

## WHAT WE FOUND

The OHP was able to successfully delivered outside of the research context. The program was adopted by a representative sample of general General Practices and reached a representative sample of at-risk, primary care patients.

Among completers of the program, there was a statistically significant improvement between baseline and end-of program for weight [mean change (SE) -5.4 (7.0)kg] and waist circumference [-4.8 (9.7)cm], underpinned by significant physical activity and dietary change.

## IMPLICATIONS

Findings provide support to a small but growing body of research which demonstrates that evidence-based lifestyle/weight loss interventions can be translated into practice and achieve outcomes, perhaps even with more representative samples, consistent with those observed in the original randomized trials. Strong and ongoing partnerships between the academic/research and primary care/community entities remains a key to both successful program implementation and rigorous evaluation.

## FIND OUT MORE

If you have questions about our study, or would like to find out more about the OHP please contact Dr Ana Goode: [a.goode@sph.uq.edu.au](mailto:a.goode@sph.uq.edu.au)

### Who Participated?

*After approximately two and a half years of being fully operational, the OHP had been adopted by 23/80 General Practices (29%) and had received 377 referrals, with 317 participants consenting to participate.*

*Participants age ranged from 18 to 77 years [mean (sd) = 46.4 (11.8) years] and body mass index ranged from 25.3 to 76.8 kg/m<sup>2</sup> [mean (sd) = 37.0 (7.7) kg/m<sup>2</sup>]*

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