



'Ekahi Ornish Program FACT SHEET

Description of the Ornish Program

The Ornish Lifestyle Medicine Program (referred to below as the "Ornish Program") addresses the physical, mental, emotional and spiritual aspects of human health from an ecumenical and non-sectarian perspective.

The Ornish Program is a 72-hour intervention during which participants meet for educational sessions and experiential practice of the Program.

The Program consists of educational lectures and experiential practice of each element of the Ornish Program. During each session:

- participants will sample a whole food, plant based meal in a group setting,
- will practice stress management techniques for one hour,
- perform moderate aerobic exercise for a minimum of 30 minutes and
- will participate in a one-hour social support group.

Participants are expected to participate in a total of:

- at least 3 hours of moderate aerobic exercise each week by the end of the 9 weeks
- one hour of stress management practice per day and
- eat a whole food, plant based, naturally low in refined carbohydrates and fat.

At Program completion, all participants are encouraged to join and participate in an Ornish Alumni Community with other Ornish Program graduates who have elected and are committed to living the Ornish Program's lifestyle recommendations.

Each participant must be under the care of a primary care physician or other appropriate medical doctor in order to participate. I understand that the Ornish Program is not a substitute for any conventional medical or surgical treatments of cardiovascular disease unless approved as a treatment option by my physician. Any therapeutic decisions must be worked out between my personal physician and me.

Procedures and Participant Responsibilities

Testing prior to and post participation in the Ornish Program:

1. I will have completed an examination, which includes a medical history, a physical examination, a blood draw that includes lipid and HbA1c testing, and if applicable a graded exercise test to detect any condition that would prevent me from participating in the Ornish Program safely.
2. I will be asked to complete surveys recording my current exercise practices, moods, quality of life, degree of physical comfort, social support, stress levels and my typical food intake.
3. The surveys and lab test will be repeated at the end of the program
4. Staff may contact me within one month before or after the one year anniversary of the program start date to answer questions about my long-term adherence to Ornish Program guidelines, updates in my health status, my medication usage, and my frequency of participation in the Ornish Alumni Community.



Program Guidelines

I agree to attend all 18 sessions. I will be asked to follow the Ornish Program guidelines consistently during my enrollment. To maintain the momentum provided by group participation, I agree not to take a vacation away from the Ornish Program during the 9-week program. I will be expected to follow the guidelines fully, and will be asked on a weekly basis about my adherence to Ornish Program guidelines and my practice at home. The degree to which I follow these guidelines may be used to determine my continued participation in the Ornish Program. Following Program completion, I will be encouraged to join and participate in the Ornish Alumni Community, which will provide additional social support to help me sustain the lifestyle changes I make during the Ornish Program.

Attendance: Illness

It is very important that every effort is made to attend all 18 sessions. However, if you are sick, for your safety and the safety of other participants, please stay home and contact us to inform us that you will not be attending the session.

Risks/Discomforts

Exercise:

- The exercise program will be based on an exercise prescription prepared and supervised by the Ornish Program's clinical staff. The intensity, frequency, duration and type of exercise will be prescribed and adjusted on the basis of the exercise test results,
- Some participants might be advised to complete a pre-entry graded exercise test designed to predict a safe level of exercise, but the reactions of the cardiovascular system to such activity are not always predictable.
- There is a risk that certain undesirable and unpredictable events may occur during or after exercise. These include abnormalities of blood pressure or heart rate, ineffective heart function, heart attack or cardiac arrest, and the consequences that may flow from these adverse events. These adverse events are not expected, but may occur in a small number of participants.
- To minimize risk, I will promptly communicate with the clinical staff before, during or after exercise if I have any unusual signs or symptoms, which might include shortness of breath, chest pain/discomfort, and other unusual signs or discomfort.
- If I am a diabetic I will report to clinical staff my glucose reading prior to exercise.

Stress Management:

- The gentle yoga stretching practices in the Ornish Program are generally safe for most people. I will consult with my physician as to whether there is any question about their safety for me, and I will participate in the yoga practices only within my own margin of safety.

Group Support:

- Group discussions often discuss feelings, communication and relationship issues. During this type of session, painful emotions can sometimes arise.
- It is important that what is discussed within these sessions be kept in complete confidence, and all group participants are asked to comply with this confidentiality for other participants in the Ornish Program.



Nutrition:

- As part of the program, 'Ekahi will provide an opportunity to sample an Ornish friendly meal during the 4-hour session, for 15 of the sessions.
- Please notify staff of any food allergies.
- **Potluck**
 - Together, you and your cohort will participant in three potlucks during the second half of the program.
 - **Purpose:**
 - i. Serves as an experiential learning tool, providing an educational opportunity to apply and share what you've learned in a non-judgmental setting.
 - ii. Potlucks are a part of the Hawaii culture and a creative way to practice your new skills. The potluck experience aims to increase your comfort and empower you to bring healthy dishes to your own potlucks with ohana and friends.
 - iii. It can be a fun way to connect and celebrate your new skills with your cohort. We can also learn from each other by observing how fellow cohort members revamp their favorite dishes to meet the Ornish guidelines.
 - iv. If you have any questions or concerns about potluck please do not hesitate to ask us.

Personal Health Information:

- 'Ekahi Care Management will comply with all applicable laws and professional standards concerning the privacy and confidentiality of medical records and personal health information collected with respect to my participation in the Ornish Program.
- I understand that the data collected as a result of my participation in the Ornish Program may be reported for research purposes to Sharecare, and that 'Ekahi Care Management and Sharecare may use such data in published studies concerning the effects of the Ornish Program. Without my prior written authorization, no such reporting of data will include information that permits the recipient to identify me individually or include personal health information.
- The professional staff of 'Ekahi Care Management is there to serve me to the best of their abilities. I agree to bring to their attention any problems in following the lifestyle program guidelines that I may experience in order to help them meet my needs.

Weight Loss:

- I may experience weight loss while participating. This weight loss should be gradual, because rapid and dramatic weight loss has been associated with an increased risk of symptomatic gall stone formation.
- Weight loss is intended to occur at a safe rate within the Ornish Program, and will be monitored by the clinical team, with consultation from the registered dietitian nutrition educator.

**Injury:**

- In the event that I experience physical injury as a result of my participation in the Ornish Program, I understand that I will not be provided with reimbursement for medical care or receive any other compensation from the Ornish Program.

'Ekahi Health System reserves the right to determine that any participant in the Ornish Program may be asked to withdraw for reasons of health, safety or the best interest of the cohort participants.

Benefits

Based on research findings of earlier studies that have used lifestyle change intervention, I may potentially benefit by:

- 1) Reducing cholesterol and blood sugar levels,
- 2) Weight loss,
- 3) Lowering blood pressure,
- 4) Generally feeling better,
- 5) A decrease or discontinuation of medications (decisions made by your doctor),
- 5) Slowing, halting or begin reducing blocked arteries in the heart, and/or
- 6) Reducing episodes of chest pain/discomfort.

The degree of benefit, however, appears to be entirely dependent upon how well I follow the Ornish Program guidelines and upon my own body's responses to the Ornish Program. I further understand that if I do not fully meet the Ornish Program guidelines (100% adherence to dietary, stress management, exercise and group support recommendations) I cannot expect these potential benefits.

Alternatives:

Other therapies are available to treat heart disease and risk factors, depending on individual situations. I have discussed these with my physician, and based on that discussion, I have opted to participate in the Ornish Program.



**Informed Consent and Fact Sheet
Ornish Lifestyle Medicine Program®**

By signing below, I voluntarily consent to participate in the Ornish Lifestyle Medicine Program® (referred to below as the “Ornish Program”). I understand that the Ornish Program is comprised of four elements: exercise, stress management, group support, and nutrition.

- I have read and I understand this *Informed Consent and Fact Sheet*.
- My physician, as indicated below, has advised me about traditional treatments and interventions for heart disease and/or risk factors. The Ornish Program does not include surgery, procedures or prescribing medications.
- While many people benefit from the Ornish Program, not all participants do so.
- No one has made any representation or guarantee to me regarding results that I might obtain from participation in the Ornish Program.
- I am aware that the Ornish Program may not succeed at reversing heart disease or risk factors in my case and that one or more of other interventions or procedures may be more beneficial for the purpose of reversing, or otherwise treating, heart disease or risk factors in my case.
- I request to participate in the Ornish Program solely on the basis of advice received from my own physician (named below), or information known to me, or both and not on the basis of a comparison of the Ornish Program to other treatments or interventions available to me.
- I expressly assume all risk and responsibility for all accidents, injuries, illnesses and conditions of any kind that I might experience because of my participation in the Ornish Program or from the exercise sessions.
- I will receive a copy of this Consent/Release.
- My physician will receive a complete written report of my progress/status upon completion of the Ornish Program.
- I understand that I must be under the care of a cardiologist, primary care physician, or other appropriate medical doctor in order to participate in the Ornish Program, that the Ornish Program is not a substitute for any conventional medical or surgical treatments of cardiovascular disease unless approved as a treatment option by my physician, and that any therapeutic decisions must be worked out between my personal physician and me.

I acknowledge that I have read this Informed Consent and Fact Sheet in its entirety or it has been read to me, and I understand my responsibility in the Ornish Program in which I will be engaged. I accept the risks, rules, and guidelines set forth. Knowing these, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in the Ornish Program. I have the right to decline to participate or to withdraw my consent at any point.

Participant’s Name (PRINT): _____

Signature of Participant: _____ Date: _____

Name of personal physician: _____



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Care Management