UNIT CODE	HLTAHPR007
UNIT TITLE	Promote lifestyle change
APPLICATION	This unit describes the performance outcomes, skills and knowledge required to promote lifestyle change by providing education on lifestyle disease, lifestyle risk factors, and advice on healthy lifestyle choices. It requires the ability to support clients to make changes through personal goal setting, and to provide referrals to specialist health professionals and support services when required.
	Information about healthy eating and exercise is based on the current Australian national dietary and physical activity guidelines. Information may be provided to individual clients in the course of general health service provision, or during dedicated individual or group education sessions.
	This unit is specific to Aboriginal and/or Torres Strait Islander people working as health workers or health practitioners. They work as part of a multidisciplinary primary health care team to provide primary health care services and health education activities to Aboriginal and/or Torres Strait Islander clients.
	No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).
PREREQUISITE UNIT	Nil
COMPETENCY FIELD	Health Promotion
UNIT SECTOR	Aboriginal and/or Torres Strait Islander Health
ELEMENTS	PERFORMANCE CRITERIA
Elements describe the essential outcomes	Performance criteria describe the performance needed to demonstrate achievement of the element.

1. Raise awareness of lifestyle risk factors and health impacts.	 1.1 Communicate consistently in culturally appropriate and safe ways with clients, using plain language. 1.2 Explain lifestyle risk factors that impact on health in the context of local community, cultural and family issues. 1.3 Provide information about the incidence of lifestyle disease in Aboriginal and/or Torres Strait Islander communities. 1.4 Provide information about lifestyle choices, and impact of unhealthy choices, including alcohol, smoking and illicit drugs. 1.5 Outline potential short and longer-term health problems linked to lifestyle choices. 1.6 Explain healthy approaches to alcohol consumption. 1.7 Provide consumer based education resources and information on ways to reduce health risks linked to lifestyle choices.
2. Provide healthy eating advice.	2.1 Base all information on authoritative and evidenced based sources. 2.2 Provide information about patterns of healthy eating and appropriate proportions of different food types. 2.3 Advise on limiting daily intake of discretionary foods. 2.4 Provide clear advice about how to interpret food labels and identify both positive and negative information. 2.5 Highlight methods of cooking that support healthy eating and those that have the potential to cause ill-health if overused. 2.6 Explain the key features of safe food storage and preparation that support health. 2.7 Use visual aids and consumer-based education resources to support client understanding.
3. Provide information about physical activity.	3.1 Outline the relationship between sedentary behaviour and health outcomes including risk of disease and obesity. 3.2 Provide information about healthy patterns of physical activity including frequency, intensity and type of physical activity. 3.3 Highlight linkages between physical activity and emotional wellbeing. 3.4 Use techniques that support clients to actively use and engage with the information provided.
4. Assist clients to plan for change.	 4.1 Acknowledge and explain common barriers to lifestyle change and how these might be overcome. 4.2 Provide clients with information and techniques for making change based on their individual needs. 4.3 Explain ways of setting and monitoring personal lifestyle goals that are specific, measurable and realistic. 4.4 Support clients to set their preferred goals and suggest specific changes based on their goals and preferences. 4.5 Identify clients who require lifestyle advice beyond own limitations and refer to relevant health professionals and support services according to organisational procedures.
5. Evaluate effectiveness of lifestyle education activities	5.1 Seek and evaluate feedback from clients about value of information and education resources provided. 5.2 Evaluate effectiveness of information provided from own perspective and identify areas for improvement. 5.3 Provide ongoing feedback to relevant people based on clients' views and own input.

FOUNDATION SKILLS

Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.

SKILLS	DESCRIPTION
Reading skills to:	 interpret key recommendations and detailed implementation advice in unfamiliar national guideline documentation.
Oral communication skills to:	 provide information to clients using plain language and terms easily understood ask open and closed probe questions and actively listen to determine client understanding of information use facilitation techniques to support client learning.
Numeracy skills to:	 interpret measurement information expressed in kilojoules, cups, grams, millilitres, centimetres, percentages and fractions.
Learning skills to:	 use information provided in national guidelines to update and extend knowledge of healthy lifestyle practices.
UNIT MAPPING INFORMATION	No equivalent unit. For details, refer to the full mapping table in the Draft 2 Validation Guide.
LINKS	Companion Volume Implementation Guide

TITLE	Assessment Requirements for HLTAHPR007 Promote lifestyle change

PERFORMANCE EVIDENCE

Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and:

- provide information about lifestyle disease and making lifestyle changes to Aboriginal and/or Torres Strait Islander clients to include:
 - two individual clients
 - o one group of a minimum of three people
- on each occasion:
 - provide information covering:
 - the incidence of lifestyle disease in Aboriginal and/or Torres Strait Islander communities
 - lifestyle risk factors, particularly those relevant to the client/s, and their potential short and long term impacts on health
 - recommendations for healthy eating and healthy ways to prepare and cook food using the Australian national dietary guidelines
 - recommendations for physical activity based on the Australian national physical activity guidelines
 - common barriers to initiation of lifestyle change, particularly those relevant to the client/s, and how these might be overcome
 - techniques for making lifestyle change including ways to set goals and monitor progress towards achievement
 - seek and evaluate feedback from clients and provide to relevant people within the health service
- discuss lifestyle concerns with two clients and respond by providing referrals to relevant health professionals or support services.

KNOWLEDGE EVIDENCE

Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:

- organisational procedures for referral
- role and limitations of Aboriginal and/or Torres Strait Islander health care workers and practitioners in providing healthy lifestyle education to clients and types of situations when referral is indicated
- roles of medical, allied health professionals and others in providing healthy lifestyle advice and change practices, and their expertise in addressing different needs:
 - o medical practitioners and registered nurses
 - accredited practising dieticians
 - exercise physiologists
 - alcohol and other drug counsellors
- nutritional, physical activity and drug and alcohol support services available in the community, state or territory
- physical activity groups operating in the local community
- how to access current and credible:
 - consumer based education resources about lifestyle risk factors and healthy lifestyle practices
 - statistics for lifestyle disease in Aboriginal and/or Torres Strait Islander and other Australian populations
 - o visual aids for lifestyle education
- meaning of lifestyle disease and modifiable behavioural risk factors
- types of lifestyle disease and their prevalence and statistical incidence in Aboriginal and/or Torres Strait Islander populations compared to non-Aboriginal and/or Torres Strait Islander populations:
 - o cardiovascular disease
 - diabetes
 - obesity
 - chronic respiratory disease

- o alcoholic liver disease and cirrhosis
- drug related infectious disease
- lifestyle risk factors and their short and long term impacts on health:
 - smoking
 - physical inactivity
 - unhealthy nutrition and body weight
 - o consumption of alcohol at unsafe levels
 - o use of illicit drugs
- key recommendations and healthy eating guidance contained in current Australian national dietary guidelines and associated resources:
 - the principal recommendations/guidelines
 - characteristics of the five food groups and the nutrients they contribute to the diet
 - daily patterns of healthy eating and recommended proportions of the five food groups
 - o types of discretionary foods to be limited and why
 - recommended daily intake of alcohol
 - o nutritional needs of people at different stages in the lifecycle
- daily living skills that support healthy eating informed by national guidelines:
 - how to interpret food labels, including health star rating labelling systems to support healthier food choices
 - healthy ways to prepare and cook food
 - o safe food preparation and storage
- key contents of recommendations in current Australian national physical activity guidelines including recommendations and guidelines for frequency, intensity and types of exercises:
 - movement guidelines for the early years, children and young people
 - o physical activity guidelines for adults
 - o physical activity guidelines for older people
- the benefits to health and emotional wellbeing of combining healthy eating and physical activity
- the role of sleep and rest as part of a healthy lifestyle
- common barriers to initiation of lifestyle change and how these can be overcome:
 - o dietary:
 - perceived or actual cost of healthy foods
 - easy access to unhealthy foods
 - time to prepare/cook healthy meals and motivation
 - availability of healthy food options in the local area
 - physical activity:
 - low importance placed on exercise
 - lack of time
 - access to appropriate facilities and costs
 - initial low fitness levels and low confidence
 - o alcohol and drug use:
 - fear of withdrawal
 - access to support services
 - influences environmental triggers and other people
- stages in the behaviour change process and how these apply to lifestyle change:
 - pre-contemplation
 - contemplation
 - preparation
 - action

- maintenance
- o relapse, and how it can be managed
- approaches to goal setting and achievement:
 - setting short, medium and long term goals
 - importance of goals that are specific, measurable, achievable and time based (SMART)
 - different types of goals
 - outcome
 - process
 - performance
 - recording goals and monitoring progress, and types of technology that can assist
- methods used to evaluate health education activities:
 - client evaluation questionnaires
 - informal conversations with clients
 - self-reflection on client responses to information including any difficulties in understanding
- ways that Aboriginal and/or Torres Strait Islander health workers and practitioners can:
 - o provide feedback on healthy lifestyle education activities
 - contribute to the evaluation and planning of overall education and prevention programs.

ASSESSMENT CONDITIONS

Skills must be demonstrated in a health service workplace within a multidisciplinary primary health care team.

Evidence of performance must be gathered:

- during on-the-job assessments in the workplace under live conditions while interacting with Aboriginal and/or Torres Strait Islander people, or
- during off-the-job assessments in the workplace, not under live conditions, using simulated activities while interacting with Aboriginal and/or Torres Strait Islander people.

Evidence of workplace performance can be gathered and reported through third party report processes. (Refer to the Companion Volume Implementation Guide for information on third party reporting.)

Evidence can be supplemented by assessments in a simulated workplace environment using simulated activities, scenarios or case studies only when:

- the full range of situations covered by the unit cannot be provided in the individual's workplace, and or
- situations covered by the unit occur only rarely in the individual's workplace.

Assessment must ensure the use of:

- current consumer based education resources from credible sources about lifestyle risk factors and healthy practices
- current Australian national dietary guidelines and associated resources:
 - full guideline and summary documents
 - consumer brochures
 - educator guides
- current Australian national physical activity guidelines:
 - o movement guidelines for the early years, children and young people
 - o physical activity guidelines for adults
 - o physical activity guidelines for older people
- organisational procedures for referral.

Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and:

- be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health worker or practitioner, or
- be a registered health practitioner or a health educator with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.

LINKS	Companion Volume Implementation Guide