



“TAKE CONTROL OF YOUR GOAL.”

Inside Out Program Commitment Agreement

Inside Out is a medically-monitored weight loss program that focuses on achieving healthy weight loss from the inside out and the outside in. We believe our wellness approach to facilitating your goals for weight loss can be safe, effective, and efficient. Your team of healthcare professionals are dedicated to facilitating personalized lifestyle and behavior changes that are measurable, achievable, and lifesaving. This team includes Mental Health Counselors, Dietitians, Fitness Experts, Nurse Practitioners, and a supporting staff who are of the mindset that only you can take control of your goal(s). We are your biggest advocates.

Participants have the responsibility of informing their personal physician of participation in this program. Additionally, participants understand that the Inside Out team of health care professionals will discuss and review each participant's case at monthly meetings.

Program Requirements/Guidelines/Compliance/Expectations:

Participants who are overweight (BMI of 25-29.9) must have a BMI of 28 or higher and have at least 1 obesity-related morbidity to qualify for Inside Out Program

Participants who are Obese (BMI of 30 or higher) qualify for Inside Out Program

Consideration for Bariatric Surgery will only occur upon 12-month successful completion of Inside Out Program

1) Compliance expectations of the Program:

1. **Weekly Self-Weigh-In Picture** sent to the Wellness Dietitian *weekly*.
2. **Weekly Food Diary** sent to the Wellness Dietitian *weekly*. The participant must demonstrate an effort to follow nutritional recommendations and make positive dietary changes.
3. **Weekly Fitness Diary** sent to the Wellness Dietitian *weekly*. The participant must show proof of at least 150 minutes of activity per week. CCG Fitness Center usage, fitness tracker watch, or gym log suffices. This cannot be a self-logged fitness diary.
4. **Monthly MedCenter Visit**
 - a. **Biochemical/MedCenter Data Collections** at the discretion of the APRN
5. **Monthly Emotional Wellness Visit**
6. **Monthly Wellness Visit with InBody Scan**
7. **Initial and Quarterly Fitness Assessment with Wellness Fitness Program Coordinator**

*The participant must give a 24-hour notice if they cannot be present for a scheduled appointment. Missed Wellness, MedCenter & Emotional Wellness, or Fitness Assistant appointments must be rescheduled within 24hrs.

It is the responsibility of the participant to email or leave message on voice mail for specific Wellness Team Member he/she has appointment with if appointment will be missed

- 2) *If the above compliance requirements are not met for 3 consecutive months, an automatic removal from the program will be warranted.*
- 3) 100% compliance for 3 consecutive months is needed to qualify for weight loss aids and ***at least 3lbs weight loss average for 3 consecutive months for a minimum total of 9lbs is needed to qualify for weight loss aids***
- 4) ***Modifications to this commitment agreement is at the discretion of the Inside Out Team and can be made at any time to help meet program requirements, guidelines, compliance, and expectations**

As a participant, I understand the above program expectations and will abide by them to maintain participation in the Inside Out Program.

I understand that enrollment is limited in this program, and I will forfeit my participation for one year from the date listed on the Program Removal Letter if I do not comply with the above statements.

I, _____, agree to the above program participation terms.

Participants' Signature

Date



WELLNESS TEAM FACILITATOR

“BRIDGING THE GAP BETWEEN WEIGHT LOSS BARRIERS.”

EXPECTATIONS:

- 1) **MEET WITH WELLNESS HEALTH EDUCATOR(WHE) FOR YOUR INITIAL INSIDE OUT MEETING AND PROGRAM REVIEW**
- 2) **DECIDE IF YOU ARE READY TO COMMIT AND GET STARTED IN PROGRAM**
- 3) **SCHEDULE APPOINTMENT WITH:**
 - 1) **MEDICAL WELLNESS**
 - 2) **EMOTIONAL WELLNESS**
 - 3) **MEDCENTER TO COMPLETE LABS**
 - 4) **FITNESS ASSISTANT**
 - 5) **SCHEDULE APPOINTMENT WITH WELLNESS DIETITIAN TO REVIEW & DISCUSS INBODY ASSESSMENT RESULTS, NUTRITIONAL COUNSELING, NUTRITION EDUCATION, AND PROGRAM EXPECTATIONS**
- 4) **SET INSIDE OUT OFFICIAL START DATE WITH WELLNESS DIETITIAN**



239-252-6092



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Inside Out “Take Control of Your Goal!”

Wellness Team Facilitator Objectives/Significance

- 1) Explain Inside-Out Weight Loss Program Interdisciplinary Approach, Purpose, and Goal
- 2) Wellness Dietitian coordinates all participants with the program to facilitate success
- 3) Review program compliance and participant’s expectations
- 4) Determine participant’s readiness and motivation throughout duration of program
- 5) Work with Wellness Team to help Participant be successful
- 6) Settle disputes and concerns of participants

Expectations of Wellness Team Facilitator

- 1) Assists in keeping participant accountable for their own goals, self-monitoring/reporting for progress
- 2) Meet monthly with Wellness Team to evaluate participants’ wins and opportunities
- 3) Refer clients to other members of Wellness Team if more meetings are warranted
- 4) Review Compliance Scores with Wellness Team
- 5) Manage client file and Program Compliance
- 6) Discuss with Wellness Manager participants eligible for program removal based on noncompliance score or other factors





MEDICAL WELLNESS SUPPORT

“HELPING YOU MEET YOUR GOALS FROM WITHIN.”

EXPECTATIONS:

- 1) **MAKE APPOINTMENT WITH EITHER MAIN OR NORTH CAMPUS MEDCENTER**
- 2) **COMPLETE A FULL HEALTH ASSESSMENT**
- 3) **IDENTIFY AND DISCUSS CHRONIC CONDITIONS**
- 4) **DEVELOP PLAN OF CARE WITH APRN**
- 5) **SET REALISTIC MEDICAL/HEALTH GOALS**
- 6) **MEET MONTHLY WITH APRN**



MAIN CAMPUS: 239-252-4257

NORTH: 239-315-7111





Medical Wellness Significance/Objectives

- 1) Overall health improvement
- 2) Monitor and evaluate chronic medical conditions and associated risks
- 3) Manage health conditions and medication(s)
- 4) Relationship between weight loss and improved biochemical and anthropometric data
- 5) Explain correlation between weight loss and reduction of medication(s)

Participant Expectations

- 1) Acknowledged health problem/chronic conditions
- 2) Adhere to plan of care and medication regimen
- 3) Monthly appointments with BMI and waist assessment
- 4) Set medical/health goals with ARNP

Expectations of Medical Wellness (ARNP)

- 1) Establish personalized plan of care
- 2) Order and discuss labs
- 3) Established a 3-month goal for lab results if applicable
- 4) Discuss BMI and waist measurement with monthly goals
- 5) Discuss possible weight loss medications





EMOTIONAL WELLNESS SUPPORT

“GETTING TO THE BOTTOM OF IT TO HELP YOU RISE TO THE TOP.”

EXPECTATIONS:

- 1) MAKE APPOINTMENT WITH EMOTIONAL WELLNESS (EW)
- 2) ESTABLISH GOALS
- 3) IDENTIFY MOTIVATORS AND TRIGGERS
- 4) DISCUSS HEALTHY VS. UNHEALTHY CHOICES AND BEHAVIORS
- 5) IDENTIFY THE RELATIONSHIP DYNAMIC WITH FOOD AND MOVEMENT
- 6) INCREASE KNOWLEDGE OF COPING SKILLS, REFRAMING AND COGNITIVE BEHAVIORAL APPROACHES
- 7) COMPLETE TRAUMA ASSESSMENT
- 8) MEET MONTHLY WITH EW



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Emotional Wellness Significance/Objectives

- 1) Identify the connection between mental health, human behavior and physical health
- 2) Identify and process triggers and barriers to healthy choices
- 3) Increase knowledge and practices of supporting mental health and well being
- 4) Address any contributing secondary or tertiary factors or disorders that may impact weight loss or healthy choices

Participant Expectations

- 1) To be engaged in therapeutic process
- 2) To maintain effort in applying treatment goals and interventions to their wellness journey

Expectations of Emotional Wellness/Therapist

- 1) Provide support, advocacy, therapy and resources to assist clients with their journey to wellness
- 2) To be engaged and knowledgeable regarding factors that contribute to healthy lifestyles





PHYSICAL WELLNESS SUPPORT

“FITNESS GUIDANCE THAT FITS YOU.”

EXPECTATIONS:

- 1) **MAKE APPOINTMENT WITH FITNESS PROGRAM COORDINATOR FOR INITIAL FITNESS ASSESSMENT**
- 2) **COMPLETE BASIC FIT TEST**
- 3) **DEVELOP PHYSICAL FITNESS ROUTINE**
- 4) **SET START DATE FOR PHYSICAL FITNESS**
- 5) **LOG PHYSICAL ACTIVITY AND SEND TO WELLNESS HEALTH EDUCATOR WEEKLY**
- 6) **MUST SHOW PROOF OF AT LEAST 50 MINUTES OF ACTIVITY 3 X WEEK. GYM LOG OR SIGN-IN SHEET FROM TRAINER SUFFICES. CANNOT BE SELF-LOGGED FITNESS DIARY**
- 7) **FOLLOW-UP WITH FITNESS PROGRAM COORDINATOR QUARTERLY FOR FOLLOW-UP FITNESS ASSESSMENTS**



239-238-6230



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Inside-Out “Take Control of Your Goal!”

Physical Fitness Significance/Objectives

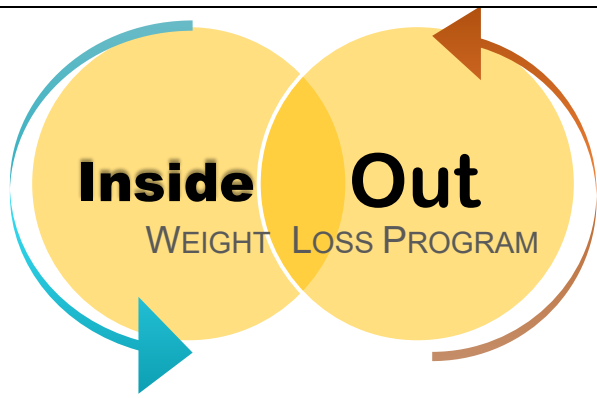
- 1) Physical Activity is just as important to health as proper nutrition.
- 2) The goal of a fitness program is to reduce body fat and increase lean muscle mass.
- 3) Components of a physical fitness program are cardiovascular endurance, flexibility, muscular strength, muscular endurance, and body composition.

Participant Expectations

- 1) Meet with Fitness Program Coordinator for Initial Consult and InBody Test
- 2) Be Physically Active (moderate-intensity) at least 150 minutes a week, and
- 3) At least 2 days per week of Muscle-Strengthening Activity, or
- 4) At least 75 minutes of vigorous-intensity Aerobic Activity with at least 2 days per week of Muscle-Strengthening Activity
- 5) Logging Physical Activity through Smart Device/Fitness Apps and sending data to Wellness Dietitian
- 6) Follow-up with Fitness Program Coordinator quarterly for continued fitness assessments

Expectations of Fitness Assistant

- 1) Encourage Physical Activity Guidelines and F.I.T.T Principles
- 2) Provide at least one Consultation
- 3) Conduct one Basic Fit Test
- 4) Discuss InBody Results and Fitness Goals
- 5) Write-Out Monthly Fitness (Workout) Plan/Routine
- 6) Provide Guidance not Personal Training
- 7) Encourage Participants to Join Classes/Gym for more Guided/Group Workouts
- 8) Inform Participants of other Fitness opportunities provided by Wellness and County Programs and in the Community



NUTRITION WELLNESS SUPPORT

“DON’T DIET, DO-IT—MAKE IT A LIFESTYLE.”

EXPECTATIONS:

- 1) **COMPLETE FOOD AND FITNESS DIARY WEEKLY**
- 2) **WEEKLY WEIGH-INS WITH YOUR PICTURE ON THE SCALE**
- 3) **SEND DATA ELECTRONICALLY TO WELLNESS DIETITIAN WEEKLY**
- 5) **MONTHLY ON SITE INBODY SCAN AND WEIGH-IN AT MAIN MEDCENTER/RISK MANAGEMENT BLDG**



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Nutrition Counseling and Education Significance/Objectives

- 1) Before any diet and physical activity program can be personalized and implemented, a nutrition assessment is needed.
- 2) Assess participants readiness to change and motivation.
- 3) Identify and describe a specific nutrition problem that can be resolved or improved through treatment/nutrition intervention.

Participant Expectations

- 1) Meeting with Wellness Dietitian for InBody scan monthly
- 2) Forthcoming with information (factors) associated with weight management (past history of exercise, pregnancy, health conditions, dieting history, emotional wellness, physical activity, goals, etc.)
- 3) Adherence to wellness guidelines and personalized dietary plan
- 4) Logging daily food intake and physical activity through Smart Device/CCG Fitness Center usage and sending data to Wellness Dietitian weekly
- 5) 3-4lbs weight loss per month or
- 6) Reduction in Body Fat Mass/Percentage Body Fat and Increase Skeletal Muscle Mass

Expectations of Wellness Dietitian

- 1) Encourage Participation and Compliance
- 2) Nutrition Assessment, Counseling, and Education
- 3) Monitor & Evaluate Progress
- 4) Provide Personalized Dietary Guidance and Planning
- 5) Discuss options for weight loss supplements
- 6) Encourage Participants to take advantage of Wellness Program (Healthy Bucks, Education Seminars, Emotional Wellness, Fitness Center, Classes, etc.)

